



Home Office

Country Policy and Information Note

Ghana: Female genital mutilation (FGM)

Version 1.0

December 2016

Preface

This note provides country of origin information (COI) and policy guidance to Home Office decision makers on handling particular types of protection and human rights claims. This includes whether claims are likely to justify the granting of asylum, humanitarian protection or discretionary leave and whether – in the event of a claim being refused – it is likely to be certifiable as ‘clearly unfounded’ under s94 of the Nationality, Immigration and Asylum Act 2002.

Decision makers must consider claims on an individual basis, taking into account the case specific facts and all relevant evidence, including: the policy guidance contained with this note; the available COI; any applicable caselaw; and the Home Office casework guidance in relation to relevant policies.

Country Information

The COI within this note has been compiled from a wide range of external information sources (usually) published in English. Consideration has been given to the relevance, reliability, accuracy, objectivity, currency, transparency and traceability of the information and wherever possible attempts have been made to corroborate the information used across independent sources, to ensure accuracy. All sources cited have been referenced in footnotes. It has been researched and presented with reference to the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the [European Asylum Support Office’s research guidelines, Country of Origin Information report methodology](#), dated July 2012.

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email [the Country Policy and Information Team](#).

Independent Advisory Group on Country Information

The Independent Advisory Group on Country Information (IAGCI) was set up in March 2009 by the Independent Chief Inspector of Borders and Immigration to make recommendations to him about the content of the Home Office’s COI material. The IAGCI welcomes feedback on the Home Office’s COI material. It is not the function of the IAGCI to endorse any Home Office material, procedures or policy. IAGCI may be contacted at:

Independent Chief Inspector of Borders and Immigration,
5th Floor, Globe House, 89 Eccleston Square, London, SW1V 1PN.

Email: chiefinspector@icinspector.gsi.gov.uk

Information about the IAGCI’s work and a list of the COI documents which have been reviewed by the IAGCI can be found on the Independent Chief Inspector’s website at <http://icinspector.independent.gov.uk/country-information-reviews/>

Contents

Policy Guidance	5
1. Introduction	5
1.1 Basis of claim	5
1.2 Points to note	5
2. Consideration of Issues	5
2.1 Credibility.....	5
2.2 Particular social group	5
2.3 Assessment of risk	6
2.4 Protection	7
2.5 Internal relocation.....	8
2.6 Certification	8
3. Policy summary	9
Country Information.....	10
4. Types of FGM.....	10
5. Prevalence of FGM in Ghana	10
5.1 By type of FGM	10
5.2 By age group	11
5.3 Trends	12
5.4 By region	14
5.5 By ethnic group	16
5.6 By religion.....	16
5.7 Other factors.....	17
5.8 Actors of violence/harm	18
6. Societal attitudes	19
7. 2011 Multiple Indicator Cluster Study Tables	20
7.1 Female genital mutilation/cutting (FGM/C) among women (aged 15-49)	20
7.2 Female genital mutilation/cutting (FGM/C) among girls (aged 0-15)	21
7.3 Approval of female genital mutilation/cutting (FGM/C)	22
8. Legal context	23
8.1 Specific anti-FGM laws.....	23
8.2 Other provisions	24
9. State actions to tackle FGM and violence against women.....	26
9.1 Laws in practice.....	26
9.2 Prosecutions.....	27
9.3 Public statements	29

9.4 Initiatives and programs	29
9.5 Training and awareness	31
10. Assistance available to women.....	32
10.1 Government run shelters	32
10.2 Non-government run shelters	32
11. Freedom of movement.....	32
11.1 Freedom of movement for women.....	32
11.2 Economic opportunities	33
Version Control and Contacts.....	35

Policy Guidance

Updated: 14 December 2016

1. Introduction

1.1 Basis of claim

- 1.1.1 Fear of persecution or serious harm by non-state agents either because:
- (a) the person will be subjected to female genital mutilation (FGM); or
 - (b) the person is the parent of a minor child who is opposed to the procedure in a place where there is a real risk of it being carried out.

[Back to Contents](#)

1.2 Points to note

- 1.2.1 The World Health Organisation defines FGM as ‘all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons’.
- 1.2.2 Sources use various terms to refer to FGM, including female circumcision, female genital circumcision or female genital cutting. It can be abbreviated as FGC or FGM/C. However, for the purposes of this note, the practice is referred to as FGM.
- 1.2.3 Decision makers must also consider the [Asylum Instruction on Gender Issues in Asylum Claims](#).

[Back to Contents](#)

2. Consideration of Issues

2.1 Credibility

- 2.1.1 For information on assessing credibility, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).
- 2.1.2 Decision makers must also check if there has been a previous application for a UK visa or another form of leave. Asylum applications matched to visas should be investigated prior to the asylum interview (see the [Asylum Instruction on Visa Matches, Asylum Claims from UK Visa Applicants](#)).
- 2.1.3 Decision makers should also consider the need to conduct language analysis testing (see the [Asylum Instruction on Language Analysis](#)).

[Back to Contents](#)

2.2 Particular social group

- 2.2.1 Women fearing FGM in Ghana, or women in Ghana more generally, do not form a particular social group. This is because whilst they share an immutable (or innate) characteristic – their gender – that cannot be changed, they do not form a distinct group in society which is perceived as being different.
- 2.2.2 The situation for women in Pakistan, for example, was considered in the case commonly referred to as [Shah and Islam](#). The House of Lords held that

women in that society were viewed as a very distinct and inferior group. These attitudes were so entrenched that the state authorities were unwilling to intervene even when husbands beat or threatened to kill their wives. This is not the case in Ghana.

- 2.2.3 Similarly, in 2006 in the case of [Secretary of State for the Home Department v. K \[2006\] UKHL 46 \(18 October 2006\)](#) the House of Lords considered the situation of women facing FGM in Sierra Leone. The court identified indigenous women who are 'intact' in Sierra Leone as forming a PSG on account of the widespread discrimination against them. Again, this is not the same as the situation in Ghana.
- 2.2.4 Whilst there is some discrimination against women in general, it cannot be said to be widespread such that it prevents the exercise of fundamental rights. In relation to women fearing FGM or 'intact' women in Ghana, whilst it may be an immutable (or innate) characteristic, FGM has been banned and there appears to be little societal support for the practice outside two provinces in the north of the country. Because FGM is uncommon, such a group is either not recognisable by society or would be defined only by the persecution they suffer (which does not make them a PSG).
- 2.2.5 In the absence of a link to one of the five Convention reasons necessary for the grant of refugee status, the question in each case is whether the particular person will face a real risk of serious harm, sufficient to qualify for Humanitarian Protection (HP). FGM amounts to serious harm.
- 2.2.6 For further information on particular social groups, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

[Back to Contents](#)

2.3 Assessment of risk

- 2.3.1 A girl or woman will not be entitled to protection just because they have already undergone FGM. Assessment of risk must be future-facing, i.e. the likelihood that a person will be subjected to FGM (or further FGM) on return.
 - i. [Women and girls fearing FGM](#)
- 2.3.2 The US State Department's human rights report describes FGM as a 'serious problem' in Ghana. However, Ghana has one of the lowest prevalence rates of FGM in Africa. The 2011 rates were also lower than a previous study in 2006, and the proportion of those who have undergone FGM decreases the younger the age grouping. This is an indication that the practice is declining (see [Prevalence of FGM](#) and the [2011 Multiple Indicator Cluster Study Tables](#)).
- 2.3.3 In general, a person in Ghana will not be at real risk of FGM. However, there are variations within regions, religious groups and ethnic/tribal background. Education status and wealth also play a part. Decision makers must consider these various factors (outlined below) which may increase or reduce the risk as well as any individual, person-specific circumstances – particularly the nature and degree of family and/or community pressure for the girl to undergo FGM.

- 2.3.4 In terms of geography, FGM appears most prevalent in the Upper West and Upper East regions. Outside of these, it runs less than the national average (of c.4%) and, in some areas, around or less than 1-2%. FGM also appears far more prevalent in those who live in a rural, rather than an urban, area (see [prevalence of FGM: by region](#)).
- 2.3.5 Ethnicity is a likely factor – potentially more important than geography as practicing ethnic groups have migrated within Ghana – with it far more prevalent amongst the Mole Dagbani and, to much a lesser degree, the Grusi. Aside from these two ethnic groups and the Mande, FGM prevalence in other ethnic groups is around or less than 1-2% (see [prevalence of FGM: by ethnic group](#)).
- 2.3.6 Religion may play a small part. Whilst not unique to any particular religious group, it appears disproportionately higher amongst Muslims and practitioners of ‘traditional/spiritualist’ religions relative to their population size (see [prevalence of FGM: by religion](#)).
- 2.3.7 Wealth and economic status are likely factors, with FGM far more prevalent amongst the poorest 20% of the country. Education status also appears relevant, however FGM prevalence among those who were educated to below secondary school level appears to be around 7.5% and around 3% for those educated to secondary school level and above (see [prevalence of FGM: other factors](#)).

ii. [Parents who resist/oppose FGM for their minor children](#)

- 2.3.8 A person who is the parent of a minor child who is opposed to them undergoing FGM within communities that practice it may face societal discrimination and ostracism for going against cultural traditions. However, in general, this is unlikely to reach the threshold to constitute serious harm.
- 2.3.9 For further information on assessing risk, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

[Back to Contents](#)

2.4 [Protection](#)

- 2.4.1 Ghana has a specific law that criminalises FGM. This has twice been strengthened, including widening the scope of those who can be prosecuted and increasing the penalties on conviction. FGM practitioners have also been prosecuted. Any weaknesses in the reported responses by the police do not appear to be based on a lack of willingness or ability on their part to respond, but rather a reluctance on the part of the population (especially in the north) to report incidents. It may also be, in part, due to the very low prevalence rate (see [Laws in practice](#) and [Prosecutions](#)).
- 2.4.2 The government continue to make statements deploring FGM (see [Public statements](#)) and both government ministries, notably the Ministry of Gender, Children and Social Protection, as well as NGOs are taking practical steps to raise awareness and ultimately reduce the prevalence of FGM (see [Initiatives and programs](#) and [Training and awareness](#)).
- 2.4.3 There is some temporary assistance available via a women’s shelter (see [Assistance available to women](#)).

2.4.4 As a result, the state is both able and willing to offer effective protection. The onus is on the person to demonstrate why, based on the individual factors in their case, they would not be able to seek and obtain this.

2.4.5 For further information on assessing the availability of state protection, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

[Back to Contents](#)

2.5 Internal relocation

2.5.1 The law provides for freedom of movement for women and there is no evidence to suggest that this is not respected. Whilst there are reports of police extracting bribes at unofficial checkpoints, this does not amount to an obstacle that would make internal relocation unreasonable or unduly harsh (see [freedom of movement for women](#)).

