ATTAINING SDG 5.6: AN ASSESSMENT OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN IN GHANA

BY

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DECLARATION

I, EMMANUELLA ETORNAM ADJAH, do hereby declare that this dissertation is the result of an original research I have undertaken under the supervision of DR. DANIEL DRAMANI KIPO- SUNYEHZI and that apart from other works which have been duly acknowledged, no part of it has been submitted partially or wholly for any purpose.

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DATE:.....30/10/2020.....

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DR. DANIEL DRAMANI KIPO-SUNYEHZI (SUPERVISOR)

DATE:.....30/10/2020.....

DEDICATION

I dedicate this work to my family.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Virus
APOW	Annual Programme of Work
ARHR	Alliance for Reproductive Health and Rights
ART	Antiretroviral Therapy
CAC	Comprehensive Abortion Care
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CHPS	Community-Based Health Planning and Services
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
CSOs	Civil Society Organizations
FGM	Female Genital Mutilation
GAC	Ghana AIDS Commission
GBV	Gender-Based Violence
GES	Ghana Education Services
GFPCIP	Ghana Family Planning Costed Implementation Plan
GHS	Ghana Health Service
GNFPP	Ghana National Family Planning Programme
GoG	Government of Ghana
GSGDA	Ghana Shared Growth Development Agenda
GSS	Ghana Statistical Service
HFFG	Hope for Future Generations
HICs	High-Income Countries
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
LMICs	Low- And Middle-Income Countries
MDGs	Millennium Development Goals
MLHIV	Males Living with HIV
MoGCSP	Ministry of Gender, Children and Social Protection
MOH	Ministry of Health
NHIS	National Insurance Health Scheme
NPC	National Population Council
NPHRL	National Public Health Reference Laboratory

OOP	Out of Pocket
PLHIV	People Living with HIV
PPAG	Planned Parenthood Association of Ghana
R3M	Reducing Maternal Mortality and Morbidity
SDGs	Sustainable Development Goals
SHE	Sexual Health Education Plus
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STIs	Sexually Transmitted Infections
UAHCC	Universal Access to Health Care Campaign
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USD	United States Dollar
VCT	Voluntary Counseling and Confidential Testing
WHO	World Health Organization
WLHIV	Women Living with HIV

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ABSTRACT

In the efforts towards the full realization of the UN SDGs, indicators were assigned to each goal as a means of assessing progress in attaining the goals. SDG 5: Gender equality has two indicators which includes Indicator 5.6.2: Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information, and education. Indicator 5.6.2 measures the extent to which the existing laws enable or disable women's full and equal access to SRHR. Although there have been various legislative changes in response to the Sexual and Reproductive Health and Rights of Women in Ghana, implementation and outcomes have been disparate. This study seeks to assess pre-existing policies as well as other instruments that guarantee women's full and equal access to SRHR in Ghana. The qualitative research approach was used to obtain primary and secondary data for analysis and discussion. The primary data was collected through semi-structured interviews and secondary sources including journal articles, books, policy documents, reports, internet sources and articles. Key findings indicate that Ghana has made some commendable efforts in the implementation of policies to provide SRHR services to women in Ghana, additionally initiatives have been put in place to bridge gaps in areas such as Comprehensive Sexuality Education in the school curriculum. The study identifies barriers encountered in the availability and accessibility of SRHR services in Ghana. Challenges faced in the implementation of SRHR policies of women in Ghana are outlined. These include low prioritization of SRHR policies, no full integration of CSE into school curriculum, low demand for SRHR services, low level of knowledge of SRHR services, inadequate funding, and cultural and religious factors.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Following the implementation of the United Nations Millennium Development Goals from 2000 to its expiration in 2015, policy makers and civil society worldwide are of the view that the Millennium Development Goals contributed to progress against poverty, hunger, diseases, and others; and came to terms that global goals should be pursued beyond 2015 (Sachs, 2012). Although the Millennium Development Goals reduced poverty largely, significant levels of imbalance in development continued to remain between developed and developing countries, and against marginalized and disadvantaged groups (Kumar, Kumar, & Vivekadhish, 2020). The MDGs were criticized as being too narrow and were focused on immediate outcomes rather than sustainable results (Loewe, 2012). Another argument against the MDGs was the lack of requisite components for the achievements of the set Millennium Development Goals (Kabeer, 2015).

Since the establishment of the MDGs, East Asia and South Asia recorded remarkable progress in the reduction of poverty but Sub-Saharan Africa continued to remain in extreme poverty and almost all countries fell behind in the goals on gender equality and maternal mortality (Sachs, & McArthur, 2005).

Governments of the 193 member states of the United Nations at the United Nations Rio+20 Summit in 2012 agreed upon the Sustainable Development Goals as a follow up to the MDGs after its expiration (Griggs et al., 2013). The Sustainable Development Goals with a 2030 Agenda for Sustainable Development consist of 17 goals with 169 targets (Ogu, & Ojule, 2018). The SDGs have a more transformative agenda, which make up for the limitations encountered during the implementation of the MDGs (Fukuda-Parr, 2016). The 17 targets of the SDGs are

designed to involve social, ecological, and economic developments with the main aims to end poverty, protect the planet and ensure sustainable lifestyles for all human beings (Bebbington & Larrinaga, 2014).

According to the World Health Organization (2014), sexual and reproductive health and rights (SRHR) encompass efforts to "eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services, and to address sexually transmitted infections and cervical cancer, violence against women and girls, and sexual and reproductive health needs of adolescents." Universal access to sexual reproductive health is essential for the realization of sustainable development and moreover, this new framework safeguards speaks to the needs of women. This is in accordance with the Sustainable Development Goal 5; achieving gender equality and empowering all women and girls. In response to criticisms raised against the MDG 3 focusing on educational disparities for women empowerment, the SDG 5 has a wider scope, which includes sexual, reproductive, economic, political, and legal dimensions.

The UN-Women sets out the targets as follows: "Target 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences." Universal access to SRHR as defined by the World Health Organization (WHO) is "the equal ability of all persons according to their need to receive appropriate information, screening, treatment and care in a timely manner, across the reproductive life course, that will ensure their capacity, regardless of age, sex, social class, place of living or ethnicity to decide freely how many and when to have children and to delay or to prevent pregnancy; conceive, deliver safely, and raise healthy children, and manage problems of infertility; prevent, treat and manage reproductive tract morbidities, such as cancer;

and enjoy a healthy, safe and satisfying sexual relationship which contributes to the enhancement of life and personal relations" (WHO, 2008, p. 42).

During the implementation era, governments failed to establish standards of measurement to serve as instruments in assessing the levels of attainment of the goals (Nhamo, Nhamo, & Nhemachena, 2018). To assess sustainable development, 330 indicators were introduced by the UN General Assembly in March 2015 as measures of progress, for policy formulation and relevance both globally and nationally (Hák, Janoušková, & Moldan, 2016). As at 2020, the total SDG 5.6 comprises two indicators as follows: "Indicator 5.6.1: Proportion of women aged 15- 49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care" and "Indicator 5.6.2: Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education" (UN, 2020).

1.2 Statement of the Problem

According to a report by the United Nations (2015), a salutary account of the world shows that there has not been much improvement in women's access to SRHR, and for some it has gotten a lot worse. The United Nations Population Fund (UNFPA), an agency of the United Nations, states that, "to maintain one's sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. And when they decide to have children, women must have access to services that can help them have a fit pregnancy, safe delivery, and healthy baby. Every individual has the right to make their own choices about their sexual and reproductive health" (UNFPA, 2020).

In Africa, gaps in SRHR continue to remain due to barriers such as, "prohibitive laws and government's reluctance to institute and implement comprehensive rights-based approaches to SRHR; lack of political leadership and commitment to funding SRH policies and programmes; and the dominant negative cultural discourses on SRHR" (Oronje et al., 2011).

According to data recorded by the Ghana Statistical Service from 2008-2014, there was a decrease in the percentage of women between the ages of 25 and 40 who accounted for having sexual intercourse at the age of 15 from 12% to 11%. In addition to this, the percentage of women who were married or were in union before the age of 18 years decreased from 25% to 21%. Moreover, the percentage reported on the usage of modern contraceptives increased from 17% to 22%. Furthermore, on meeting family planning needs, there was a reduction in percentage of married women who were not able to assess family planning needs from 36% to 30%. In spite of the fact that these figures show Ghana's progress in ensuring women's access to SRHR policies and actions, some gaps remain in ensuring women's access to Sexual and Reproductive Health and Rights (Ghana Statistical Service, 2009; 2015).

With the adoption of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals in 2015, Ghana has made efforts to intensify pre-existing policies and other instruments on SRHR. Although there have been various legislative changes in response to the Sexual and Reproductive Health and Rights of Women in Ghana, implementation and outcomes have been disparate.

The data from the UN (2015), shows that accessibility to SRHR in the world remains low and, in some cases, it has gotten worse. Oronje et al. (2011), in their work enumerated remnant problems that continue to limit accessibility to SRHR in Africa. However, the data on Ghana from the Ghana Statistical Service shows that there is much progress in ensuring women's access to SRHR. With

respect to this, the study seeks to assess what accounts for these divergent reports; to assess the accuracy of the Ghanaian analysis and what is responsible for the improvement in accessibility to SRHR in Ghana. Therefore, the study would assess the policies, effectiveness of these policies and the mechanisms put in place to guarantee the SRHR of women in Ghana.

1.3 Research Questions

- What structures, strategies and policies have been put in place to achieve the SDG 5.6 in Ghana?
- What barriers are encountered in the availability and accessibility of services provided under SRHR laws and policies?
- What are the challenges faced in operationalizing policies that guarantee women's full and equal access to SRHR services in Ghana?

1.4 Research Objectives

- To find out structures, strategies and policies put in place to achieve the SDG 5.6 in Ghana.
- To assess the barriers encountered in the availability and accessibility of services provided under SRHR laws and policies.
- To identify challenges encountered in the operationalization of policies that guarantee women's full and equal access to SRHR services in Ghana.

1.5 Scope of the Study

The SDG 5 committed to "Achieve gender equality and empowering all women and girls", contains 6 targets. This research focuses on target 5.6 which seeks to "Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the

Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences." This study assesses the SDG 5.6 since its existence from the year 2015 to 2020 in Ghana with the focus on SDG 5.6.

1.6 Rationale of the Study

This study is to identify the ways through which SDG 5 can be achieved with the main focus on SDG 5.6. It also seeks to bring to light the various challenges and successes achieved in the implementation of SDG 5 in Ghana and its contributions towards attaining Sexual and Reproductive Health and Rights of women.

The study also seeks to provide relevant information to policy makers and appropriate stakeholders such as, the Ministry of Gender, Children and Social Protection (MoGCSP), United Nations Population Fund (UNFPA), Ministry of Health and the Ghana Health Service. Finally, the findings of the study would serve as an addition to existing literature on SRHR of women in Ghana.

1.7 Conceptual Framework

The study employed the conceptual framework of human rights. Eleanor Roosevelt, a former chair of the United Nations Human Rights Commission, once defined human rights as the "international Magna Carta for all men everywhere". The United Nations identify the emergence of human rights to the year 539 BC, when Cyrus the Great freed the slaves after defeating Babylon. He proclaimed that the right to choose a religion and established racial equality were rights to all people. This was recorded on a gas cylinder referred to as the Cyrus Cylinder, which served as a push for the first four Articles of the Universal Declaration of Human Rights.

The Universal Declaration of Human Rights was adopted by the United Nations General Assembly on the 10th of December in the year 1948 proclaiming it "as a common standard for all peoples and all nations, to the end that every individual and every organ of society, keeping the Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of the Member States themselves and among the peoples of territories under their jurisdiction."

Human rights have increasingly become part of international relations and thus, the concept has been explained by various dominant theories of international relations (Dunne and Hanson, 2009). The realists are of the view that the system of the world is anarchic meaning the system is one of self- help. Human rights are universal values, which would serve as an obstacle in national interest. Realists also argue that Institutions are powerless in enforcing human rights leaving them to the will of states (Dunne and Hanson, 2009).

The liberalists argue that human rights are natural rights, which make them impossible to do without. To maintain the status of sovereignty, states ensure they fulfill their duties of protecting the human rights of their nationals. Moreover, they believe that human right regimes and institutions are very necessary in ensuring that there are no violations of human rights (Dunne and Hanson, 2009).

According to Dunne and Hanson (2009), constructivists analyze human rights differently from realists and liberalists as a way of thinking rather than a theory and argue that the interests of sovereign states and moral principles for the promotion and protection of human rights do not conflict. Furthermore, constructivists argue that "if states reject universal values outright, they will have to pay a price: this could take the form of condemnation, exclusion, or possibly

coercive measures aimed at forcing the new standard of legitimate statehood."

Standing, Hawkins and Undie (2011), pointed out that although sexual and reproductive health has gained mass awareness internationally and an area gaining much recognition, SRHR continues to be poorly understood by policy makers and this makes it difficult to operationalize into policies as well as programmes.

It must be pointed out that sexual reproductive health (SRH) and sexual reproductive health and rights (SRHR) are often confused at policy levels leading to barriers in operationalization, however, whereas SRH is limited to sexual and reproductive health as defined by the International Conference on Population and Development (ICPD), SRHR is based on human rights and cover issues such as safe abortion, SRHR information and services, sexual orientation and other related issues (Oronje et al., 2011).

The concept of Human Rights is therefore the most appropriate for this study because it best explains SRHR as a human right of women, which has to be addressed and achieved as they are entitled to.

1.8 Literature Review

This section of the study seeks to outline the various views of scholars on the subject area of this study. It also allows for some gaps found in the literature to be highlighted and gives ground for showing the relevance of the literature to my study.

According to Galati (2015), cited by Boateng (2017, p. 1) in his work, "Policy outcomes and challenges of sexual and reproductive health and rights in Ghana: What is the role of parliament?", "It is known for a fact that the Millennium Development Goals (MDGs) were

less successful in the area of sexual and reproductive rights as they were silent on the role and importance of SRHR in improving health, especially, maternal and newborn health and promoting economic and gender empowerment." The literature added further that Sexual and Reproductive Health and Rights have been embodied into the Sustainable Development Goals to ensure that this gap is bridged. The work adds on that, regarding the incorporation of SRHR into the Sustainable Development Goals, new and innovative strategies and programmes have been introduced to enhance women's access to SRHR.

These strategies and programmes include the Ghana Shared Growth Development Agenda I and II (GSGDA), which focus on increasing the availability and accessibility of reproductive health and family planning services, especially to adolescents and youth. Another strategy identified in the literature was the 1992 Constitution, which is committed to safeguarding the rights of women. Other laws identified were the Domestic Violence Act, 2007 ACT 73, and the Criminal Code (Amendment) Act, 2007 ACT 741. The Domestic Violence Act, 2007 ACT 73, provides criminal sanctions for perpetrators and remedies for victims. This had greatly led to an improvement of Ghana's level of compliance with the international human rights obligations. Likewise, the Criminal Code (Amendment) Act, 2007 ACT 741 allows for the legal process of abortion under the circumstances that the pregnancy is a result of rape or incest or under the condition that there are threatening health implications to the mother or fetus (Boateng, 2017).

The development of policies has realized many positive outcomes; however, the writer emphasizes that these outcomes are mixed. Thus, as there have been improvements in policies and other strategies, there are still a significant number of poor outcomes which need to be worked on. He went on further to suggest that Parliament should widen their engagements to

include various stakeholders to ensure that SRHR national policies and others are effectively attained (Boateng, 2017).

The work of Boateng (2017) is relevant to the study as the author highlights some of the programmes and policies Ghana has implemented towards protecting the sexual and reproductive health and rights of women as their human rights. The author also points out some of the challenges the challenges faced in the implementation of these programmes and policies. This will guide my study to know the progress that has been made since the implementation of the SDGs till 2017.

Ogu and Ojule (2018) on their work "The Sustainable Development Goals (SDGs) and Its promises for the Sexual and Reproductive Health of girls and Women in Africa", analyze the Sustainable Development Goals (SDGs) and the commitments and agreements made to promote the sexual and reproductive health and rights (SRHR) of girls and women with a special focus on Africa.

According to the researchers (Ogu and Ojule, 2018), the SDGs are committed to improve upon the sexual and reproductive health and rights (SRHR) of girls and women by eliminating all forms of gender inequalities and promote equal access with a focus on vulnerable groups of women. The promises of the SDGs include ensuring universal access to sexual reproductive health care and policies.

The researchers argue further that the human rights of women in relation to their sexual and reproductive health have been highly neglected in Africa. The adoption of the SDGs serves as a platform to protect and promote these rights through effective policies to enable women live

an empowered life free from discrimination, sexual abuses, and all forms of sexual exploitation. (Ogu and Ojule, 2018)

Ogu and Ojule (2018) study is relevant to the study because it keeps the researcher informed about the agreements and commitments that have been made under the SDGs towards attaining the sexual and reproductive health and rights of women

Zuccala and Horton (2018) in their work "Addressing the unfinished agenda on sexual and reproductive health and rights in the SDG era" address the impediments to attaining SRHR for all women. The researchers are of the view that the impediments to attaining SRHR are due to weak political commitment, lack of sufficient resources, discrimination against women, and the shying away from openly addressing the sexual and reproductive health issues of women. The writers pointed out that a new definition was proposed by Guttmacher 2018 - Lancet Commission, which provides a definition for SRHR beyond the health sector to incorporate social norms, laws, and policies to ensure that the human rights of women are upheld.

