Women's Experiences with Safe and Unsafe Methods of Inducing Abortions in the Greater Accra Region, Ghana

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ABSTRACT

Eleven percent of maternal deaths in Ghana result from unsafe induced abortions. The majority of abortion complications arise from incomplete terminations, suggesting that unsafe methods are regularly used by women. A qualitative methodology was used to explore factors regarding methods utilized by women with induced abortion experiences in Accra, Ghana. Results suggest that women who used safe methods suffered no complications, while those who performed the abortions "at home" were prone to experience pain and incomplete abortions. Women's method choices were related to their desperation to terminate the pregnancy, their views about unsafe abortions and being forced by others to use that method. The stigma, desperation, lack of finances as well as just a preference to perform abortions themselves may be reasons that lean women toward performing abortions "at home". This suggests a shift to also focus on interventions that prevent unintended pregnancies to just providing safe abortion care.

Keywords: Induced Abortion, Ghana, Safe and Unsafe Abortions, Abortifacients

INTRODUCTION

The fifth Millennium Development Goal (MDG) seeks to minimize maternal deaths across the globe. The Maternal Mortality Ratio (MMR) in Sub-Saharan Africa was estimated to be about 900 maternal deaths per 100,000 live births, as at 2005, while 560 maternal deaths occurred in Ghana (WHO, 2007). The MMR currently stands at 451 maternal deaths per 100,000 live births (GSS et. al., 2009b) Literature suggests that a majority of maternal morbidity and mortality cases arise from unsafe abortions (Adanu et. al., 2005; Senah, 2003), with other studies stating eleven percent of maternal deaths arise from unsafe induced abortions (GSS et. al., 2009b). Information from the pathology unit at Korle Bu Teaching Hospital in Accra also suggests that the number one cause of maternal deaths is from induced abortion cases (Adanu et. al., 2005; Ahiadeke, 2005; Senah, 2003).

Both unsafe and safe abortion practices occur in Ghana and this raises concerns through which abortion studies must seek to address. An unsafe abortion entails terminating a pregnancy in a location that does not meet the most minimal medical requirements, or a termination conducted by a person that does not have the skills and certification to do so, or both (Grimes, 2006). An abortion can be legal and yet unsafe and also illegal but safe. Unsafe abortions are responsible for the deaths of 50,000 to 100,000 women annually (Yeboah and Kom, 2003). The World Health Organization (WHO) estimates that approximately 95% of the 20 million unsafe abortions that occur globally, occur in less developed nations (Geelhoed, 2002).

Ahiadeke (2002) conducted a community-based study with women in eight districts of four southern Ghanaian regions. This study suggested that the abortion rate in Ghana could range between 22 to 28 abortions per 1,000 women of reproductive age, between 1997 and 1998. However, research has shown that data on induced abortions in Ghana are unreliable because a majority of abortions are induced outside hospitals and healthcare facilities.

Bleek's (1990) ethnographic study conducted in the 1960s and 70s in a rural Kwahu town revealed that these Akan women knew a variety of abortifacients. This suggests that a variety of

methods exist that people are aware of and use to terminate pregnancies. These women also tended to consider inducing an abortion early as “menstruation regulation”.

Grimes (2006) suggested that the major breakthroughs in reducing unsafe abortions globally would start once nations legalize abortion. Officially, abortions on request are not legal in Ghana (UNESA, 2007), however, according to the abortion law, a variety of grounds exist through which women are permitted to seek the service at government hospitals (Morhee and Morhee, 2006). This includes the right to treat the cases that arise from complications due to abortions that were induced unsafely. In a study done at the Chenard Ward at the Korle Bu Teaching Hospital in Accra, incomplete abortions accounted for 78 percent and 83 percent of all abortion cases in 2000 and 2001, respectively. These incomplete abortions occurred when attempted self-induced abortions failed and patients were forced to seek medical help to fully terminate the pregnancy (Yeboah and Kom, 2003).

