The role of Traditional and Alternative Healthcare Practitioners in building Reproductive Justice in Ghana

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Description:

Recent historic development and state of art: the use of tradicional medicine in the field of Sexual and Reproductive Health and the professional regulation of midwifes, doulas, "parteiras" (or similars).

Summary:

This pump-priming study, financed by the University of Birmingham (IGI), aims to develop a large-scale interdisciplinary research project on the regulation of traditional healing practices in the field of sexual and reproductive healthcare.

The preliminary research conducted by the PI Atina Krajewska and the Co-I, Calabria, revealed that during the COVID-19 pandemic traditional and complementary medicine (TCM) became particularly relevant in supporting healthcare systems across the world. In Brazil, Mexico, and Nicaragua, indigenous TCM practitioners shared knowledge of remedies historically used to treat respiratory diseases that partially mitigated the spread or effects of COVID-19 in their communities (UN 2022; Paudyal et al. 2022). In particular, Indigenous midwives redoubled their efforts to meet the growing demand for sexual and reproductive care delivered at home. The Office of the High Commissioner for Human Rights recognised traditional midwives as essential emergency personnel as early as at the start of the pandemic (OHCHR 2020). In 2022 the Colombian Constitutional Court found that the government has a duty to integrate indigenous midwifery, as a form of ancestral medicine, into the Social Security System (T-128/22). Other Latin American states have advanced similar policies (PHO 2021). And yet, significant challenges remain. According to the latest WHO Report on TCM (2019) lack of sufficient disaggregated research data, mechanisms to train and monitor TCM practitioners, and expertise within national health authorities as the main obstacles to good regulation and implementation of existing rules.

The project focuses on the role of the traditional midwives in building reproductive justice in societies experiencing intense pluralist tendencies and legal systems committed to legal pluralism. It focuses on Brazil, Colombia and Ghana as case studies. First, it aims to analyse the way in which **different belief systems and worldviews are protected (and integrated) in different healthcare systems in accordance with human rights standards**. Second, it aims to identify particularly **regulatory and implementation challenges in this respect**. The project aims to build collaborations between lawyers, anthropologists, and healthcare scientists.

Case study 3: Ghana

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1. Context: Description of traditional medicine/practices and professionals in the field of Sexual and Reproductive Health in each country

1.1 Introduction

Traditional medicine practitioners in the field of Sexual and Reproductive Health in Ghana play a significant role in providing healthcare services, particularly in rural and marginalised areas of the country. Traditional medicine refers to the indigenous healing practices and knowledge that have been passed down through generations[1] often involving no formal education. Traditional medicine has deep cultural and historical roots, and individuals rely on traditional healers for various aspects of their healthcare needs due to their comparatively low cost, availability, accessibility and cultural and religious acceptance. It is not surprising that about 70% of patients use herbal medicine in the country[2]. Practitioners in this field are to be regulated by the Traditional Medicine Practice Council[3] which started its regulatory and oversight responsibilities in 2007.

Traditional medicine practice in sexual and reproductive health encompasses a wide range of treatments, remedies, and rituals. Practitioners range from herbalists, traditional birth attendants, 'wanzams' (Traditional surgeons) or spiritual healers who possess specialised knowledge of herbs, natural remedies, spiritual practices and traditional rituals that are believed to address sexual and reproductive health concerns. These traditional practitioners provide services related to fertility, pregnancy, childbirth, postpartum care\ and the treatment of various reproductive health conditions. They often combine the use of medicinal plants, herbal preparations, massages, spiritual ceremonies, and counselling to address the physical, emotional, and spiritual aspects of sexual and reproductive health.

1.2 Traditional Medicine Actors in the sexual and reproductive health space

Traditional Birth Attendants (TBAs) have long been recognized as significant figures in the field of sexual and reproductive health. However, with the widespread availability of public health services that practise Western orthodox medicine and the implementation of free maternal healthcare covered by the National Health Insurance, accessing maternal care through public health facilities has become easier. As a result, the popularity of TBAs has declined, although they still operate predominantly in marginalised rural areas and urban indigenous communities.

Due to limited data on TBAs, accurately estimating their numbers is challenging. However, it is widely believed that a majority of TBAs are females aged between 30-90 years who acquired their skills through hands-on experience and apprenticeship, either within their own families or with non-family members. Their primary role involves providing care and assistance during childbirth, including supporting women at home during labour and providing postpartum care. TBAs often view their involvement as a part-time occupation, with those in rural Ghana potentially engaged in other

[1] Nimoh, S. K. (2014). Indigenous traditional medicine in Ghana: Tapping into an under-explored resource. African indigenous knowledge and the disciplines, 83-93.Available at https://brill.com/display/book/9789462097704/BP000009.xml

[2] Bakanoand Anong (2009) Traditional healers broaden health care in Ghana. Available at https://www.afro.who.int/photo-story/traditional-healers-broaden-health-care-ghana

[3] Ministry of Health (2023). Traditional Medicine Practice Council. Available at https://www.moh.gov.gh/traditional-medicine-practice-council/ . Accessed on 30/05/2023 also available at https://tmpcghana.org/about-us/laws-and-guidlines/

more stable income-generating activities such as farming. Conversely, those in peripheral or urban areas may combine their TBA work with a job that allows them to remain close to their designated location, such as operating a small retail shop.

Some TBAs incorporate spirituality into their practice, particularly those with a faith-based approach. These individuals operate "one-man prayer camps" where, for example, pregnancy is associated with superstitious beliefs, prompting expectant mothers to seek divine protection against harm or premature death for themselves and their child. Through prayer and spiritual guidance, these TBAs prepare and assist expectant mothers during delivery. Additionally, some TBAs possess knowledge of herbal medicine, giving them an advantage over their peers in handling more complex maternal cases and even earning income from herbal remedies.