2.5.2 Women have employment rights protected by the constitution and employment laws in Ghana. Whilst there is some societal discrimination with respect to employment, pay and housing, particularly in rural areas, this would not in general make relocation unreasonable or unduly harsh (see [economic opportunities](#)).

2.5.3 There are no restrictions on a woman's right to reside in a particular place, e.g. through a registration scheme.

2.5.4 In general, it will not be unduly harsh or unreasonable for a woman to internally relocate to escape localised threats from members of their family or other non-state actors, especially if single and without children to support. However, decision makers must give careful consideration to the relevance and reasonableness of internal relocation on a case-by-case basis taking full account of the individual circumstances of the particular person.

2.5.5 For further information on considering internal relocation, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

[Back to Contents](#)

2.6 Certification

2.6.1 Ghana is listed as a designated state under section 94 of the Nationality, Immigration and Asylum Act 2002 in respect of men only.

2.6.2 However, where a claim by a female is refused, it is likely to be certifiable as 'clearly unfounded' under section 94 of the Nationality, Immigration and Asylum Act 2002.

2.6.3 However, much depends on the individual profile and characteristics of the person concerned. Notwithstanding this, effective protection is likely to be available and/or internal relocation is also possible.

2.6.4 For further guidance on certification, see the appeals instruction on [Certification of Protection and Human Rights claims under section 94 of the Nationality, Immigration and Asylum Act 2002 \(clearly unfounded claims\)](#)

[Back to Contents](#)

3. Policy summary

- 3.1.1 Women fearing FSM in Ghana or women in Ghana more generally do not form a PSG but in cases where there is a real risk of inhumane and degrading treatment due to the infliction of FGM, they may be entitled to Humanitarian Protection.
- 3.1.2 In general there is not a real risk of a person being subjected to FGM. The evidence suggests the practice is not common and is declining.
- 3.1.3 There are, though, variations by region, religion, ethnicity, wealth and education status which may increase, or reduce the risk, and these must be considered alongside the individual circumstances of the person concerned, particularly the nature and degree of family and/or community pressure for the girl to undergo FGM.
- 3.1.4 There appears to be reluctance on the part of the population to report instances of FGM (especially in the northern part of the country). However, this is not indicative of an absence or unwillingness of the state to provide effective protection.
- 3.1.5 There is a specific law that criminalises FGM which has twice been strengthened, as well as other wider provisions which may also apply. There have also been prosecutions of FGM practitioners. The state is both willing and able to provide protection.
- 3.1.6 Internal relocation is likely to be available if it would not be unduly harsh to do so, but decision makers must consider all relevant factors.
- 3.1.7 Certification is likely to be appropriate in individual cases based on sufficiency of protection or internal relocation, but each case must be considered on its facts.

[Back to Contents](#)

Country Information

Updated: 21 November 2016

4. Types of FGM

4.1.1 The World Health Organisation (WHO) has a definition of the four 'types' of female genital mutilation/cutting (FGM/C) which is commonly used¹.

[Back to Contents](#)

5. Prevalence of FGM in Ghana

5.1 By type of FGM

5.1.1 In an October 2006 response to information request, the Immigration and Refugee Board of Canada reported on a study published by The Lancet, in which Ndubuisi Eke and Kanu E.O. Nkanginieme indicated that, of the 3,094 pregnant women who went to three Ghanaian obstetrics centres to give birth, 11 percent had undergone FGM I ("removal of the prepuce or clitoris"), 28 percent FGM II ("removal of clitoris and labia minora") and 1 percent FGM III ("removal of part or all of the external genitalia with stitching or narrowing of the vaginal opening")².

UNICEF's July 2013 'statistical overview and exploration of the dynamics of change', used different terminology to the WHO descriptors, but noted that of those who have undergone FGM in Ghana, it comprised the following types:-

Country	Type of FGM/C			
	Cut, no flesh removed/nicked	Cut, flesh removed	Sewn closed	Type not determined/ not sure/doesn't know
Ghana	8	68	17	7

3

5.1.2 28 Too Many, a UK-based charity working to end female genital mutilation, citing the US Department of State's 2001 report, noted that 'The most prevalent type of FGM practised in Ghana is Type II, although Types I and III are also practised. The DHS [Demographic and Health Surveys] does not collect data on the type of FGM performed in Ghana.'⁴

[Back to Contents](#)

¹ World Health Organisation, 'Female genital mutilation fact sheet', updated February 2016, <http://www.who.int/mediacentre/factsheets/fs241/en/>. Date accessed: 2 August 2016.

² Immigration and Refugee Board of Canada, 'Ghana: Practice of female genital mutilation (FGM) and state protection available to those being targeted (2004-2006)', 12 October 2006, GHA101617.E', available at: <http://www.refworld.org/docid/45f147382.html>. Date accessed: 16 September 2016.

³ UNICEF, 'Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change', 22 July 2013, http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/FGMC_Lo_res_Final_26.pdf. Date accessed: 16 September 2016.

⁴ 28TooMany, 'Ghana – key country statistics', May 2013, http://28toomany.org/media/uploads/ghana_-_general_statistics.pdf. Date accessed: 19 August 2016.

5.2 By age group

- 5.2.1 According to UNICEF statistics, 3.8% of girls and women aged 15-49 years who have undergone FGM/C, with a noticeably higher percentage of 12.8% amongst the poorest quintile [according to the 2011 Multiple Indicator Cluster Surveys (MICS)]⁵ (see also [Other factors](#)).
- 5.2.2 28 Too Many, a charity working to end female genital mutilation, also cite the 3.8% figure for girls and women aged 15–49, although they date this to 2006⁶.
- 5.2.3 28 Too Many also break this down further, though their figures are drawn from the earlier MICS. They note that the prevalence of FGM in girls and women within the 15-19 age group is estimated at 1.4% [for 2006]⁷. They further note that FGM prevalence in the 35-39 age group was estimated at 5.7% in 2006⁸.
- 5.2.4 Amongst girls (defined as those aged 0–14) and as reported by their mother, UNICEF report a prevalence rate of 0.5% [according to the 2011 MICS]^{9 10}.
- 5.2.5 Hibo Wardere, an anti-FGM campaigner, author and public speaker, tweeted in July 2016 that ‘The UN has previously said in Ghana 1.5 percent of girls aged 15-19, and 6.5 percent of women aged 45-49 have been subjected to FGM’¹¹.
- 5.2.6 The US State Department’s reports on human rights practices for 2014¹² and 2015¹³ suggested FGM in Ghana ‘remained a serious problem for children’ but ‘rarely was performed on adult women.’

⁵ UNICEF, ‘Access the Data – Percentage of girls and women aged 15-49 years who have undergone FGM/C (by place of residence and household wealth quintile)’, updated March 2016, <http://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/>. Date accessed: 18 August 2016.

⁶ 28TooMany, ‘Ghana – key country statistics’, May 2013, http://28toomany.org/media/uploads/ghana_-_general_statistics.pdf. Date accessed: 19 August 2016.

⁷ 28TooMany, ‘Ghana – key country statistics’, May 2013, http://28toomany.org/media/uploads/ghana_-_general_statistics.pdf. Date accessed: 19 August 2016.

⁸ 28TooMany, ‘Ghana – key country statistics’, May 2013, http://28toomany.org/media/uploads/ghana_-_general_statistics.pdf. Date accessed: 19 August 2016.

⁹ Multiple Indicator Cluster Study – Ghana, 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 18 August 2016.

¹⁰ UNICEF, ‘Access the Data – Percentage of girls and women aged 15-49 years who have undergone FGM/C (as reported by their mothers, by place of residence and household wealth quintile)’, updated March 2016, <http://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/>. Date accessed: 18 August 2016.

¹¹ Hibo Wardere (via Twitter), Tweet dated 18 July 2016 at 7:46 PM, <https://twitter.com/hibowardere/status/755111639326814209?refsrc=email&s=11>. Date accessed: 18 August 2016.

¹² US State Department, ‘Country Reports on Human Rights Practices for 2014 – Ghana’, 25 June 2015, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2014&dliid=236364>. Date accessed: 12 October 2016.

¹³ US State Department, ‘Country Reports on Human Rights Practices for 2015 – Ghana’, 13 April 2016, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dliid=252687>. Date accessed: 12 October 2016.

- 5.2.7 The 2011 Multiple Indicator Cluster Study included tables (see [2011 Multiple Indicator Cluster Study Tables](#)) showing prevalence rates by age groups.¹⁴
- 5.2.8 According to the Population Council's August 2016 'State-of-the-Art Synthesis on Female Genital Mutilation and Cutting (FGM/C)', the 2011 MICS is the most recent FGM/C data source for Ghana¹⁵.
- 5.2.9 UNICEF cautions against FGM statistics noting that 'A longitudinal study in Ghana afforded a unique opportunity to assess the consistency of women's self-reports of FGM/C status over repeat surveys. The data showed that a substantial number of adolescent girls who initially reported having undergone FGM/C later denied being cut. The authors concluded that denial of having undergone the procedure is influenced by exposure to anti-FGM/C interventions and by passage of a law banning FGM/C.'¹⁶

[Back to Contents](#)

5.3 Trends

- 5.3.1 28 Too Many also note trends between 2003 and 2006. They note that the figures appear to show a decrease in overall prevalence of 1.6% from 5.4% in 2003 to 3.8% in 2006¹⁷. They also note a 1.9% reduction within the 15-19 age group from 2003 (from 3.3%) to 2006 and for the 35-39 age group, a 1% reduction from 2003 which estimated FGM prevalence to be at 6.7%¹⁸.
- 5.3.2 In June 2011, the UN's Committee Against Torture, in consideration of reports submitted by States' parties under article 19 of the Convention [against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment] in addition to recording '...the positive actions of the Government in criminalizing harmful traditional practices, such as female genital mutilation ...'¹⁹, also noted 'the 25 per cent decrease in the number of reported cases of female genital mutilation between 1999 and 2010'²⁰ although still noted 'a total of 123,000 reported cases during that period.'²¹

¹⁴ Multiple Indicator Cluster Study – Ghana (pages 225-227), 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 24 August 2016.

¹⁵ The Population Council, 'State-of-the-Art Synthesis on Female Genital Mutilation and Cutting (FGM/C)' (page 5), August 2016, http://www.popcouncil.org/uploads/pdfs/SOTA_Synthesis_2016_FINAL.pdf. Date accessed: 30 September 2016.

¹⁶ UNICEF, 'Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change' (p.24), 22 July 2013, https://data.unicef.org/wp-content/uploads/country_profiles/Ghana/FGMC_GHA.pdf http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/FGMC_Lo_res_Final_26.pdf. Date accessed: 16 September 2016.

¹⁷ 28TooMany, 'Ghana – key country statistics', May 2013, http://28toomany.org/media/uploads/ghana_-_general_statistics.pdf. Date accessed: 19 August 2016.