Grimes (2006) recognized that in addition to the negative views about abortion, the stigma associated with abortions in some third world nations resulted in the practice of clandestine, unsafe abortions even when legal and safe services were available. He however noted that legalizing abortions was the first step toward reducing unsafe abortions, while providing safer alternatives is the next. In his paper, Grimes (2006) further discussed a variety of safe methods that could be utilized by developing nations to prevent maternal death through abortions. Access to adequate health personnel and centers that provide abortion services would also result in women engaging in safer abortions, according to him.

A variety of reasons cause women to terminate pregnancies unsafely. Qualitative research on women’s abortion experiences is necessary and is the best means to elicit data to understand the circumstances surrounding a woman’s choice of an abortion method. Thus, this study uses a qualitative methodology to explore women’s abortion experiences, especially their methods used as well as the various factors underpinning the choice of those methods.

METHODS

Segmentation and settings

Twenty-four[1] semi-structured individual interviews were conducted at Tema General Hospital (TGH) and Korle Bu Teaching Hospital (KBTH), with female respondents who had ever experienced or attempted an induced abortion. Both hospitals are the major public health facilities in their metropolitan areas that offer a variety of health services for women and men, including abortion services, especially to those who experience incomplete abortions. Participants for the individual interviews were selected using the purposive non-probability sampling technique. Once the heads of departments at both hospitals granted permission for the study to be conducted in their health facility, the women were approached in the wards or departments and asked questions to determine their eligibility for the study. Eligible were those who reported that they had ever attempted or experienced an induced abortion and volunteered to participate in the study.

Interviews with the women lasted between 20 to 35 minutes due mostly to the fact that all but one of the participants were admitted to the hospital wards for a variety of reasons namely, recovering from child birth, ectopic pregnancy operations, fibroid operations, and incomplete abortion correction operations. Thus, for ethical reasons it was best not to stress respondents whose conditions were not entirely suitable for narratives and prolonged interviews. The TGH interviews were conducted in February, 2008, while those at KBTH were conducted in July, 2008. Interviews were conducted in English, Fante or Twi[2] and eighteen interviews were tape recorded and later transcribed, while the last five interviews were noted down.

The information from the individual interviews was triangulated with discussions from four group interviews conducted to understand societal views on the issue of induced abortion. Two focus groups, consisting of five and four women each, were held with female hairdressing

1 Unfortunately, one of the interviews conducted at TGH could not be used since the taped conversation was inaudible and notes taken were not adequate for analysis

[2] Fanti and Twi are local dialects spoken by the Akan ethnic group as well as a majority of Ghanaians living in Accra

apprentices in Ashongman Estates (a suburb of Accra). The selected hair salons tended to have young women aged between 15 to 19 years working as apprentices; hence these women would be expected to give insight into abortion experiences of their peers. The "Madams" (owners) of the salons granted permission for the interviews to be conducted on the premises with girls who were available that day.

Separate male and female group discussions, consisting of four males and five females, were conducted on the University of Ghana campus with Graduate students. These students varied in age but had all participated in a Gender and Reproductive Health course at the University. Hence, they had a variety of perspectives on abortion issues that differed from the hairdressing apprentices. These locations were also selected due to the researcher's access to the settings. The Graduate students were selected through the snowball sampling technique whereby the researcher informed a few of the participants, through word of mouth, about the study, and they in turn informed their friends about the group discussions. Each of the group interviews lasted between 30 to 45 minutes. The discussions for the four groups were tape recorded and later transcribed for further analysis, with three discussions being conducted in English and one in Twi. Those in the latter group were the least educated of all the apprentices and found it easier to express themselves in Twi than in English. The group interviews with the hairdressing apprentices and the Graduate students were held in February and July, 2008, respectively.

Coding and Analysis

A coding frame was developed, informed primarily by the research objectives and question guides. This frame provided the codes used to select various existing themes through the 23 individual interview transcripts. A matrix was set up on an Excel spreadsheet with the column heading consisting of the various codes from the coding frame (i.e. abortion method, safe or unsafe, reason for abortion etc.). The rows comprised of a list of the 23 participants. Interviewees' responses were

placed in the matrix under the corresponding codes. The data were then analyzed manually as responses fell into particular categories serving as the main themes in the study and were either in consensus or conflicted with each other. Unique responses that emerged later as well as expected themes that were absent from the transcripts were also noted. The various themes were highlighted with different colors and the major existing themes through the transcripts were then discussed. The transcripts from the group discussions were also analyzed using the same generated codes. Statements discussing the identified themes from the individual interviews were included to support or refute the information garnered from those interviews.

