



**Convention on the Elimination
of All Forms of Discrimination
against Women**

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**Committee on the Elimination of Discrimination
against Women**
Thirty-sixth session

Summary record of the 742nd meeting (Chamber B)

Held at Headquarters, New York, on Wednesday, 9 August 2006, at 3 p.m.

Chairperson: Ms. Belmihoub-Zerdani (Vice-Chairperson)

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In the absence of Ms. Manalo, Ms. Belmihoub-Zerdani, Vice-Chairperson, took the Chair.

The meeting was called to order at 3.05 p.m.

Consideration of reports submitted by States parties under article 18 of the Convention (continued)

Combined third, fourth and fifth periodic report of Ghana (continued) (CEDAW/C/GHA/3-5, CEDAW/C/GHA/Q/5 and Add.1)

1. *At the invitation of the Chairperson, the members of the delegation of Ghana took places at the Committee table.*

Article 9 (continued)

2. **Ms. Mahama** (Ghana) said that there were discrepancies in the Constitution which could potentially infringe on a woman's right to marry a non-national. Article 7(5) and article 7(6) of the 1992 Constitution and section 10(7) of Act 591 discriminated against women. However, those articles were not entrenched and future amendments would be considered. If it was suspected that a marriage had been entered into for the purposes of obtaining citizenship and if it became necessary for the applicant to establish that the marriage had been entered into in good faith, civil law rather than criminal law applied.

Articles 10 to 14

3. **Mr. Flinterman** asked what time frame Ghana had set itself to achieve Millennium Development Goal 5, which aimed to ensure that all boys and girls completed a full course of primary schooling. The report indicated that in 1999/2000 the percentage of girls and boys enrolled at the junior secondary school level were 44.9 per cent and 55.1 per cent respectively. It seemed that the 44.9 per cent referred to the percentage of girls of the junior secondary school population and it would be interesting to learn the percentage of girls of the junior secondary school age attending school in Ghana as a whole. Similarly, the report indicated that girls constituted only 33 per cent of the senior secondary school population and it would be useful to know the percentage of female secondary school students in the population of that age group as a whole. In both cases, it would be helpful to have the figures for 2006.

4. Additional data on the percentage of women of university age enrolled at university would be helpful and it would be interesting to learn what measures were being taken to combat the high dropout rate among female students. The Committee would welcome further information regarding the percentage of boys and girls enrolled in schools in rural areas in 2005/2006 and the measures that were being taken to promote access to schooling in those areas.

5. **Ms. Patten** said that, despite the legislation in place, the working conditions of many women were precarious and many did not receive the correct entitlements from employers. Additional information on the measures that were being taken to sensitize women about the Labour Code and on its provisions in cases of non-compliance by employers should be provided. It would be interesting to learn what priority was being given to the failure of some employers in the private sector to allow employees to take maternity leave. The Committee would appreciate information on the enforcement mechanisms used by the labour inspectorate and the number of complaints that had been received since the implementation of the code.

6. In relation to the provisions of the Labour Code on sexual harassment in the workplace, it was important to have a full account of the measures being taken to sensitize women and employers, the number of complaints and the number of prosecutions. There were loopholes in the Labour Code and victims of sexual harassment were not given adequate protection because redress was only possible after an employee had submitted repeated complaints to her employer. The Committee needed further information about the measures being taken to remedy that situation and the role of the Commission on Human Rights in cases of sexual harassment. Clarification was needed on the measures to redress the fact that the social security system did not cover the public informal sector, and it would be useful to learn about other measures to protect women.

7. **Ms. Dairiam** said that she would like to know the percentage of women who had access to health services and to receive additional gender disaggregated data relating to girls registered by their parents for coverage under the national health scheme. In the context of the cultural beliefs and practices that inhibited women's power and decision-making, and in cases of women with less formal education and lower incomes, the

delegation should clarify the measures that were being taken by the Government to empower women.

8. The Committee would appreciate further information on the Government's plans and targets to reduce maternal mortality, targets to increase the rate of medically assisted births and efforts undertaken to change the negative attitude of health workers during medical emergencies involving women. Given that the reported adolescent pregnancies as a proportion of the total antenatal registrants in Ghana were 14.5 per cent in 2003, the delegation should confirm whether the draft gender health policy addressed that issue of adolescent pregnancies.

9. The aim of the national reproductive health policy was to increase public awareness about unsafe abortions, abortion care services and the legal conditions under which abortion could be performed. Further information was needed on the scale and scope of that awareness-raising programme, intended to reduce unsafe abortions and maternal mortality. On the issue of family planning, it would be interesting to learn what plans were being implemented to increase acceptance of modern contraceptive methods.