According to the Ghana Maternal Health Survey 2017[4] (GMHS), the use of Traditional Birth Attendants (TBAs) for antenatal care was reported at a low rate of 0.1%, with 70% of women seeking antenatal care from Nurse/midwife providers. However, an interesting observation was made in the Greater Accra Region, which despite being the most urbanised region in the country and hosting the capital city, had the highest proportion of women seeking antenatal care from TBAs. This finding highlights the continued reliance on TBAs in indigenous coastal communities within the region.

In terms of deliveries, the GMHS revealed that 9.3% of births in 2017 were attended by TBAs, with the Northern Region and Volta Region recording higher rates of 22.5% and 13.6% respectively. The choice to utilise TBAs for deliveries was predominantly associated with socio-economic factors, such as low levels of education and belonging to lower wealth quintiles.

The GMHS further revealed that 6.0% of first postnatal checks were provided by TBAs.[5] This suggests that TBAs play a significant role not only during childbirth but also in the immediate postpartum period, providing essential care to mothers and newborns. Despite the decrease in popularity and utilisation of TBAs due to the availability of modern healthcare services, their presence remains crucial in addressing the healthcare needs of marginalised communities. They bring together traditional practices, spirituality, and specialised knowledge to provide care during pregnancy, childbirth and the postnatal period. Their continued involvement signifies their importance in achieving maternal and child health targets and serving as a much-needed piece in the overall healthcare system.

One notable TBA, who skilfully combined his trade with herbal medicine, had successfully operated a centre for three decades where he prescribed medicine and delivered babies. He mentioned that the Health Service Department of the Local Government in which he operated organises periodic training sessions for TBAs. As a licensed practitioner, he is authorised to make referrals and recommendations to public health facilities, which has earned him respect in his community. He shared several cases where he often referred patients to health facilities, including:

1. First-time births and the third or fourth births, except in cases of emergencies where the mother was on the verge of giving birth.
2. Patients with pre-existing conditions such as diabetes and high blood pressure, where specialised medical care is necessary.
3. Patients with disabilities (PWDs), including individuals who are deaf and dumb, hunchbacked or have spinal injuries, among others.

[4] Ghana Statistical Service (2018). Ghana Maternal Health Survey . Available at https://www2.statsghana.gov.gh/docfiles/publications/Maternal/For%20websie.pdf Accessed on 31/05/23

[5] ibid

These cases require specific medical expertise and resources that often are not readily available within the TBA's scope of practice.

By recognizing the limitations of his expertise and making appropriate referrals, this TBA demonstrated a responsible and collaborative approach to maternal and child healthcare. His ability to collaborate with public health facilities highlights the importance of integrating traditional birth attendants into the broader healthcare system, ensuring that patients receive comprehensive and appropriate care for their specific needs

Aside from TBAs, herbalists, with their deep knowledge of medicinal plants and herbs, play a significant role in addressing various sexual and reproductive health concerns. In many communities, the use of herbs remains a traditional therapy employed by pregnant women. Additionally, herbalists offer remedies for fertility issues, menstrual disorders, Sexually Transmitted Diseases (STDs), family planning, and other related conditions. The utilisation of herbs is rooted in a strong belief in their potency and the belief that these herbs have relatively less side effects. Many pregnant women view herbal remedies as a means of empowerment and an approach to taking full responsibility for their health and recovery during and after childbirth. Pregnant women often turn to herbalists for preventive measures, seeking remedies that can safeguard unborn babies from both physical and spiritual diseases.

Moreover, herbalists cater to the needs of males as well. Popular herbal remedies sought after from herbalists include aphrodisiacs and medications for organ enlargement. The utilisation of herbal remedies for managing male sexual disorders proves beneficial due to its rich cultural heritage and the resurgence of global interest in natural products for maintaining overall health.

The expertise of herbalists in harnessing the healing properties of plants and herbs provides an alternative approach to sexual and reproductive health. Their practices are based on cultural traditions and offer individuals a sense of connection to their heritage while addressing their health concerns.

Furthermore, the term "Wanzam" originates from the Hausa language and refers to traditional practitioners specialising in male circumcision or traditional surgical procedures. These practitioners are specifically trained in performing the circumcision procedure on males within certain ethnic communities. Male circumcision is a cultural practice that holds significant meaning in various communities, influenced by religious, cultural, and social factors.

Wanzams undergo training and apprenticeships to acquire the necessary skills and knowledge to safely perform circumcisions. They may employ traditional tools and techniques during the procedure, adhering to traditional practices and customs. However, in areas where health facilities are accessible, there is a preference for circumcision services to be provided by trained health professionals such as midwives. Health professionals offer a medical approach to circumcision under safe and hygienic conditions, aiming to minimise potential risks and complications.

It is important to note that in the past, Wanzams were also responsible for carrying out female genital mutilation (FGM). However, the practice of FGM is now illegal and has been banned. Despite this, there are individuals in rural areas who continue to engage in FGM discreetly due to the fear of legal repercussions. Efforts are ongoing to raise awareness, educate communities, and enforce laws to eradicate this harmful practice and protect the rights and well-being of girls and women.

In Ghana, the government recognizes the importance of traditional medicine and has established regulatory bodies, such as the Traditional Medicine Practice Council, to ensure the standardisation, safety, and efficacy of traditional medicine practices under the Traditional Medicine

Practice Act 2000 (Act 575)[6]. The Ministry of Health has also passed policy guidelines on traditional medicine development[7]. Recently, traditional medicine professionals have the option to undergo training, apprenticeships, and certification processes to enhance their knowledge and skills. Collaboration between traditional medicine practitioners and modern healthcare professionals is increasingly encouraged to promote integrated healthcare delivery in Ghana. This collaboration, mostly among public institutions, aims to combine the strengths of both traditional and modern medicine systems to improve access to quality sexual and reproductive healthcare services. Public institutions such as the Centre for Scientific and Industrial Research and the Mampong Centre for Plant Medicine Research have been strongly engaged in this area of education, collaboration and research. Again, the major public universities such as the Kwame Nkrumah University of Science and Technology as well as the University of Health and Allied Sciences[8] have developed courses to train professionals in the area of traditional medicine and increase confidence in the safety of the sector. In a number of district hospitals such as LEKMA (Ledzokuku Municipal Assembly), efforts have been made to integrate traditional complementary and integrative medicine services as an option for patrons[9]. However, this does not include traditional midwifery.