Respondents' Background Characteristics

Table 1 displays the various background characteristics of the respondents for the individual interviews. Their current ages ranged between 16 and 57, with an average age of 28 years. The educational level of the 23 respondents suggests that 35 percent of the respondents were unable to complete Junior High School (JHS), while the same percentage completed JHS. Only one respondent had completed senior high school (SHS) and one other had gone on to obtain her teacher's certificate.

<< Table 1 goes here >>

Also, the percent distribution of the respondents' current occupations revealed that a majority of the respondents (52.2%) described their occupation as traders since they sold a variety of goods. The remaining women were either unemployed (8.7%) or worked in the service industry as seamstresses (17.4%) and teachers (8.7%) or were food vendors (13.0%).

Table 2 illustrates that the largest percentage (52.2%) of the respondents had their first abortion between ages 15 and 19. Their ages at first abortion ranged between 13 and 35, with an average age of 21 years. In addition, 76.2 percent of the respondents had terminated only one pregnancy.

<< Table 2 goes here >>

The marital statuses of the respondents suggested that most of the women were not married before the abortion (87.0%), while 52.2 percent were married at the time of the interview. Lastly, 65.2 percent of the women had no children prior to their first abortion, but at the time of the interview only 17.4 percent had no child, while 26.1 percent of the respondents both had one and two children.

Lastly, with regards to the group interviews, eighteen participants were engaged in the four group discussions held in Accra. Table 3 displays the background characteristics of these respondents. The first two discussions comprised of female nine hairdressers/apprentices who were evenly distributed between the 15 to 19, 20 to 24 and 25 to 29 age groups with an average age of 21.3 years. The other two discussions held on the University of Ghana, Legon campus, with nine Graduate students, comprised of ages ranging from 26 to 47 with an average age of 33.9. Seventy-two percent of the respondents had never been married. All participants had completed some level of formal education, with the hairdresser/apprentices mostly graduating from JHS and SHS.

<< Table 3 goes here>>

RESULTS

Safe and Unsafe Methods

As displayed in Table 2, 39.1 per cent of respondents underwent safe abortions while 60.9 per cent used unsafe means to terminate their pregnancies. A variety of abortion methods were used by the women, which led to a corresponding safe or injurious outcome for the respondent. Methods used to terminate pregnancies included hospital abortion services, clinic services and a variety of abortifacients. The outcomes ranged from being safe to causing various degrees of injury to the respondents.

The hospital abortions were all safe; the respondents stated that no physical harm occurred to them. These women recovered quickly and experienced no complications as conversation with a few respondents revealed.

> "AB: Where did you go to have the abortion?
> P4: We went to his hometown…in the hospital.
> AB: A hospital in his hometown, was it easy to get an abortion there?
> P4: …I didn't feel anything, before I realized it they had finished everything."
> (30 year old, TGH, 1 child)

> "AB: So, where did you go to have the abortion?
> P5: St. Mina hospital
> AB: OK, and how easy was it to get an abortion?
> P5: … I got there and they did it for me."
> (35 year old, TGH, 3 children)

Unfortunately, one respondent underwent an abortion at a private clinic and experienced complications and was rushed to the hospital for corrective surgery.