10. **Ms. Arocha** said that it was important to learn more about the effectiveness of programmes aimed at reducing maternal mortality because the level was still high. Given that a large proportion of the population was influenced by cultural beliefs and practices that limited their access to health services, it would be interesting to know if Ghanaian women were consulting local healers and what effect that was having on maternal mortality and the health of women.

11. The 2005 Human Development Index indicated that between 1998 and 2004 33 per cent of women and 52 per cent of men between the ages of 15 and 24 used contraception during their last high-risk sex. That figure was low, though more than 70 per cent of adolescents said that they knew of risks such as HIV/AIDS. Furthermore, the Index showed that the considerable increase in life expectancy at birth between 1970 and 1990 had stagnated between 1990 and 2004. The Committee would appreciate further information about the mortality rate of women and special programmes that had been implemented to deal with women's health problems.

12. **Ms. Shin** said that she was also concerned by the high rate of maternal mortality. She drew attention to table 18 on service delivery coverage for basic services

in the periodic report, particularly family planning, and noted the use of modern contraceptive methods among married women. It was not clear, however, whether the data provided in the table applied to men, and it would be helpful to have information on condom use among men. Under the Convention, both men and women bore responsibility for family planning, and that should also apply to adolescents and children. She would therefore appreciate further information on educational or advocacy work with men and boys to instil such a sense of responsibility. In the light of the stigma attached to contraceptive use, further explanation was required on the extent to which contraceptives were accessible to both men and women, including in terms of cost, and whether condoms were readily available to men. Such accessibility was important for preventing unwanted pregnancies and unsafe abortions.

13. More information was also needed on what was being done to prosecute unlicensed persons who performed unsafe abortions. There was a need to publicize the existing laws on abortion so that people might be aware that abortions could be obtained from qualified doctors.

14. **Ms. Mahama** (Ghana) said that her Government was making efforts to achieve universal primary school education by 2015, in accordance with the Millennium Development Goals. Although there were still some 1 million children out of school, her Government expected to reach that goal by the target date. With the support of the World Food Programme and the United Nations Children's Fund, it was also working to achieve gender parity in education by 2015 by focusing on the areas where there was the greatest disparity. While her delegation did not have the gross enrolment figures at hand, they would be forwarded to the Committee.

15. **Ms. Asare** (Ghana) said that her Government's new labour law had increased maternity leave from 12 to 14 weeks, in addition to the annual leave given to workers. The law had been publicized so that the private sector would be bound by it. In addition, the working day for women returning from maternity leave was reduced by two hours for up to two years to enable them to breastfeed.

16. The gender and health policy and the national reproductive health programme were separate documents, and gender issues were widely featured in both. With respect to access to health services, the

figure of 60 per cent of all Ghanaians was indeed low, but the numbers were increasing. In 2005, it had reached 66 per cent. Her Government was actively pursuing strategies to improve access to alternative health services, including community-based health planning and services known as CHIPS, whereby nurses were stationed in rural areas where there were no facilities. They provided mostly maternal and child health services. CHIPS was first tested in the upper east region, where family planning coverage had increased tremendously. Those community-based nurses were currently being trained to be midwives. There remained areas, however, where traditional birth attendants were the only available providers of childbirth services. Her Government planned to gradually replace all traditional birth attendants with midwives.

17. Her Government had also extended free antenatal care coverage to all women as well as free delivery services. That coverage would be included in the national health insurance scheme, which was non-discriminatory. Women in female-headed households were entitled to register, and there was a sliding payment scale, so that the very poor were exempt from payment. The poor paid on average some \$6 per year.

18. There were some cultural beliefs which did affect access to care, but that problem was being addressed by information, education and communication activities in cooperation with various organizations and civil society.

19. Given the heavy workload of health workers, there was a high attrition rate, especially in remote areas. The negative attitudes of such workers remained a challenge, which the Government was working to address. The Ghana Health Service had a code of ethics and disciplinary procedures to sanction health-care providers who violated them. Although some acted with impunity, most provided excellent service and were improving their skills. Efforts were being made to provide ongoing training and improve supervision and monitoring. In addition, the contribution of health workers to maternal mortality was routinely examined through her Government's maternal mortality audit system. By law, maternal deaths must be reported and investigated. Maternal mortality rates were declining, however slowly.

