Abstract

Abortion Seeking Behavior among Ghanaian Women: An Analysis of the 2007 Ghana Maternal Health Survey

Authors: Aparna Sundaram*, Fatima Juarez, Akinrinola Bankole*, Susheela Singh***

***Guttmacher Institute, New York**

****El Colegio de Mexico and Guttmacher Institute**

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Introduction:

One of the targets of the 1994 revised National Population Policy in Ghana has been to reduce the total fertility rate (TFR) to 5.0 in the year 2000, and to 4.0 by the year 2010 (DHS 2008), and the Ghana government has made important progress in reducing fertility in the country. The TFR declined from 4.4 in 2003 to 4.0 in 2008, which is among the lowest in sub-Saharan Africa (DHS 2008). Other indicators of reproductive health also show improvements. Unmet need reduced from 38.6% to 34.0% between 2003 and 2008 (DHS 2003; DHS 2008). However, the level of unmet need is still very high, and the gap between wanted fertility and current actual fertility remains large (3.7 children per woman is the wanted TFR, while 4.4 children per woman is the actual TFR). As a result, despite efforts to reduce fertility, unwanted pregnancies and its adverse consequences such as maternal mortality and unsafe abortion continue to be a problem in the country.

It has been estimated that about four in ten pregnancies in Ghana are unintended (GSS et al., 2009). Many of these pregnancies would result in an induced unsafe abortion. Worldwide it is estimated that a woman dies every eight minutes somewhere in a developing country due to complications arising from unsafe abortion. And though there are no precise estimates of the levels of induced abortion, a recent study indicates that in the Western Africa, where Ghana is located, the level of unsafe abortion rate is relatively high, at 27 per thousand women of reproductive ages (Sedgh et al., 2007), and so is maternal mortality (350 per 100,000). Though direct questioning tends to underestimate the level of abortion because of the stigma associated with the event, estimates from the 2007 Ghana maternal health survey found that the national abortion rate is about 15 per 1000 women of reproductive ages (15-44), and these estimates would tend to be on the low side. The study by Ahiadeke (2001) done in southern Ghana in the late 90s, found that the abortion rate in these regions was about 17 per 1000 women of reproductive ages. Since the incidence of abortion is highest among women ages 20-24 (at 25 per 1000 women), and decreases for each age group after that, it appears that the burden of unsafe abortion and its consequences falls disproportionately on the younger women (GSS et al. 2009).

Complications due to unsafe abortion are among the largest contributors to these high levels of maternal mortality. According to the Ghana Maternal and Health Survey 2007 (2009), about 40% of the women of reproductive ages who sought an induced abortion went to an untrained provider. An earlier study estimates this number at a much higher 85% (Ahiadeke, 2001). Going to an untrained provider for an abortion drastically increased the odds of the abortion being unsafe, and therefore dangerous to a woman's life (Sedgh, 2010). A large proportion of Ghanaian women who reported a recent abortion also reported one or more health problems after their most recent abortion, 13% (GSS et al., 2009). Furthermore, many women are likely to turn to unsafe providers to obtain post-abortion care because they are unaware that abortion is legal under a number of conditions in Ghana. Ghana's abortion law is one of the most liberal in sub-Saharan Africa. The 1985 law states that an abortion performed by a qualified medical practitioner is legal if the pregnancy is the result of rape, incest or "defilement of a female idiot"; if continuation of the pregnancy would risk the life of the woman or threaten her physical or mental health; or if there is a substantial risk the child would suffer from a serious physical abnormality or disease (Morhee and Morhee, 2006).

Despite this relatively progressive law, a large number of women and girls have continued to resort to unsafe abortion, and to die from it. According to the 2007 GMHS, about 11% of the maternal deaths occurred due to unsafe abortions. In a previous study done in Korle-Bu hospital between 1993 and 1998, about 22%-30% of the maternal deaths were estimated to be due to unsafe abortion, which at that time was much higher than the worldwide average of 13% (Lassey and Wilson, 1998; IPAS 2008).