Zuccala and Horton (2018) study is relevant to the study because it looks at the issues which serve as hindrances to the full implementation of programmes and policies on the SRHR of women. In addition, the work suggests a definition of SRHR which makes provision for the inclusion of other relevant aspects of SRHR beyond health. This would help ensure that all gaps are filled to get rid of the obstacles to accessing SRHR of women.

Darteh et al. (2014), in the article, "Reproductive health decision making among Ghanaian women" are of the view that women from poorer backgrounds and women with no or a low level of education are of a disadvantaged group, hence, policies should be set towards the empowerment of such women to protect their sexual and reproductive rights.

The writers recognize that for women to be able to fully exercise decision making as a right to their sexual and reproductive health, there is a need for them to be empowered. In a world where men play the role of the main decision makers over women, there is a need for some empowerment of women to enhance their influence as decision makers over their own sexual and reproductive health. In this regard there is a need to set policies to ensure that women who lack economic power and sufficient level of education gain power to make decisions as they already find themselves in a marginalized group as women. (Darteh et al., 2014).

All women need to be empowered on their right to exercise control and be part of the decision-making process over their sexual and reproductive health no matter their background. Darteh et al. (2014) work is therefore relevant to the study as it brings out the need for empowerment of women to ensure that all women, no matter their backgrounds, can access SRHR for the full attainment of SDG 5.

Hagman (2013) on "Maternal Mortality: Gender and Access to Health Services – The Case of Ghana" provides relevant information on the state of maternal health in Ghana. The reduction of maternal mortality rate across the world constitutes one of the focuses of attaining SRHR of women. The writer states that "With nearly 600 000 women dying every year from complications arising from pregnancy, maternal mortality is a pressing issue. The majority of these deaths could have been prevented, had an accurate response been formulated" (Hagman, 2013, p.173) and in Ghana, "Every year 2700 women in Ghana die due to complications in childbirth" (Hagman, 2013, p.193). This brings to light how the existing policies need to be reformulated.

The writer argued that "Reproductive and sexual health should be a priority for policy makers attempting to improve gender equality as well as maternal health. The fact that the MDGs do

not mention reproductive health as such, but instead uses the much narrower term maternal health, is a serious flaw" (Hagman, 2013, p.187). Although the Millennium Development Goal 5 focused on reducing maternal mortality rate, it failed to recognize reproductive health but rather made use of the limited term maternal health (Hagman, 2013).

However, in recent times and with the adoption of the SDGs, there has been an increase in the focus of empowering women by promoting their reproductive and sexual rights as a human right. Hence, existing policies in Ghana need to be assessed to ensure that the gender inequalities of women are addressed and that their rights are not violated.

Hagman (2013) work is relevant to the study as it provides an analysis of maternal mortality in Ghana which is imperative to the sexual and reproductive health and rights of women.

1.9 Research Methodology

Research design is a very important aspect of the research process. The research design carries much importance because it ensures that all the various research methods are well executed (Akhtar, 2016). McMillan and Schumacher (2001, p.166), define research design as a plan used to provide credible answers to research questions through the selection of participants, research sites, and procedures for data collection. The research designs are grouped under three main parts, and they include quantitative method, qualitative method and mixed method (Creswell, 2014).

Quantitative research involves the use of methods from natural sciences while ensuring that there is objectivity, reliability, and generalizability (Weinreich, 2009). In quantitative research, the findings are mostly shown using numbers. The data collected and used for quantitative research are numerical in nature and are analyzed using mathematical approaches (Creswell and Creswell,

2017). However, the quantitative method has been criticized for not being able to give in-depth explanations for social phenomena or to provide understanding for human behavior (Blaikie, 2007).

The qualitative method of research has become a more commonly used method of research and moreover, it has been widely embraced in the field of research (Mays, & Pope, 2000). In qualitative research, the researcher is the main instrument of data collection making the qualitative method a naturalistic approach, as the researcher can observe behaviors and activities as well as the settings in which they take place (Peter, 2015). The naturalistic nature of the qualitative method of research enables the researcher to produce in-depth narrative descriptions and develops case studies (Patton, 2005).

There are different methods used in the qualitative method and these methods which can be mixed to produce data. The use of different qualitative methods, "multi-method", involves the use of various types of qualitative data which include interviews, ethnographic observations, and other methods (Alexander et al., 2008).

Mixed method of research is a combination of both quantitative method and qualitative method. In mixed method, the weight distribution accorded to the quantitative method and qualitative method varies which means, there can be equal weight or priority given to the quantitative method or qualitative method. This method of research has however been criticized of being time consuming and difficult to work with due to the combination of various data sources used (Creswell, 2014)

This study would adopt a qualitative research design. The rationale for adopting qualitative research design is to enable the research to reach out to respondents in their natural setting and

for them to freely express their opinions, views and share their expertise on sexual reproductive health rights in Ghana. The qualitative method of research has been criticized as being subjective. However, it is the most suitable method as it provides the researcher with adequate information and direct understanding of the issues being examined (Hsieh and Shannon, 2005). The qualitative research design also allows for personal contact with professionals, policy makers and other implementers.

1.9.1 Sources of Data

The study made use of both primary and secondary sources of data. The primary data was collected through interviews of personnel from the Ministry of Gender, Children and Social Protection (MoGCSP), Ghana Health Service (GHS), Hope for Future Generations (HFFG) and the National Population Council (NPC) as the key institutions.

The secondary data was sourced largely from journal articles, books and other published and yet to be published works, which were relevant for this study. Published reports from the key institutions of this study were also used to obtain useful information as well as other reports on the implementation of the SDG 5 from internet sources.

1.9.2 Sampling Methods

The sampling method used in the collection of data for this study is purposive sampling. Guarte and Barrios (2006) described purposive sampling as a method which involves randomly selecting sampling units from a specified population who possess the most information required for your study.

This dissertation seeks to assess the policies and structures that have been put in place to attain the Sexual and Reproductive Health and Rights of women in Ghana. Thus, purposive sampling was used to select and interview 5 personnel who have knowledge on laws and policies implemented towards the attainment of SDG 5. The selection of participants was done based on place of work as well as their positions. The purposive sampling method was also used to select participants.

1.9.3 Data Analysis

The qualitative method of data analysis was employed in the process of analyzing data in this study. Qualitative data analysis allows researchers to systematically acquire and organize interview transcripts and other relevant non-textual materials the researcher gathers to make meaning of data collected while building the understanding of the study (Wong, 2008).

The thematic analysis technique was used to analyze the data gathered in this study. Braun, Clarke & Weate (2006), defined thematic analysis as a method which operates by identifying, analyzing, and reporting patterns found within a given set of data. These patterns are the themes which are relevant patterned responses identified in the data. Thematic analysis was employed for this study because it helps the researcher outline the various patterns of themes that are required to address the identified research questions. Hence, the data used in this study are presented in accordance with the main themes and sub-themes.

1.9.4 Ethical Issues

According to Fouka and Mantzorou (2011, p.4), “Research ethics involve requirements on daily work, the protection of dignity of subjects and the publication of the information in the research.”

Informed Consent

Fouka and Mantzorou (2011) in their work "What are the major ethical issues in conducting research? Is there a conflict between the research ethics and the nature of nursing?" referred to informed consent as one of the most important ethical issues to be considered in conducting a research. Informed consent gives the participants of a research the freedom to voluntarily determine their willingness to partake in a research.

Informed consent is eminent in the process of conducting research. All participants were informed about the academic nature of the study and provided with informed consent forms that included a brief background of the study in seeking their consent to participate in the study.

Anonymity and Confidentiality

Data collected was kept anonymous and confidential to ensure the responses of the participants cannot be linked to their identities. The names of participants were not used in the analysis and the data collected were kept and secured with a password on the researcher's personal computer.

Privacy

The area of study involves sensitive areas, thus; respondents were free to determine the extent to share or to withhold private information considered as delicate or an invasion of their privacy.

1.10 Arrangement of Chapters

This study is organized into four main chapters. Chapter one covers the research design. It introduces the subject and gives a brief background to the research area, outlines the research questions and objectives, scope and rationale of the study, the theoretical framework which

guides the study, literature review, sources of data, research methodology, and the arrangement of chapters.

Chapter two provides an overview of the Sustainable Development Goal 5 and other themes relevant to the Sexual and Reproductive Health and Rights of women.

Chapter three presents an analysis of the findings on attainments made towards achieving SDG 5.6 “Universal access to reproductive health and reproductive rights”, in Ghana.

Finally, chapter four presents the summary of findings, conclusions, and recommendations.

REFERENCES

Akhtar, D. M. I. (2016) Research Design Available at SSRN: https://ssrn.com/abstract=2862445 or http://dx.doi.org/10.2139/ssrn.2862445 (Accessed on 09/03/20)

Alexander, V. D., Thomas, H., Cronin, A., Fielding, J., & Moran-Ellis, J. (2008). Mixed methods. *Researching social life*, *3*, 125-144.

Bebbington, J. & Larrinaga, C. (2014). Accounting and sustainable development: an exploration. *Accounting, Organizations and Society*, 39 (6), 395-413

Blaikie, N. (2007). *Approaches to social enquiry : advancing social knowledge.* Cambridge: Polity Press.

Boateng, J. A. (2017). Policy outcome and challenges of sexual and reproductive health and rights in Ghana: What is the role of parliament? *Policy brief.* 4. Retrieved from https://www.academia.edu/31333713/Policy_Outcome_and_Challenges_of_Sexual_and_Reproductive_Health_and_Rights_in_Ghana_What_is_the_Role_of_Parliament. (Accessed 28/10/20)

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Creswell, J. W. (2014). *Research design: qualitative, quantitative, and mixed methods approaches*. London: Sage publications.

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. London: Sage publications.

Darteh, E.K.M., Doku, D.T. & Esia-Donkoh, K (2014). Reproductive health decision making among Ghanaian women. *Reproductive Health* ,11 (1), 23. https://doi.org/10.1186/1742-4755-11-23

Dunne, T and Hanson, M (2009). Human rights in international relations: Human Rights: politics and practice. Retrieved from https://www.researchgate.net/publication/43525803 (Accessed on 11/02/20)

Fouka, G., Mantzorou, M. (2011). What are the major ethical issues in conducting research? Is there a conflict between the research ethics and the nature of nursing? *Health Science Journal*, 5 (1), 3-14

Fukuda-Parr, S. (2016). From the Millennium Development Goals to The Sustainable Development Goals: shifts in purpose, concept and politics of global goal setting for development. *Gender and Development* 24 (1), 43-52

Galati A. J. (2015). Onward to 2030: Sexual and reproductive health and rights in the context of the sustainable development goals. *Guttmacher Policy Review*, 18(4), 77-84

Griggs, D., Stafford-Smith, M., Gaffney, O. *et al* (2013). Sustainable development goals for people and planet. *Nature* 495: 305–307

Guarte, J. M., & Barrios, E. B. (2006). Estimation under purposive ampling. *Communications in Statistics-Simulation and Computation*, *35*(2), 277-284.

Guttmacher Institute (2018). Guttmacher-Lancet Commission Proposes a Bold, New Agenda for Sexual and Reproductive Health and Rights https://www.guttmacher.org/news-release/2018/guttmacher-lancet-commission-proposes-bold-new-agenda-sexual-and-reproductive (Accessed 0n 13/03/20)

Hák, T, Janoušková, S & Moldan, B (2016) Sustainable Development Goals: a need for relevant indicators. *Ecological Indicators,* 60:565-573

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277-1288

Kabeer, N.(2015). Gender equality, the MDGs and the SDGs: Achievements, lessons and concerns.. Africa at London School of Economics and South Asia London School of Economics cross blog series. http://blogs.lse.ac.uk/southasia/ (Accessed 17/02/2020)

Kumar S., Kumar N., & Vivekadhish S., (2020). Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs): Addressing Unfinished Agenda and Strengthening Sustainable Development and Partnership. *Indian Journal of Community Medicine* 41(1), 1-4.

Loewe, M. (2012). Post 2015: how to reconcile the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs)? (Briefing report, No. 18/2012, Deutsches Institut für Entwicklungspolitik (DIE), Bonn. Retrieved from https://www.die-gdi.de/en/briefing-paper/article/post-2015-how-to-reconcile-the-millennium-development-goals-mdgs-and-the-sustainable-development-goals-sdgs/. (Accessed 28/10/20)

McMillan, J. H. Sally Schumacher. 2001. *Research in Education a Conceptual Introduction.* New York: Longman.

Malin, H (2013) Maternal mortality: gender and access to health services: the case of Ghana. *Journal of Politics International Studies*, 9, 173-211

Mays, N., & Pope, C. (2000). Qualitative research in health care: Assessing quality in qualitative research. *BMJ*, *320*, 50-52.

Nhamo, G, Nhamo, S & Nhemachena, C (2018) What gets measured gets done! Towards an Afro-barometer for tracking progress in achieving Sustainable Development Goal 5. *Agenda*, 32, 60-75

Ogu, RN & Ojule, JD (2018) The Sustainable Development Goals (SDGs) and Its Promises for the Sexual and Reproductive Health of Girls and Women in Africa. *Journal of Biosciences and Medicines* 6, 3: 105-110.

Oronje, R. N., Crichton, J., Theobald, S., Lithur, N. O., & Ibisomi, L. (2011). Operationalising sexual and reproductive health and rights in sub-Saharan Africa: constraints, dilemmas and strategies. *BMC International Health and Human Rights*, *11*(3), 1-11.

Patton, M. Q. (Ed.). (2005). Qualitative research. In *Encyclopedia of statistics in behavioral science*. Wiley Online Library. Retrieved from https://doi.org/10.1002/0470013192.bsa514. (Accessed 02/03/2020)

Peter, E. (2015). The ethics in qualitative health research: Special considerations. *Ciência & Saúde Coletiva*, *20*, 2625-2630.

Sachs, JD (2012) From Millennium Development Goals to Sustainable Development Goals. *The Lancet*, 379, 9832:2206-2211

Sachs, JD & McArthur, JW (2005) The Millennium project: a plan for meeting the Millennium Development Goals. *The Lancet*, 365, 9456:347-353

Standing H., Hawkins K., Mills E., S. Theobald and Undie C. C. (2011). Introduction: Contextualising "Rights" in Sexual and Reproductive Health. *BMC International Health and Human Rights*11 (Suppl 3): S1

UNFPA, United Nations Population Fund. Retrieved from https://www.unfpa.org/sexual-reproductive-health. (Accessed 02/03/2020)

Wong, L. P. (2008). Data Analysis in Qualitative Research: a Brief Guide to Using Nvivo. *Malaysian Family Physician.* 3 (1), 14-20.

Zuccala, E and Horton, R (2018) Addressing the unfinished agenda on sexual and reproductive health and rights in the SDG era. *The Lancet*, 391(10140), 2581-2583

CHAPTER TWO

OVERVIEW OF THE SUSTAINABLE DEVELOPMENT GOAL 5 AND OTHER THEMES RELATED TO THE SRHR OF WOMEN

2.0 Introduction

This chapter gives an overview of the Sustainable Development Goal 5 and the efforts of government, policy makers and stakeholders in attaining the targets of this goal. It further outlines other themes which are relevant to the Sexual and Reproductive Health and Rights (SRHR) of women.

2.1 General Overview of the UN SDGs

In 2000, 189 nations adopted eight Millennium Development Goals to reduce world poverty (Griggs et al., 2014). As a follow up to the Millennium Development Goals (MDGs), governments came together at the United Nations RIO+ 20 summit in Brazil to develop a set of Sustainable Development Goals (Griggs et al., 2013). The Sustainable Development Goals are a global agreement which constitute human, social and environmental objectives for development (Griggs et al., 2013).

The UN sustainable development goals consist of 17 goals, 244 indicators and 169 targets which were established in association with the 2030 Agenda for Sustainable Development in 2015 to eradicate poverty, promote a healthy environment and create a good and peaceful future for present and future generations (Gils-Corti et al., 2019).

Although the Sustainable Development Goals are widely acknowledged for their overall goals of economic development, environmental sustainability, and social inclusion, the various objectives assigned to these goals are distinct to each society globally (Sachs, 2012). Robert et

al. (2005), outline other ways to define sustainable development goals and they are, what it specifically seeks to achieve and how it is measured.