20. As her Government was very serious about achieving the Millennium Development Goal of improving maternal health, it was endeavouring to combat unsafe abortion, which accounted for 22 to 30 per cent of all maternal deaths. Those figures were derived from two studies. Ghana was among the first African countries to improve access to safe abortions by introducing non-physicians, specifically midwives, to the use of manual vacuum aspiration to complete incomplete abortions. In 2003, the Government had reviewed its reproductive health policies and increased post-abortion care coverage to include abortions, to the extent permitted by law, in cases of rape or incest or in the event that the pregnancy would threaten the mental or physical health of the mother or the health of the child would be severely compromised. In such cases, the victims or their next of kin could request pregnancy termination.

21. As many people were unaware of the law, there was a degree of secrecy surrounding abortion care services. Her Government was therefore working on standards and guidelines to ensure that such services were available at health facilities. It had a strategic plan in conjunction with the African Women Lawyers Association and others which devoted considerable attention to advocacy, information, education, communication and counselling on abortion law for the public, health workers and law enforcement agencies.

22. Concerning condoms, they were widely available through both the public and private sector. Her Government had a contraceptive security plan for 2004-2010 for which it sought funding. It was currently seeking funding to obtain more condoms and was increasingly filling the gap in necessary resources, which was estimated on a yearly basis. Female condoms had been introduced in 2000 among the contraceptive methods used. Although they were initially successful, the results were currently mixed. Her Government was making every effort to promote the use of condoms, particularly female condoms, by selling contraceptives in such non-traditional outlets as gas stations, bars and hotels, and the range of condom providers was being expanded. Furthermore, there was community-based distribution of contraceptives, including condoms.

23. Concerning life expectancy, the 2003 Ghana demographic and health survey showed that the infant mortality rate had increased somewhat. Even though the increase was not statistically significant, it was

quite alarming to her Government. Funding to address the problem had been allocated to the three northern regions, with good results in the upper east region in particular, where infant mortality had declined. Neonatal deaths accounted for some two thirds of the infant mortality rate, which was being addressed by Ghana's safe motherhood programme.

24. With respect to family planning, Ghana had a contraceptive prevalence rate of 19 per cent. The figure applied to married women, because that was how the rate was measured throughout the world. The demographic and health survey did include data on unmarried women, but by convention only married women were counted. As those married women were using contraceptives with men, men were implicitly included. Men were actually disadvantaged with respect to reproductive health services, because most such services were accessed by women. Her Government was therefore making efforts to develop a "men as partners" programme, where men assisted their spouses and partners in having access to reproductive health services. With time, services for men themselves would be developed. For the time being, there were counselling, condoms and vasectomy campaigns, and a family planning campaign for men would be launched. It had also developed a multisectoral plan for family planning which was modelled on its efforts to combat HIV/AIDS.

25. Lastly, concerning adolescent health, Ghana had an adolescent reproductive health policy and an adolescent health and development programme run by the Ghana Health Service, which went beyond reproductive health, taking into account such issues as nutrition and sports. Her Government was working closely with NGOs which were providing adolescent- and youth-friendly services. Those services were linked to the school health programme, which included sex education for boys and girls. There was also a training programme for family life education in the universities. Particular efforts were being made in the central regions to improve adolescent reproductive health, including through advocacy and radio programmes, for young persons in and out of school.

26. **Ms. Pobee-Hayford** (Ghana) said that, with respect to her Government's labour law and the protection of the rights of women, sexual harassment was punishable by termination of employment. The labour law was currently encouraging women to stand up for their rights. Her Government had undertaken

extensive education and advocacy measures on the law. It should be noted that monitoring and evaluation of compliance with the law within the private sector was somewhat weak. In the public sector, however, the law was being carried out to the letter.

27. **Ms. Asare** (Ghana) said that the Ghana Health Service had an adolescent and reproductive health policy; it also had an adolescent health and development programme, which went beyond reproductive health and included all issues relating to adolescence, from nutrition to sports. In addition, it was trying to provide adolescent-friendly services in State institutions and collaborating closely with non-governmental organizations (NGOs) working in that area. Those programmes were linked closely to the school health programme which provided sexual education as part of the school curriculum, as well as training programmes on family life offered at the university level. Ghana took the issue very seriously and the same services were provided throughout the country, even in the most deprived regions.

28. **Ms. Tackie** (Ghana) acknowledged that the social security system did not provide sufficient coverage to those working in the informal sector and said the situation was being addressed. Previously, those employed in the formal sector had been targeted by making deductions at source. Now, the Social Security and National Insurance Trust was endeavouring to reach out to associations and other groups of individuals to cover them under the national insurance scheme.

29. **Ms. Vib-Sanziri** (Ghana) said that when the police received reports of unlicensed doctors practising illegal abortions, they arrested and prosecuted them. There had been 55 prosecutions from 1999 until the first quarter of 2006.