¹⁸ 28TooMany, 'Ghana – key country statistics', May 2013, http://28toomany.org/media/uploads/ghana_-_general_statistics.pdf. Date accessed: 19 August 2016.

¹⁹ UN Office of the High Commissioner for Human Rights (OHCHR), 'Concluding observations of the Committee against Torture – Ghana' (para 23), 15 June 2011, <http://www2.ohchr.org/english/bodies/cat/docs/co/CAT.C.GHA.CO.1.pdf>. Date accessed: 21 August 2016.

²⁰ UN Office of the High Commissioner for Human Rights (OHCHR), 'Concluding observations of the

- 5.3.3 An January 2013 Action Aid-funded research paper conducted by the Bawku East Women Development Association (BEWDA) reported that ‘Research has shown that through strong government commitment, extensive outreach by NGOs and a general receptivity to abandoning the practice has led to a decline of the practice among the groups that practice it.’²²
- 5.3.4 The Orchid Project’s undated Ghana page reported that ‘Holiday cutting’ remains an issue in Ghana, with Ghanaian families travelling to the nearby Ivory Coast, Togo and Burkina Faso to be cut. This therefore leads to difficulties in assessing the prevalence rates.’²³
- 5.3.5 Modern Ghana similarly reported in February 2015 that ‘According to James Kusi Boama, Upper East Regional Programme Manager of ActionAid Ghana, “the cross-border activity of perpetrators of FGM is alarming, as most Ghanaian parents cross the borders to Togo and Burkina Faso to cut their children and bring them back to Ghana. This is because the communities that patronise the practice are now aware that FGM is criminal in Ghana.” While FGM is outlawed in our neighboring countries, including Togo and Burkina Faso, the perpetrators prefer the “cross-border cutting” because nobody will identify them and report them to the police.’²⁴
- 5.3.6 In May 2015, the Ghanaian delegation responding to questions by the experts as part of the UN Committee on the Rights of the Child examination of the report on Ghana stated that ‘There had been some achievements – for example the prevalence of female genital mutilation been reduced from 30 to four per cent over the last 10 years [2005-2015]’²⁵
- 5.3.7 In November 2015, Ghana Business News reported that ‘The Department of Gender and Social Protection has said there has been a major reduction in the incidence of female genital mutilation (FGM) in the Upper West Region.

Committee against Torture – Ghana’ (para 23), 15 June 2011, <http://www2.ohchr.org/english/bodies/cat/docs/co/CAT.C.GHA.CO.1.pdf>. Date accessed: 21 August 2016.

²¹ UN Office of the High Commissioner for Human Rights (OHCHR), ‘Concluding observations of the Committee against Torture – Ghana’ (para 23), 15 June 2011, <http://www2.ohchr.org/english/bodies/cat/docs/co/CAT.C.GHA.CO.1.pdf>. Date accessed: 21 August 2016.

²² Bawku East Women Development Association (BEWDA). ‘Action research on female genital mutilation in the Bawku municipality, Upper East region’ (§2.2 Practice of FGM in Ghana), January 2013, http://www.actionaid.org/sites/files/actionaid/final_fgm_research_in_uelp-27-12-13_final_review_04-02-14_2.pdf. Date accessed: 12 October 2016.

²³ Orchid Project, ‘Country Profiles – Ghana – Today’, undated, <https://orchidproject.org/country/ghana/>. Date accessed: 30 August 2016.

²⁴ Modern Ghana, FGM Beyond the Borders: Ghanaians cross over to Burkina Faso and Togo to cut their children, 4 February 2015, <https://www.modernghana.com/news/596325/1/fgm-beyond-the-borders-ghanaians-cross-over-to-bur.html>. Date accessed: 30 August 2016.

²⁵ Office of the High Commissioner for Human Rights (OHCHR), ‘Committee on the Rights of the Child examines the report of Ghana’, 21 May 2015, <http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=15987&LangID=E>. Date accessed: 24 August 2016.

'It, however, said despite the reduction, the practice was still on-going in some communities thereby violating the rights of women, and causing devastating health implication among them.'²⁶

[Back to Contents](#)

5.4 By region

5.4.1 The 2011 Multiple Indicator Cluster Study noted that the practice of FGM '...was found to be most prevalent in Upper West (41%) and Upper East (28%) regions.'²⁷

5.4.2 The same report included tables (see [2011 Multiple Indicator Cluster Study Tables](#)) showing prevalence rates by region²⁸. It also included a map of Ghana's Administrative divisions.²⁹

5.4.3 A 2013 article on Modern Ghana noted that 'the three northern regions as well as the Brong Ahafo Region and Zongo communities in some urban centres in Ghana continue to practice the FGM.'³⁰

5.4.4 An article in the Independent noted a statement made by the Ghanaian Association for Women's Welfare that

'According to the 2006 UNICEF Multiple Indicator Cluster Surveys (MICS), the national prevalence of FGM is estimated to be 3.8% among women aged 15-49. However, this aggregate data may conceal the continued high prevalence of FGM in some of the specific areas where it is practised. For example, in the Bawku municipality recent research suggests that 51% of people in the region support the practice and that 50 per cent of girls under the age of 15 have been subjected to FGM.'³¹

5.4.5 A January 2013 Action Aid-funded research paper conducted by the Bawku East Women Development Association (BEWDA) found that 'The research revealed that FGM is still a practice in some communities in the Bawku Municipality. 56% of respondents acknowledged that the practice of FGM still happens in their communities. Furthermore, 61% of respondents strongly

²⁶ Ghana Business News, 'Upper West Region records reduction in FGM', 23 November 2015, <https://www.ghanabusinessnews.com/2015/11/23/upper-west-region-records-reduction-in-fgm>. Date accessed: 22 August 2016.

²⁷ Multiple Indicator Cluster Study – Ghana (page xxviii), 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 24 August 2016.

²⁸ Multiple Indicator Cluster Study – Ghana (pages 225-227), 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 24 August 2016.

²⁹ Multiple Indicator Cluster Study – Ghana (page xx), 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 16 September 2016.

³⁰ Modern Ghana, 'Female Genital Mutilation cases rise in Ghana', 6 September 2013, <http://www.modernghana.com/news/487915/1/female-genital-mutilation-cases-rise-in-ghana.html>. Date accessed: 21 August 2016.

³¹ The Independent, 'FGM in Ghana: What local African organisations are doing to eliminate female genital mutilation', 18 March 2013, <http://www.independent.co.uk/voices/comment/fgm-in-ghana-what-local-african-organisations-are-doing-to-eliminate-female-genital-mutilation-8537898.html>. Date accessed: 24 August 2016.

agree with and support the practice of FGM. The research further revealed that 68% of respondents had undergone FGM.³²

- 5.4.6 In a 2014 research paper entitled ‘Female Genital Mutilation/Cutting among Ghanaian Women: The Determinants’ by Michael Ofori Fosu, a lecturer in the Department of Mathematics and Statistics at Kumasi Polytechnic Ghana, included a table showing prevalence rates by region based on 7,666 women surveyed about FGM³³.

Table 1 Socio-demographic characteristics of the study population

Variable	Ever Circumcised		Total	
	Yes N (%)	No N (%)	N (%)	
Region				
Western	13 (1.1)	484 (7.5)	497 (6.5)	
Central	12 (1.0)	995 (15.4)	1007 (13.1)	
Greater Accra	9 (0.7)	727 (11.3)	736 (9.6)	
Volta	4 (0.3)	391 (6.1)	395 (5.2)	
Eastern	6 (0.5)	363 (5.6)	369 (4.8)	
Ashanti	13 (1.1)	608 (9.4)	621 (8.1)	
Brong Ahafo	31 (2.5)	430 (6.7)	461 (6.0)	
Northern	45 (3.7)	763 (11.8)	808 (10.5)	
Upper East	423 (34.6)	912 (14.2)	1335 (17.4)	
Upper West	665 (54.5)	772 (12.0)	1437 (18.7)	
Total	1221 (100)	6445 (100)	7666 (100)	

- 5.4.7 In November 2015, the International Federation of Gynecology and Obstetrics (FIGO) reported that: ‘Ghana’s Department of Gender and Social Protection claims there has been a substantial reduction in the rate of female genital mutilation (FGM) in the country’s Upper West Region. However, officials have already warned that the practice is still occurring in some communities, causing harm and negative health impacts among local women and young girls’³⁴.
- 5.4.8 Freedom House’s ‘Freedom in the World’ report for 2016³⁵, repeated verbatim their assessment from 2015³⁶ and 2014³⁷ that ‘the practice of female genital mutilation continues in the north.’

[Back to Contents](#)

³² Bawku East Women Development Association (BEWDA). ‘Action research on female genital mutilation in the Bawku municipality, Upper East region’ (Main Findings), January 2013, http://www.actionaid.org/sites/files/actionaid/final_fgm_research_in_uelp-27-12-13_final_review_04-02-14_2.pdf. Date accessed: 12 October 2016.

³³ Fosu, Michael Ofori (published via iiste.org), ‘Female Genital Mutilation/Cutting among Ghanaian Women: The Determinants’ (Table 1, page 66), 2014, <http://www.iiste.org/Journals/index.php/RHSS/article/viewFile/14881/15689>. Date accessed: 12 October 2016.

³⁴ FIGO, ‘Upper west region of Ghana records reduction in FGM’, 24 November 2015, <http://www.figo.org/news/upper-west-region-ghana-records-reduction-fgm-0015091>. Date accessed: 18 August 2016.

³⁵ Freedom House, ‘Freedom in the World – 2016 – Ghana’, undated, <https://freedomhouse.org/report/freedom-world/2016/ghana>. Date accessed: 8 September 2016.

³⁶ Freedom House, ‘Freedom in the World – 2015 – Ghana’, undated, <https://freedomhouse.org/report/freedom-world/2015/ghana>. Date accessed: 8 September 2016.

³⁷ Freedom House, ‘Freedom in the World – 2014 – Ghana’, undated, <https://freedomhouse.org/report/freedom-world/2014/ghana>. Date accessed: 8 September 2016.

5.5 By ethnic group

5.5.1 Michael Ofori Fosu's 2014 research paper included a table showing prevalence rates by ethnic group³⁸.

Table 1 Socio-demographic characteristics of the study population

Variable	Ever Circumcised		Total	
	Yes N (%)	No N (%)	N	(%)
Ethnicity				
Akan	7 (0.6)	2412 (37.4)	2419	(31.6)
Ga/Damgme	0 (0.0)	330 (5.1)	330	(4.3)
Ewe	4 (0.3)	653 (10.1)	657	(8.6)
Guan	2 (0.2)	230 (3.6)	232	(3.0)
Gruma	21 (1.7)	242 (3.8)	263	(3.4)
Mole Dagbani	873 (71.5)	1971 (30.6)	2844	(37.1)
Grusi	195 (16.0)	376 (5.8)	571	(7.4)
Mande	89 (7.3)	102 (1.6)	191	(2.5)
Non- Ghanaian	18 (1.5)	92 (1.4)	110	(1.4)
Other ethnic group	12 (1.0)	37 (0.6)	49	(0.6)
Total	1221 (100)	6445 (100)	7666	(100)

5.5.2 A 2015 paper on Open Democracy by Yakin Ertürk, UN Special Rapporteur on Violence against Women (SRVAW) 2003-2009 reported that 'Female genital mutilation (FGM) has been traditionally practiced by several ethnic groups from northern Ghana as well as by immigrants from neighboring countries, where FGM is highly prevalent.'³⁹

5.5.3 Ghanaweb presents Ethnologue.com's '[Ethnologic Map of Ghana](#)' provides an indicator of the distribution of ethnic groups in Ghana⁴⁰.