The Open Working Group created by the UN General Assembly was tasked to come up with a proposal of the set of Sustainable Development Goals and targets along with the indicators (Hák, 2016) The Sustainable Development Goals combine economic, social and environmental targets (Nilsson et al., 2016) and according to the UN Department of Economic and Social Affairs (2009), the 17 goals set include, "Goal 1: No poverty, Goal 2: Zero Hunger, Goal 3: Good Health and Well-being, Goal 4: Quality education, Goal 5: Gender equality, Goal 6: Clean water and sanitation, Goal 7: Affordable and Clean Energy, Goal 8: Decent work and economic growth, Goal 9: Industry, innovation and infrastructure, Goal 10: Reduced inequalities, Goal 11: Sustainable cities and communities, Goal 12: Responsible consumption and production, Goal 13: Climate action, Goal 14: Life below water, Goal 15: Life on land, Goal 16: Peace, justice and strong institutions and Goal 17: Partnership for the goals" (UN-Department of Economic and Social Affairs, 2019).

The adoption of the goals has led to the development and acceptance of a document identified as "Transforming our World: The 2030 Agenda for Sustainable Development which includes the sustainable development goals (UNGA 2014). This research is focused on the sustainable development goal 5 particularly target 5.6.

SDG 5 is one of the Sustainable Development Goals and its focus is on gender equality by eliminating all forms of discrimination, violence, harmful social practices. This sustainable development goal recognizes the value of unpaid care of women such as looking after children, educating children, cooking, and cleaning. Other areas of value include fostering participation and promoting access to sexual and reproductive health rights. Hameed (2019, p. 217) states that "Universal access to sexual and reproductive health and rights (SRHR) is among the global

targets of the Sustainable Development Goals (SDG), reflected mostly under the goals for health and gender equality."

According to Keats et al. (2019), gender equality and empowerment are garnering much attention in the field of research and programming due to the current global structure of health. Keats at al. (2019) added further that this is a result of the Sustainable Development Goal 5 and the increase in awareness that women's empowerment is beneficial to the improvement of health.

2.2 Sustainable Development Goal 5

The UN has outlined 9 targets and 14 indicators for the Sustainable Development Goal 5. Indicators serve as the instruments used to obtain and gather information which can be understood better from a policy perspective and can be used to efficiently assess the achievements made towards attaining a goal (Ortigara et al., 2018).

The study was based mainly on 5.6, indicator 5.6.2 which focuses on the "Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education." This target measures the national laws and policies that exist in each country and the status and achievements made with such laws and policies as well as the full and equal access to these laws and policies.

SDG 5 Targets

"**5.1** End all forms of discrimination against all women and girls everywhere

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

5.A Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

5.B Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

5.C Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels" Source: UN, 2015.

2.3 Overview of Sexual Reproductive Health and Rights women in Ghana

Ghana is noted for being one of the first sub-Saharan African countries to adopt and implement a comprehensive Population Policy in 1969. Shortly after this, the Ghana National Family

Planning Programme (GNFPP) Secretariat was instituted to oversee the implementation of family planning programmes in the country. Over the years, the Population Policy has been revised in accordance with the International Conference on Population and Development (ICPD) and a national adolescent policy was also adopted in 2000 to address developing issues which include the sexual and reproductive health of young people (PPAG, 2016).

Considering this, the Ministry of Health (MOH) has expressed its concerns and pledges in reducing the inequalities in healthcare through the bridging of geographical and financial gaps while improving SRHR services and delivery (National CHPS policy, 2016). Moreover, some national policies that cover SRHR are still undergoing revision to ensure that they meet the standards and requirement of emerging issues and bridge gaps in programme implementation (PPAG, 2016)

The Ghana Demographic Health Survey which was implemented by the Ghana Statistical Service (GSS), the Ghana Health Service (GHS), and the National Public Health Reference Laboratory (NPHRL) of the Ghana Health Service to provide credible data and current information on fertility, family planning, infant and child mortality, maternal and child health, and nutrition among others (GSS et al., 2015). Statistics show that there has been a demographic transition due to the decline in fertility rate from 6.4 in 1988 to 4.2 in 2014 (GSS et al., 2015). The Contraceptive Prevalence Rate (CPR) for modern methods of contraception use among married women of ages 15-49 recorded an increase from 10% in 1993 to 22% in 2014 (GSS et al., 2015). According to the Ghana Demographic and Health Surveys (2014), the level of unmet needs for contraception also decreased from 37% in 1993 to 30% in 2014. PPAG (2016) argue that in contrast to these developments recorded, there is a disconnect between the

increase in modern contraceptive use and decline in fertility over the years and this can be attributed to other factors such as abortion.

SRHR makes use of the concept of human rights to sexuality and reproduction and encompasses four interrelated fields which include sexual health, sexual rights, reproductive rights, and reproductive health (Renzaho et al., 2017).

2.3.1 Sexual Health

Sexual health is concerned with safety and being free from all forms of sexual illness and violence. In addition, sexual health entails understanding one's sexuality and having safe and congenial sex at one's own will which is free from force, discrimination, and violence (Becker et al., 1997).

In Africa, women of adolescent age are more prone to Sexually Transmitted Infections (STIs) such as HIV/AIDS and unwanted pregnancies. Countries such as Ghana have made efforts to address these issues through the adoption of measures such as the provision of sufficient and efficient adolescent-friendly health services and development of policies in priority areas (Buse and Hawkes, 2015).

Although Ghanaian women have been found to have high knowledge about modern contraception, the use of these forms of contraception remain low (Adanu et al.,2012). This low prevalence of use can be attributed to lack of access and inadequate information on the contraceptives. The essential information such as how the methods of contraception work, and their possible side effects are not known by most women. Studies among urban Ghanaian girls show that 74% of these girls who had ever been pregnant had unplanned pregnancies and out

of this, 23% of the girls reported ending the pregnancy through abortion (Thatte et al., 2016). In response to the abortion needs of women, the Ghana Ministry of Health in 2006 laid out legal guidelines to ensure safe abortion practices. Nevertheless, out of the percentage of women who seek abortion, only 4% of them were aware of the legal abortion services provided and 45% still engaged in unsafe abortion practices rendering abortion the second most common cause of death among young women in Ghana (Thatte et al., 2016).

Adanu et al. (2012), are of the view that there is a need to put in interventions that would not only reduce the rate of sexually transmitted infections (STIs) but also reduce reproductive health problems, maternal mortality, and unintended pregnancies. In Ghana, there remains a gap in access to relevant information and services to ensure that women have satisfying sexual lives which meet the expectations of their family goals.

2.3.2 Sexual Rights

The protection of sexual rights ensures the ability to make decisions on one's own sexuality concerning choice of partner, privacy and pleasure void of major hindrances which include forced or early marriages and sexual assault such as rape. One of the main focuses of sexual rights is the ending of early and forced child marriages. According to UNICEF State of the World's Children (2017), "child marriage prevalence is the percentage of women 20-24 years old who were married or in union before they were 18 years old."

Child marriages do not only undermine the fundamental human rights of girls but is also an infringement of Article 16(2) of the Universal Declaration of Human Rights, which states that "Marriage shall be entered into only with the free and full consent of the intending spouses" (Ahonsi et al., 2019). Also, according to Article 16 of the Convention on the Elimination of all

Forms of Discrimination Against Women (CEDAW) women are equally entitled to the same right as men to "freely choose a spouse and to enter into marriage only with their free and full consent."

In Ghana, studies show that more than one in every five girls get married before the age of 18 and 5% are forced into marriage before the age of 15. Women from the Northern region of Ghana record the highest rate of marriage at the youngest age (Girls Not Brides, 2020). These arguments have been based on indications that Ghana records one of the highest rates of child marriage in the world (Ghana, 2014). Despite the efforts and commitments made by government and development partners to end child marriage in Ghana, there is still a lot to be done to combat child marriages completely (Ahonsi et al., 2019).

The Ministry of Gender, Children and Social Protection Ghana in its commitment to protecting the sexual rights of women has initiated various strategies and policies. One of these includes the 2017-2026 National Strategic Framework on Ending Child Marriage in Ghana as well as a resource guide on ending child marriage. Also, the government of Ghana commenced a National Campaign to End Child Marriage. However, though Ghana has signed on to various international resolutions, national laws and so on, the occurrence of child marriages in Ghana remains alarming with little to no empirical evidence to enable program interventions tackle the practice (Ahonsi et al., 2019).

2.3.3 Reproductive Health

The reproductive health of women encompasses safeguarding all issues related to women's reproductive system and pregnancies through the availability and access to healthcare, medication, and education. During the era of the Millennium development Goals, universal access to reproductive health was excluded and resulted in the prevalence of unsafe sex,

unwanted pregnancies and unsafe abortions, high levels of maternal mortality and pregnancy complications, and spikes in the number of sexually transmitted infections contracted (Glasier, 2006). The availability of reproductive healthcare services which include family planning, antenatal and delivery care services, is essential to the healthy well-being of women and overall health.

Statistics show that the highest levels of deaths recorded due to morbidity or mortality because of poor reproductive health, came from Sub-Saharan Africa (Alkema et al., 2016). However, research shows that policies implemented before the era of the sustainable development goals have been faced with many unintended responses as there have been some disparities and challenges observed in women's access to these services during that period (Barros et al., 2012). According to Ogundele et al. (2018), policies implemented in relation to reproductive health services tend to benefit the wealthier in society. In addition to this, the preference for urban and elite clients and patients by the health providers also serve as barriers to the full access to reproductive health services by all women (Ogundele et al., 2018).

In response to this, reproductive health policies have now been designed to improve upon the level of accessibility to quality reproductive health care services for all. Some of these policy interventions include the provision of insurance schemes (Witter and Garshong, 2009) and community-based health programs (Awoonor-Williams et al., 2013) and fee exemption for maternity health care services (Asante et al., 2007).

2.3.4 Reproductive Rights

Reproductive rights of women focus on the right of women to decide and plan on if, when and how many children to have and women who are able to make decisions concerning their own

reproductive health have a lower chance of having unplanned pregnancies as compared to those who do not have the ability to do so (Ahinkorah et al. 2019).

In accordance with this, the Government of Ghana (GoG) has dedicated its efforts towards increasing the modern contraceptive prevalence rate (CPR) of married women to 30% and of unmarried, sexually active women to 40% by the year 2020. The Ministry of Health (MoH) and partners under the GoG have implemented the Ghana Family Planning Costed Implementation Plan, 2016-2020 (GFPCIP) in its pledge of attaining this goal (MoH, 2015). Rowan et al. (2019), state that "the government approved the Ghana Family Planning Costed Implementation Plan 2016–2020 (GFPCIP), which outlines strategies for improving sexual and reproductive health." According to the Ministry of Health (2015), the GFPCIP is targeted at increasing the number of women using modern contraception from an estimated 1.5 million people in 2015 to 1.9 million in 2020. The total budget allocated for this project amounts to $235 million USD (906 million Ghanaian Cedis) (MoH, 2015).

The Ministry of Health (2015) acknowledges that efforts made into family planning in Ghana and contraceptive prevalence rate (CPR) will contribute towards the prevention of approximately 2.3 million unintended pregnancies, over 800,000 abortions, an estimated 30,000 child deaths, and over 5,000 maternal deaths (MoH, 2015). In addition to this, an estimated expense of $115 million USD on maternal and infant health care within the period between 2016-2020 would be averted (MoH, 2015).

The GFPCIP aligns with other policies which are instrumental protecting the reproductive rights of women and they include, "the National HIV and AIDS, STI Policy; National Gender and Children Policy; National Health Policy; Ghana Adolescent Reproductive Health Policy; National Population Policy, Revised Edition, 1994; and the National Reproductive Health and

Service Policy and Standards, Reproductive Health Strategic Plan 2007–2011; Ghana Health Sector Medium-term Development Plan 2014–2017; Ghana National Condom and Lubricant Programming Strategy 2014; Health Commodity Supply Chain Master Plan; The Ghana National Reproductive Health Commodity Security Strategy 2011–2016; and Ghana Strategic Plan for the Health and Development of Adolescents and Young People, 2009–2015.

Table 2.1: Some Key SRHR Policies in Ghana

Policies	Description
National Health Policy: Creating Wealth Through Health	The priority strategic areas are ensuring access to quality health, population and nutrition services, promoting healthy lifestyles, strengthening health systems and capacity development, promoting use of evidence for decision making, building the health industry, sustaining health financing, and strengthening governance and partnership in health.
National Reproductive Health and Service Policy and Standards	This document clearly defines the minimum acceptable level of operations and prospects for each constituent of Reproductive Health services, required functions of service providers. The document also outlines the fundamental training content required for carrying out these functions.
National HIV and AIDS, STI Policy	The policy aims to serve as a pointer to other HIV-related policies, interventions, and programme designs, and their implementation in Ghana. The all-embracing goal of the policy is to put an end to the spread of HIV infection in the general population and in key and high-risk populations.

Ghana Adolescent Reproductive Health Policy	This policy pays attention to the enhancement of the health and provision of comprehensive health services and other interrelated programmes of adolescents and young people. The goals of this policy include making relevant health information more accessible, improving access to health services, enriching their social, legal, and cultural environment for health, increasing community participation in specific health programmes in order to boost the demand and use of services and the improvement of management of selected health programmes.
National Population Policy, Revised Edition 1994 a	The central focus of this policy includes the following: maternal and child health; family planning and fertility regulation; health and welfare; food and nutrition; education; empowerment of women and other equally significant areas.

Source: Ministry of Health (2015)

2.4 Contributions from Non-governmental bodies on SRHR of women in Ghana

The impact and relevance of SRHR to women has garnered much attention and recognition from both local and international development partners, agencies, and organizations. These partners, agencies and organizations advocate, create awareness, and contribute in various forms towards the full implementation of SRHR policies and they include United Nations (UN) agencies such as the United Nations Population Fund (UNFPA), United Nations International Children's Emergency Fund (UNICEF), and the United Nations Development Programme (UNDP). Other agencies which include the United States Agency for International Development (USAID) have also contributed to the protection and provision of SRHR services to women in developing countries.

The UNFPA is the main sexual and reproductive health agency of the UN with its primary focus on the promotion of SRHR. The agency focuses on areas of SRHR which include family

planning, HIV/AIDS, maternal health, midwifery, obstetric fistula and sexual and reproductive health (SRH). Some noticeable contributions of the UNFPA to SRHR policy implementations in Ghana are the provision of maternal services, provision of modern contraceptives, women empowerment, promotion of the fight towards ending gender-based violence (GBV), advocating for putting a stop to female genital mutilation (FGM), and putting an end to child marriages (UNFPA, 2020).

Likewise, there are various local agencies and organizations which have contributed immensely towards the full implementation and realization of SRHR of women in Ghana such as the Alliance for Reproductive Health and Rights (ARHR). The ARHR is one of the leading Ghanaian non-governmental organizations in the provision of Sexual and Reproductive Health services in Ghana. Furthermore, the ARHR works towards the protection of the sexual and reproductive health rights of all citizens. Some of the key achievements of ARHR in relation to SRHR are "Tracking Ghana's realization of the health MDGs 4, 5 & 6 through projects such as the Cordaid funded 'Citizens Action and Health' programme", "Building successful partnerships with influential NGOs such as the Planned Parenthood Association, Marie Stopes International Ghana and IPAS to address reproductive health issues in Ghana in areas including unsafe abortions, family planning and the establishment of youth-friendly health centres across Ghana", "Enabling an environment for SRH issues to be discussed by playing a lead role in the conferences and campaigns, such as the national roundtable on Maternal and Child Health", "Monitoring the use of public funds and resources in the health sectors as well as provisions to benefit the underprivileged under the National Insurance Health Scheme (NHIS)", "Engaging Parliamentarians to be ambassadors and champions of SRH issues", and "Universal Access to Health Care Campaign (UAHCC)" (ARHR, 2020).

2.5 Conclusion

This chapter draws attention to the general overview of the UN SDGs and focuses on SDG 5.6, indicator 5.6.2. It also made clear the state of SRHR in Ghana while discussing SRHR under the four fields (sexual rights, sexual health, reproductive rights, and reproductive health) and their respective policies implemented in Ghana. In addition to this, the contributions made by local and international organizations in their commitments to SRHR are also regarded as promoting, maintaining, and advocating for the full implementation of relevant policies to SRHR.

REFERENCES

Adanu, R. M., Seffah, J., Anarfi, J. K., Lince, N., & Blanchard, K. (2012). Sexual and reproductive health in Accra, Ghana. *Ghana Medical Journal*, *46*(2), 58-65.

Ahinkorah, B. O., Seidu, A. A., Appiah, F., Baatiema, L., Sambah, F., Budu, E., & Ameyaw, E. K. (2019). What has reproductive health decision-making capacity got to do with unintended pregnancy? Evidence from the 2014 Ghana Demographic and Health Survey. *PloS one*, *14*(10), e0223389.

Ahonsi, B., Fuseini, K., Nai, D., Goldson, E., Owusu, S., Ndifuna, I., ... & Tapsoba, P. L. (2019). Child marriage in Ghana: evidence from a multi-method study. *BMC Women's Health*, *19*(1), 1-15.