1.3 Challenges of TM practitioners

However, while traditional medicine plays a significant role in Ghana's healthcare landscape, there are also associated challenges as mentioned by health personnel (Midwife, Nurse, Hospital Administrator) and a TBA interviewed. Firstly, the focus on western medical practices is leading to a situation where the skills, knowledge base and practices of traditional medicine are gradually becoming extinct. The interest of the younger generation in learning the customs and traditions of the older generation has waned, as such not many experienced practitioners are able to pass down their skills. This is even worsened by the situation where due to urbanisation and anthropogenic activities plant species also used by indigenous traditional medical practitioners have also come on the verge of extinction. Hence, traditional herbs relied on are not readily available and have become scarce. The combined effect of dwindling numbers of practitioners and scarcity of herbs is that natural cures to certain ailments could be lost forever.

Again, current traditional medicine research does not particularly focus on midwifery or traditional birth attendants and rather focuses on treatment for chronic diseases such as cancer, diabetes, hypertension among others. While this is good and commendable, attention will need to be given to traditional midwifery for further documentation of best practices, knowledge development and scientific assessments of effective solutions used by experienced TBAs to address childbirth and family planning issues.

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[6] Republic of Ghana (2000). Traditional Medicine Practice Act 2000 (ACT 575) Available at https://bcp.gov.gh/acc/registry/docs/TRADITIONAL%20MEDICINE%20PRACTICE%20ACT,%202000%20ACT%20575.pdf . Accessed on 20/05/2023

[7] Ministry of Health (2005) Policy Guidelines on Traditional Medicine Development. Accessed from https://www.moh.gov.gh/wp-content/uploads/2016/02/TRADITIONAL-MEDICINE-POLICY.pdf on 20/05/2023

[8] UHAS (undated). INSTITUTE OF TRADITIONAL AND ALTERNATIVE MEDICINE available at https://www.uhas.edu.gh/en/research/itam.html . Accessed on 31/05/2023

[9] Kenu, A., Kenu, E., Bandoh, D.A. et al. Factors that promote and sustain the use of traditional, complementary and integrative medicine services at LEKMA hospital, Ghana, 2017: an observational study. BMC Complement Med Ther 21, 14 (2021)

Quality control, standardisation, regulation, and potential interactions with modern medical treatments are areas that require ongoing attention to ensure patient safety and optimal health outcomes. For example, crude methods are used by some TBAs and wanzams such as use of unsterilised blades among others which could affect the health of patients. Some concoctions made and given to patients may not be made under hygienic conditions and may also not be mixed based on the right proportions which could generate complications for the health of users.

In a similar vein, the absence of proper training and unawareness of the potential side effects can result in unfavourable pharmacokinetic and pharmacodynamic effects when herbal medicine and conventional medicines are used together. This combination may further exacerbate the conditions of individuals. This issue stems from the fact that many traditional practitioners are illiterates and are unable to read or write. Consequently, they may administer both types of medicine to their patients with the intention of maximising their effectiveness, inadvertently causing negative interactions. Furthermore, there is a possibility that patients themselves may engage in self-medication with conventional drugs without disclosing this information to traditional medicine practitioners or vice versa. Consequently, in addition to the herbal medicines recommended by the practitioners, patients could unknowingly combine both types of medication leading to potential negative reactions.

Furthermore, inadequate documentation and record-keeping pose another prevalent challenge in the traditional medicine sector. While modern Western medicine emphasises the importance of maintaining records and vital client information, traditional medicine primarily relies on oral transmission and lacks proper documentation. This presents a significant risk of medical errors and creates difficulties in ensuring continuity of care. Without comprehensive records, traditional medicine practitioners must rely on their memory for recollection, which can sometimes be fallible. The absence of proper documentation jeopardises patient safety, compromises the quality of care, and hinders effective healthcare, particularly in cases requiring referrals.

Moreover, the lack of barriers to entry into the traditional medicine practice has resulted in the proliferation of unqualified individuals and charlatans who falsely present themselves as experienced practitioners. They exploit any opportunity available to deceive and defraud unsuspecting victims. These fraudulent individuals are not only responsible for the alarming rise in hospital visits for emergency treatments but contribute to reputation damage and undermining of the credibility and trustworthiness of legitimate practitioners.

As a result of delayed referrals, medical practitioners frequently encounter cases where unqualified traditional medicine practitioners have sent unsuspecting victims to Intensive and Emergency Care Units due to complications arising from unsafe abortions and complicated deliveries. This not only jeopardises the sexual and reproductive health of women but also places their lives at risk, resulting in maternal deaths. Unfortunately, these cases are often presented at a critical stage, when the victims are already in life-threatening situations. Consequently, the available solutions to salvage the situation may require them to live with long-term conditions or complications for the rest of their lives.

The issue of delayed and non-payment for services is a significant challenge faced by Traditional Medical Practitioners (TMPs), particularly Traditional Birth Attendants (TBAs). This problem arises due to the demographic characteristics of the patrons who often lack education and have low incomes, making it difficult for them to afford the services provided by TMPs. One TBA, interviewed as part of this study, highlighted a specific situation where women who have been neglected by their husbands seek the TBA's services due to proximity and convenience. However, these women also face financial hardships, leading them to request to defer payment until they have

sufficient funds. Unfortunately, such repayments from these patrons often take an extended period of time, if they are settled at all.