30. **Ms. Mahama** (Ghana) added that the Ministry for Women and Children's Affairs was providing training on health issues to women's groups in order to help reduce maternal and infant mortality. The Ministry had also been collaborating with the early childhood survival and development programme supported by UNICEF and the Ministry of Health, in collaboration with NGOs and the Red Cross.

31. The national health insurance programme targeted vulnerable girls who did not have access to insurance, by providing funding to ensure their coverage. The Ministry was also working with various

local government agencies responsible for registering people for the national insurance scheme, by lobbying them to include those who could not afford insurance, particularly women. As a result, in 2005, over 2,000 young girls received coverage in the Accra metropolitan area alone.

Article 14

32. **Ms. Dairiam** remarked that, according to the report, 70 per cent of the population depended on agriculture and women constituted almost 60 per cent of farmers. Many of those women were poor, particularly if they were heads of households. The report had outlined many of the problems faced by rural women (pages 63 and 64), as well as the programmes established to assist them; however it gave no details of the beneficiaries of such programmes and the results. The next report should give more details of how policies and programmes were implemented and about their results.

33. The report referred to the Women's Development Fund (para. 175) and said that women had to be encouraged to use the fund. It would be useful to know what categories of women had been accessing the fund and how it was ensured that the most vulnerable women benefited from it, including women from different ethnic groups and disabled women.

34. In Ghana, according to the report, the land tenure system was governed by customary law and although there could be discrimination in the distribution of land, efforts were being made to give women better access through cooperative systems (para. 176). Again, it would be useful to know how women had benefited from such systems and what mechanisms existed to ensure that the most vulnerable groups of women could access land.

35. According to the 2003 concluding observations of the Committee on the Elimination of Racial Discrimination, ethnic discrimination persisted in Ghana and people were discriminated against due to tribal origins. In that regard, she enquired whether the Ministry of Women and Children's Affairs had studied the intersection of gender and ethnicity, especially in rural areas, and how women were affected by discrimination based on ethnicity; also, if there was discrimination, in what areas they were discriminated against. According to the Committee on Racial Discrimination, there were also inter-ethnic conflicts,

which were mediated by tribal chieftains. She would like to know whether the Ministry monitored such mediation to ensure that it was gender-sensitive and whether any capacity-building was offered to the tribal chieftains in that respect.

36. Regional and district *durbars* were organized at which key policies and programmes were explained to women, and the latter could express their concerns. It would be useful to know what efforts were made at the *durbars* to reach out to the most vulnerable women, especially those from the different ethnic groups.

37. With regard to the two-year kindergarten scheme, further information would be welcome on whether it operated in the rural areas.

38. It was commendable that Ghana's Poverty Reduction Strategy had been reviewed and that vulnerability and exclusion were key themes; also that social protection programmes with a gender perspective were incorporated in the strategy. Nevertheless, implementation of the strategy should be monitored because, in other countries, it had been shown that, despite excellent frameworks, the gender perspective had been lost in implementation.

39. **Ms. Kyatyiwa Dennis** (Ghana) said the Committee had asked about the strategies put in place to address the many constraints under article 14. The agricultural sector was just one contributor to rural development; however, the Ministry of Food and Agriculture was trying to address the needs of rural women, particularly women farmers, and they had a number of officers working through rural extension services. The Ministry had realized that the needs of women farmers were not only in agriculture, and had therefore developed programmes in areas such as nutrition, home and farm resource management, and training in time use and on health issues. The director of that area of activities was on the steering committee of most agricultural development projects and was trying to ensure the increasing participation of women in all such projects, especially in areas where formerly only men participated, for example, irrigation, cash-crop production, and agricultural mechanization projects.

40. An effort was also being made to ensure that all agricultural directives were made gender-sensitive and that all programmes addressed the needs of rural women.

41. Another strategy to give women access to land was through the development of farmer-based organizations that could access land through the traditional leaders and district assemblies, with at least 30 per cent women members and at least one woman on the board. In rural areas, a growing number of women were taking up official positions in organizations that had an influence on their own productivity.

42. On the question of the intersection between ethnicity and gender, settlers in farming areas usually had limited access to land, particularly if they were women, but since the Government was trying to improve their productivity, women now had enough money to pay the rent required of settlers; thus, a growing number of women settlers were able to farm their own land, instead of working as labourers.

43. **Ms. Mahama** (Ghana) said that Ghana was implementing a land administration project supported by the World Bank with a focus on the review of land legislation and the development of a new land policy. The Ministry for Women and Children's Affairs was part of the programme and attended all the strategic planning meetings to ensure that gender issues were considered within the review and in the new policy.