A number of respondents induced the abortions in their homes using abortifacients such as herbs, liquids or medication, which were ingested or inserted into their vaginas. One 26 year old respondent who used a homemade preparation mentioned:

> "P6: I didn't do it at the doctors, I did it at home…. I took malt and sugar.
> AB: OK, and it removed the pregnancy, the malt and sugar?
> P6: Yes, the next day is when the remainder came out…. After I did it my waist and stomach were hurting a lot and when the remainder came out I couldn't breathe. I walked to the toilet then the rest come out."
> (26 years old, TGH, 2 children)

While another who bought local herbs from drug peddlers stated that:

> "What medicine did I use? I didn't know which to get but I bought the medicine from people who go around in a car, I usually buy medicine from them so I bought it and took it…."
> (P10, 22 years old, TGH, 1 child)

And yet another who bought medication from the drug store said:

> "Oh, we went to a drug store, because the pregnancy was 2 weeks and we went and buy [bought] the medicine, it was ¢150,000[3] and they gave me some to take it. At one hour or two hour later, then it came…. it was painful but not too much like how people say it because mine was not old.
> (P8, 18 years old, TGH, 1 child)

Many of these women suffered complications and were also rushed to the hospital to complete the abortions. Five of the respondents were interviewed a day or two after their incomplete abortions had been removed at both TGH and KBTH. In addition, one respondent was forced to undergo an unsafe abortion in her home at the hands of a woman her mother had invited to terminate the pregnancy.

The issue of multiple abortions also came into play. A respondent who induced four abortions stated that her first method had been unsafe. Her boyfriend at the time purchased the drug *Egometrine* which she used. Her other three abortions had been Dilation and Curettage (D & C) procedures at the hospital.

Factors underpinning decisions for choice of a particular method

Women's access to and knowledge about abortion services ultimately informed them on the type of abortion to undergo. Reasons respondents in the study who had undergone abortions gave for doing so fell into the following three main categories: women considered abortions performed at home to be unsafe, women were desperate to abort hence did not consider the safety of the method, and someone else chose that method for her.

[3] This is equal to about $12, using the average exchange rate in 2005, which was when she terminated the pregnancy (10,000 cedis = GHc1 = approximately US$0.80).

Hospital Choices:

Women who utilized abortion services at the hospital stated that they did so because those performed at home were unsafe and could lead to their death or infertility. These women made informed choices, were able to access the funds for the hospital abortions and generally had support (both physical and financial) from their partners.

> "AB: …why did you do it at a hospital?
> PK1: If you do it at home you will die.
> AB: Who told you that you could do it at the hospital?
> PK1: I went to the hospital and asked and when I went I told them that I have a small child and he was not grown and so I got pregnant again and they said I should come and they would do it for me."

She also mentioned:

> "Because I went to the hospital I wasn't scared. Someone said they could do it for me at home but I said no."
> (PK1, 30 years old, KBTH, 2 children)

When asked where the respondent went to have the abortion she stated:

> "We went to his hometown. [We had the abortion] in the hospital."
> (P4, 30 years old, TGH, 1 child)

The "we" connotes her boyfriend's full support in the decision to undergo the abortion.

"Home" Choices:

Bleek (1990) mentioned that at the time of his study in a Kwahu town, the women had disclosed to him more than fifty types of abortifacients that they had knowledge of. This suggests that there are a variety of well-known substances that are people have identified that are capable of causing abortions. Most of the women who acted in desperation to terminate the pregnancy did so using an unsafe method. A few other women were forced to undergo unsafe abortions as a result of their parent's or partner's decision. A conversation with a respondent who attempted an abortion revealed the following:

"AB: Before you did it [underwent an unsafe abortion], did you think it would harm you?
P10: Yes I did
AB: But you still did it?
P10: I thought something would harm me, but because he had a wife I just wanted to remove the child."
(22 years old, TGH, 1 child)

During one interview, a mother of three spoke about her boyfriend distancing himself from her after the pregnancy leading to her desperate attempt to terminate the pregnancy.