Lastly, regulation of traditional medicine practitioners has been a difficult task for the government and regulators. This is owing to the fact that there is paucity of information on all practitioners including their location, qualifications, registration, products used and tools. Hence when even complications arise, it becomes difficult to identify the culprits. Even more, identification of practitioners for skills training and statistical purposes becomes an issue especially those not affiliated with the Ghana Federation of Traditional Medicine Practitioners. Some efforts have however been achieved in this direction for example the Ghana Federation of Traditional Medicine Practitioners was formed as an umbrella body and a mouthpiece for the TMPs and has 5 mother associations, 6 practice groups and 4 affiliate member associations. TBAs are one of the identified groups under the association. Even though the association has identified 40,000 TMPs, only about 63% representing 25,000 are registered members. A lot more TMPs are out there who for one reason or the other have not joined any association. The federation and related associations facilitate the fulfilment of a direction in the 2005 Traditional Medicine Policy guidelines that instructs TMPs to register with an association and the Traditional Medicine Council.

1.4 Midwifery

Besides Traditional Medicine Practitioners in sexual and reproductive health care, midwives also play an essential role on the part of modern orthodox medicine. Midwives are responsible for a wide variety of roles and tasks in the sexual reproductive health sections of medical facilities. These are mostly categorised into wards such as Obstetrics and Gynaecology, Reproductive Health and Family planning as well as Neonatal units. The activities they undertake range from health counselling and education to provision of care and support services in the areas of pregnancy, labour and delivery, childcare, family planning and the use of contraceptives. Midwives work directly with medical doctors but their professional training enables them to work under little or no supervision by doctors in normal cases and for minor disorders. The practice has therefore been to refer complicated cases where the patient has underlying health issues that threaten the life of mother and child to doctors[10]. Seniority by years of experience in the field is highly regarded as one's promotion into service positions is based on this. At most health facilities, the Director of Nursing service and Midwifery is the head of all categories of nurses often assisted by a deputy. Next in rank is a Principal Midwifery officer, followed by Senior Midwifery Officer, Senior Staff Midwifery Officer and then Staff Midwifery Officer.

The profession in Ghana is regulated by the Nursing and Midwifery Council (N&MC)[11]. Though a qualified midwife is expected to have gone through midwifery training school at the tertiary level and passed the licensure examination, most experienced women who can assist with childbirth in the urban settings with little or no formal education are also referred to as midwives. The regulation of the sector by the N&MC started in 1972.

[10] Nursing and Midwifery Council (2022). Scope Of Practice For Nurses And Midwives In Ghana. Accessed on 17/05/2023 . Available at https://nmc.gov.gh/sop/scope-of-practice.

[11] Republic of Ghana (2013). HEALTH PROFESSIONS REGULATORY BODIES ACT, 2013 (ACT 857). Available at https://www.bcp.gov.gh/acc/registry/docs/HEALTH%20PROFESSIONS%20REGULATORY%20BODIES%20ACT,%202013%20(ACT%20857)%20(6).pdf Accessed on 17/05/2023.

The impact of midwives is deeply felt across the country as the presence of well-trained practitioners has contributed to a reduction in maternal mortality and morbidity rates. WHO indicates that maternal deaths have been on the decline and has fallen from 875 in 2018, 838 in 2019 to 776 in 2020[12]. Nonetheless midwives face a number of challenges in their work regarding sexual reproductive health.

First is the issue of insufficient resources. Midwives often work in resource-constrained settings where there are inadequate and sometimes a lack of essential medical supplies, equipment, and infrastructure. This hinders their ability to deliver effective sexual and reproductive care services and respond to emergencies.

Secondly, traditional, cultural and religious beliefs and practices sometimes hinder the provision of comprehensive sexual and reproductive care. Midwives face resistance or cultural barriers when addressing sensitive issues such as family planning, abortion and contraception, which can impact the delivery of quality care.

Lastly, midwives may face stigma and discrimination related to providing sexual and reproductive care services. This can be particularly prominent when delivering services related to adolescent sexual health, abortion, or addressing the needs of key populations, such as sex workers or LGBTQ+ individuals. Ghana has not legalised sex work and LGBTQ+, therefore the prevailing socio-cultural beliefs makes it difficult for these minority groups to comfortably access health care without fear of judgment of the society and even the midwives.

2 Law and Jurisprudence

The constitution of Ghana which promotes respect for the fundamental human rights and freedoms and the dignity of the human person does not explicitly mention sexual and reproductive rights. However, the constitution provides a good foundation for the protection and promotion of various rights that are germane to an individual's sexual and reproductive rights. Article 34 (2) of the 1992 Constitution[13] reinforcing the right to good health care indicates that "*The President shall report to Parliament at least once a year all the steps taken to ensure the realisation of the policy objectives contained in this Chapter; and, in particular, the realisation of basic human rights, a healthy economy, the right to work, the right to good health care and the right to education.*" Good health care here is assumed to include both traditional and orthodox medicine. Again Article 30[14] observes that "*A person who by reason of sickness or any other cause is unable to give his consent shall not be deprived by any other person of medical treatment, education or any other social or economic benefit by reason only of religious or other beliefs.*" The understanding gendered from the article is that an individual's access to essential services such as health care and benefits should not be restricted or withheld because of their inability to provide consent or their personal beliefs. In particular, it places a responsibility on society to strive to promote equal access to essential services and benefits for all individuals, safeguard their rights and ensuring that they receive the necessary support and opportunities for their well-being, even in situations where they are unable to provide consent.