[Back to Contents](#)

5.6 By religion

5.6.1 Michael Ofori Fosu's 2014 research paper included a table showing prevalence rates by religion⁴¹.

³⁸ Fosu, Michael Ofori (published via iiste.org), 'Female Genital Mutilation/Cutting among Ghanaian Women: The Determinants' (Table 1, page 66), 2014, <http://www.iiste.org/Journals/index.php/RHSS/article/viewFile/14881/15689>. Date accessed: 12 October 2016.

³⁹ Erturk, Yakin (via Open Democracy), 'Ghana: women at war in a country at peace', 25 November 2015, <https://www.opendemocracy.net/5050/yakin-erturk/women-at-war-in-country-in-peace-ghana>. Date accessed: 21 August 2016.

⁴⁰ Ghanaweb, 'Ethnologic Map of Ghana', undated, <http://www.ghanaweb.com/GhanaHomePage/tribes/map.php>. Date accessed: 12 October 2016.

⁴¹ Fosu, Michael Ofori (published via iiste.org), 'Female Genital Mutilation/Cutting among Ghanaian Women: The Determinants' (Table 1, page 66), 2014, <http://www.iiste.org/Journals/index.php/RHSS/article/viewFile/14881/15689>. Date accessed: 12 October 2016.

Table 1 Socio-demographic characteristics of the study population

Variable	Ever Circumcised		Total	
	N	(%)	N	(%)
Religion				
Christian	431	(35.3)	4617	(71.5)
Moslem	577	(47.3)	1284	(19.9)
Traditionalist/spiritualist	162	(13.3)	339	(5.2)
No religion/other religion	51	(4.2)	205	(3.2)
Total	1221	(100)	6445	(100)

- 5.6.2 The website of the Ghana embassy in Washington D.C. stated that 'Traditional religions accounts for 5.2% of the population. The Christian population also accounts for 71.2% of the total population and includes Roman Catholics, Baptist, Protestants, etc. The Muslim population (17.6 percent of the total) is located chiefly in the northern part of the country.'⁴²
- 5.6.3 Based on a 2010 estimate, the CIA's world fact book reported on Ghanaian religions as comprising 'Christian 71.2% (Pentecostal/Charismatic 28.3%, Protestant 18.4%, Catholic 13.1%, other 11.4%), Muslim 17.6%, traditional 5.2%, other 0.8%, none 5.2%'⁴³
- 5.6.4 Despite this, a January 2013 research paper conducted by the Bawku East Women Development Association (BEWDA) and funded by Action Aid argued that 'The practice among some groups in Ghana appears to have no spiritual roots. It is not perpetuated by religion, but rather by traditional tribal beliefs.'⁴⁴

[Back to Contents](#)

5.7 Other factors

- 5.7.1 Amongst girls (defined as those aged 0–14), UNICEF further reported that the mothers' FGM/C status was also influential. In Ghana, the 4% overall rate was split between 7% where the mother had experienced FGM herself compared to 0.1% where she had not⁴⁵.
- 5.7.2 The 2011 Multiple Indicator Cluster Study included tables (see [2011 Multiple Indicator Cluster Study Tables](#)) showing prevalence rates by education, wealth and residence.⁴⁶

⁴² Ghana Embassy Washington D.C., 'About Ghana - Language and Religion', undated, <http://www.ghanaembassy.org/index.php?page=language-and-religion>. Date accessed: 12 October 2016.

⁴³ CIA World Fact Book, 'Ghana – People and society', updated 28 September 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/gh.html>. Date accessed: 12 October 2016.

⁴⁴ Bawku East Women Development Association (BEWDA). 'Action research on female genital mutilation ni the Bawku municipality, Upper East region' (§2.3 Attitudes and Beliefs), January 2013, http://www.actionaid.org/sites/files/actionaid/final_fgm_research_in_uelp-27-12-13_final_review_04-02-14_2.pdf. Date accessed: 12 October 2016.

⁴⁵ UNICEF, 'Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change' (figure 4.2, page 28), 22 July 2013, http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/FGMC_Lo_res_Final_26.pdf. Date accessed: 18 August 2016.

⁴⁶ Multiple Indicator Cluster Study – Ghana (pages 225-227), 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 24 August 2016.

5.7.3 Michael Ofori Fosu's 2014 research paper included a table showing prevalence rates by residence (rural vs urban), wealth/economic status, marital status and education level⁴⁷.

Table 1 Socio-demographic characteristics of the study population

Variable	Ever Circumcised		Total	
	Yes N (%)	No N (%)	N	(%)
Residence				
Urban	198 (16.2)	2972 (46.1)	3170	(41.4)
Rural	1023 (83.8)	3473 (53.9)	4496	(58.6)
Total	1221 (100)	6445 (100)	7666	(100)
Wealth index quintiles (Economic status)				
Poorest	859 (70.4)	1816 (28.2)	2675	(34.9)
Second	181 (14.8)	1089 (16.9)	1270	(16.6)
Middle	75 (6.1)	1057 (16.4)	1132	(14.8)
Fourth	68 (5.6)	1171 (18.2)	1239	(16.2)
Richest	38 (3.1)	1312 (20.4)	1350	(17.6)
Total	1221 (100)	6445 (100)	7666	(100)
Marital status				
Yes Currently married	968 (79.6)	2916 (45.2)	3884	(50.7)
Yes, living with a man	35 (2.8)	920 (14.3)	955	(12.5)
No, not in union	218 (17.6)	2609 (40.5)	2827	(36.9)
Total	1239 (100)	6445 (100)	7684	(100)
Educational level				
JHS and below	286 (87.3)	3503 (73.3)	3789	(74.2)
Secondary school +	42 (12.7)	1274 (26.7)	1316	(25.8)
Total	328 (100)	4777 (100)	5105	(100)

n.b. the total figure under 'yes' for marital status appears to be an error as $968+35+218=1,221$ (not 1,239) and, in total, $3,884+955+2,827=7,666$ (not 7,684).

[Back to Contents](#)

5.8 Actors of violence/harm

5.8.1 UNICEF's 2013 report stated that 'In nearly all countries where FGM/C is concentrated, traditional practitioners perform most of the procedures.'⁴⁸

5.8.2 In December 2015, the United Nations Population Fund's 2015 frequently asked questions about Female genital mutilation (FGM) noted (as a general response, not specific to Ghana) that:

'FGM is usually carried out by elderly people in the community (usually, but not exclusively, women) designated to perform this task or by traditional birth attendants. Among certain populations, FGM may be carried out by traditional health practitioners, (male) barbers, members of secret societies, herbalists or sometimes a female relative. In some cases, medical professionals perform FGM.'⁴⁹

⁴⁷ Fosu, Michael Ofori (published via iiste.org), 'Female Genital Mutilation/Cutting among Ghanaian Women: The Determinants' (Table 1, page 66), 2014, <http://www.iiste.org/Journals/index.php/RHSS/article/viewFile/14881/15689>. Date accessed: 12 October 2016.

⁴⁸ UNICEF, 'Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change' (figure 5.1, page 44), 22 July 2013, http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/FGMC_Lo_res_Final_26.pdf. Date accessed: 18 August 2016.

⁴⁹ UNFPA, 'Female genital mutilation (FGM) frequently asked questions' ('who performs FGM?'), December 2015, <http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#sthash.GzgyrEzJ.dpuf>. Date accessed: 24 August 2016.

- 5.8.3 According to the Population Council's August 2016 'State-of-the-Art Synthesis on Female Genital Mutilation and Cutting (FGM/C)', a 'traditional practitioner' is by far the most common FGM practitioner in Ghana⁵⁰.

[Back to Contents](#)

6. Societal attitudes

- 6.1.1 The Orchid Project's Ghana page reported that:

'In 1997 the WHO, GAWW and the Muslim Family Counselling Services toured the country and identified 18 practitioners in the Volta region and taught them about the harmful effects of FGC. They also worked closely with the Ministry of Education to incorporate education about FGC into the public school health curriculum. Voluntary watchdog committees were set up to intervene and stop impending FGC ceremonies.'⁵¹

- 6.1.2 UNICEF's 2013 report, based on the 2011 Multiple Indicator Cluster Study of Ghana⁵² (see [2011 Multiple Indicator Cluster Study Tables](#)), recorded that around 90% of girls and women thought the practice should end, the second highest response rate amongst the countries reviewed.⁵³ Just 1.5% said it should continue^{54 55}. The Population Council's August 2016 Synthesis on FGM/C also draws on these figures⁵⁶.

⁵⁰ The Population Council, 'State-of-the-Art Synthesis on Female Genital Mutilation and Cutting (FGM/C)' (figure 4, page 11), August 2016, http://www.popcouncil.org/uploads/pdfs/SOTA_Synthesis_2016_FINAL.pdf. Date accessed: 30 September 2016.

⁵¹ Orchid Project, 'Country Profiles – Ghana – Today', undated, <https://orchidproject.org/country/ghana/>. Date accessed: 30 August 2016.

⁵² Multiple Indicator Cluster Study – Ghana, 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 18 August 2016.

⁵³ UNICEF, 'Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change' (figure 6.1, page 54), 22 July 2013, http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/FGMC_Lo_res_Final_26.pdf. Date accessed: 18 August 2016.

⁵⁴ Multiple Indicator Cluster Study – Ghana (summary table of findings, page xvii), 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 18 August 2016.

⁵⁵ UNICEF, 'Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change' (figure 6.2, page 55), 22 July 2013, http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/FGMC_Lo_res_Final_26.pdf. Date accessed: 18 August 2016.

⁵⁶ The Population Council, 'State-of-the-Art Synthesis on Female Genital Mutilation and Cutting (FGM/C)' (figure 13, page 23), August 2016, http://www.popcouncil.org/uploads/pdfs/SOTA_Synthesis_2016_FINAL.pdf. Date accessed: 30 September 2016.