Alkema, L., Chou, D., Hogan, D., Zhang, S., Moller, A. B., Gemmill, A., ... & Say, L. (2016). Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. *The Lancet*, *387*(10017), 462-474.

ARHR. (2020). What We Do. Retrieved from https://arhr.org.gh/what-we-do/ (Accessed 12/05/20)

Asante F, Chikwama C, Daniels A, Armar-Klemesu M. Evaluating the economic outcomes of the policy of fee exemption for maternal delivery care in Ghana. *Ghana Medical Journal* 2007;41(3):110–7.

Awoonor-Williams JK, Sory EK, Nyonator FK, Phillips JF, Wang C, Schmitt ML. Lessons learned from scaling up a community-based health program in the Upper East Region of northern Ghana. *Global Health Scie* Pract. 2013;1(1):117–33.

Barros, A. J., Ronsmans, C., Axelson, H., Loaiza, E., Bertoldi, A. D., França, G. V., ... & Victora, C. G. (2012). Equity in maternal, newborn, and child health interventions in Countdown to 2015: a retrospective review of survey data from 54 countries. *The Lancet*, *379*(9822), 1225-1233.

Becker, H., Stuifbergen, A., & Tinkle, M. (1997). Reproductive health care experiences of women with physical disabilities: a qualitative study. *Archives of Physical Medicine and Rehabilitation*, *78*(12), S26-S33

Buse, K., & Hawkes, S. (2015). Health in the sustainable development goals: ready for a paradigm shift?. *Globalization and Health*, 11(1), 11-13.

Girls Not Brides. (2020). Child Marriage Ghana. Retrieved from https://www.girlsnotbrides.org/child-marriage/ghana/ (Accessed 21/08/20)

Ghana, W. (2014). Scoping study for Parliamentary Advocacy Programme on combating early and forced marriage in Ghana. *Submitted to Parliamentarians for Global Action*. Retrieved from https://www.pgaction.org/pdf/2014-03-05-Final-Report-Scoping-study-on-Early-and-Forced-Marriage-in-Ghana.pdf. (Accessed 28/10/20)

Glasier, A., Gülmezoglu, A. M., Schmid, G. P., Moreno, C. G., & Van Look, P. F. (2006). Sexual and reproductive health: a matter of life and death. *The Lancet*, *368*(9547), 1595-1607.

Griggs, D., Stafford-Smith, M., Gaffney, O., Rockström, J., Öhman, M. C., Shyamsundar, P., ... & Noble, I. (2013). Sustainable development goals for people and planet. *Nature*, *495*(7441), 305-307.

Griggs, D., Smith, M. S., Rockström, J., Öhman, M. C., Gaffney, O., Glaser, G., ... & Shyamsundar, P. (2014). An integrated framework for sustainable development goals. *Ecology and Society*, *19*(4). http://www.jstor.org/stable/26269703

GSS, G., & Demographic, I. G. (2015). Health Survey 2014. *Rockville, MAryland, USA: Ghana Statistical Service (GSS), Ghana Health Service (GHS) and ICF International*. Retrieved from https://dhsprogram.com/pubs/pdf/fr307/fr307.pdf. (Accessed 28/10/20)

Hák, T, Janoušková, S & Moldan, B (2016) Sustainable Development Goals: a need for relevant indicators. *Ecological Indicators,* 60:565-573

Hameed, S. (2019). Universal Access to Sexual and Reproductive Health and Rights: Gaps in Policies in the Maldives. *Asia-Pacific Social Science Review*, *19*(3), 217-229.

National community-based health planning and services (CHPS) Policy. (2016). Retrieved from http://www.ghanahealthservice.org/downloads/MOH_CHPS_Policy_Final.pdf (Accessed 21/08/20)

Nilsson, M., Griggs, D., & Visbeck, M. (2016). Policy: map the interactions between Sustainable Development Goals. *Nature*, *534*(7607), 320-322.

Ogundele, O. J., Pavlova, M., & Groot, W. (2018). Examining trends in inequality in the use of reproductive health care services in Ghana and Nigeria. *BMC Pregnancy and Childbirth*, *18*(1), 492. https://doi.org/10.1186/s12884-018-2102-9

PPAG (2016). Planned Parenthood Association of Ghana. Five-year strategic plan 2016-2020. Retrieved from https://www.ppag-gh.org/ppag/wp-content/uploads/2017/02/PPAG-Strategic-Plan-2016-2020-April-2016-Final.pdf (Accessed 04/09/20)

Renzaho, A. M., Kamara, J. K., Georgeou, N., & Kamanga, G. (2017). Sexual, reproductive health needs, and rights of young people in slum areas of Kampala, Uganda: a cross sectional study. *PloS One*, *12*(1), e0169721. https://doi.org/10.1371/journal.pone.0169721

Robert, K. W., Parris, T. M., & Leiserowitz, A. A. (2005). What is sustainable development? Goals, indicators, values, and practice. *Environment: Science and Policy for Sustainable Development*, *47*(3), 8-21.

Rowan, A., Gesuale, S., Husband, R., & Longfield, K. (2019). *Integrating Family Planning into Primary Health Care in Ghana*. Washington, DC: Results for Development (R4D)

Sachs, J. D. (2012). From millennium development goals to sustainable development goals. *The Lancet*, *379*(9832), 2206-2211.

Thatte, N., Bingenheimer, J. B., Ndiaye, K., & Rimal, R. N. (2016). Unpacking the barriers to reproductive health services in Ghana: HIV/STI testing, abortion and contraception. *African Journal of Reproductive Health*, *20*(2), 53-61.

UNFPA Ghana. (2018). What We Do. Retrieved from https://ghana.unfpa.org/en/what-we-do-1 (Accessed 02/09/20)

Witter S, Garshong B. Something old or something new? Social health insurance in Ghana. *BMC International Health Human Rights*. 2009;9(1):20. https://doi.org/10.1186/1472-698X-9-20

World Health Organization. (2008). National-level monitoring of the achievement of universal access to reproductive health: conceptual and practical considerations and related indicators, report of a WHO/UNFPA technical consultation. Retrieved from https://www.who.int/reproductivehealth/publications/monitoring/9789241596831/en/. (Accessed 28/10/20)

CHAPTER THREE

RESEARCH FINDINGS ON ACHIEVEMENT OF SDG 5.6 IN GHANA

3.0 Introduction

This chapter presents the key findings on the structures, strategies and policies that have been implemented in Ghana to achieve SDG 5.6. It further discusses some of the achievements that have been made on SRHR since the adoption of the SDGs in Ghana. The areas of achievements are grouped under four thematic key parameters of sexual and reproductive health care, information, and education in accordance with the 1994 International Conference on Population (ICPD), the Beijing Platform for Action, and international human rights standards. The four thematic areas include: maternity care, contraception and family planning, comprehensive sexuality education and information, and HIV. The chapter basically analyses the findings collected from the field and secondary data to support it.

3.1 The Structures, Strategies and Policies to achieve the SDG 5.6 in Ghana

3.1.1 Maternity Care and Comprehensive Abortion Care

The World Health Organization (WHO) states that there are about 140 million births globally. Although most of these births are vaginal births with no known complications for both pregnant women and the babies at the start of labor, some complications may arise during labor and increase the risk of morbidity and death for both the woman and baby (WHO, 2019). The WHO (2019) adds further that high proportions of maternal deaths, life-threatening conditions, stillbirths, and neonatal deaths are because of complications that occur during labor, childbirth, or the immediate postpartum period. The rate of maternal and perinatal deaths is more prevalent in low- and middle-income countries (LMICs) as compared to high-income countries (HICs).

Therefore, Ghana as an LMIC must adopt the requisite measures and strategies to improve maternal care to reduce stillbirths, maternal and newborn deaths.

On maternity care a respondent at the NPC stated that,

> *For maternal mortality ratio, we try to achieve a zero maternal death rate as the global goal but with regards to our high ratio, we strive to reduce the maternal mortality rate to 50 per Hundred thousand live births.*

Abortions can be a safe process without complications when conducted by experts in a safe and clean environment (WHO, 2012) but the lack of information, social and religious backgrounds, costs, and other perceptions have prevented women from seeking these services. Due to this, abortion services end up being sought for through underground means under unsafe conditions and in the hands of unqualified providers which results in the development of severe health complications and death. In 2016, studies showed that the percentage of unsafe abortions carried out in Ghana was alarming as it stood at 55% (Kuorsoh, 2016). Most woman also turn to unsafe abortions due to ineligibility based on the provisions made by law. This has resulted in abortion accounting for 11% of maternal deaths in Ghana, thus, making abortion the second most common cause of maternal mortality (Sedgh et al., 2016). Furthermore, out of every 15 women who suffer short or long-term morbidities, one dies from unsafe abortions in Ghana (Rominski and Lori, 2014)

Comprehensive abortion care (CAC) refers to safe and legal induced abortion services, pre-abortion counseling services, abortion treatment services and other services related to reproductive health (WHO, 2012). CAC consists of safe abortion practices such as induced abortions, pre-abortion counseling, abortion treatments and other related services (WHO, 2012). Despite the provisions made for CAC in Ghana, accessibility to safe abortion services remains a challenge to many women. The grounds on which abortion is permitted in Ghana

include to save the woman's life, to preserve physical health, to protect mental health, rape or incest and threat to the fetus (Hessini et al., 2006)

National Laws and Policies on Maternity Care in Ghana

Health Insurance Scheme (NHIS). The policy makes provisions for all pregnant women to register with the NHIS at no cost to benefit from free services throughout pregnancy, during childbirth and three months postpartum. The free maternal health policy is considered to have been one of the key strategies of Ghana towards achieving the Millennium Goals and now, the Sustainable Development Goals (Dalinjong et al., 2018). The main goal of this policy was to eliminate all OOP payments to boost the use of maternal health services. Yet studies show that most women paid for drugs and ultrasound scan services and out of these, 65% of the women used their savings, 22% sold their possessions to cover costs and others were unable to afford the services (Dalinjong et al., 2018).

Furthermore, maternal medicines are regulated under the Ghana National Drug Policy (2002). This policy does not only make essential medicines available, affordable, and accessible but also ensures that these essential drugs are of optimum quality and meet all necessary standards of safety and efficacy (GHS, 2017).

According to the Labor Act, 2003, Act 651, women are entitled to fully paid maternity leave of a period of at least twelve weeks. Under conditions such as illness and giving birth to more than one baby, the woman is entitled to an extension of leave.

A respondent at the MoGCSP mentioned that,

with a labour law, we have those things laid out like when a woman delivers the number of days, she can be away on maternity leave with pay and all that. Yes, there are laws and policies to guide that. So, if you are in an organization and you deliver you are expected to be allowed to enjoy those rights as has been enshrined for you in our laws.

National Laws and Policies on Abortion Care

Presently, the law on abortion in Ghana is the Law No.102 of 22 February which was passed in 1985. This law provides the circumstances under which abortion is permitted and they include conception resulting from rape, defilement of a female idiot or incest, when there is risk to the life or health of the woman or where there is a risk to the fetus.

As stated by a respondent at HFFG,

it is only when we have medical conditions that permit you to go for abortion but we think that a woman should have control over that and so it should be legalized not only when you have certain medical conditions, but it should be legalized for a woman to decide if she wants to keep a baby or not. So, in our policies, Ghana law doesn't allow you but it is only permitted when you have some medical conditions which is affecting a lot of women and women and girls where most of them die by using very unsafe methods to abort.so there is a gap so there is a gap there too

Hence, abortion is not allowed under the law based on economic reasons, social reasons or by request and this has resulted in many falling victims to unsafe abortions (Aniteye and Mayhew, 2013). According to the provisions made under the policy, any person who offers any form of poisonous substance, uses any instrument, or carries out any other activities on a woman with the purpose of executing an abortion is guilty of an offence and is liable to imprisonment for a term not more than five years. This is also not dependent on whether the woman is pregnant or has given her consent. Similar to this, any person who attempts to conduct and abortion on a

woman by inducing or providing her with poison, drugs, or instruments when the person is aware that it would be used to conduct an abortion commits an offence.

In addition to this, the Ministry of Health has developed various policies that cover abortion services. One of these is the Adolescent Reproductive Health Policy, which was published in 2000, including the implementation of programs to aid in the reduction or elimination of unsafe abortions (Republic of Ghana, 2000). The year 2003 was also marked with the revision of the National Reproductive Health Service Policy and Standards to make room for including protocols that allow midwives provide post-abortion care (Ghana Health Service, 2005). The protocols were subsequently adopted in 2006 and they include components of CAC.

3.1.2 Contraception and family planning

In Ghana, family planning as a component of SRHR is protected by the African Charter on Human and People's Rights and the Principles and Guidelines on the Implementation of Economic, Social and Cultural Rights which was published by the African Commission on Human and People's Rights. Yet, there is no national policy in Ghana specifically designed for the legal provision of family planning services in Ghana.

On contraceptive use, a respondent at the HFFG stated that,

> *there is no specifically designed law in Ghana, but anyone can decide which contraceptive method to use but availability and accessibility is where we have a problem.*

Nonetheless, there are various national policies that address the family planning component. Ghana has also made commitments towards the free provision of free family planning and services in every part of the country (GHS, 2017).

National Laws and Policies that address Family Planning

The National Population Policy clearly outlines targets on fertility and contraceptive use. The outlined targets were to reduce the fertility rate that is the average number of children born per woman from 5.5 to 5.0 by 2000, to 4.0 by 2010 and to 3.0 by the year 2020; attaining a contraceptive prevalence rate of 15% for family planning methods by 2000 and attaining 50% by 2020; and also, reducing the annual population growth rate to 1.5% by 2020 (GAP, 2012). Data compiled under the 2014 Ghana Demographic Health Survey however showed that though the fertility rate decreased from 6.4 in 1988 to 4.0 in 2000 which exceeded the goal of reaching 4.0 by 2010, the total fertility rate experienced a surge from 4.0 in 2008 to 4.2 in 2014 (Ardayfio, 2015).

A respondent from the NPC stated that,

> *with the policy, we give a guide to implementers for family planning to be provided with improved access and coverage for family planning services throughout the whole country. Our objective is that any implementor trying to provide such services should be accessible to every single person in Ghana. Our target is to specifically make family planning services accessible, available and affordable to at least 50% of all sexually active women By 2024 and 2030.*

Presently, the "Ghana Family Planning Costed Implementation Plan 2016-2020" (GFPCIP). This policy sets out to increase the use of contraceptives to 30% and 40% of unmarried and married women respectively by the year 2020. To achieve this goal, Ghana seeks to utilize funds from development partners which amounts to $235 million between 2016 and 2020. With the aid of these funds, Ghana plans to put efforts into community education, maternal and infant health care, facilities, contraceptives, and counselling services on family planning.

The Ghana Adolescent Reproductive Health Policy (2000) provides some guidelines for adolescents and young people in Ghana by specifically outlining family planning services available for those in sexual unions. These services are to be comprehensive and user-friendly (GHS 2017).

The National Reproductive Health Service Policy and Standards (revised 2014) provides support for family services and incorporates the concept of task shifting or task sharing to ensure that high quality reproductive health services are made available at the primary care level (GHS 2017).

The Female Condom in Ghana: Action Planning (2010) focuses on addressing the challenges faced due to the inception of the female condom into the mixed family planning method (GHS 2017).

Family planning has been passed as a law under the NHIS Act 52 of 2012, section 30. However, this law has not yet been fully operationalized.

The Annual Programme of Work (2015). The Annual Programme of Work (APOW) strengthens the strategies and prioritizes maternal and newborn health interventions (GHS 2017).

The Compendium of Family Planning and Contraceptive Products and Services (2016) seeks to promote the country's goal to accelerate the accessibility and availability of contraceptives and family planning service for all (GHS 2017).

3.1.3 Sexuality Education as a Mandatory Component of the National School Curriculum

The United Nations Educational, Scientific and Cultural Organization (UNESCO) provides the definition of comprehensive sexuality education (CSE) as, "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 lives."

CSE as a component of the national school curriculum enables students gain knowledge and the required skills, understand their thoughts and values to make the right choices regarding their sexual lives and relationships (UNESCO, 2018). Furthermore, CSE that focuses on human rights, gender equality and empowerment has been proven to not only boost the confidence of young people, but also build on their level of knowledge and improve their self-esteem; impact attitudes, gender, and social norms; support decision as well as communication skills; and improve self-efficacy (UNESCO 2015).

Sexuality education was first introduced in Ghana as the Family Life Education Program during the 1970s when the sexuality education garnered much importance, however, this was short-lived as the Family Life Program is no longer an individual subject in the school curriculum but a part of social studies (Asiedu et al., 2011). The topics under the social studies do not thoroughly discuss SRHR.