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[12] World Health Organisation (2020). Ghana holds Conference on Maternal, Child Health and Nutrition. Available at https://www.afro.who.int/news/ghana-holds-conference-maternal-child-health-and-nutrition#:~:text=This%20figure%20further%20decreased%20to,and%20all%20its%20associated%20impact. (Accessed on 19/05/2023)

[13] Republic of Ghana. Ghana's 1992 Constitution with Amendments through 1996. Available at https:// www.constituteproject.org/constitution/Ghana_1996.pdf.

[14] ibid

Article 27 of the 1992 constitution focuses on women's rights including paid maternity leave, access to pre-school facilities for early childhood education to enable women realise their full potential and guarantees equal rights for women as well as elimination of impediments to their career progression. Article 28 also warrants children rights including access to medical treatment, education and social economic benefits.

Besides the constitution, Parliament of Ghana has passed a number of legislations to augment the existing laws and attempt to bridge the gaps in sexual and reproductive health and rights. The Children's Act 1998 (Act 560)[15], defines a child as a person below eighteen years of age[16] and protects them from harmful practices of forced betrothal and early marriages which often led to early pregnancy and risk of domestic violence against the girl child[17]. Anyone found in violation of the provision against forced betrothal and child marriage is deemed to have committed an offence and fined an amount of GHS 500 or imprisoned for a term not exceeding one year or both[18]. Despite legal measures to ban forced betrothal and early marriages, the phenomenon still persists and is influenced by educational, geographic, social and economic dimensions[19]. Because pregnancies from early childhood marriages occur often in poor deprived areas which do not have access to health facilities with midwives, it is more likely for a traditional birth attendant to deliver the baby. Interestingly, though the Children's Act stipulates the marriage age at 18 years and above, the Criminal Code Act 1960 (Act 29)[20] specifies the legal age of consent for sex to be 16 years.

The Domestic Violence Act 2007 (Act 732)[21] deals with the issues of gender-based violence in domestic relationships. The definition of domestic violence consists of physical, sexual, economic, emotional, verbal or psychological abuse not only for the married or those related by blood but to live-in household staff as well. A perpetuator of domestic violence commits an offence and is liable to a fine of not more than 500 penalty units or an imprisonment for not more than two years or both. About four out of ten women have encountered domestic violence in their lifetime[22]. Midwives in encountering women going through abuse or sexual harassment are expected to refer them to the Domestic Violence and Victims Support Unit (DOVVSU), which is a unit under the Ghana Police Service. Its mission is to prevent, protect, apprehend and prosecute perpetrators of domestic violence and child abuse. However, many victims are reluctant to grant their consent to the escalation of the case to DOVVSU due to inadequate support systems and the fact that should the perpetrator (who often is the breadwinner of the house) be arrested then the family would have nothing to rely on. It is rarely the case that traditional practitioners will report domestic violence as

15 Republic of Ghana (1998) The Childrens Act, 1998 (Act 560) available at https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/56216/101251/F514833765/GHA56216.pdf

16 Republic of Ghana (1998). The Children's Act, 1998 (Act 560). Section 1.

17 Ahonsi, B., Fuseini, K., Nai, D. et al. Child marriage in Ghana: evidence from a multi-method study. BMC Women's Health 19, 126 (2019). https://doi.org/10.1186/s12905-019-0823-1

18 Republic of Ghana (1998). The Children's Act, 1998 (Act 560). Section 15.

19 CHRAJ (2019) CHILD, EARLY AND FORCED MARRIAGE RESEARCH.

20 Republic of Ghana (1961). Criminal Code 1960 (Act 29) Available at https://eoco.gov.gh/wp-content/uploads/2019/07/Criminal-Offences-Act-1960.pdf

21 Republic of Ghana (2007). Donestic Violence Act, 207. Act 732. Available at https://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/full%20text/africa/ghana%20-%20domestic%20violence%20act%20(2007).pdf?vs=3618

22 UNFPA (2020). UNFPA supports DOVVSU to activate Domestic Violence Hotline. Available at https://ghana.unfpa.org/en/news/unfpa-supports-dovvsu-activate-domestic-violence-hotline . Accessed on 24/05/2023

they are most likely to subscribe to the belief that the husband\male has a right to discipline the wife \female.

The Criminal Code (Amendment) Act 2007 (Act 741)[23] amends section 69A of the Criminal Code, 1960 from Female Circumcision to Female Genital Mutilation (FGM). FGM is seen as a second-degree felony and the amendment increases the imprisonment of an offender from 3 years to not less than 5 years and not more than 10 years. It also expands the scope of punishment to include abettors. Again, despite the existence of the law against FGM, the practice has not been totally vanquished as there is a 2.4% national prevalence with rate being as high as 32.5% in some localities especially the Upper West Region[24]. During the COVID-19 lockdown, there were reports that the practice had reignited in rural, traditional communities in the North[25]. The increase is attributable to socio-cultural and traditional beliefs as well as the financial incentive perpetrators receive. Traditional medicine practitioners such as wanzams are associated with this practice.

Section 58 of the Criminal Code Act 1960 (Act 29) criminalises the offence of a woman or abettors causing abortion or miscarriage with an imprisonment term not exceeding five years except in some cases. Three categories are provided where the abortion is legal and in all these circumstances the abortion must be provided by a registered medical practitioner at a hospital or clinic registered for the purpose. The first category is where the pregnancy is the result of rape, defilement, or incest then the victim or her representative could make the request. Second, is where the continuance of a pregnancy invokes risk to the life of a pregnant woman or injury to her physical or mental health. Third is where substantial risk exists that could lead to serious physical abnormality or disease of the child. The foregoing indicates that traditional and allied health practitioners are not authorised to undertake abortion because they are not registered medical practitioners, hence are in breach of the law if they engage in this practise. Due to the high rate of unsafe abortions and its effects such as disabilities and death, in 2016 changes were made allowing midwives to undertake safe abortions[26]. However, the understanding of midwives on this remains patchy as many are uncertain about the position of the law as well as are greatly influenced by religious beliefs. Such attitudes are detrimental to reproductive justice as it could potentially lead to deprivation of needed abortion service that could save lives. The Ghana Maternal Health Survey 2017[27], indicates that 19.6% of women aged 15-49 have at some point had an induced abortion. Majority were in the high wealth quintile, were educated and undertook the abortion at home or at the drugstore[28].