AB: …please when you did it … who did you decide with to have the abortion?
P15: Please I didn't decide to do it with anyone… what I know is, he wasn't coming to me, he wasn't coming.
AB: He wasn't coming, please, I don't understand.
P15: What I know is he wasn't coming.
AB: Oh, OK, so the guy who got you pregnant, he…
P15: He wasn't coming close, as soon as I got pregnant, he separated himself from me."
(26 years old, TGH, 3 children)

In addition, a few respondents were forced to terminate their pregnancies at the insistence of others. When asked the circumstances surrounding her abortion this respondent mentioned:

"PK3: My mother told someone to come and do it for me
AB: Oh, so someone came to your house, OK and why, why did your mother call someone to come to the house?
PK3: Me, I don't know the woman ooo…but she came, she sat [with] my mother told her something, so she has come to do it, to do it for me.
AB: OK, … and so your mother arranged everything…were you scared?
PK3: Yes
AB: What were you thinking about?
PK3: I think something will do me, that is why…"
(22 year old, KBTH, 1 child)

The group discussions also yielded a variety of views on why women chose to terminate their pregnancies through unsafe methods. These views were categorized into: lack of funds for a safe abortion, fear of the social stigma associated with being found pregnant and unmarried, and the general desire to terminate the pregnancy at any cost out of desperation. A few of the participants' statements about the issue were:

"…how much is involved. If I want to go to a health facility and have an abortion, if I can't afford it, then I'll decide to just go and see some quack doctor, give him or her something small (laughter) and then it's done for me." (FGD4-CS, UG)

> "Some consider, the end justifies the means…so once I go here and in the end the pregnancy will be aborted….that is all you think about." (FDG3-A, UG)

> "… the most important thing is getting rid of the pregnancy. So, who ever does it, I mean, and most especially, somebody who is in an obscure place in a corner somewhere because you don't want to be seen and you don't want people to know that you are pregnant. So, in a corner somewhere, that is where you will prefer to have it." (FGD3-J, UG)

> "Me, I'd prefer taking some pills, where I won't be seen." (FGD3-M, UG)

Awareness of health risks prior to abortion:

Women's awareness of risks involved concerning abortions was not necessarily linked to her selection of a particular method. Patients were either aware or did not consider the health risks involved in undergoing an abortion. Respondents who performed both safe and unsafe abortions were equally likely to state that they had not considered any risks involved in the procedure to terminate their pregnancies. A few of the respondents who terminated their pregnancies at the hospital had confidence in the doctors performing the surgery and trusted that they would not suffer any injuries. As mentioned earlier, this respondent discussed her view on unsafe terminations and her reason for getting a safe abortion by stating:

> "If you do it at home you will die…because I went to the hospital I wasn't scared. Someone said they could do it for me at home but I said no." (PK1, 30 years old, KBTH, 2 children)

This was the respondent's first abortion. She was a married woman with one child and was 27 years at the time of the abortion. Her maturity and access to the needed finances resulted in her seeking advice at a hospital about the pregnancy resulting in the doctor agreeing to perform the abortion for her. She also stated:

> "I went to the hospital and asked and when I went I told them that I have a small child and he was not grown and so I got pregnant again and they said I should come and they would do it for me…at that time they took 200,000 cedis[4]." (PK1, KBTH, 2 children)

The respondents, who acknowledged the health risks involved with abortion, declared that they had considered that they could die, become hurt or infertile from it. Most ended this declaration by

[4] This is equal to about $16, using the average exchange rate in 2005, which was when she terminated the pregnancy (10,000 cedis = GHc1 = approximately US$0.80).

stating that they had had no other choice. Therefore, although these women had considered that infertility, morbidity and mortality could occur, they still felt they had no alternative solution to the problem. Therefore, women may or may not have considered the health risks involved in terminating a pregnancy prior to the act. There was no link between the women's awareness of the injurious effects of abortion prior to it and her chosen method.

DISCUSSION

In summary, women who underwent safe abortions at a health facility did not experience abortion complications as did those who underwent abortions at "home". Thus women do need to be made aware of safer alternatives in order to save lives. The 2007 Ghana Maternal and Health Survey (GSS et al, 2009b) discuss the fact that safe abortion services have been integrated into Ghana's Reproductive Health policy. They believe that this will curb the rate of maternal deaths that occur in the nation.