Objective of this study:

a) To explore the characteristics of women who resort to unsafe abortion (that is seek an abortion from a non medical professional), and examine how different they are from women who go to trained providers when seeking an abortion. Various socio-economic and demographic characteristics will be considered such as education, class, union status and age.

b) To investigate the factors that are associated with a woman's decision to terminate her pregnancy, and outline the process of abortion seeking behavior. We will describe the steps a woman follows to obtain an abortion, whether they made multiple attempts to terminate a pregnancy, what methods they used in each attempt, and whether they were ultimately successful or not.

c)To study how the abortion seeking process is related to other important factors such as the role of the partner in the decision making process, the wealth status of the woman's household, her knowledge of the abortion law, and how it affects her ability to seek safe abortion services.

Data and methods:

The analysis will use data from the 2007 Ghana Maternal Health Survey. This is a special survey administered by ICF Macro (formerly Macro International) in collaboration with Ghana Statistical Services and is an addition to the Ghana Demographic and Health Surveys. It is a nationally representative survey that interviewed 10,370 women of reproductive ages. In addition to providing the

demographic characteristics of each of the respondents, the dataset has a detailed pregnancy history for each respondent that identifies the outcome of each pregnancy they had, the age of the mother at the time of the pregnancy, the gestation period of the pregnancy, as well the number of living children at the time of the pregnancy.

Of special interest to this paper is the abortion module which is a part of the survey and the dataset produced from it. This module was administered to all women who had an abortion in the 5 years preceding the survey, and asked them questions on their decision to terminate the pregnancy, about the level of involvement of the partner, what sort of provider they used, and the methods used for terminating a pregnancy. Since this module was administered to a sub-sample of the women, the number of cases for this module is 564. This is a unique data set which has not been explored in detail until present. Using this survey, we will first compare the women who decided to terminate a pregnancy with those who didn't. Using this baseline information, we will then analyze the abortion seeking process and its determinants for those women who sought an abortion in the last five years before the survey. Particular attention will be given to women who have attempted repeat abortions.

The analysis will use descriptive techniques such as rates, and probabilities, in addition to a multivariate analysis using logistic regressions. The dependent variable for the logit model will be women with safe versus unsafe abortion.

Results:

Preliminary results indicate that 14% of the sample has ever attempted to terminate a pregnancy, and similar percentage was successful in the termination process. The average age at first abortion is 22 years, and 85% of the first abortions are pre-marital. A bulk of the repeat abortions are also pre-marital. Sixty percent of those who ever had an abortion were living in an urban area, and 20% have primary education or less. About 40% of the women who took any action to end a pregnancy in the 5 years preceding the survey, used the D&C method, and about 21% used an ineffective method to terminate their pregnancy.

At present this analysis is underway, we expect to have the paper completed by end of January 2011. Findings will include an examination of unplanned pregnancies and its links to abortion attempts and to success or lack of success in achieving termination. We will also include a detailed analysis of the steps followed by women who seek an abortion focusing on both providers and the procedures used. We will attempt to identify the underlying factors that may be influencing different abortion seeking behavior and strategies among women.

Conclusions:

Despite the efforts of the Ghanaian government, and despite having one of the most liberal abortion laws in sub-Saharan Africa, there continues to exist significant risks for women of reproductive ages. Unmet need is high, and as a result so is the number of unplanned pregnancies. This has resulted in a large number of induced abortions, especially unsafe abortions, with all its attendant negative health consequences including death. This paper will identify the socio-economic and demographic

characteristics of women who feel compelled to seek unsafe abortion and the factors that affected their decision making.

We expect that results of this study will help inform policies and programs that could lead to a reduction in the incidence of unsafe abortions among those who are most likely to resort to it. We also hope to be able to inform policies and programs to prevent unplanned pregnancy and reduce unsafe abortion, thus improving the reproductive health of women.

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