7. 2011 Multiple Indicator Cluster Study Tables

7.1 Female genital mutilation/cutting (FGM/C) among women (aged 15-49)

Table CP.6: Female genital mutilation/cutting (FGM/C) among women								
Percent distribution of women age 15-49 years by FGM/C status, Ghana, 2011								
Background Characteristics	Percent distribution of women age 15-49 years:					Total	Percentage who had any form of FGM/C [1]	Number of women aged 15-49 years
	No FGM/C	Who had FGM/C						
		Had flesh removed	Were nicked	Were sewn closed	Form of FGM/C not determined			
Region								
Western	97.9	1.4	0.2	0.1	0.4	100.0	2.1	1022
Central	99.2	0.2	0.2	0.3	0.1	100.0	0.8	1044
Greater Accra	98.8	1.2	0.0	0.0	0.0	100.0	1.2	2074
Volta	99.6	0.2	0.1	0.1	0.0	100.0	0.4	821
Eastern	98.7	0.7	0.0	0.3	0.3	100.0	1.3	1237
Ashanti	98.1	1.6	0.0	0.3	0.0	100.0	1.9	1983
Brong Ahafo	95.5	3.1	0.2	0.1	1.0	100.0	4.5	1005
Northern	97.2	2.2	0.3	0.2	0.2	100.0	2.8	754
Upper East	72.2	23.6	0.6	0.7	2.9	100.0	27.8	404
Upper West	58.9	26.5	1.6	4.4	8.6	100.0	41.1	282
Residence								
Urban	97.5	1.9	0.1	0.2	0.4	100.0	2.5	5770
Rural	94.7	4.0	0.2	0.4	0.7	100.0	5.3	4857
Age								
15-19	98.5	1.3	0.1	0.1	0.2	100.0	1.5	1899
20-24	98.2	0.9	0.1	0.4	0.4	100.0	1.8	1674
25-29	97.0	2.2	0.1	0.3	0.4	100.0	3.0	1768
30-34	95.6	3.2	0.2	0.2	0.7	100.0	4.4	1638
35-39	94.5	4.4	0.1	0.3	0.6	100.0	5.5	1431
40-44	93.4	5.2	0.4	0.3	0.7	100.0	6.6	1195
45-49	93.6	4.6	0.2	0.5	1.1	100.0	6.4	1023
Education								
None	87.1	9.7	0.4	0.8	1.9	100.0	12.9	2224
Primary	97.0	2.4	0.0	0.2	0.4	100.0	3.0	2026
Middle/JSS	99.1	0.6	0.1	0.1	0.1	100.0	0.9	4328
Secondary +	99.1	0.6	0.2	0.1	0.1	100.0	0.9	2049
Wealth index quintile								
Poorest	87.2	9.5	0.4	1.1	1.7	100.0	12.8	1659
Second	95.9	3.4	0.2	0.1	0.4	100.0	4.1	1877
Middle	97.3	1.9	0.2	0.1	0.5	100.0	2.7	2101
Fourth	98.6	1.1	0.0	0.1	0.2	100.0	1.4	2345
Richest	98.9	0.5	0.1	0.2	0.2	100.0	1.1	2646
Total	96.2	2.8	0.2	0.3	0.5	100.0	3.8	10627

[1] MICS indicator 8.12

57

[Back to Contents](#)

⁵⁷ Multiple Indicator Cluster Study – Ghana (page 225), 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 24 August 2016.

7.2 Female genital mutilation/cutting (FGM/C) among girls (aged 0-15)

Table CP.7: Female genital mutilation/cutting (FGM/C) among daughters								
Percent distribution of daughters age 0-14 by FGM/C status, Ghana, 2011								
Background Characteristics	Percent distribution of daughters age 0-14 years:					Total	Percentage who had any form of FGM/C [1]	Number of daughters age 0-14 years
	No FGM/C	Who had FGM/C						
		Had flesh removed	Were nicked	Were sewn closed	Form of FGM/C not determined			
Region								
Western	99.8	0.0	0.0	0.0	0.2	100.0	0.2	1004
Central	100.0	0.0	0.0	0.0	0.0	100.0	0.0	718
Greater Accra	100.0	0.0	0.0	0.0	0.0	100.0	0.0	1396
Volta	99.9	0.0	0.0	0.1	0.0	100.0	0.1	643
Eastern	99.6	0.0	0.0	0.4	0.0	100.0	0.4	848
Ashanti	100.0	0.0	0.0	0.0	0.0	100.0	0.0	1617
Brong Ahafo	99.5	0.3	0.1	0.1	0.0	100.0	0.5	799
Northern	98.4	1.2	0.4	0.0	0.0	100.0	1.6	387
Upper East	99.2	0.8	0.0	0.0	0.0	100.0	0.8	537
Upper West	94.9	4.3	0.1	0.6	0.2	100.0	5.1	325
Residence								
Urban	99.8	0.1	0.0	0.1	0.1	100.0	0.2	4087
Rural	99.3	0.5	0.1	0.1	0.0	100.0	0.7	4189
Age								
0-4	99.6	0.2	0.0	0.2	0.0	100.0	0.4	2129
5-9	99.5	0.4	0.0	0.1	0.0	100.0	0.5	1876
10-14	98.8	0.9	0.1	0.1	0.2	100.0	1.2	1690
Missing/DK	100.0	0.0	0.0	0.0	0.0	100.0	0.0	2581
None	99.0	0.9	0.1	0.1	0.0	100.0	1.0	2612
Primary	99.7	0.1	0.0	0.1	0.1	100.0	0.3	1776
Education								
Middle/JSS	99.9	0.0	0.0	0.1	0.0	100.0	0.1	2991
Secondary +	100.0	0.0	0.0	0.0	0.0	100.0	0.0	896
Mother's FGM/C experiences								
No FGM/C	99.9	0.0	0.0	0.0	0.0	100.0	0.1	7557
Had FGM/C	95.4	3.4	0.3	0.9	0.1	100.0	4.6	719
Wealth index quintiles								
Poorest	98.2	1.4	0.2	0.2	0.0	100.0	1.8	1534
Second	99.9	0.1	0.0	0.0	0.0	100.0	0.1	1620
Middle	99.9	0.1	0.0	0.0	0.0	100.0	0.1	1649
Fourth	99.8	0.1	0.0	0.0	0.1	100.0	0.2	1778
Richest	99.8	0.0	0.0	0.2	0.0	100.0	0.2	1694
Total	99.6	0.3	0.0	0.1	0.0	100.0	0.4	8276

[1] MICS indicator 8.13

58

[Back to Contents](#)

⁵⁸ Multiple Indicator Cluster Study – Ghana (page 226), 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 24 August 2016.

7.3 Approval of female genital mutilation/cutting (FGM/C)

Table CP.8: Approval of female genital mutilation/cutting (FGM/C)									
Percentage of women age 15–49 years who have heard of FGM/C, and percent distribution of women according to attitudes towards whether the practice of FGM/C should be continued, Ghana, 2011									
Background Characteristics	Percentage of women who have heard of FGM/C	Number of women aged 15–49 years	Percent distribution of women who believe the practice of FGM/C should be:					Total	Number of women age 15–49 years who have heard of FGM/C
			Continued [1]	Discontinued	Depends	Don't know/ Missing			
Region									
Western	79.6	1022	0.4	97.0	1.1	1.4	100.0	814	
Central	66.3	1044	0.7	91.9	5.3	2.1	100.0	693	
Greater Accra	88.2	2074	0.0	95.1	3.5	1.4	100.0	1829	
Volta	69.0	821	1.5	93.4	1.2	4.0	100.0	566	
Eastern	65.3	1237	0.0	99.4	0.0	0.6	100.0	808	
Ashanti	74.5	1983	1.9	92.7	3.5	1.9	100.0	1478	
Brong Ahafo	71.0	1005	2.3	95.1	1.6	1.0	100.0	713	
Northern	44.3	754	5.0	85.9	4.6	4.5	100.0	334	
Upper East	94.0	404	3.8	94.9	0.5	0.8	100.0	380	
Upper West	91.7	282	7.9	87.2	3.3	1.6	100.0	259	
Residence									
Urban	81.3	5770	0.6	95.8	2.3	1.2	100.0	4692	
Rural	65.5	4857	2.5	92.2	2.8	2.4	100.0	3181	
Age									
15–19	71.4	1899	1.6	97.2	0.5	0.7	100.0	1356	
20–24	73.5	1674	3.9	90.5	2.2	3.5	100.0	1230	
25–29	75.4	1768	1.2	92.7	3.9	2.2	100.0	1333	
30–34	75.2	1638	1.7	93.9	2.0	2.4	100.0	1231	
35–39	73.6	1431	0.9	96.1	1.5	1.4	100.0	1054	
40–44	76.8	1195	1.1	95.3	2.1	1.5	100.0	918	
45–49	73.6	1023	1.7	93.6	4.3	0.5	100.0	753	
Education									
None	62.9	2224	2.9	91.7	3.6	1.8	100.0	1398	
Primary	64.7	2026	1.1	94.2	2.2	2.4	100.0	1311	
Middle/JSS	75.1	4328	1.0	95.1	1.9	2.0	100.0	3251	
Secondary +	93.4	2049	0.6	96.3	2.8	0.2	100.0	1913	
Mother's FGM/C experience									
No FGM/C	73.1	10221	1.1	94.6	2.6	1.8	100.0	7468	
Had FGM/C	100.0	406	7.0	89.0	2.3	1.6	100.0	406	
Wealth index quintiles									
Poorest	61.7	1659	4.3	90.2	3.0	2.5	100.0	1024	
Second	61.8	1877	2.4	94.3	0.8	2.5	100.0	1160	
Middle	70.1	2101	0.6	96.8	1.5	1.1	100.0	1473	
Fourth	78.3	2345	0.3	94.8	3.7	1.2	100.0	1835	
Richest	90.0	2646	1.0	94.0	3.2	1.8	100.0	2382	
Total	74.1	10627	1.5	94.2	2.6	1.8	100.0	7874	

[1] MICS Indicator 8.11

59

[Back to Contents](#)

⁵⁹ Multiple Indicator Cluster Study – Ghana (page 227), 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 24 August 2016.

8. Legal context

8.1 Specific anti-FGM laws

8.1.1 On their 2013 Ghana factsheet, 28 Too Many note that 'The Ghanaian government has passed legislation that specifically prohibits the practice of FGM.'⁶⁰

8.1.2 The Foundation for Women's Health Research and Development (FORWARD), a UK-based diaspora women's campaign and support organisation committed to gender equality and safeguarding the rights of African girls and women, report that FGM has been illegal since 1994.⁶¹

8.1.3 Harvard University⁶² and the UN Women's Global Database on Violence against Women⁶³ included the text of the amendment to the Criminal Code which banned FGM in 1994:

'An Act (484 of 1994) to amend the Criminal Code, 1960 (Act 29) to include in the Code the offence of female circumcisions and for connected purposes, 4 August 1994.

'[This Act amends Ghana's Criminal Code to insert a Section 69A (female circumcision), which reads as follows:]

'Section 69A

'(1) Whoever excises, infibulates or otherwise mutilates the whole or any part of the labia minora, labia majora and the clitoris of another person commits an offence and shall be guilty of a second degree felony and liable on conviction to imprisonment of not less than three years.