[23] Republic of Ghana (2007) CRIMINAL CODE (AMENDMENT) ACT, 2007. Available at https://www.cedidollar.com/wp-content/uploads/2019/01/Criminal-Code-Amendment-Act-2007-ACT-741.pdf

[24] Thomas Reuteurs Foundation (2018). Ghana: The law and FGM . Available at https://www.28toomany.org/media/uploads/Law%20Reports/ghana_law_report_v2_(april_2021).pdf Accessed on 22/05/23

[25] Pulitzer Center (2022). The COVID-19 Lockdown Reignited Female Genital Mutilation in Ghana. Available at https://pulitzercenter.org/stories/covid-19-lockdown-reignited-female-genital-mutilation-ghana (Accessed on 22/05/23)

[26] Oppong-Darko, P., Amponsa-Achiano, K., & Darj, E. (2017). "I Am Ready and Willing to Provide the Service … Though My Religion Frowns on Abortion"-Ghanaian Midwives' Mixed Attitudes to Abortion Services: A Qualitative Study. International journal of environmental research and public health, 14(12), 1501. https://doi.org/10.3390/ijerph14121501

[27] GSS (2018) Ghana Maternal Health Survey 2017. https://www2.statsghana.gov.gh/docfiles/publications/Maternal/For%20website.pdf

[28] GSS (2018) Ghana Maternal Health Survey 2017. https://www2.statsghana.gov.gh/docfiles/publications/Maternal/For%20website.pdf

The above notwithstanding, the legal system Ghana operates allows an applicant to file a case against a party for the enforcement of his\her right at the law court. Though not popular in the past, it has lately become increasingly common for parties to sue doctors and health facilities under the tort of negligence and malpractice for antenatal care related matters[29]. Interestingly many of these cases go unreported or are settled out of court. Cases that make it to court receive heightened media coverage. Midwives are not often entangled in lawsuits as they mostly operate under the instructions of the medical doctor and the health facilities are the entities that get sued. A likely explanation is that a midwife is seen as "a man of straw'" - without much financial promise or sufficient funds. Secondly, those who will patronise midwifery services or traditional birth attendants are economically disadvantaged and may not have the funds to hire a lawyer to sue.

In one case, the 37 Military Hospital in Ghana was ordered to pay a total of GHS1,075,000 in damages for the unfortunate death of a 27-year-old woman during childbirth in November 2015. The court awarded the father and husband GHS 400,000 each for the loss of their loved one and GHS50,000 each for mental distress. In addition, GHS100,000 was awarded to the baby, Yaw Nyamekye, for pain and suffering, GHS50,000 for disfigurement, GHS50,000 for primary caregivers, and an extra GHS25,000 as additional damages[30].

Similarly, the Sam-J Specialist Hospital faced legal consequences in 2021 when it was ordered by the court to pay GH¢326,456 in damages for medical negligence that resulted in the paralysis of a baby's right arm. The amount included general damages of GH¢200,000 and a cost of GH¢20,000 against the hospital and its owner, Dr. Amoo Mensah, an Obstetrician Gynaecologist. The court found Dr. Mensah to have failed in providing adequate antenatal care to the plaintiff, breaching professional medical standards. The court determined that the hospital and its owner did not meet the ethical and professional expectations of the expectant mother and her husband, resulting in a life-long disability for their child[31].

3 Public Policies

Ghana offers individuals the freedom and right to be in charge of their sexual and reproductive health in accordance with the law. Government's commitment is demonstrated in a number of policy frameworks such as the medium-term development policy framework, the National Reproductive Health Service Policy and Standards[32] among others.

[29] Tijanai Hafiz (2023). Agyemang-Manu laments over lawsuits against doctors. Available at https://citinewsroom.com/2023/04/agyemang-manu-laments-over-lawsuits-against-doctors/ Accessed on 23/05/23

[30] GhanaWeb. (2023,). Court slaps 37 Hospital with GH¢1m in damages over 2015 negligence that killed a woman at childbirth. GhanaWeb. Retrieved from https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Court-slaps-37-Hospital-with-GH-1m-in-damages-over-2015-negligence-that-killed-a-woman-at-childbirth-1314253

[31] Graphic Online. (2021). Court awards GH¢326,456 damages against Sam-J Hospital for negligence. Graphic Online. Retrieved from https://www.graphic.com.gh/news/general-news/court-awards-gh-326-456-damages-against-sam-j-hospital-for-negligence.html

[32] Ghana Health Service (2014). National Reproductive Health Service Policy and Standards available at https://platform.who.int/docs/default-source/mca-documents/policy-documents/policy/gha-cc-10-01-policy-2014-eng-national-reproductive-health-service-policy-and-standards.pdf

The Agenda for Jobs II: Creating Prosperity and Equal Opportunity for All (2022-2025)[33] is the current medium term development policy framework. The policy recognises that females with disabilities face a significant lack of sexual and reproductive health services, along with limited availability of age-appropriate information and resources related to reproductive health and family planning. Under population management and Health and Health Services where issues of sexual reproductive health are presented, the strategies earmarked for implementation are:

- Enhancing the incorporation of family planning education within adolescent reproductive health care services.
- Establishing dedicated adolescent corners at Community-based Health Planning and Services (CHPS) zones.
- Eliminating child marriage.
- Reducing teenage pregnancy.
- Integrating culturally suitable reproductive health education in educational curricula across all levels.
- Increasing investment in family planning programs at all levels.
- Enhancing the quality of adolescent and youth-friendly services.
- Supporting the development of traditional medicine

The plan further highlights the target for improving maternal and adolescent reproductive health as captured in table 1. The policy document, despite these improvements which it seeks to achieve, does not explicitly mention traditional midwifery. Tracking the extent of implementation of the above measures in the 2023 national budget statement [34] indicates a moderately good implementation of the actions. For example, The Ghana Health Service created the "You Must Know (YMK) Mobile App" to enhance adolescent health services, provide online support for youth challenges, and facilitate referrals for additional needs or specialised care. The Centre for Plant Medicine Research undertook an analysis of 334 herbal products, along with toxicity testing and efficacy studies on four and six specific herbal medicines, to aid the advancement of traditional medicines. Additionally, the Traditional Medicine Practice Council is set to introduce and enforce advertisement guidelines for traditional medicine services in 2023.