National Laws and Policies on Comprehensive Sexuality Education

According to Panchuad et al. (2019), an analysis of the patterns of development of sexuality education in school since the 1960s shows that there have been three periods of transformation of their policy environment. Their analysis clearly shows that the first period which started during the 1960s when the SRHR of young people was not highly regarded but was only focused on the biological aspects of sex and reproduction. The second period which started in the 1980s saw more population issues and broadened sexuality education beyond reproduction (Quashigah et al. 2014). The third period which was from 1994-2000 experienced a whole transformation from a population and development outlook to incorporate other aspects of reproductive health which include the social aspects of sex and sexuality. In addition to this, the high prevalence of HIV was also a major influence on the development of sexuality education beyond its focus on the biological aspects. The focus on HIV prevention has been argued to have impeded the country's transition to a fourth period which is focused on human rights issues such as gender and sexual rights and other issues spearheaded by the Sustainable Development Goals (Awusabo-Asare et al., 2017).

Although Ghana has various policies on sexual reproductive health and rights which address CSE, there is no national policy which has been specifically developed and implemented solely on CSE, and policies which mention CSE are not always fully implemented.

As stated by a respondent from the MoGCSP,

> *This is something we try to develop but have had a lot of issues and controversies that came out but that was a good program that could have been embraced to solve a lot of SRHR issues of women.*

Thus, the policy foundations have been laid with a national policy on sexuality education in secondary schools, however, they are generally fear based and abstinence focused (Awusabo-

Asare et al., 2017) and issues concerning CSE have been closed at the political level. The only means by which comprehensive sexuality education can be fully implemented in school relies strongly on the development and implementation of a strong policy (Panchuad et al., 2019).

Overview of Ghana's National Legal and Policy Framework for Provision of CSE in Schools

- National Population Policy (1969). This policy was developed by the National Population Council to serve as a framework to provide reproductive health education in schools while laying emphasis on abstinence.

- National Population Policy (1994). The revised version of the National Population Policy which added HIV/AIDS.

- National Reproductive Health Service Policy and Standards (1996). This policy centers on the commitment of the Ministry of Health (MOH) to promoting and safeguarding the wellbeing of women, children, and adolescents. The strategy of this policy is to incorporate Family Life Education into school curricula.

- Adolescent Reproductive Health Policy (2000). Through the collaborative efforts of the National Population Council and MOH, the framework of this policy was structured to develop adolescent reproductive health programmes for in- and out-of-school youth. The policy also ed to the adoption of reproductive health component in junior and senior high school curricula (Bekoe and Eshun 2013; Quashigah et al., 2014)

- National Youth Policy of Ghana (2010). This policy by the Ministry of Youth and Sports is aimed at equipping the youth with knowledge and preventive healthcare to enable them to avoid early and "irresponsible" sexual activities and exposure to HIV/STIs.

- National HIV/AIDS and STI Policy (2013). This policy is an effort of the Ghana AIDS Commission to incorporate age appropriate SRH education which includes topics on HIV/AIDS and other STIs into the curriculum.

- Adolescent Reproductive Health Policy (2015). The revised National Youth Policy of Ghana.

Program Initiatives to Improve CSE Gaps in Ghana

In response to the availability and accessibility of CSE in Ghana, a respondent of the HFFG mentioned that,

> *in Ghana, a lot of people don't think sexuality education should be accessible or part of the curriculum and there has been a lot of backlash during that period. But we believe that as a developing country, the earlier girls and women have access to sexuality education by it being integrated into our curriculum, the better it prepares them for the future. So, in Ghana our law doesn't really permit that it should be integrated so we talk about it, but we don't go deep into details. And most people believe that if you talk about sexuality education, you are promoting men sleeping with men and sex work which is rather unfortunate*

A respondent from the GHS also mentioned that,

> *we try to introduce the CSE into the school curriculum and also very huge public outcry and it's been withdrawn. different ways have been found to implement as I reach our activities in this country if they want to have access to the services and information that they need.*

To bridge the gaps of sexual education, various initiatives have been implemented in Ghana. One of these initiatives is the Sexual Health Education Plus (SHE+) project which provide the youth access to free Sexual Reproductive Health Rights (SRHR) information through a text message service (Savana Signatures, 2016). Another similar project is "The World Starts with Me". These programs enable the youth to gain access to skills and knowledge about sexual education and issues that are not openly discussed in the Ghanaian society. The National Population Council, Ghana Health Services, Ghana Education Service, National Youth Authority and Non-Governmental Organizations undertake various activities such as health clubs and health corners.

3.1.4 HIV/AIDS

Out of the total number of people living with HIV (PLHIV), the number of women living with HIV (WLHIV) outnumbers the number of males living with HIV (MLHIV) (Kharsany and Karim, 2016), making women the most affected by the virus (Ramjee and Dnaiels, 2013). This is attributed to the fact that women possess physiological differences in their genital tracts which make them stand at a higher risk of acquiring the HIV infection from as well as other STIs as compared to men. However, WLHIV have been reported to have more negative experiences due to inequalities in socio-cultural beliefs (Owusu, 2020). The disparities in HIV infections are associated with the unequal cultural and socio-economic status of women which

makes it difficult for some women to even afford food necessary for taking antiretroviral medicines (Higgins et al., 2010). Women's low economic and social status tend to make them highly vulnerable and thus increases their chances of infection. The poor economic conditions of women prevent them from accessing essential health and social services. As a result of these and other factors such as nonconsensual sex, rape and defilement, women are at a high risk of getting infected. Owusu (2020) suggested that to improve the health outcomes and livelihoods of WLHIV, more support and affirmative action in policy actions is required.

Ghana has made some slow but significant progress in its efforts to end AIDS in Ghana. The 2018 HIV Estimates Report shows that the regional prevalence in Ghana is 1.69% and ranges from 2.66% in Ahafo region as the highest and to 0.39% in the NorthEast region as the lowest (Ghana HIV fact sheet, 2018). Also, the prevalence recorded among pregnant women is 2.4% (Ghana HIV fact sheet, 2018).

National HIV Laws and Policies

The National HIV & AIDS, STI Policy (February 2013) of Ghana was revised by the Ghana AIDS Commission (GAC) and its partners to develop a new policy that addresses the identified gaps and provides modern and updated information towards Ghana's goal of ending AIDS by the year 2030. The revised policy tackles issues in accordance with the SDGs such as HIV prevention, treatment, care, and support.

The objectives set out under the policy include providing empowerment to prevent new HIV infections, provide guarantee to the availability and full accessibility to prevention, treatment, care, and support services, reducing the social and economic effects of HIV on infected persons and making funds available for the effective execution of the policy strategies.

As stated by a respondent from the NPC,

> *in the policy we have some specific directions and targets, for instance, to have increased access to antiretroviral treatment for the patients, to have intensified public education against the stigmatization, to have sustained in control prevalence rates of HIV infections in the country and to have provided increased care and support for people living with the virus and also those orphans being affected*

Due to the differences women face that increase their risk of infections, this policy recognizes empowerment of women as their basic human right as this serves as a powerful tool for women to have control over and exercise their rights on their sexual and reproductive health. The empowerment of women through this policy also seeks to increase their awareness of their vulnerability. Also, the policy provides support for women by means of special programmes that would primarily enhance the status of women and provide them with economic freedom (GAC, 2019).

Through the provisions of voluntary counseling and confidential testing (VCT) services made under the policy, voluntary counseling and confidential testing is made available and accessible to all who seek these services. Persons who test positive are also provided with counseling services on their responsibilities to prevent the spread of the virus. As well, the policy seeks to make VCT facilities with pre-test and post-test counseling services available in every part of the country.

Mother-To-Child Transmission is a phenomenon that can occur during pregnancy, childbirth or through breastfeeding. This policy seeks to reduce this through the use of antiretroviral treatments. Some other efforts in this regard are to provide information to women to enhance their decision making on HIV prevention and sexual and reproductive health, voluntary counseling, medical management, and baby feeding options.

On the 15th of September 2016, Ghana announced her adoption of the WHO Treat all Policy which recommends (ART) for all persons immediately after they are diagnosed with HIV (WHO, 2015). This policy set new and higher standards in the treatment of all PLHIV through its recommendations on various areas of the clinical and service delivery of HIV treatment and care (WHO, 2017).

3.2 The Barriers that are encountered in the Availability and Accessibility of Services provided under SRHR Laws and Policies

3.2.1 Challenges Associated with Access to Maternal Care Services

Despite the efforts of Ghana to prioritize maternal health through the implementation of the policy, studies have shown that women still make out of pocket (OOP) payments for drugs, supplies, some laboratory services, transportation, and other items required for childbirth (Dalinjong et al., 2018). As a result, women who cannot afford do not benefit from making use of these services. The lack of funds in facilities can be attributed to the delay in payments by the NHIS which is because of the claims process and lack of enough funds allocated under the scheme. To reduce this, the NHIS has developed the electronics claims submission system (Park et al., 2012) for the early settlement of claims (Nsiah-Boateng et al., 2017), however, the challenge of OOP payments persists.

On the challenges pertaining to maternity care services, a respondent at HFFG mentioned that,

> *there is still a challenge because a lot of institutions and Ministries don't have a place even if the woman returns from maternity leave to take care of the child. So, you see the woman battling between going home to feed the child or feeding the child somewhere and then going to work and I think we should still look at*

giving maternity care that would give adequate time even if for four, five or six months where the baby can be weaned off breast milk.

3.2.2 Accessibility and Affordability of Abortion Care Services

Regardless of the existence of safe and legal comprehensive abortion in Ghana, accessibility remains a challenge to majority of Ghanaian women, mostly those in the rural areas. For instance, rape is considered a medico-socio ground for abortion, but such services are mostly accessible to women in the urban areas as these services are not available in all the national health institutions (Morhee and Morhee, 2006).

A respondent at the MoGCSP mentioned that

abortion itself in Ghana is under certain circumstances and so once the person passes those conditions then abortion could be allowed. other than that, it will be difficult.

To add to this, abortion on the grounds of serious medical conditions such as hypertensive disorders and renal failures are accessible to women but not in all public and private hospitals in Ghana.

Therefore, women who cannot afford or access the abortion care services end up engaging in unsafe abortions. Also, women in the remote and rural parts of Ghana tend to be more disadvantaged as they mostly have difficulties in accessing safe abortion care. Other challenges include the Abortion law in Ghana not being fully interpreted, lack of education on the abortion law and fear of stigma associated with abortion due to traditional, religious, and cultural beliefs. As a result of the challenges faced in accessibility and affordability, women are denied their reproductive rights which includes safe abortion services.

To bridge the gaps in accessibility and affordability of abortion care services. The Ghana Health Service and Ministry of Health in partnership with some international health organizations launched the "Reducing Maternal Mortality and Morbidity" (R3M) initiative in a bid to improve comprehensive abortion care by targeting healthcare providers through training, sensitization and provision of equipment and products to facilities.

3.2.3 Restrictions and Challenges Associated with Accessing Contraceptive Services

Factors that have been recognized as serving as barriers to the accessibility to family planning services such as contraceptive information, education and services include social and economic power of women, educational level, religious backgrounds, and lack of the right and adequate information on family planning. Women within the adolescent age group, young women and the unmarried women are mostly not able to easily access family planning services and others struggle in accessing these services due to factors such as fear and being seen as promiscuous (Benarkuu, n.d.). Moreover, the cost of family planning services also remains one of the major challenges for mostly adolescents and the deprived.

A respondent at the MoGCSP added that,

> *that is why we are helping them to be able to take up economic activities to improve their livelihood for them to be able to access family services because it is one thing when you know the services are available and another having the financial muscles to do that.*

In Ghana's efforts to improve the access of family planning services to the deprived women, the legislation on National Health Insurance Scheme reform, passed in 2012, states that: "natal, delivery and neonatal healthcare services provided by the Schemes established under the National Health Insurance Act, (Act 650) shall continue to be provided under the Scheme"

(National Health Insurance Act 2012) Despite the fact that Ghana has included family planning education and services into the National Health Insurance Scheme (NHIS) package of free maternal healthcare, the distribution of contraceptives and other essential commodities are not clearly defined (Ardayfio, 2015).

According to a respondent at the HFFG,

> *Ghana is doing something but we still have a long way to go as family planning has very high unmet needs and some of us were thinking that female commodities for family planning will be cheaper or will be free and there has been a lot of advocacy for the government not to really put tax on family planning commodities. With respect to condoms, we are promoting the use of condoms, but we do not usually hear people talk about female condoms and that's the only female protection device that gateway women empowerment to take decisions and decide on their sexual rights.*

3.2.4 Accessibility and availability of HIV Services

Without doubt, it can be said that the availability and accessibility of HIV services which include prevention, treatment, care, and support are crucial to the successful attainment of the goal to end AIDS infections by 2030.

The WHO Treat all Policy has also made provisions for HIV prevention, treatment, care, and support services based on equity.

As indicated by a respondent at the HFFG,

> *for voluntary testing, it is for adults to take the sessions but not young people. I think a lot of girls cannot take that decision and it is rather unfortunate. Under 18 years you still have to seek permission from parents but over 18 years you can take decisions and*

so health workers some go beyond that especially when the parents are positive to safeguard the child

However, as discussed earlier, factors such as the low social, educational, and economic status of women serve as barriers in their access to these services

A respondent from the MoGCSP mentioned that,

we can say that the low levels of education, lack of awareness, lack of access, and poverty put them at risk of being able to access some of these things.

3.3 The Challenges faced in Operationalizing Policies that Guarantee Women's Full and Equal Access to SRHR Services in Ghana

Evidently, Ghana has made some progress in the development and implementation of laws and policies that guarantee women's full and equal access to SRHR services.

As expressed by a respondent at the MoGCSP,

progress in education and sensitization have gone on and for me I think a lot more women understand and know their rights as far as their sexual and reproductive health are concerned more than before. We have made a lot of progress with educating them on their rights as far as their health is concerned

A respondent from the NPC also added that,

contraceptive prevalence rate, total fertility rate and others that we look at as indicators have really improved because of the legislations or policies being made, or policy directions being given to the health institutions and all others whose works are concerned with and geared towards the sexual and reproductive rights of women to follow to provide the qualified services and information for them to access services such services.

Nevertheless, there are still some challenges that hinder the full realization of the services and goals of these laws and policies.

3.3.1 Prioritization of SRHR Policies

First and foremost, SRHR policies of women are not highly prioritized in Ghana, and this has resulted in the reluctance of government to institute and implement sufficient policies and poor commitment to funding SRHR policies

A respondent from the HFFG noted that,

> *there are policies but not emphatically on women and girls and you will also realize that a lot of the policies are all sitting there and the people who have to approve those policies for us into law are mostly men and so the challenge is that approving them is very difficult and things are delaying.*
>
> *Also, we have competing interventions for resources, so we think that SRHR for women is not a priority, so we push resources to other areas that you think it's a priority.*

3.3.2 No full integration of CSE into school curriculum

There is still no full implementation of CSE into the school curriculum. This has been attributed to the absence of any legal provisions for CSE in Ghana to foster the implementation of sexual education policies. Additionally, the Ministry of Education and schools are still having reservations about implementing CSE in schools. Largely, CSE was not warmly received by families, communities, and religious groups.

Regarding CSE in Ghana's school curriculum, a respondent from HFFG added that,

> *there is a big gap as a country where girls and women should know their rights and to know services and demand those services.*

The respondent added that,

our cultural settings do not give you that power to demand and request so again there is a big gap empowering the women and the girl to demand quality service especially quality reproductive Health Service. We need to empower women and that is why it is important for sexuality education and access to all these services must be part of the school curriculum for girls.

3.3.3 Low demand for SRHR services

The demand for family planning services has been relatively low. This is due to the lack of adequate information on available contraceptive methods, inaccessibility, and unaffordability of family planning services.

A respondent from HFFG noted that,

we have the policies there, but implementation is the problem and a lot of women also do not know about existing policy that gives them the free will to access

A respondent from the MoGCSP also added that,

for the low levels of education, we continue to sensitize them on these rights that they have to be able to access some of these services without feeling shy or feeling that they would be looked down upon

3.3.4 Low level of knowledge on SRHR services

There is low level of education on the Ghanaian abortion law and the services it comes with. This results in the persistence of stigma, fear and other negative attributes associated with abortion in the Ghanaian society due to traditional, religious, and cultural beliefs.

A respondent from the MoGCSP mentioned that,

the low levels of education and for that matter not knowing where and how to access some of these rights even though they have to be available for all.

3.3.5 Inadequate funds from government

Funds required to successfully carry out the goals and services provided under the policies are not available or sufficient

According to a respondent from HFFG,

> *as a country we should really allocate resources to the Ministries and institutions that are supposed to respond to this and address there so that people can stop these kinds of things these abuses were so many innocent people are being abused but nobody's talking and I think it is a problem we do not allocate resources and implementing all these things require resources and even when we allocate resources must monitor the spending of these resources.*

To add to this, the respondent from the NPC stated that,

> *these SRHR policies require meetings with stakeholders directly involved and sometimes because of these financial constraints we are unable to conduct these coordination meetings to get the information needed to really implement some of these things.*

3.3.6 Cultural beliefs, religious beliefs, and traditions

Cultural beliefs, religious beliefs and traditions tend to be static and do not easily change to adapt to modern and emerging issues. These tend to be unfavorable and usually in opposition to some services provided under SRHR policies and mostly, the modern forms of SRHR services.