'(2) For the purposes of this section 'excise' means to remove the prepuce, the clitoris and all or part of the labia minora; 'infibulate' includes excision and the additional removal of the labia majora.'

8.1.4 Both sources also include details of the 2007 amendment (which came into force on 7 August 2007 via the Constitution Amendment Act 741⁶⁴) to the Criminal Code which banned FGM in 1994. This amendment changed the reference "female circumcision" to "female genital mutilation" to reflect the actual nature of the offence, widen the scope of responsibility in relation to the offence (including a new offence for a person who 'participates in or is

⁶⁰ 28TooMany, 'Ghana – key country statistics', May 2013,

http://28toomany.org/media/uploads/ghana_-_general_statistics.pdf. Date accessed: 19 August 2016.

⁶¹ FORWARD, 'What we do – Africa programmes – Ghana', undated, <http://forwarduk.org.uk/what-we-do/africa-programmes/ghana-harmful-practices-women-girls/>. Date accessed: 19 August 2016.

⁶² Harvard, text of Act (484 of 1994) to amend the Criminal Code, 1960 (Act 29) to include in the Code the offence of female circumcisions and for connected purposes, 4 August 1994, <https://www.hsph.harvard.edu/population/fgm/ghana.fgm.htm>. Date accessed: 24 August 2016.

⁶³ UN Women, 'Global Database on Violence against Women - Ghana', undated, <http://evaw-global-database.unwomen.org/en/countries/africa/ghana/2003/criminal-code-amendment-act-fgm>. Date accessed: 24 August 2016.

⁶⁴ Public Agenda (via AllAfrica.com), 'Ghana: Practitioners of FGM to Serve Prison Terms When Caught', 28 January 2008, <http://allafrica.com/stories/200801281198.html>. Date accessed: 8 September 2016.

concerned with a ritual or customary activity that subjects a person to female genital mutilation’) and to provide for related matters. It also increased the penalties for those performing FGM to imprisonment for ‘not less than five years and not more than ten years.’^{65 66}

- 8.1.5 A 2008 article on Ghanaweb noted that ‘The Law provides that anybody found practising FGM or collaborating with it is liable on summary conviction to imprisonment for a term of not less than five years and not more than 10 years.’⁶⁷
- 8.1.6 A 2008 Irinnews article discussing cross-border FGM/C reported that ‘Among West African countries, only Ghana has reviewed its legislation to prosecute all perpetrators of FGM/C including those who perform outside the country, she said. In Ghana even the women who participate in the circumcision ceremony by shouting to drown out the screaming of the girls are subject to prosecution.’⁶⁸
- 8.1.7 The report of the 2011 Multiple Indicator Cluster Study noted that: ‘All forms of FGM/C are illegal in Ghana under the Criminal Code Amendment Act of 2003 (ACT 646). Nevertheless, the practice still persists. In 2007, the Criminal Code was amended to include not only those who performed the operation, but also those who request, incite or promote FGM/C, as offenders who should face imprisonment and/ or fines.’⁶⁹
- 8.1.8 The Population Council’s August 2016 Synthesis on FGM/C, records the 2007 amendments as being the most recent in Ghana⁷⁰.

[Back to Contents](#)

8.2 Other provisions

- 8.2.1 The UN Women’s Global Database on Violence against Women also noted: ‘Female genital mutilation (FGM) is considered a harmful practice prohibited under the Constitution of Ghana, which is explicitly given supremacy over other formal or informal laws.

⁶⁵ Harvard, Criminal Code (Amendment) Act, 2007 (ACT 741), 7 August 2007, <https://www.hsph.harvard.edu/population/fgm/ghana.fgm.doc>. Date accessed: 21 August 2016.

⁶⁶ UN Women, ‘Global Database on Violence against Women - Ghana’, undated, <http://evaw-global-database.unwomen.org/en/countries/africa/ghana/2003/criminal-code-amendment-act-fgm>. Date accessed: 24 August 2016.

⁶⁷ Ghanaweb, ‘GNA Fighting Female Genital Mutilation in Ghana’, 17 March 2008, <http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel.php?ID=140760>. Date accessed: 21 August 2016.

⁶⁸ Irinnews, ‘Cross-border FGM/C on the rise’, 17 October 2008, <http://www.irinnews.org/report/80988/west-africa-cross-border-fgmc-rise>. Date accessed: 21 August 2016.

⁶⁹ Multiple Indicator Cluster Study – Ghana (page 224), 2011, available via http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Date accessed: 24 August 2016.

⁷⁰ The Population Council, ‘State-of-the-Art Synthesis on Female Genital Mutilation and Cutting (FGM/C)’ (box 2, page 4), August 2016, http://www.popcouncil.org/uploads/pdfs/SOTA_Synthesis_2016_FINAL.pdf. Date accessed: 30 September 2016.

‘Chapter 1, Paragraph 1(2): The Constitution shall be the supreme law of Ghana and any other law found to be inconsistent with any provision of this Constitution shall, to the extent of the inconsistency, be void.’

8.2.2 It also pointed to specific provisions in the Constitution that could cover FGM.

‘Chapter 5, Paragraph 26.

‘(1) Every person is entitled to enjoy, practise, profess, maintain and promote any culture, language, tradition or religion subject to the provisions of this Constitution.

‘(2) All customary practices which dehumanise or are injurious to the physical and mental well-being of a person are prohibited.’

‘Chapter 6, Paragraph 39.

‘(1) Subject to clause (2) of this article, the State shall take steps to encourage the integration of appropriate customary values into the fabric of national life through formal and informal education and the conscious introduction of cultural dimensions to relevant aspects of national planning.

‘(2) The State shall ensure that appropriate customary and cultural values are adapted and developed as an integral part of the growing needs of the society as a whole; and in particular that traditional practices which are injurious to the health and well-being of the person of the person are abolished.

‘(3) The State shall foster the development of Ghanaian languages and pride in Ghanaian culture.

‘(4) The State shall endeavour to preserve and protect places of historical interest and artifacts.’⁷¹

8.2.3 The UN Women’s Global Database on Violence against Women also noted that:

‘Article 28 of the Constitution of the Republic of Ghana adopted in 1992, and amended in 1996, included the following provisions on violence against women:

‘(2) Every child has the right to be protected from engaging in work that constitutes a threat to his health, education or development.

‘(3) A child shall not be subjected to torture or other cruel, inhuman or degrading treatment or punishment.’^{72 73}

⁷¹ UN Women, ‘Global Database on Violence against Women - Ghana’, undated, <http://evaw-global-database.unwomen.org/en/countries/africa/ghana/1992/constitution-fgm>. Date accessed: 24 August 2016.

⁷² UN Women, ‘Global Database on Violence against Women - Ghana’, undated, <http://evaw-global-database.unwomen.org/en/countries/africa/ghana/1996/article-28-of-the-constitution>. Date accessed: 24 August 2016.

⁷³ Constitution.net, ‘Constitution of the Republic of Ghana 1992 (amended in 1996)’, <http://www.constitutionnet.org/files/Ghana%20Constitution.pdf>. Date accessed: 24 August 2016.

- 8.2.4 An undated report on FGM by the Friends of Health Association (FOHA) – a registered health organization in Ghana, made up of professional nurses, midwives, pharmacists, medical laboratory personnel and medical doctors and over two hundred volunteers and which seeks to make health care accessible to the poor and the needy through public and clinical health services⁷⁴ - also pointed to Article 39 of Ghana’s constitution which ‘provides in part that traditional practices that are injurious to a person’s health and well-being are abolished.’⁷⁵

[Back to Contents](#)

9. State actions to tackle FGM and violence against women

9.1 Laws in practice

- 9.1.1 FORWARD UK reported that ‘National laws are in place in Ghana to protect the rights of women and girls but are not thoroughly implemented and inequality remains very high in certain regions.’⁷⁶

- 9.1.2 An article in the Independent noted a statement made by the Ghanaian Association for Women’s Welfare that

‘There had been many instances too when cases of FGM have been reported to the police and the culprits were left to go free without being charged. A case that readily comes to mind occurred in 2008 when a 14 year old pupil in Walewale was taken away by her father under the pretence of attending her grandfather’s funeral. Instead, she was taken to a secluded community where she and twelve other girls had their genitals mutilated in an FGM rite.

‘On return to Walewale, she reported her ordeal to a teacher who is GAWW’s focal person in the district. We followed up the case and tracked down her father to Goaso in the Brong Ahafo Region. However, no government intervention took place. This is a typical example of the lack of commitment of law enforcement agencies.’⁷⁷

- 9.1.3 In a February 2014 article by Omnya Ahmed, posted on Café Communiqué.org, which is described as a place where global health meets online journalism, argued that:

⁷⁴ Friends of Health Association (FOHA), ‘Who are we?’, undated, <http://www.fohaghana.org/about-foha/who-we-are/8-who-we-are.html>. Date accessed: 13 September 2016.

⁷⁵ Friends of Health Association (FOHA), ‘Report – Health Issues - Female Genital Mutilation’, undated, <http://www.fohaghana.org/about-foha/reports/34-health-issues/41-female-genital-mutilation.html>. Date accessed: 13 September 2016.

⁷⁶ FORWARD, ‘What we do – Africa programmes – Ghana’, undated, <http://forwarduk.org.uk/what-we-do/africa-programmes/ghana-harmful-practices-women-girls/>. Date accessed: 19 August 2016.

⁷⁷ The Independent, ‘FGM in Ghana: What local African organisations are doing to eliminate female genital mutilation’, 18 March 2013, <http://www.independent.co.uk/voices/comment/fgm-in-ghana-what-local-african-organisations-are-doing-to-eliminate-female-genital-mutilation-8537898.html>. Date accessed: 24 August 2016.