Table 1.

Indicator Explained	**Baseline year**	**Baseline Rate**	**2025 target**
Proportion of women of reproductive age (aged 15-49) who had their need for family planning satisfied with modern method	2012	25	35

[33] National Development Planning Commission (2021). AGENDA FOR JOBS II CREATING PROSPERITY AND EQUAL OPPORTUNITY FOR ALL 2022-2025. Available at https://ndpc.gov.gh/media/National_Development_Policy_Framework_volume.pdf

[34] Ministry of Finance (2023) Budget Statement. Available at https://mofep.gov.gh/sites/default/files/budget-statements/2023-Budget-Statement_v4.pdf

Proportion of adolescents' population who use health corners for reproductive health services and promotion	2020	34	65
Contraceptive Prevalence Rate	2012	25	35
Total Fertility Rate	2021	3.7	3.5

Source: NDPC (2021)

The Government of Ghana affirms its support for the comprehensive nature of reproductive healthcare through the National Reproductive Health Service Policy and Standards[35] . This policy recognises that reproductive health services encompass a variety of preventive, curative, and promotional measures intended to improve the overall health and well-being of the population, with specific attention given to the needs of mothers, children, and adolescents. The policy draws attention to the fact that couples and individuals possess the fundamental entitlement to make autonomous and accountable decisions regarding their reproductive goals, and they should have access to the necessary information and resources in order to exercise this right. Reproductive justice is therefore placed at the heart of the policy. The policy recognises TBAs and intends to provide them with the necessary skills and resources to effectively support and deliver high-quality services to mothers and their children within the framework of Primary Health Care. To this end, TBAs are acknowledged as service providers operating at the community level, and their role primarily involves offering supportive care, education, lay counselling, and referral services. However, the policy directs that in areas where skilled delivery care is unavailable, TBAs may receive training and assistance to perform deliveries. The policy assigns TBAs with service provision for family planning at the community level. The policy appears to empower women more on their right to access abortion care as an integral part of comprehensive integrated reproductive health service despite the conditional limitation the law projected. The policy states that midwives can provide abortion services but the roles of TBAs are limited to education, lay counselling and referral. Interestingly, many midwives are not aware of this provision and are biased by personal and religious preferences when it comes to abortion.

The National Reproductive Health Service Policy and Standards is extensive and highlights prevention and management of harmful reproductive health practices such as female genital mutilation, use of harmful vaginal herbal preparations, use of herbal uterine stimulants for hastening labour and termination of pregnancy and abuse of aphrodisiacs. It again touches on gender-based violence pointing to the fact that Ghana is a signatory to a number of international conventions against Sexual and Gender based Violence such as the 1996 Addis Ababa African Charter among others. With no specific regulatory document serving as guidelines for TBAs, the service policy and standard appears to be the closest material to guide their duties. Nonetheless, considering the Policy and Standards document was released in 2014, it is high time it was reviewed and updated to reflect contemporary practice.

[35]ttps://platform.who.int/docs/default-source/mca-documents/policy-documents/policy/gha-cc-10-01-policy-2014-eng-national-reproductive-health-service-policy-and-standards.pdf

Another national policy within this context worth mentioning is Ghana's Policy Guidelines on Traditional Medicine Development (2005)[36]. It provides a framework for the development and regulation of traditional medicine practices. The guidelines aim to promote the safe and effective use of traditional medicine while integrating it into the national healthcare system. It emphasises the importance of research, quality control, standardisation, and the training of practitioners. The guidelines also emphasise collaboration between traditional medicine practitioners and conventional healthcare providers to ensure the provision of comprehensive and holistic healthcare services. Specifically, for TBAs the guidelines intend to organise training programs to improve upon their practices. It further intends to standardise the preparation and ensure safety of herbal medicine products. To some extent the guidelines have been complied with for example in 2008 the Ghana Federation of Traditional Medicine Practitioners' Associations was formally recognised by the Ministry of health, which brought together under one umbrella splinter groups of Traditional medicine practitioners. Furthermore, training is being organised for TMPs. Research and Product Development is ongoing where scientific institutions support the herbal sector and the Food and Drugs Authority offers training too with regards to manufacturing practice for herbalists. The integration of Traditional Medicine into national health systems is underway and currently available at some hospitals. However, one area that is lacking and will need attention include intellectual property rights protection. The policy guideline is currently under review and the Ministry of Health is expected to launch a revised policy when the review is completed.

4 Relevant Institutions

At the national level, the Ministry of Health (MoH) is the government institution under the executive arm responsible for policy direction and provision of regulatory framework for the health sector in Ghana. Its goal is to improve the health status of all people living in Ghana through effective and efficient policy formulation, resource mobilisation, monitoring and regulation of delivery of healthcare by different health agencies. The goal is guided by the policy thrust which aims to reduce inequalities in access to care and increase coverage, quality and use of health services so as to achieve a healthier national population. There are a number of agencies under the MoH which includes Ghana Health Service, Nursing and Midwifery Council, Traditional Medicine Practice Council among others. The ministry has a Traditional and Alternative Medicine Directorate which is responsible for review and development of policies for traditional and alternative medicine practitioners as well as development of licensing and regulatory schemes for the sector. This directorate is responsible for regulating the traditional medicine practitioners including TBAs. The Traditional Medicine Practice Council works closely with the Ghana Federation of Traditional Medicine Practitioners Associations.