A respondent from the GHS mentioned that,

> *the social cultural Dynamics and religious Dynamics but not necessarily related to the policy itself. The policy itself is formulated in such a way that it is protective of the health*

and rights of women of reproductive age between 15 to 49 years but the main challenge for its implementation is more cultural.

3.4 Conclusion

In conclusion, there has been progress in policies implemented in Ghana by the various responsible institutions in Ghana and this has contributed to more women knowing their sexual and reproductive rights and where and how to seek their sexual and reproductive health needs. Program initiatives developed to bridge gaps through collaborative efforts of Civil Society Organizations (CSOs), Non-Governmental Organizations and government organizations have also contributed immensely to the increase in women's access to SRHR services. Financial constraints, lack of information, religious and cultural beliefs are some of the barriers to the availability and accessibility of SRHR services provided under the policies. As much as efforts are being made, there remains concerns and challenges that inhibit the progress made in the implementation of policies that provide women full and equal access to SRHR services.

REFERENCES

Aniteye, P., & Mayhew, S. H. (2013). Shaping legal abortion provision in Ghana: using policy theory to understand provider-related obstacles to policy implementation. *Health Research Policy and Systems*, *11*(1), 23. https://doi.org/10.1186/1478-4505-11-23

Ardayfio, R.N.K. (2015). Improving Family Planning uptake in Ghana. Retrieved from http://www.graphic.com.gh/news/health/improving-family-planning-uptake-in-ghana.html (Accessed 26/09/20)

Awusabo-Asare, K., Stillman, M., Keogh, S., Doku, D. T., Kumi-Kyereme, A., Esia-Donkoh, K., & Bankole, A. (2017). From paper to practice: Sexuality education policies and their implementation in Ghana. *New York: Guttmacher Institute*. Retrieved from https://www.guttmacher.org/report/sexuality-education-ghana. (Accessed 28/10/20)

Bekoe, S. O., & Eshun, I. (2013). Curriculum feuding and implementation challenges: The case of Senior High School (SHS) social studies in Ghana. *Journal of Education and Practice*, *4*(5), 39-45.

Benarkuu, G. G. (n.d.). *CSOs Assessment Report on SRHR Policies and Indicators in Ghana*. Accra: Ghana Coalition of NGOs in Health. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjHo5d3NfsAhUlyoUKHcG2DUEQFjAAegQIAhAC&url=https%3A%2F%2Fuprdoc.ohchr.org%2Fuprweb%2Fdownloadfile.aspx%3Ffilename%3D4479%26file%3DEnglis hTranslation&usg=AOvVaw2K6_oxs8XbekEy4FPTa_sU. (Accessed 28/10/20)

Dalinjong, P. A., Wang, A. Y., & Homer, C. S. (2018). The implementation of the free maternal health policy in rural Northern Ghana: synthesised results and lessons learnt. *BMC Research Notes*, *11*(1), 341. https://doi.org/10.1186/s13104-018-3452-0

Dalinjong, P. A., Wang, A. Y., & Homer, C. S. (2018). Has the free maternal health policy eliminated out of pocket payments for maternal health services? Views of women, health providers and insurance managers in Northern Ghana. *PLoS One*, *13*(2), e0184830. https://doi.org/10.1371/journal.pone.0184830

Fonner, V. A., Armstrong, K. S., Kennedy, C. E., O'Reilly, K. R., & Sweat, M. D. (2014). School based sex education and HIV prevention in low-and middle-income countries: a systematic review and meta-analysis. *PloS one*, *9*(3), e89692. https://doi.org/10.1371/journal.pone.0089692

Gallant, M., & Maticka-Tyndale, E. (2004). School-based HIV prevention programmes for African youth. *Social Science & Medicine*, *58*(7), 1337-1351.

GAP. (2012). *Resource Requirements for Family Planning in Ghana: Policy Brief*. Washington: Health Policy Project. Retrieved from http://www.healthpolicyinitiative.com/Publications/Groups/group_33/33_GhanaGAPbrief_HPP_508.pdf (Accessed 19/09/20)

Ghana AIDS Commission. (2019). National HIV and AIDS policy. Accra: Ghana AIDS Commission. Retrieved from https://www.healthpolicyproject.com/pubs/153_Policyfinal.pdf. . (Accessed 28/10/20)

Ghana Health Service. (2005). Strategic Plan for the Implementation of Comprehensive Abortion Care Services in Ghana. Accra: Ghana Health Service. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiqmKGU6dfsAhVRt3EKHfnRDfMQFjADegQIAhAC&url=http%3A %2F%2Fwww.moh.gov.gh%2Fwp-content%2Fuploads%2F2016%2F02%2FGHS-Reproductive-Health- Strategic-Plan-FINAL.pdf&usg=AOvVaw35xjp5uCQ-rpwmCmF-EKQ3. (Accessed 28/10/20)

Haberland, N. A. (2015). The case for addressing gender and power in sexuality and HIV education: a comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health*, *41*(1), 31-42.

Haberland, N., & Rogow, D. (2015). Sexuality education: emerging trends in evidence and practice. *Journal of Adolescent Health*, *56*(1), S15-S21.

Hessini, L., Brookman-Amissah, E., & Crane, B. B. (2006). Global Policy Change and Women\'s Access to safe abortion: The impact of the World Health Organization\'s guidance in African. *African Journal of Reproductive Health*, *10*(3), 14-27.

Higgins, J. A., Hoffman, S., & Dworkin, S. L. (2010). Rethinking gender, heterosexual men, and women's vulnerability to HIV/AIDS. *American Journal of Public Health*, *100*(3), 435-445

Kharsany, A. B., & Karim, Q. A. (2016). HIV infection and AIDS in sub-Saharan Africa: current status, challenges and opportunities. *The Open AIDS Journal*, *10*, 34-48

Kirby, D., Obasi, A., & Laris, B. A. (2006). The effectiveness of sex education and HIV education interventions in schools in developing countries. *Technical Report Series-World Health Organization*, *938*, 103. Retrieved from https://www.researchgate.net/publication/6866080_The_effectiveness_of_sex_education_and_HIV_education_interventions_in_schools_in_developing_countries. (Accessed 28/10/20)

Kuorsoh, P.K. (2016). Don't stigmatise women who opt for safe abortion – NGO. Retrieved from http://www.ghananewsagency.org/health/don-t-stigmatise-women-who-opt-for-safe-abortion-ngo-108595 (Accessed 03/10/20)

Morhee, R. A. S., & Morhee, E. S. K. (2006). Overview of the law and availability of abortion services in Ghana. *Ghana Medical Journal*, *40*(3). doi: 10.4314/gmj.v40i3.55256

National Health Insurance Act 2012, Act 852, of the Republic of Ghana. Retrieved from http://www.moh.gov.gh/wp-content/uploads/2016/02/National-Health-Insurance-ACT-2012-ACT-852.pdf (Accessed 27/09/20)

Nsiah-Boateng, E., Asenso-Boadi, F., Dsane-Selby, L., Andoh-Adjei, F. X., Otoo, N., Akweongo, P., & Aikins, M. (2017). Reducing medical claims cost to Ghana's National Health Insurance scheme: a cross-sectional comparative assessment of the paper-and electronic-based claims reviews. *BMC Health Services Research*, *17*(1), 115. https://doi.org/10.1186/s12913-017-2054-1

Owusu, A. Y. (2020). A gendered analysis of living with HIV/AIDS in the Eastern Region of Ghana. *BMC Public Health*, *20*, 1-15. https://doi.org/10.1186/s12889-020-08702-9

Owusu, S. A., Blankson, E. J., & Abane, A. M. (2011). Sexual and reproductive health education among dressmakers and hairdressers in the Assin South District of Ghana. *African Journal of Reproductive Health*, *15*(4), 109-119.

Panchaud, C., Keogh, S. C., Stillman, M., Awusabo-Asare, K., Motta, A., Sidze, E., & Monzón, A. S. (2019). Towards comprehensive sexuality education: a comparative analysis of the policy environment surrounding school-based sexuality education in Ghana, Peru, Kenya and Guatemala. *Sex Education*, *19*(3), 277-296.

Park, Y. T., Yoon, J. S., Speedie, S. M., Yoon, H., & Lee, J. (2012). Health insurance claim review using information technologies. *Healthcare Informatics Research*, *18*(3), 215-224.

Quashigah, A. Y., Dake, Y. G., Bekoe, S. O., Eshun, I., & Bordoh, A. (2014). Evaluation of Colleges of Education (CoE) social studies curriculum vis-à-vis the Junior High School (JHS) social studies curriculum in Ghana. *European Journal of Training and Development Studies*, *1*(2), 1-13.

Ramjee, G., & Daniels, B. (2013). Women and HIV in sub-Saharan Africa. *AIDS Research and Therapy*, *10*(1), 1-9.

Republic of Ghana. (2000). Adolescent Reproductive Health Policy. *National Population Council*, p.1-22. Retrieved from ttps://s3.amazonaws.com/ndpcstatic/pubication/AdolescentReproductiveHealth+Policy_Oct2000.pdf (Accessed 26/09/20)

Rominski, S. D., & Lori, J. R. (2014). Abortion care in Ghana: a critical review of the literature. *African Journal of Reproductive Health*, *18*(3), 17-35.

Savana Signatures. (2016). Sexual Health Education Plus (SHE+). Retrieved from http://savsign.org/she/ (Accessed 24/09/20)

Sedgh, G., Ashford, L. S., & Hussain, R. (2016). *Unmet need for contraception in developing countries: examining women's reasons for not using a method*. *New York: Guttmacher Institute*, *2*, 2015-2016.

UNESCO. 2015. Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review. Paris: UNESCO. Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/CSE_Global_Review_2015.pdf. (Accessed 28/10/20)

UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence-Informed Approach. Revised edition ed. Paris, France: UNESCO. Retrieved from

https://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf . (Accessed 28/10/20)

World Health Organization. (2012). *Safe abortion: technical and policy guidance for health systems*. World Health Organization. Retrieved from https://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/. (Accessed 28/10/20)

World Health Organization. (2012). Safe abortion: technical and policy guidance for health systems – 2nd edition. Retrieved from http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf (Accessed 24/09/20)

World Health Organization. (2012). Unsafe abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003. Geneva: World Health Organization; 2007. Retrieved from https://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241596121/en/.(Accessed 28/10/20)

World Health Organization. (2015). *Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV*. World Health Organization. Retrieved from https://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/. (Accessed 28/10/20)

World Health Organization. (2017). *HIV treatment and care: treat all: policy adoption and implementation status in countries* (No. WHO/HIV/2017.58). World Health Organization. Retrieved from https://www.who.int/hiv/pub/arv/treat-all-uptake/en/. (Accessed 28/10/20)

World Health Organization. (2019). WHO recommendation on respectful maternity care during labour and childbirth. Retrieved from https://extranet.who.int/rhl/topics/preconception-pregnancy-childbirth-and-postpartum-care/care-during-childbirth/who-recommendation-respectful-maternity-care-during-labour-and-childbirth. (Accessed 28/10/20)

CHAPTER FOUR

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.0 Introduction

The SDG 5 target 6 urges governments to ensure universal access to SRHR through laws and policies. The purpose of this study was to assess existing SRHR laws and policies in Ghana through the conceptual framework of human rights. This chapter summarizes the findings of this study based on the objectives of the research, concludes, and provides recommendations based on the findings.

4.1 Summary of Findings

Without doubt, it can be seen that policies and structures in relation to SRHR exist and have been implemented in Ghana. The responsible government agencies in partnership with all other responsible stakeholders continue to carry out implementation and coordination activities in line with these structures and policies. Commendable efforts have been made across the four thematic areas which include maternity care, contraception, and family planning, CSE and information, and HIV. The study finding that there have been commendable efforts made in the existence of laws and policies on SRHR in Ghana is consistent with findings by Boateng (2017). However, per the findings of this study, CSE as a mandatory component of the school curriculum continues to lag due to the massive backlash and criticisms raised against it.

With reference to the policies and structures put in place, provisions have been made to make the available services more accessible and affordable to women. Women are now able to have access to SRHR services at their freewill and exercise such decision making as their rights. In spite of this, there continues to be some barriers in the availability and accessibility of all

provided SRHR services for women, especially those in the rural areas due to factors such as the lack of adequate facilities and services in the rural areas, low level of knowledge and low socio-economic status of the women. As mentioned earlier, Darteh et al. (2014) buttress this point by outlining factors such as low socio-economic status and high levels of illiteracy as factors that hinder women's full and equal access to SRHR services. In the case of CSE as a mandatory component of the school curriculum, programme initiatives have been put in place to bridge the gap.

Finally, the operationalization of SRHR laws and policies in Ghana is fraught with some challenges. Funding stands as one of the main challenges both in the implementation of policies and in women and girl's access to the provisions made under the laws and policies. Another challenge is the low level of prioritization of SRHR policies in Ghana. The huge backlash in response to the integration of CSE into the school curriculum serves as a huge challenge to the full development of a policy and its integration into the school curriculum. Other challenges include low demand for SRHR services, low level of knowledge on SRHR services and the cultural, religious, and societal beliefs. According to Zuccala and Horton (2018), factors such as low level of political commitment, low funding and discrimination against women serve as hindrances to the full implementation of laws and policies on SRHR of women. The findings of this study confirm this point because some factors were identified as challenges to the operationalization of laws and policies on SRHR of women in Ghana.

4.2 Conclusions

The Sustainable development goal 5.6 requires all countries to have existing laws and policies that guarantee women's full and equal access to SRHR services. Presently, the SRHR of women has been garnering much attention and awareness globally and it is requisite for

governments, policy makers and relevant stakeholders to pay attention to and promote these laws and policies. In view of the findings of this study, it can be concluded that Ghana has made some commendable progress in the implementation of SRHR policies in its commitments towards achieving SDG 5.6 and SDG 5 as a whole. As much as Ghana has made some headway in the implementation of laws and policies in Ghana, there is still much work to be done to fully ensure that women can have full and equal access to SRHR services.

There are still various challenges faced by women that prevent them from fully accessing and utilizing the provisions made under the existing laws and policies. Some of these laws and policies have not been fully operationalized and others in need of reviews as they are outdated. It is highly recommended that commitments made by the government and all other responsible stakeholders are intensified to ensure that existing policies are indeed meeting all current SRHR needs of women and working efficiently and effectively.

4.3 Recommendations

These recommendations given are in line with the conclusions and findings drawn.

- Funding for women centered policies

  The lack of adequate funds is one of the major challenges in the implementation of SRHR policies. Funding is necessary for effective policy development. A respondent from HFFG stated that,

  > *the sexual reproductive health interventions are being supported by donors and so you know, these donors have their interest areas, so they determine what to do.*

Although there are existing policies, there is not much financial support from the government but overreliance on donors. This makes it difficult to implement and carry out other functions related to SRHR policies as donors earmark their funds with their own set targets with different interests.

- Strengthening the SDGs

  On the SDGs, a respondent at the MoGCSP expressed that,

  we need to strengthen implementation of the Sustainable Development Goals because the goals are many and if we look at the different areas that the goals are targeting, we can link them to the work we are doing about women's reproductive health and rights to achieve a lot. In fact, it has rippling effects on most of the other goals because women are pivotal when it comes to looking at the goals in totality. If their health and rights are well catered for it is even going to help in achieving the overall goal of the Sustainable Development Goals.

- Policy Reviews.

  In the words of a respondent from the HFFG,

  we should put all those policies together and really analyze them and see where we have reached and what has been done so far with those policies and then come up with the gaps identified gaps in these policies and allocate resources and implement them. There should also be set indicators to measure so that we can know where we are not doing well and focus on it.

- Promoting comprehensive sexuality education.

  Contrary to the common perception in Ghana that CSE encourages sexual activities among young people, CSE rather equips them with the right information related to their sexuality and staying away from sex (Esia-Donkoh et al., 2017). It is therefore necessary to put a system in place to safeguard the lives of young people and the country at large. In this regard, there is a need for the government and other responsible bodies to intensify efforts being made towards the full inclusion of CSE National Guidelines into the school

curriculum. Collaborations between the Ghana Education Services (GES) and Ghana Health Services (GHS) should be increased to improve the access to CSE.

The MoGCSP should also work with its implementing partners to engage traditional and religious leaders in national discussions on CSE.

- Awareness creation

For women to know about their sexual and reproductive health and exercise their sexual and reproductive rights, it is key to provide them with the requisite SRHR information. The MoGCSP, NPC and relevant civil society organizations must collaborate with health institutions to create more awareness.

A respondent from the GHS noted that,

> *public education is very critical because the culture is working against their programs that are implemented in this country. So, government should put in more resources to ensure that there is education*

A respondent from the MoGCSP also stated that,

> *a lot more women understand and know they are right as far as their sexual and reproductive health are concerned with our continuous education, we will be able to improve the sexual reproductive health of women and help them to better access these services and the services themselves whether they are available in local areas where some of these women are. sometimes how friendly the services are is also another challenge*

The MoGCSP, GHS and the NPC should organize programs to reach out to women, especially those in the rural areas to help them gain more information on their SRHR.