'The primary problem is detection. FGM involves family members and key elders in the community. Who's going to come forward and prosecute their own parents and risk disapproval and social exclusion? In Ghana women aged 15-49 were asked about their FGM status in 1995. The same women were approached again in 2000 after the procedure was criminalized. 13% of women who initially reported that they had been cut went on to deny it in the 2000 interview, with the youngest age group of girls denying at rates as high as 50%.'⁷⁸

- 9.1.4 The FOHA report noted that 'The law in Ghana protects an unwilling woman or girl against the practice, but there is little real protection to turn to in many rural areas.'⁷⁹ A 2015 paper on Open Democracy by Yakin Ertürk, UN Special Rapporteur on Violence against Women (SRVAW) 2003-2009 reported that 'Some families apparently also send their daughters abroad to have the procedure carried out with impunity.'⁸⁰
- 9.1.5 In May 2015, the Ghanaian delegation responding to questions by the experts as part of the UN Committee on the Rights of the Child examination of the report on Ghana stated with regards to harmful traditional practices such as FGM that 'it was difficult to use legal mechanisms to protect women and children from them. [...] African women and mothers had been culturally tarred in such a way that they feared the consequences of speaking out and reporting cases, said a delegate, and similarly children were also scared to report it. The answer was to change mindsets and attitudes and give women the confidence to report and take action, said the delegate.'⁸¹

[Back to Contents](#)

9.2 Prosecutions

- 9.2.1 In 2003, a 47 year old woman was convicted and sentenced to five years' imprisonment for practising FGM and 'authorities have arrested less than 10 people since FGM became illegal in 1994. Dari's arrest was the first in the Upper West'.⁸² IRIN news also reported on this case as well as stating '...another court in the adjoining Upper East Region slapped a five-year jail term on a 70-year old woman for circumcising seven girls.'⁸³

⁷⁸ Ahmed, Omnya via Café Communiqué, 'Is Prosecution The Solution?', 6 February 2014, <http://cafecomunique.org/maternal-and-child-health/item/is-prosecution-the-solution>. Date accessed: 24 August 2016.

⁷⁹ Friends of Health Association (FOHA), 'Report – Health Issues - Female Genital Mutilation', undated, <http://www.fohaghana.org/about-foha/reports/34-health-issues/41-female-genital-mutilation.html>. Date accessed: 13 September 2016.

⁸⁰ Ertürk, Yakin (via Open Democracy), 'Ghana: women at war in a country at peace', 25 November 2015, <https://www.opendemocracy.net/5050/yakin-erturk/women-at-war-in-country-in-peace-ghana>. Date accessed: 21 August 2016.

⁸¹ Office of the High Commissioner for Human Rights (OHCHR), 'Committee on the Rights of the Child examines the report of Ghana', 21 May 2015, <http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=15987&LangID=E>. Date accessed: 24 August 2016.

⁸² AllAfrica, 'Ghana: Traditions Die Hard: Can Arrests Stop Female Genital Mutilation?', 19 November 2003, <http://allafrica.com/stories/200311190322.html>. Date accessed: 24 August 2016.

⁸³ IRIN News, 'Women Call For Stiffer Female Circumcision Laws', 2 February 2004,

- 9.2.2 The website of the inter-parliamentary union reported in 2009 that ‘So far, the courts have successfully prosecuted and sentenced two practitioners aged 45 and 70 years respectively to five years’ imprisonment each.’⁸⁴
- 9.2.3 A 2009 paper presented to the UN’s Expert Group Meeting on good practices in legislation to address harmful practices against women reported: ‘The FGM law is very effective. So far, the courts have successfully prosecuted and sentenced some practitioners. The first exciser to be jailed was Akologo, a male exciser who has since served five years in prison. Vigilante groups go round communities to report violators of the law to the police. Communities are highly aware of the FGM law. IAC-trained ex-excisers watch out for anyone who is still in the trade and report to IAC National Committee (GAWW).’⁸⁵
- 9.2.4 In May 2015, the Ghanaian delegation responding to questions by the experts as part of the UN Committee on the Rights of the Child examination of the report on Ghana stated that ‘Six people had been convicted for carrying out female genital mutilation.’⁸⁶
- 9.2.5 A November 2015 paper on Open Democracy noted that since 1994 (when Ghana criminalised FGM), ‘successful prosecutions of those performing FGM have been reported especially from the Upper West and Upper East Regions.’⁸⁷
- 9.2.6 The Ghana page, which is undated but includes data from 2014, on the Orchid Project website – a UK-based charity aimed at eliminating female genital cutting – noted that ‘FGC is illegal in Ghana and has been since 1994. There have been several successful prosecutions to date, although none since 2007 when the government increased the sentence for practising to 10 years and widened the range of those who could be prosecuted.’⁸⁸
- 9.2.7 The FOHA report noted that ‘There is a history of enforcement against those who practice or threaten to practice FGM/FGC’⁸⁹ and that ‘There are

<http://www.irinnews.org/fr/node/216222>. Date accessed: 24 August 2016.

⁸⁴ Inter-Parliamentary Union, ‘Legislation and other national provisions: Ghana’, updated 2 February 2009, <http://www.ipu.org/wmn-e/fgm-prov-g.htm>. Date accessed: 22 August 2016.

⁸⁵ UN, ‘Expert paper prepared by Ms. Berhane Ras-Work, Executive Director, Inter-African Committee on Traditional Practices Affecting the Health of Women and Children Addis Ababa, Ethiopia to the Expert Group Meeting on good practices in legislation to address harmful practices against women’ (page 10), 25-28 May 2009, http://www.un.org/womenwatch/daw/egm/vaw_legislation_2009/Expert%20Paper%20EGMGPLHP%20Berhane%20Ras-Work%20revised_.pdf

⁸⁶ Office of the High Commissioner for Human Rights (OHCHR), ‘Committee on the Rights of the Child examines the report of Ghana’, 21 May 2015, <http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=15987&LangID=E>. Date accessed: 24 August 2016.

⁸⁷ Erturk, Yakin (via Open Democracy), ‘Ghana: women at war in a country at peace’, 25 November 2015, <https://www.opendemocracy.net/5050/yakin-erturk/women-at-war-in-country-in-peace-ghana>. Date accessed: 21 August 2016.

⁸⁸ Orchid Project, ‘Country Profiles – Ghana – Overview’, undated, <https://orchidproject.org/country/ghana/>. Date accessed: 30 August 2016.

⁸⁹ Friends of Health Association (FOHA), ‘Report – Health Issues - Female Genital Mutilation’, undated, <http://www.fohaghana.org/about-foha/reports/34-health-issues/41-female-genital->

indigenous NGOs and watchdog committees throughout the country who are prepared to intervene and have stopped practitioners by going to the police when necessary. However, their reach does not extend to many remote communities.⁹⁰

- 9.2.8 The FOHA report also commented that ‘The police are willing to and have cooperated to stop this practice from happening, but the ability of police to respond to remote communities in a timely or effective manner is severely limited.’⁹¹

[Back to Contents](#)

9.3 Public statements

- 9.3.1 A 2015 paper on Open Democracy, in addition to noting the law being strengthened and of prosecutions, noted ‘Officials at all levels of government, including the President, have also publicly condemned FGM.’⁹²
- 9.3.2 The FOHA report also noted that ‘all levels of government have come out strongly against this practice.’⁹³ The report also reported that ‘In 1989, the head of the Government of Ghana, President Rawlings, issued a formal declaration against FGM/FGC and other harmful traditional practices.’⁹⁴

[Back to Contents](#)

9.4 Initiatives and programs

- 9.4.1 A 2013 article in the Independent newspaper reported about the work of the Ghanaian Association for Women’s Welfare (GAWW). Established in 1984, they collaborate with some UN agencies, the Ghana Ministry of Women and Children, international donors, other civil society organisations and research organisations that operate in the regions affected by FGM. They have worked extensively in the Upper East, Upper West, Northern and Brong Ahafo regions, which are the areas with the highest prevalence of FGM and have been successful in co-opting many traditional chiefs to support the campaign to end the practice. Their work has included research, promoting the implementation and influencing change in legislation on FGM, organising public advocacy events and campaigns, educative and literacy programmes

[mutilation.html](#). Date accessed: 13 September 2016.

⁹⁰ Friends of Health Association (FOHA), ‘Report – Health Issues - Female Genital Mutilation’, undated, <http://www.fohaghana.org/about-foha/reports/34-health-issues/41-female-genital-mutilation.html>. Date accessed: 13 September 2016.

⁹¹ Friends of Health Association (FOHA), ‘Report – Health Issues - Female Genital Mutilation’, undated, <http://www.fohaghana.org/about-foha/reports/34-health-issues/41-female-genital-mutilation.html>. Date accessed: 13 September 2016.

⁹² Erturk, Yakin (via Open Democracy), ‘Ghana: women at war in a country at peace’, 25 November 2015, <https://www.opendemocracy.net/5050/yakin-erturk/women-at-war-in-country-in-peace-ghana>. Date accessed: 21 August 2016.

⁹³ Friends of Health Association (FOHA), ‘Report – Health Issues - Female Genital Mutilation’, undated, <http://www.fohaghana.org/about-foha/reports/34-health-issues/41-female-genital-mutilation.html>. Date accessed: 13 September 2016.

⁹⁴ Friends of Health Association (FOHA), ‘Report – Health Issues - Female Genital Mutilation’, undated, <http://www.fohaghana.org/about-foha/reports/34-health-issues/41-female-genital-mutilation.html>. Date accessed: 13 September 2016.

and finding ways of assisting “circumcisers” to exchange their knives for other forms of viable employment⁹⁵.

9.4.2 In May 2015, the Office of the High Commissioner for Human Rights congratulated Ghana ‘...for its efforts to combat traditional practices such as Trokosi, female genital mutilation, scarring and accusations of witchcraft, and for bringing together all the tribal and religious leaders to tackle them’⁹⁶.

9.4.3 The Ghanaian Government’s Ministry of Gender, Children and Social Protection reported in an October 2015 press presentation that it had ‘collaborated with a team of doctors and facilitated fistula repairs for 98 women from the Upper East, Upper West, Volta and Central Regions and organized high level meeting with chiefs, Queen mothers, Traditional and Religious leaders on fistula and Female Genital Mutilation (FGM) nationwide’⁹⁷

9.4.4 In February 2016, the ModernGhana website reported that

‘ActionAid and BEWDA have undertaken several advocacy and public education programmes in some of the affected communities. Some of the activities include:

- ‘Public awareness creation through community durbars/forums: Drama and other cultural displays were used to portray the negative implications of the practice.
- ‘Radio discussions using health personnel and security agencies to highlight the dangers and legal consequences of the practice.
- ‘Formation and training of COMBAT (Community Based Anti-Violence Teams) in the communities, particularly those along the borders of Burkina Faso and Togo, to monitor and report perpetrators.
- ‘Engagement sessions between traditional leaders, local government authorities and security agencies to support the elimination of FGM.
- ‘Supporting the Paramount Queen Mother and 26 Divisional Queen Mothers of the Bawku Traditional Area with funds to conduct quarterly outreach programmes to increase awareness of the dangers of FGM in their communities.

‘While the practice still persists, these interventions have reduced the incidence of FGM in some communities. Education and advocacy have also

⁹⁵ The Independent, ‘FGM in Ghana: What local African organisations are doing to eliminate female genital mutilation’, 18 March 2013, <http://www.independent.co.uk/voices/comment/fgm-in-ghana-what-local-african-organisations-are-doing-to-eliminate-female-genital-mutilation-8537898.html>. Date accessed: 24 August 2016.

⁹⁶ Office of the High Commissioner for Human Rights (OHCHR), ‘Committee on the Rights of the Child examines the report of Ghana’, 21 May 2015, <http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=15987&LangID=E>. Date accessed: 24 August 2016.