44. The Women's Development Fund had been initiated by her Ministry. However, most other ministries had their own microcredit programmes. The Ministry of Trade and Industry supported small-scale enterprises, including those run by women, the Ministry of Food and Agriculture has a scheme to support farmers, including women, and the Ministry of Manpower, Development and Employment had a youth employment generation programme, coordinated by a woman Deputy Minister, with a budget of 1 trillion cedis.

45. The report stated that, in the case of the Women's Development Fund, women were encouraged to go through the banking system, because the funds were distributed through the banks. The Ministry did not administer the funds; although it did make specific demands that part of the money should go to women at the micro level. It also provided relevant training and lists of eligible women, but ultimately, it was the banks that were responsible for deciding who benefited from the funds, because they had to assume 100 per cent of the risk. However, the Government had recently agreed to assume 50 per cent of the risk and the system was

now more flexible. Most local women's organizations contact the Ministry and the Ministry recommended them to the banks; but there were always more requests than available funds. Women who had received loans and repaid them according to schedule, had been able to benefit from ever-higher loans.

46. With regard to the land tenure system, when women united in cooperatives, they were better able to negotiate and use land; however, the system was dependent on harmony within the group. The Ministry of Women and Children's Affairs had negotiated with chieftains, as custodians of the land, to obtain land for women to carry out agricultural activities. In Ghana, both men and women were able to register land titles.

47. The last time an inter-tribal conflict had occurred in the country had been in 1992, at which time provisions had been made to ensure an appropriate response to cases of displaced women. The conflict which had occurred in 2002 had not been inter-tribal, but rather intra-tribal. Since the government did not directly involve itself in tribal issues, some prominent chiefs in the area had been charged with working to resolve the problem. Those negotiations had been successful.

48. Two years earlier, the government had decided that two-year preschool should become part of the regular education programme and that day-care facilities should be attached to primary schools. That was being carried out with support from district assembly common funds, donors and the HIPC allocation. The implications for women were significant. Even more important, since girls often dropped out of school to take care of younger brothers and sisters, day care would increase the chances of girls staying in school. The day-care programme was proceeding well.

Articles 15 and 16

49. **Ms. Gabr** requested additional information regarding the age of marriage. She wondered if there were awareness programmes being organized on the subject. She requested further information on the financial rights of women in marriage, noting that the country responses mentioned a draft bill on spousal property rights, drafted in 2002. More information about this bill and its adoption would be appreciated. Bigamy was prohibited by law but was apparently still practised. Tunisia, South Africa and Turkey had strictly

prohibited polygamy and bigamy. It would be useful to see how those countries had dealt with the issue, since the practices ran counter to article 16 of the Convention.

50. **Ms. Manalo** said that it was clear from the country report that women in Ghana had poor access to justice and that remedies were sporadic. It was necessary for the Government to declare a national policy on access to justice for women in Ghana, and that policy must be coupled with a programme of action providing legal, institutional and budgetary mechanisms to provide effective access to justice.

51. Regarding women's rights in the family, when a couple could not have children, the woman was blamed. That gave the man grounds for separation and divorce, with the woman possibly losing custody of children, income and even her home. The Government and the women of Ghana were urged to take steps to change such discriminatory laws.

52. **Ms. Appiah** (Ghana) explained that it was difficult to differentiate between bigamy and polygamy. Bigamy occurred when one of the spouses was already married under the civil code. The distinction between bigamy and concubinage was also blurred. Concubinage involved two people who had children together but were not married. Sometimes that was referred to in common parlance as marriage, but in fact it was not. The Constitution stated that parliament should enact spousal property rights legislation. However, that referred to property rights within an existing marriage, not to the dissolution of a marriage or cases where one partner to the marriage died without leaving a will. Given the three types of marriage, the issue was not a straightforward one. Work on the legislation was ongoing. The age of marriage, regardless of the type of marriage, was 18 years. That was enshrined in the Children's Act, adopted in 1998. Responding to the suggestion that all discriminatory laws be changed, she said that it would be difficult to find discriminatory legislation on the books. One exception was the law on marital rape, but generally the legislation was not discriminatory.

53. **Ms. Mahama** (Ghana) noted that the strength and power of women in Ghana were clear to everyone who had ever visited the country. However, in the interests of transparency, even small concerns were addressed in the reports. Education of girls and women in Ghana was viewed as key to addressing the problems still

faced. Ghana had come a long way. In the 1980s, when development specialists had gone to villages to discuss programmes, there had been no women at the meetings. Currently at those meetings, women were in the majority.

The meeting rose at 4.55 p.m.