- Women empowerment

There should be empowerment programmes especially for women in the rural area to be economically empowered. This will not only improve their access to SRHR services but also improve their social status to take charge or be involved in decision making concerning their SRHR (Darteh et al., 2014).

A respondent from the MoGCSP stated that,

> *sometimes women are overburdened by other unpaid care duties at home so they are not able to take up their own health and seek support when there's a need, but we also believe that with our continuous education we will be able to improve the sexual reproductive health of women and help them to better access these services.*

- Involvement of women in policy development

According to a respondent from the NPC,

> *in developing the national policies, it is beneficial if we could get the people and seek to understand what is causing all these SRHR related issues such as unwanted pregnancies. This would in turn help to develop policies and programs that will address such issues provided by the victims themselves. When we do not really know what is happening on the ground sometimes there is a difficulty in dealing with the issue.*

A respondent from the MoGCSP added that,

> *we should try to engage the women and girls in Ghana through various means such as regional or district level groups so they can actively contribute to the development of effective and efficient policy guidelines to be implemented for use. We need them as the leaders of change because when the victims themselves are part of the change, so many things can go right so we should involve them in the development of policies to get their views and incorporate their views into our work.*

REFERENCES

Boateng, J. A. (2017). Policy outcome and challenges of sexual and reproductive health and rights in Ghana: What is the role of parliament? *Policy brief.* 4. Retrieved from https://www.academia.edu/31333713/Policy_Outcome_and_Challenges_of_Sexual_and_Reproductive_Health_and_Rights_in_Ghana_What_is_the_Role_of_Parliament. (Accessed 28/10/20)

Darteh, E.K.M., Doku, D.T. & Esia-Donkoh, K (2014). Reproductive health decision making among Ghanaian women. *Reproductive Health* ,11 (1), 23. https://doi.org/10.1186/1742-4755-11-23

Esia-Donkoh, K., Kumi-Kyereme, A., Awusabo-Asare, K., & Stillman, M. (2017). Perceptions about sexuality education in Ghana. In *2017 International Population Conference*. IUSSP.

Zuccala, E and Horton, R (2018) Addressing the unfinished agenda on sexual and reproductive health and rights in the SDG era. *The Lancet*, 391(10140), 2581-2583

BIBLIOGRAPHY

A. **Books**

Blaikie, N. (2007). *Approaches to social enquiry : advancing social knowledge*. Cambridge: Polity Press.

Creswell, J. W. (2014). *Research design: qualitative, quantitative, and mixed methods approaches*. London: Sage publications.

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. London: Sage publications.

McMillan, J. H. Sally Schumacher. 2001. *Research in Education a Conceptual Introduction.* New York: Longman.

Rowan, A., Gesuale, S., Husband, R., & Longfield, K. (2019). *Integrating Family Planning into Primary Health Care in Ghana*. Washington, DC: Results for Development (R4D)

Sedgh, G., Ashford, L. S., & Hussain, R. (2016). *Unmet need for contraception in developing countries: examining women's reasons for not using a method*. *New York: Guttmacher Institute*, *2*, 2015-2016.

B. **Journal Articles**

Adanu, R. M., Seffah, J., Anarfi, J. K., Lince, N., & Blanchard, K. (2012). Sexual and reproductive health in Accra, Ghana. *Ghana Medical Journal*, *46*(2), 58-65.

Ahinkorah, B. O., Seidu, A. A., Appiah, F., Baatiema, L., Sambah, F., Budu, E., & Ameyaw, E. K. (2019). What has reproductive health decision-making capacity got to do with unintended pregnancy? Evidence from the 2014 Ghana Demographic and Health Survey. *PloS one*, *14*(10), e0223389.

Ahonsi, B., Fuseini, K., Nai, D., Goldson, E., Owusu, S., Ndifuna, I., ... & Tapsoba, P. L. (2019). Child marriage in Ghana: evidence from a multi-method study. *BMC Women's Health*, *19*(1), 1-15.

Alkema, L., Chou, D., Hogan, D., Zhang, S., Moller, A. B., Gemmill, A., ... & Say, L. (2016). Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. *The Lancet*, *387*(10017), 462-474.

Alexander, V. D., Thomas, H., Cronin, A., Fielding, J., & Moran-Ellis, J. (2008). Mixed methods. *Researching social life*, *3*, 125-144.

Aniteye, P., & Mayhew, S. H. (2013). Shaping legal abortion provision in Ghana: using policy theory to understand provider-related obstacles to policy

implementation. *Health Research Policy and Systems*, *11*(1), 23. https://doi.org/10.1186/1478-4505-11-23

Asante F, Chikwama C, Daniels A, Armar-Klemesu M. Evaluating the economic outcomes of the policy of fee exemption for maternal delivery care in Ghana. *Ghana Medical Journal* 2007;41(3):110–7.

Awoonor-Williams JK, Sory EK, Nyonator FK, Phillips JF, Wang C, Schmitt ML. Lessons learned from scaling up a community-based health program in the Upper East Region of northern Ghana. *Global Health Scie* Pract. 2013;1(1):117–33.

Barros, A. J., Ronsmans, C., Axelson, H., Loaiza, E., Bertoldi, A. D., França, G. V., ... & Victora, C. G. (2012). Equity in maternal, newborn, and child health interventions in Countdown to 2015: a retrospective review of survey data from 54 countries. *The Lancet*, *379*(9822), 1225-1233.

Bebbington, J. & Larrinaga, C. (2014). Accounting and sustainable development: an exploration. *Accounting, Organizations and Society*, 39 (6), 395-413

Becker, H., Stuifbergen, A., & Tinkle, M. (1997). Reproductive health care experiences of women with physical disabilities: a qualitative study. *Archives of Physical Medicine and Rehabilitation*, *78*(12), S26-S33

Bekoe, S. O., & Eshun, I. (2013). Curriculum feuding and implementation challenges: The case of Senior High School (SHS) social studies in Ghana. *Journal of Education and Practice*, *4*(5), 39-45.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Buse, K., & Hawkes, S. (2015). Health in the sustainable development goals: ready for a paradigm shift?. *Globalization and Health*, 11(1), 11-13.

Dalinjong, P. A., Wang, A. Y., & Homer, C. S. (2018). The implementation of the free maternal health policy in rural Northern Ghana: synthesised results and lessons learnt. *BMC Research Notes*, *11*(1), 341. https://doi.org/10.1186/s13104-018-3452-0

Dalinjong, P. A., Wang, A. Y., & Homer, C. S. (2018). Has the free maternal health policy eliminated out of pocket payments for maternal health services? Views of women, health providers and insurance managers in Northern Ghana. *PLoS One*, *13*(2), e0184830. https://doi.org/10.1371/journal.pone.0184830

Darteh, E.K.M., Doku, D.T. & Esia-Donkoh, K (2014). Reproductive health decision making among Ghanaian women. *Reproductive Health* ,11 (1), 23. https://doi.org/10.1186/1742-4755-11-23

Fonner, V. A., Armstrong, K. S., Kennedy, C. E., O'Reilly, K. R., & Sweat, M. D. (2014). School based sex education and HIV prevention in low-and middle-income countries:

a systematic review and meta-analysis. *PloS one*, *9*(3), e89692. https://doi.org/10.1371/journal.pone.0089692

Fouka, G., Mantzorou, M. (2011). What are the major ethical issues in conducting research? Is there a conflict between the research ethics and the nature of nursing? *Health Science Journal*, 5 (1), 3-14

Fukuda-Parr, S. (2016). From the Millennium Development Goals to The Sustainable Development Goals: shifts in purpose, concept and politics of global goal setting for development. *Gender and Development* 24 (1), 43-52

Galati A. J. (2015). Onward to 2030: Sexual and reproductive health and rights in the context of the sustainable development goals. *Guttmacher Policy Review*, 18(4), 77-84

Gallant, M., & Maticka-Tyndale, E. (2004). School-based HIV prevention programmes for African youth. *Social Science & Medicine*, *58*(7), 1337-1351.

Glasier, A., Gülmezoglu, A. M., Schmid, G. P., Moreno, C. G., & Van Look, P. F. (2006). Sexual and reproductive health: a matter of life and death. *The Lancet*, *368*(9547), 1595-1607.

Griggs, D., Smith, M. S., Rockström, J., Öhman, M. C., Gaffney, O., Glaser, G., ... & Shyamsundar, P. (2014). An integrated framework for sustainable development goals. *Ecology and Society*, *19*(4). http://www.jstor.org/stable/26269703

Griggs, D., Stafford-Smith, M., Gaffney, O. *et al* (2013). Sustainable development goals for people and planet. *Nature* 495: 305–307

Griggs, D., Stafford-Smith, M., Gaffney, O., Rockström, J., Öhman, M. C., Shyamsundar, P., ... & Noble, I. (2013). Sustainable development goals for people and planet. *Nature*, *495*(7441), 305-307.

Guarte, J. M., & Barrios, E. B. (2006). Estimation under purposive ampling. *Communications in Statistics-Simulation and Computation*, *35*(2), 277-284.

Haberland, N. A. (2015). The case for addressing gender and power in sexuality and HIV education: a comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health*, *41*(1), 31-42.

Haberland, N., & Rogow, D. (2015). Sexuality education: emerging trends in evidence and practice. *Journal of Adolescent Health*, *56*(1), S15-S21.

Hák, T, Janoušková, S & Moldan, B (2016) Sustainable Development Goals: a need for relevant indicators. *Ecological Indicators*, 60:565-573

Hameed, S. (2019). Universal Access to Sexual and Reproductive Health and Rights: Gaps in Policies in the Maldives. *Asia-Pacific Social Science Review*, *19*(3), 217-229.

Hessini, L., Brookman-Amissah, E., & Crane, B. B. (2006). Global Policy Change and Women\'s Access to safe abortion: The impact of the World Health Organization\'s guidance in African. *African Journal of Reproductive Health*, *10*(3), 14-27.

Higgins, J. A., Hoffman, S., & Dworkin, S. L. (2010). Rethinking gender, heterosexual men, and women's vulnerability to HIV/AIDS. *American Journal of Public Health*, *100*(3), 435-445

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277-1288

Kharsany, A. B., & Karim, Q. A. (2016). HIV infection and AIDS in sub-Saharan Africa: current status, challenges and opportunities. *The Open AIDS Journal*, *10*, 34-48

Kumar S., Kumar N., & Vivekadhish S., (2020). Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs): Addressing Unfinished Agenda and Strengthening Sustainable Development and Partnership. *Indian Journal of Community Medicine* 41(1), 1-4.

Malin, H (2013) Maternal mortality: gender and access to health services: the case of Ghana. *Journal of Politics International Studies*, 9, 173-211

Mays, N., & Pope, C. (2000). Qualitative research in health care: Assessing quality in qualitative research. *BMJ*, *320*, 50-52.

Morhee, R. A. S., & Morhee, E. S. K. (2006). Overview of the law and availability of abortion services in Ghana. *Ghana Medical Journal*, *40*(3). doi: 10.4314/gmj.v40i3.55256

Nhamo, G, Nhamo, S & Nhemachena, C (2018) What gets measured gets done! Towards an Afro-barometer for tracking progress in achieving Sustainable Development Goal 5. *Agenda*, 32, 60-75

Nilsson, M., Griggs, D., & Visbeck, M. (2016). Policy: map the interactions between Sustainable Development Goals. *Nature*, *534*(7607), 320-322.

Nsiah-Boateng, E., Asenso-Boadi, F., Dsane-Selby, L., Andoh-Adjei, F. X., Otoo, N., Akweongo, P., & Aikins, M. (2017). Reducing medical claims cost to Ghana's National Health Insurance scheme: a cross-sectional comparative assessment of the paper-and electronic-based claims reviews. *BMC Health Services Research*, *17*(1), 115. https://doi.org/10.1186/s12913-017-2054-1

Ogu, RN & Ojule, JD (2018) The Sustainable Development Goals (SDGs) and Its Promises for the Sexual and Reproductive Health of Girls and Women in Africa. *Journal of Biosciences and Medicines* 6, 3: 105-110.

Ogundele, O. J., Pavlova, M., & Groot, W. (2018). Examining trends in inequality in the use of reproductive health care services in Ghana and Nigeria. *BMC Pregnancy and Childbirth*, *18*(1), 492. https://doi.org/10.1186/s12884-018-2102-9

Oronje, R. N., Crichton, J., Theobald, S., Lithur, N. O., & Ibisomi, L. (2011). Operationalising sexual and reproductive health and rights in sub-Saharan Africa: constraints, dilemmas and strategies. *BMC International Health and Human Rights*, *11*(3), 1-11.

Owusu, A. Y. (2020). A gendered analysis of living with HIV/AIDS in the Eastern Region of Ghana. *BMC Public Health*, *20*, 1-15. https://doi.org/10.1186/s12889-020-08702-9

Owusu, S. A., Blankson, E. J., & Abane, A. M. (2011). Sexual and reproductive health education among dressmakers and hairdressers in the Assin South District of Ghana. *African Journal of Reproductive Health*, *15*(4), 109-119.

Renzaho, A. M., Kamara, J. K., Georgeou, N., & Kamanga, G. (2017). Sexual, reproductive health needs, and rights of young people in slum areas of Kampala, Uganda: a cross sectional study. *PloS One*, *12*(1), e0169721. https://doi.org/10.1371/journal.pone.0169721

Robert, K. W., Parris, T. M., & Leiserowitz, A. A. (2005). What is sustainable development? Goals, indicators, values, and practice. *Environment: Science and Policy for Sustainable Development*, *47*(3), 8-21.

Sachs, J. D. (2012). From millennium development goals to sustainable development goals. *The Lancet*, *379*(9832), 2206-2211.

Thatte, N., Bingenheimer, J. B., Ndiaye, K., & Rimal, R. N. (2016). Unpacking the barriers to reproductive health services in Ghana: HIV/STI testing, abortion and contraception. *African Journal of Reproductive Health*, *20*(2), 53-61.

Panchaud, C., Keogh, S. C., Stillman, M., Awusabo-Asare, K., Motta, A., Sidze, E., & Monzón, A. S. (2019). Towards comprehensive sexuality education: a comparative analysis of the policy environment surrounding school-based sexuality education in Ghana, Peru, Kenya and Guatemala. *Sex Education*, *19*(3), 277-296.

Park, Y. T., Yoon, J. S., Speedie, S. M., Yoon, H., & Lee, J. (2012). Health insurance claim review using information technologies. *Healthcare Informatics Research*, *18*(3), 215-224.

Peter, E. (2015). The ethics in qualitative health research: Special considerations. *Ciência & Saúde Coletiva*, *20*, 2625-2630.

Quashigah, A. Y., Dake, Y. G., Bekoe, S. O., Eshun, I., & Bordoh, A. (2014). Evaluation of Colleges of Education (CoE) social studies curriculum vis-à-vis the Junior High School (JHS) social studies curriculum in Ghana. *European Journal of Training and Development Studies*, *1*(2), 1-13.

Ramjee, G., & Daniels, B. (2013). Women and HIV in sub-Saharan Africa. *AIDS Research and Therapy*, *10*(1), 1-9.

Rominski, S. D., & Lori, J. R. (2014). Abortion care in Ghana: a critical review of the literature. *African Journal of Reproductive Health*, *18*(3), 17-35.

Sachs, JD (2012) From Millennium Development Goals to Sustainable Development Goals. *The Lancet*, 379, 9832:2206-2211

Sachs, JD & McArthur, JW (2005) The Millennium project: a plan for meeting the Millennium Development Goals. *The Lancet*, 365, 9456:347-353

Standing H., Hawkins K., Mills E., S. Theobald and Undie C. C. (2011). Introduction: Contextualising "Rights" in Sexual and Reproductive Health. *BMC International Health and Human Rights*11 (Suppl 3): S1

Wong, L. P. (2008). Data Analysis in Qualitative Research: a Brief Guide to Using Nvivo. *Malaysian Family Physician.* 3 (1), 14-20.