⁹⁷ Government of the Republic of Ghana - Ministry of Gender, Children and Social Protection, ‘Meet the Press Series 2015’ (slide 13), 26 October 2015, http://www.ghana.gov.gh/images/documents/mogcsp_projects.pdf. Date accessed: 24 August 2016.

been intensified to protect and promote the rights of vulnerable girls and women in affected communities.⁹⁸

- 9.4.5 The Orchid Project's undated Ghana page reported that 'The government of Ghana has publicly supported the eradication of FGC. Over the years there has been an extensive outreach by groups in collaboration with the government to eradicate the practice. Notably, the Ghana Association of Women's Welfare (GAWW) has been very active in eradication projects in the north, aiming to inform the public about the negative effects of the practice.'⁹⁹
- 9.4.6 The US State Department's report on human rights practices for 2015 noted that 'Intervention programs were partially successful in reducing the prevalence of FGM/C, particularly in the northern regions. Local NGOs continued educational campaigns to encourage abandonment of FGM/C and to train practitioners for alternative employment.'¹⁰⁰

[Back to Contents](#)

9.5 Training and awareness

- 9.5.1 The website of the inter-parliamentary union reported in 2009 that: 'The Women's Department of the Ministry of Women's and Children's Affairs (MOWAC) has been organizing many sensitization and advocacy programme on the issue, which is also mentioned in the Department's media advocacy programme. Enforcement of the 1998 amendment has been monitored by MOWAC and some civil society organizations such as the Ghana Association for the Welfare of Women (GAWW), and the Federation of Women Lawyers (FIDA), since it came into effect. Shortcomings and gaps that hinder the law's effectiveness have been identified.'¹⁰¹
- 9.5.2 In February 2014, AFKInsider reported that Ghana had 'just marked International Day of Zero Tolerance for Female Genital Mutilation (FGM). The government used the day to urge citizens to fight the human rights violation of girls and women.'¹⁰²
- 9.5.3 In 2015, the Ghana Business News website reported on the Department of Gender and Social Protection's Sexual and Gender-based Violence in Ghana Project, which was supported by the Danish Development Agency. It

⁹⁸ Modern Ghana, 'Global Action Against Female Genital Mutilation (FGM) Heats Up International Day Of Zero Tolerance For FGM', 5 February 2016, <https://www.modernghana.com/news/673143/global-action-against-female-genital-mutilation-fgm-heats.html>. Date accessed: 22 August 2016.

⁹⁹ Orchid Project, 'Country Profiles – Ghana – Today', undated, <https://orchidproject.org/country/ghana/>. Date accessed: 30 August 2016.

¹⁰⁰ US State Department, 'Country Reports on Human Rights Practices for 2015 – Ghana', 13 April 2016, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dliid=252687>

¹⁰¹ Inter-Parliamentary Union, 'Legislation and other national provisions: Ghana', updated 2 February 2009, <http://www.ipu.org/wmn-e/fgm-prov-g.htm>. Date accessed: 22 August 2016.

¹⁰² AFKInsider, 'Ghana Celebrates Day of Zero Tolerance For Female Genital Mutilation', 9 February 2014, <http://afkinsider.com/41792/ghana-celebrates-day-zero-tolerance-female-genital-mutilation/>. Date accessed: 22 August 2016.

is 'aimed at reducing the male dominance and control of women and girls.' and 'has also identified men as the major agents of change'.¹⁰³

[Back to Contents](#)

10. Assistance available to women

10.1 Government run shelters

10.1.1 No information could be found about government-run shelters.

[Back to Contents](#)

10.2 Non-government run shelters

10.2.1 The Ark Foundation Ghana, whilst not specific or exclusive to FGM, does provide support and services as part of its Anti-Violence Program, including 'Temporary lodging, Counseling, Case Management support, advocacy and follow-up, care for pregnant survivors. The Shelter also makes appropriate linking up with other services, such as medical, psychotherapy, legal/pastoral counseling, and Life skills education for adult clients. It also provides educational support/tutoring for children of school going age.' to those 'fleeing from harmful customs and traditional practices'.¹⁰⁴

10.2.2 A Global Giving fundraising project for the Ark project also referenced the above, and added that 'The entire project will offer psycho-social support to 500 women and children but 30 will benefit from the shelter services'.¹⁰⁵

[Back to Contents](#)

11. Freedom of movement

11.1 Freedom of movement for women

11.1.1 The USSD report on Human Rights Practices for 2015 noted that 'The constitution provides for freedom of internal movement, foreign travel, emigration, and repatriation, and the government generally respected these rights'.¹⁰⁶

11.1.2 The 2014 Social Institutions & Gender Index (SIGI) country profile on Ghana, based on a range of sources, also stated that 'There are no reports that women in Ghana face any legal restrictions in relation to freedom of

¹⁰³ Ghana Business News, 'Upper West Region records reduction in FGM', 23 November 2015, <https://www.ghanabusinessnews.com/2015/11/23/upper-west-region-records-reduction-in-fgm>. Date accessed: 22 August 2016.

¹⁰⁴ The Ark Foundation, 'The Anti-Violence Program (formally support to survivors program)', undated, <http://arkfoundationghana.com/avp.php>. Date accessed: 13 September 2016.

¹⁰⁵ GlobalGiving, 'Support Anti-violence shelter in Ghana', undated, <https://www.globalgiving.org/projects/anti-violence-shelter-in-ghana-needs-support>. Date accessed: 13 September 2016.

¹⁰⁶ US State Department, 'Country Reports on Human Rights Practices for 2015 – Ghana', 13 April 2016, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dliid=252687>. Date accessed: 29 September 2016.

movement and access to public space. However, the movement of women belonging to certain marginalized groups is restricted.¹⁰⁷

- 11.1.3 Freedom House's 2016 report on Ghana noted that: 'Freedom of movement is guaranteed by the constitution and respected by the government, and Ghanaians are free to choose their place of residence. However, poorly developed road networks and banditry make travel outside the capital and touristic areas difficult. Police have been known to set up illegal checkpoints to demand bribes from travelers.'¹⁰⁸

[Back to Contents](#)

11.2 Economic opportunities

- 11.2.1 The International Labour Organisation (ILO)'s 2006 national labour law profile on Ghana noted that section 27(1) of the Constitution of Ghana promotes women's rights, including paid leave during maternity; that section 27(2) requires the provision of child care facilities; and that section 36(6) lays down the economic objectives, including that the State afford equality of economic opportunity to all citizens, in particular taking all necessary steps to ensure full integration of women into the mainstream of Ghana's economic development.¹⁰⁹

Furthermore, 'Labour market information shows signs of gender discrimination. In the latest Ghana Living Standard Survey (GLSS IV), only 0.1 percent of women were found to be in the managerial/administrative category while 2.7 percent were in the professional/technical category. In the trade union movement as well, there not a single woman is among the 17 General Secretaries and 17 Deputy General Secretaries of the unions affiliated to the Ghana TUC.

The situation is worse in rural areas where women are mostly illiterate. Traditionally, women in Ghana are engaged in the production of food crops but not cash crops such as cocoa where returns are high. Women in the agricultural sector have, therefore, been seriously disadvantaged and have not benefited proportionally from the recent increases in cocoa prices, for instance. The result of the discrimination is the lower average earnings for women (particularly in the informal sector) and the lack of opportunity for career advancement for women in the formal sector. Widespread illiteracy (or low level of education) among women is cited as one important explanatory factor for the discrimination. But this may even be a better indication for discrimination against females, generally, at the household and community levels.

¹⁰⁷ Social Institutions & Gender Index (SIGI), 'Country Profile – Ghana', 2014, <http://www.genderindex.org/country/ghana>. Date accessed: 29 September 2016.

¹⁰⁸ Freedom House, 'Freedom in the World – 2016 – Ghana', undated, <https://freedomhouse.org/report/freedom-world/2016/ghana>. Date accessed: 29 September 2016.

¹⁰⁹ International Labour Organization (ILO), 'National Labour Law Profile: Ghana', 2006, http://www.ilo.org/ifpdial/information-resources/national-labour-law-profiles/WCMS_158898/lang--en/index.htm. Date accessed: 30 September 2016.

Some form of discrimination against women has also been detected in many collective bargaining agreements especially concerning medical insurance and other benefits. Until recently, in most of the collective agreements between unions and firms, wives of male employees could benefit from medical insurance offered by the employer but husbands of female employee were not covered.¹¹⁰

11.2.2 The USSD report on Human Rights Practices for 2015 noted that ‘Traditional practices and societal norms, however, often denied women their statutory entitlements to inheritance and property, a legally registered marriage with associated legal rights, and the right to adequate resources to maintain and exercise custody of children. Women typically did not have property or assets to use as collateral for loans, thus effectively preventing them from gaining access to credit. Rural families often focused on educating male children at the expense of female children since females typically married into other families. Women also continued to experience discrimination in access to employment, pay, and housing.’¹¹¹

11.2.3 Freedom House’s 2016 report on Ghana noted that:

‘Despite equal rights under the law, women suffer societal discrimination, especially in rural areas, where opportunities for education and wage employment are limited. However, women’s enrollment in universities is increasing, and a number of women hold high-ranking positions in the government: six members of the current cabinet are women, and 30 of the 275 parliamentary seats went to female legislators in the 2012 elections.’¹¹²

11.2.4 In June 2014, The Ghanaian Government’s Ministry of Gender, Children and Social Protection submitted its fourth progress report on the implementation of the African and Beijing platform of action and review report for Beijing +20. This includes data and statistics as well as challenges, priorities and achievements in women’s rights in Ghana. See:

http://www.unwomen.org/~media/headquarters/attachments/sections/csw/59/national_reviews/ghana_review_beijing20.ashx

[Back to Contents](#)

¹¹⁰ International Labour Organization (ILO), ‘National Labour Law Profile: Ghana’, 2006, http://www.ilo.org/ifpdial/information-resources/national-labour-law-profiles/WCMS_158898/lang-en/index.htm. Date accessed: 30 September 2016.

¹¹¹ US State Department, ‘Country Reports on Human Rights Practices for 2015 – Ghana’, 13 April 2016, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dliid=252687>. Date accessed: 29 September 2016.

¹¹² Freedom House, ‘Freedom in the World – 2016 – Ghana’, undated, <https://freedomhouse.org/report/freedom-world/2016/ghana>. Date accessed: 29 September 2016.

Version Control and Contacts

Contacts

If you have any questions about this note and your line manager, senior caseworker or technical specialist cannot help you, or you think that this note has factual errors then [email the Country Policy and Information Team](#).

If you notice any formatting errors in this note (broken links, spelling mistakes and so on) or have any comments about the layout or navigability, you can [email the Guidance, Rules and Forms Team](#).

Clearance

Below is information on when this note was cleared:

- version **1.0**
- valid from **15 December 2016**

Changes from last version of this guidance

First version in CPIN format.

[Back to Contents](#)