However, the question that arises is, with the social stigma that exists surrounding abortion in Ghana, and with women's access to and knowledge of many forms of various abortifacients, ranging from common edibles such as Fanta and sugar concoctions to over-the-counter drugs sold cheaply at the drug store, will safer methods ever be used by the majority of women faced with unintended pregnancies? Bleek (1990) discovered that in terms of stigma surrounding abortion, the Akan thought abortions to be "reprehensible unless successful and remains hidden", while in terms of knowledge of abortifacients, they cited over 50 methods being used. Thus, there needs to be a shift from solely thinking about safer abortion alternatives to ways of preventing these unintended pregnancies that occur to women at younger ages. The focus should be on young women because the majority of the respondents (76.2 percent) experienced their first abortion ages 15 to 19 years. In addition, research has shown that early pregnancy losses tend to occur to those in the younger age groups, and these are suspected to be induced losses (Henry and Fayorsey, 2002; Senah, 2003).

In addition, young women may lack the confidence to research into and attend health facilities that perform safe abortions so would prefer to use the unsafe means of terminating pregnancies.

Even though, contraception has been seen to be the key in preventing unintended pregnancies, the majority of married and sexually active Ghanaian women are not utilizing modern methods (GSS et al, 2009a). Studies suggest that the level of fertility decline we have reached doesn't coincide with the level of fertility decline we have experienced; hence abortion could be an option in explaining the disconnect (Ahiadeke, 2005). Women mention a fear of side effects as well a negative rumors about contraception as a deterrent to their use (Biney, 2010; GSS et. al., 2009a). These negative issues concerning contraception need to be addressed in order to prevent unintended pregnancies that warrant the use of abortion.

The study seems to raise more questions than answers, thus, more qualitative studies need to be conducted to understand more explicitly the decision making processes that go into choosing an unsafe abortion method. The issue of the stigma surrounding abortion also needs to be investigated fully.

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TABLES

Table 1: Background characteristics of respondents at time of interview

Background Characteristics	Number	Percentage (%)
Age of respondents		
15-19	2	8.7
20-24	8	34.8
25-29	3	13.0
30-34	5	21.7
35+	5	21.7
Number of children		
0	4	17.4
1	6	26.1
2	6	26.1
3	4	17.4
4+	3	13.0
Marital status		
Not Married	9	39.1
Married	12	52.2
Separated/Divorced/Widowed	2	8.7
Highest educational attainment		
No Education	3	13
Primary Incomplete	2	8.7
Primary Complete	0	0.0
JHS Incomplete	8	34.8
JHS Complete	8	34.8
SHS/Higher	2	8.7
Occupation		
Unemployed	4	17.4
Trader	12	52.2
Food vendor	1	4.3
Seamstress/ apprentice	4	17.4
Teacher	2	8.7
Total	**23**	**100**

Table 2: Abortion related characteristics of respondents

Background Characteristics	Number	Percentage (%)
Age at first abortion		
<15	1	4.3
15-19	12	52.2
20-24	5	21.7
25-29	3	13.0
30-34	1	4.3
35+	1	4.3
Number of abortions*		
1	16	76.2
2	0	0.0
3	3	14.3
4	2	9.5
Number of children prior to first abortion		
0	15	65.2
1	4	17.4
2	1	4.3
3+	3	13.0
Marital status prior to abortion		
Not Married	20	87.0
Married	3	13.0
Separated/Divorced/Widowed	0	0.0
Method of Abortion		
Safe	9	39.1
Unsafe	14	60.9
Total	**23**	**100.0**

*Number of actual abortions is 21, with 2 attempted abortions

Table 3: Background characteristics of focus group discussants

Background Characteristics	Number	Percentage (%)
Sex of Discussant		
Female	14	77.8
Male	4	22.2
Current Age Groups		
15-19	4	22.2
20-24	4	22.2
25-29	4	22.2
30-34	3	16.7
35-39	1	5.6
40-44	1	5.6
45-49	1	5.6
Highest Educational Level		
No Education	0	0
Primary Incomplete	1	5.6
Primary Complete	0	0
JHS Incomplete	1	5.6
JHS Complete	4	22.2
SHS/ Higher	12	66.7
Current Marital Status		
Not Married	13	72.2
Married	5	27.8
Total	**18**	**100**