Witter S, Garshong B. Something old or something new? Social health insurance in Ghana. *BMC International Health Human Rights*. 2009;9(1):20. https://doi.org/10.1186/1472-698X-9-20

Zuccala, E and Horton, R (2018) Addressing the unfinished agenda on sexual and reproductive health and rights in the SDG era. *The Lancet*, 391(10140), 2581-2583

C. **Book Chapter**

Patton, M. Q. (Ed.). (2005). Qualitative research. In *Encyclopedia of statistics in behavioral science*. Wiley Online Library. Retrieved from https://doi.org/10.1002/0470013192.bsa514. (Accessed 02/03/2020)

D. Documents/Reports/Papers

Awusabo-Asare, K., Stillman, M., Keogh, S., Doku, D. T., Kumi-Kyereme, A., Esia-Donkoh, K., & Bankole, A. (2017). From paper to practice: Sexuality education policies and their implementation in Ghana. *New York: Guttmacher Institute*. Retrieved from https://www.guttmacher.org/report/sexuality-education-ghana. (Accessed 28/10/20)

Benarkuu, G. G. (n.d.). *CSOs Assessment Report on SRHR Policies and Indicators in Ghana*. Accra: Ghana Coalition of NGOs in Health. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjHo5d3NfsAhUlyoUKHcG2DUEQFjAAegQIAhAC&url=https%3A%2F%2Fupdoc.ohchr.org%2Fuprweb%2Fdownloadfile.aspx%3Ffilename%3D4479%26file%3DEnglis hTranslation&usg=AOvVaw2K6_oxs8XbekEy4FPTa_sU. (Accessed 28/10/20)

Boateng, J. A. (2017). Policy outcome and challenges of sexual and reproductive health and rights in Ghana: What is the role of parliament? *Policy brief.* 4. Retrieved from https://www.academia.edu/31333713/Policy_Outcome_and_Challenges_of_Sexual_a

nd_Reproductive_Health_and_Rights_in_Ghana_What_is_the_Role_of_Parliament. (Accessed 28/10/20)

GAP. (2012). *Resource Requirements for Family Planning in Ghana: Policy Brief*. Washington: Health Policy Project. Retrieved from http://www.healthpolicyinitiative.com/Publications/Groups/group_33/33_GhanaGAPbrief_HPP_508.pdf (Accessed 19/09/20)

Ghana AIDS Commission. (2019). National HIV and AIDS policy. Accra: Ghana AIDS Commission. Retrieved from https://www.healthpolicyproject.com/pubs/153_Policyfinal.pdf. . (Accessed 28/10/20)

Ghana Health Service. (2005). Strategic Plan for the Implementation of Comprehensive Abortion Care Services in Ghana. Accra: Ghana Health Service. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiqmKGU6dfsAhVRt3EKHfnRDfMQFjADegQIAhAC&url=http%3A %2F%2Fwww.moh.gov.gh%2Fwp-content%2Fuploads%2F2016%2F02%2FGHS-Reproductive-Health- Strategic-Plan-FINAL.pdf&usg=AOvVaw35xjp5uCQ-rpwmCmF-EKQ3. (Accessed 28/10/20)

Ghana, W. (2014). Scoping study for Parliamentary Advocacy Programme on combating early and forced marriage in Ghana. *Submitted to Parliamentarians for Global Action*. Retrieved from https://www.pgaction.org/pdf/2014-03-05-Final-Report-Scoping-study-on-Early-and-Forced-Marriage-in-Ghana.pdf. (Accessed 28/10/20)

GSS, G., & Demographic, I. G. (2015). Health Survey 2014. *Rockville, MAryland, USA: Ghana Statistical Service (GSS), Ghana Health Service (GHS) and ICF International*. Retrieved from https://dhsprogram.com/pubs/pdf/fr307/fr307.pdf. (Accessed 28/10/20)

Kirby, D., Obasi, A., & Laris, B. A. (2006). The effectiveness of sex education and HIV education interventions in schools in developing countries. *Technical Report Series-World Health Organization*, *938*, 103. Retrieved from https://www.researchgate.net/publication/6866080_The_effectiveness_of_sex_education_and_HIV_education_interventions_in_schools_in_developing_countries. (Accessed 28/10/20)

Kuorsoh, P.K. (2016). Don't stigmatise women who opt for safe abortion – NGO. Retrieved from http://www.ghananewsagency.org/health/don-t-stigmatise-women-who-opt-for-safe-abortion-ngo-108595 (Accessed 03/10/20)

Loewe, M. (2012). Post 2015: how to reconcile the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs)? (Briefing report, No. 18/2012, Deutsches Institut für Entwicklungspolitik (DIE), Bonn. Retrieved from https://www.die-gdi.de/en/briefing-paper/article/post-2015-how-to-reconcile-the-

millennium-development-goals-mdgs-and-the-sustainable-development-goals-sdgs/. (Accessed 28/10/20)

National community-based health planning and services (CHPS) Policy. (2016). Retrieved from http://www.ghanahealthservice.org/downloads/MOH_CHPS_Policy_Final.pdf (Accessed 21/08/20)

National Health Insurance Act 2012, Act 852, of the Republic of Ghana. Retrieved from http://www.moh.gov.gh/wp-content/uploads/2016/02/National-Health-Insurance-ACT-2012-ACT-852.pdf (Accessed 27/09/20)

PPAG (2016). Planned Parenthood Association of Ghana. Five-year strategic plan 2016-2020. Retrieved from https://www.ppag-gh.org/ppag/wp-content/uploads/2017/02/PPAG-Strategic-Plan-2016-2020-April-2016-Final.pdf (Accessed 04/09/20)

Republic of Ghana. (2000). Adolescent Reproductive Health Policy. *National Population Council*, p.1-22. Retrieved from ttps://s3.amazonaws.com/ndpcstatic/pubication/AdolescentReproductiveHealth+Policy_Oct2000.pdf (Accessed 26/09/20)

UNESCO. 2015. Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review. Paris: UNESCO. Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/CSE_Global_Review_2015.pdf. (Accessed 28/10/20)

UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence-Informed Approach. Revised edition ed. Paris, France: UNESCO. Retrieved from https://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf . (Accessed 28/10/20)

UNFPA Ghana. (2018). What We Do. Retrieved from https://ghana.unfpa.org/en/what-we-do-1 (Accessed 02/09/20)

UNFPA, United Nations Population Fund. Retrieved from https://www.unfpa.org/sexual-reproductive-health. (Accessed 02/03/2020)

World Health Organization. (2008). National-level monitoring of the achievement of universal access to reproductive health: conceptual and practical considerations and related indicators, report of a WHO/UNFPA technical consultation. Retrieved from https://www.who.int/reproductivehealth/publications/monitoring/9789241596831/en/. (Accessed 28/10/20)

World Health Organization. (2012). Safe abortion: technical and policy guidance for health systems – 2nd edition. Retrieved from http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf (Accessed 24/09/20)

World Health Organization. (2012). Unsafe abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003. Geneva: World

Health Organization; 2007. Retrieved from https://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241596121/en/.(Accessed 28/10/20)

World Health Organization. (2012). *Safe abortion: technical and policy guidance for health systems*. World Health Organization. Retrieved from https://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/. (Accessed 28/10/20)

World Health Organization. (2015). *Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV*. World Health Organization. Retrieved from https://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/. (Accessed 28/10/20)

World Health Organization. (2017). *HIV treatment and care: treat all: policy adoption and implementation status in countries* (No. WHO/HIV/2017.58). World Health Organization. Retrieved from https://www.who.int/hiv/pub/arv/treat-all-uptake/en/. (Accessed 28/10/20)

World Health Organization. (2019). WHO recommendation on respectful maternity care during labour and childbirth. Retrieved from https://extranet.who.int/rhl/topics/preconception-pregnancy-childbirth-and-postpartum-care/care-during-childbirth/who-recommendation-respectful-maternity-care-during-labour-and-childbirth. (Accessed 28/10/20)

E. Unpublished Work

Esia-Donkoh, K., Kumi-Kyereme, A., Awusabo-Asare, K., & Stillman, M. (2017). Perceptions about sexuality education in Ghana. In *2017 International Population Conference*. IUSSP.

F. Internet Sources

Akhtar, D. M. I. (2016) Research Design Available at SSRN: https://ssrn.com/abstract=2862445 or http://dx.doi.org/10.2139/ssrn.2862445 (Accessed on 09/03/20)

Ardayfio, R.N.K. (2015). Improving Family Planning uptake in Ghana. Retrieved from http://www.graphic.com.gh/news/health/improving-family-planning-uptake-in-ghana.html (Accessed 26/09/20)

ARHR. (2020). What We Do. Retrieved from https://arhr.org.gh/what-we-do/ (Accessed 12/05/20)

Dunne, T and Hanson, M (2009). Human rights in international relations: Human Rights: politics and practice. Retrieved from https://www.researchgate.net/publication/43525803 (Accessed on 11/02/20)

Girls Not Brides. (2020). Child Marriage Ghana. Retrieved from https://www.girlsnotbrides.org/child-marriage/ghana/ (Accessed 21/08/20)

Guttmacher Institute (2018). Guttmacher-Lancet Commission Proposes a Bold, New Agenda for Sexual and Reproductive Health and Rights https://www.guttmacher.org/news-release/2018/guttmacher-lancet-commission-proposes-bold-new-agenda-sexual-and-reproductive (Accessed 0n 13/03/20)

Kabeer, N.(2015). Gender equality, the MDGs and the SDGs: Achievements, lessons and concerns.. Africa at London School of Economics and South Asia London School of Economics cross blog series. http://blogs.lse.ac.uk/southasia/ (Accessed 17/02/2020)

Savana Signatures. (2016). Sexual Health Education Plus (SHE+). Retrieved from http://savsign.org/she/ (Accessed 24/09/20)

APPENDICES

Ministry of Gender, Children and Social Protection Interview Guide

The interview serves as a tool to help with my research. My dissertation topic is "Attaining SDG 5.6: An assessment of sexual and reproductive health and rights of women in Ghana." You have been selected based on your expertise and knowledge in Sexual and Reproductive Health and Rights (SRHR) of women in Ghana. This interview is expected to last for 30-60 minutes depending on your time schedule. The expectation of this interview is to assess existing policies on SRHR of women in Ghana and their effectiveness. Information that is provided for the researcher shall be used solely for the purpose of academic work. Thank you for accepting to participate in this interview.

1. How would you describe the state of sexual and reproductive health and rights of women in Ghana for the past 5 years?
2.

a) Does the government have laws or national policies which guarantee access on the following areas?
   - Maternity care
   - Induced abortion (and on which grounds)
   - Post-abortion care
   - Contraceptive use
   - Sexuality education as a mandatory component of the national school curriculum
   - Voluntary HIV testing and counseling services, HIV treatment and care services

b) Are there any plural legal systems contradicting any of the above?

c) Do the laws or regulations identified in question a include any restrictions based on any of the following?
   - Age
   - Sex
   - Marital status
   - 3rd party authorization (spouse, medical, parental, etc.)

3. Comparatively, has there been any progress in policies that guarantee women's full and equal access to SRHR in Ghana?
4. What policies have been instrumental to your provision and protection of the SRHR of women in Ghana? Can you identify any of these policies that have been helpful in your provision and protection of SRHR services to women in Ghana?
5. How has the of Ministry of Gender, Children and Social Protection contributed to the implementation of SRHR policies for women in Ghana for the past five years?
6. What have been the challenges related to SRHR policies of women in Ghana since the implementation the UN SDGs?
7. Have these challenges been addressed?
8. Do you think the adoption of the United Nations Sustainable Development Goals (UN SDGs) has been useful to addressing the SRHR of women in Ghana?
9. Do you think there has been much progress over the past 5 years in the integration of SRHR of women into national policies in Ghana?
10. What recommendations would you make to improve national policies on SRHR of women in Ghana?

Hope for Future Generations Interview Guide

The interview serves as a tool to help with my research. My dissertation topic is "Attaining SDG 5.6: An assessment of sexual and reproductive health and rights of women in Ghana." You have been selected based on your expertise and knowledge in Sexual and Reproductive Health and Rights (SRHR) of women in Ghana. This interview is expected to last for 30-60 minutes depending on your time schedule. The expectation of this interview is to assess existing policies on SRHR of women in Ghana and their effectiveness. Information that is provided for the researcher shall be used solely for the purpose of academic work. Thank you for accepting to participate in this interview.

1. How would you describe the state of sexual and reproductive health and rights of women in Ghana for the past 5 years?
2.

a) Does the government have laws or national policies which guarantee access on the following areas?
   - Maternity care
   - Induced abortion (and on which grounds)
   - Post-abortion care
   - Contraceptive use
   - Sexuality education as a mandatory component of the national school curriculum
   - Voluntary HIV testing and counseling services, HIV treatment and care services

b) Are there any plural legal systems contradicting any of the above?

c) Do the laws or regulations identified in question a include any restrictions based on any of the following?
   - Age
   - Sex
   - Marital status
   - 3rd party authorization (spouse, medical, parental, etc.)

3. Comparatively, has there been any progress in policies that guarantee women's full and equal access to SRHR in Ghana?
4. What policies have been instrumental to your provision and protection of the SRHR of women in Ghana? Can you identify any of these policies that have been helpful in your provision and protection of SRHR services to women in Ghana?
5. How has the Hope for Future Generations contributed to the implementation of SRHR policies for women in Ghana for the past five years?
6. What have been the challenges related to SRHR policies of women in Ghana since the implementation the UN SDGs?
7. Have these challenges been addressed?
8. Do you think the adoption of the United Nations Sustainable Development Goals (UN SDGs) has been useful to addressing the SRHR of women in Ghana?
9. Do you think there has been much progress over the past 5 years in the integration of SRHR of women into national policies in Ghana?
10. What recommendations would you make to improve national policies on SRHR of women in Ghana?

Ghana Health Service Interview Guide

The interview serves as a tool to help with my research. My dissertation topic is "Attaining SDG 5.6: An assessment of sexual and reproductive health and rights of women in Ghana." You have been selected based on your expertise and knowledge in Sexual and Reproductive Health and Rights (SRHR) of women in Ghana. This interview is expected to last for 30-60 minutes depending on your time schedule. The expectation of this interview is to assess existing policies on SRHR of women in Ghana and their effectiveness. Information that is provided for the researcher shall be used solely for the purpose of academic work. Thank you for accepting to participate in this interview.

1. How would you describe the state of sexual and reproductive health and rights of women in Ghana for the past 5 years?
2.

a) Does the government have laws or national policies which guarantee access on the following areas?
   - Maternity care
   - Induced abortion (and on which grounds)
   - Post-abortion care
   - Contraceptive use
   - Sexuality education as a mandatory component of the national school curriculum
   - Voluntary HIV testing and counseling services, HIV treatment and care services

b) Are there any plural legal systems contradicting any of the above?

c) Do the laws or regulations identified in question a include any restrictions based on any of the following?
   - Age
   - Sex
   - Marital status
   - 3rd party authorization (spouse, medical, parental, etc.)

3. Comparatively, has there been any progress in policies that guarantee women's full and equal access to SRHR in Ghana?
4. What policies have been instrumental to your provision and protection of the SRHR of women in Ghana? Can you identify any of these policies that have been helpful in your provision and protection of SRHR services to women in Ghana?
5. How has the Ghana Health Service contributed to the implementation of SRHR policies for women in Ghana for the past five years?
6. What have been the challenges related to SRHR policies of women in Ghana since the implementation the UN SDGs?
7. Have these challenges been addressed?
8. Do you think the adoption of the United Nations Sustainable Development Goals (UN SDGs) has been useful to addressing the SRHR of women in Ghana?
9. Do you think there has been much progress over the past 5 years in the integration of SRHR of women into national policies in Ghana?
10. What recommendations would you make to improve national policies on SRHR of women in Ghana?

National Population Council Interview Guide

The interview serves as a tool to help with my research. My dissertation topic is "Attaining SDG 5.6: An assessment of sexual and reproductive health and rights of women in Ghana." You have been selected based on your expertise and knowledge in Sexual and Reproductive Health and Rights (SRHR) of women in Ghana. This interview is expected to last for 30-60 minutes depending on your time schedule. The expectation of this interview is to assess existing policies on SRHR of women in Ghana and their effectiveness. Information that is provided for the researcher shall be used solely for the purpose of academic work. Thank you for accepting to participate in this interview.

1. How would you describe the state of sexual and reproductive health and rights of women in Ghana for the past 5 years?
2.

a) Does the government have laws or national policies which guarantee access on the following areas?
   - Maternity care
   - Induced abortion (and on which grounds)
   - Post-abortion care
   - Contraceptive use
   - Sexuality education as a mandatory component of the national school curriculum
   - Voluntary HIV testing and counseling services, HIV treatment and care services

b) Are there any plural legal systems contradicting any of the above?

c) Do the laws or regulations identified in question a include any restrictions based on any of the following?
   - Age
   - Sex
   - Marital status
   - 3rd party authorization (spouse, medical, parental, etc.)

3. Comparatively, has there been any progress in policies that guarantee women's full and equal access to SRHR in Ghana?
4. What policies have been instrumental to your provision and protection of the SRHR of women in Ghana? Can you identify any of these policies that have been helpful in your provision and protection of SRHR services to women in Ghana?
5. How has the National Population Council contributed to the implementation of SRHR policies for women in Ghana for the past five years?
6. What have been the challenges related to SRHR policies of women in Ghana since the implementation the UN SDGs?
7. Have these challenges been addressed?
8. Do you think the adoption of the United Nations Sustainable Development Goals (UN SDGs) has been useful to addressing the SRHR of women in Ghana?
9. Do you think there has been much progress over the past 5 years in the integration of SRHR of women into national policies in Ghana?
10. What recommendations would you make to improve national policies on SRHR of women in Ghana?