The Ghana Federation of Traditional Medicine Practitioners Associations[37] (GHAFTRAM) is a federation of independent associations, affiliate groups and practice groups who operate in traditional medicine (refer to figure 2). GHAFTRAM was established in 1999 bringing together under one umbrella, or groupings and societies involved in traditional medicine practice. Aside, uniting the various splinter groups of traditional medicine practitioners, and enabling each group to maintain its peculiar identity, the federation aims to ensure and maintain sanity by improving the delivery, accessibility and quality of traditional health services. The federation protects and advocates for the

[36] Ministry of Health (2005), TRADITIONAL MEDICINE POLICY https://www.moh.gov.gh/wp-content/uploads/2016/02/TRADITIONAL-MEDICINE-POLICY.pdf

[37] GHAFTRAM (2022). About Us - Introduction . Available at https://ghaftram.com/about-us

interest of its members by serving at its mouthpiece. It contributes to the professional development of members such as organising training, offering Continuous Professional Development in collaboration with the Traditional Medicine Practice Council and supporting product registration with the Food and Drugs Authority. The leadership comprises executives at national and regional levels as well as leadership from the independent associations and groups.

Table 2: Membership of Ghana Federation of Traditional Medicine Practitioners Associations

Associations	Affiliate Groups	Practice Groups
1. Ghana National Association of Traditional Healers (GNATH) 2. Ghana Psychic and Traditional Healers Association 3. Traditional Herbalist Association of Ghana 4. Traditional Service Organisation (TSO) 5. Plant Medicine and Traditional Healers Association	1. Ghana Muslims Traditional Healers Associations 2. Kpolifa association of Ghana 3. Ghana Association of Medical Herbalists (GAMH) 4. Universal Plant Medicine and Traditional Healers Association	1. Herbalist 2. Bone setters 3. Circumcisers 4. Psychic and Spiritual Healers 5. Traditional Birth Attendants 6. Medical Herbalists etc.

source: GHAFTRAM (2022)

Associations of Traditional Birth Attendants exist across the country who may or may not be officially members of GHAFTRAM. Though not common, there are also a number of NGOs such as the Afpafu Traditional Birth Attendants Women's Association[38], that train and equip TBAs to enhance maternal and child health care in disadvantaged areas of the country.

The Ghana Health Service (GHS) is a public agency under the ministry of health responsible for the implementation and execution of national health policies. It is one of the public services captured under Article 190 (1) of the constitution but it is established by the Ghana Health Service and Teaching Hospitals Act 1996 (Act 525)[39]. It is the body that manages primary health care systems at all sub national tiers except the teaching hospitals that is regional, district and community. In promoting and improving sexual and reproductive health outcomes in Ghana, GHS has a reproductive and child health department under the family health division with responsibility for:

> *(i) providing access to accurate education and information on general reproductive and child health care;*
>
> *(ii) providing access to safe, effective, affordable and acceptable methods of family planning;*
>
> *(iii) providing access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant;*
>
> *(iv) providing access to appropriate services that promote the survival, growth and development of all children and*

[38] The Share Institute (unknown) http://theshareinstitute.org/afpafu-traditional-birth-attendants-ghana

[39] Ghana Health Service and Teaching Hospital Act 1996 (Act 525)

(v) providing access to health information and health services relevant to the age and gender specific needs of adolescents and young people to enable them make informed decisions.

Overall, the Ghana Health Service recognizes the importance of sexual and reproductive health and has implemented a number of initiatives and programs to improve access to services and education in this area.

Another relevant institution with regards to Sexual and Reproductive rights is the Ghana Nursing and Midwifery Council. The council is the statutory body responsible for the regulation of nurses and midwives in Ghana. The council derives its authority from the Health Professions Regulatory Bodies Act, 2013 (Act 857) Part III. The body enlists and awards licences to student nurses who successfully pass their licensure examination in their various fields. It also undertakes the annual renewal of licences of practising nurses and midwives upon expiry.

The need for a mouthpiece and representation of nurses led to the creation of Ghana Registered Nurses and Midwives Association which advances the interest of the group both locally and internationally. The association has a membership of 40,073[40] and has branches all over the country. Membership is open to nurses and midwives who have been licensed by the Nursing and Midwifery Council.

Recently, other relevant institutions that have emerged in relation to supporting the traditional medicine practitioners include research institutions such as the Council for Scientific and Industrial Research, The Centre for Plant Medicine Research as well as universities such as Kwame Nkrumah University of Science and Technology (KNUST) who offer training to TCM practitioners for placement in health institutions. KNUST for instance offers a Bachelor of Science in Herbal Medicine at the Faculty of Pharmacy and Pharmaceutical Sciences. However, enrolment in the program remains low. For example, in 2022, the program graduated 33 students. The graduates undergo two years of professional training after which they are inducted into the Traditional Medicine Practice Council. The trained practitioners demonstrate the capability to establish definitive diagnoses by taking into account the patient's medical background, conducting thorough physical examinations, utilising clinical investigations (including diagnostic imaging), and devising treatment plans that incorporate validated herbal remedies. Across the country, there are currently about 55 Government hospitals with herbal units managed by medical herbalists from this program. the University of Health and Allied Sciences is also in the process of developing a similar program BSc Medicinal and Natural Product Chemistry.

[40] Ghana Registered Nurses' and Midwives' Association (GRNMA),(2023) About us. Accessed from https://ghananurses.org/about-us/ on 05 May 2023