

## ORIGINAL RESEARCH ARTICLE

# Decision-Making for Induced Abortion in the Accra Metropolis, Ghana

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### Abstract

Decision-making for induced abortion can be influenced by various circumstances including those surrounding onset of a pregnancy. There are various dimensions to induced abortion decision-making among women who had an elective induced abortion in a cosmopolitan urban setting in Ghana, which this paper examined. A cross-sectional mixed method study was conducted between January and December 2011 with 401 women who had undergone an abortion procedure in the preceding 12 months. Whereas the quantitative data were analysed with descriptive statistics, thematic analysis was applied to the qualitative data. The study found that women of various profiles have different reasons for undergoing abortion. Women considered the circumstances surrounding onset of pregnancy, person responsible for the pregnancy, gestational age at decision to terminate, and social, economic and medical considerations. Pressures from partners, career progression and reproductive intentions of women reinforced these reasons. First time pregnancies were mostly aborted regardless of gestational ages and partners' consent. Policies and programmes targeted at safe abortion care are needed to guide informed decisions on induced abortions. (*Afr J Reprod Health 2015; 19[2]: 34-42*).

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**Keywords:** Induced abortion; decision-making; Ghana

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### Résumé

La prise de décision pour l'avortement provoqué peut être influencée par diverses circonstances, y compris ceux qui entourent le début d'une grossesse. Cette étude a examiné les différentes dimensions concernant la prise de décision sur l'avortement provoqué chez les femmes qui ont eu un avortement provoqué élective dans un milieu urbain cosmopolite au Ghana, ce qui fait l'objet d'étude dans cet article. Nous avons mené une étude transversale de méthode mixte entre janvier et décembre 2011 auprès de 401 femmes qui avaient subi un avortement au cours des 12 mois précédents. Considérant que les données quantitatives ont été analysées avec des statistiques chi-carré descriptives, l'analyse thématique a été appliquée aux données qualitatives. L'étude a révélé que les femmes de divers profils ont différentes raisons de subir un avortement. Les femmes ont considéré les circonstances qui entourent le début de la grossesse, la personne responsable de la grossesse, l'âge gestationnel au moment de la prise de l'avorter, et les considérations sociales, économiques et médicales. Les pressions exercées par les partenaires, la progression de carrière et les intentions de procréation des femmes ont renforcé ces raisons. Les toutes premières grossesses étaient pour la plupart abandonnées sans tenir compte de l'âge gestationnel et le consentement des partenaires. Il faut des politiques et des programmes qui ont comme cibles les services d'avortement médicalisé pour guider des décisions éclairées sur les avortements provoqués. (*Afr J Reprod Health 2015; 19[2]: 34-42*).

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**Mots-clés:** avortement provoqué, prise de décision, Ghana

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### Introduction

The decision-making process for induced abortion has been reported as a dynamic and complex process<sup>1</sup>. Although factors such as maternal health, prevailing socio-demographic and economic

situations, cultural norms and values regarding pregnancy and childbirth may be relevant<sup>3</sup> these alone do not explain abortion decision-making processes<sup>2</sup>. Other studies<sup>4-6</sup> have shown that, in some Ghanaian communities, women and their partners having challenges with unwanted

pregnancies, opted for induced abortion. Nevertheless, decision-making for induced abortion is done secretly because the Ghanaian society frowns on induced abortion particularly when it relates to young and married women<sup>7</sup>. In Ghana incidences of induced abortion are common and unsafe abortion practices constitute about 35% of maternal deaths<sup>7</sup>. Although induced abortions generally occur in every Ghanaian society, there are few studies conducted to investigate issues relating to the decision-making process for abortion<sup>1</sup>. Previous abortion studies were generally limited to reviewing records of hospital admission cases<sup>8,9</sup>.

It has been contended that there are several elements, sometimes with conflicting rights, who play several important considerations and interests, which should be adequately covered to finally arrive at abortion decisions<sup>10</sup>. Globally, these elements hinges on human rights. First, the right to life of the product of conception (foetus), secondly, the right of human beings carrying the foetus (the mother), thirdly, the rights of the father to the product of conception (normally totally ignored) and fourthly the rights of a physician to conscientious objection to perform an abortion<sup>10</sup>.

From a sociological dimension, Senah<sup>11</sup> argued that induced abortion decision-making processes in Ghana are not well understood probably because existing data on induced abortions come mainly from hospital records, and most often do not adequately capture the decision-making process for an induced abortion for public health interventions. Consequently, issues underlying elective abortion decision-making, from sociological perspectives, have not been fully explored to unearth profiles of women and reasons for induced abortion in Ghana<sup>12</sup>.

This is a research gap, which the current study sought to fill. The study examined and reports the profiles and abortion decision-making processes of women who underwent abortion between January and December 2010 in the Accra Metropolis. The study is important for both academic and advocacy. Regarding its academic significance, this study builds on previous abortion studies<sup>13-16</sup> that investigated abortion in Ghana by

largely reviewing hospital records. The second relevance of the study lies in helping to identify important constituents to be targeted for public advocacy on creating greater liberal and socially accepting environment for women who desire to undergo abortion procedures.

### **Study setting**

This study was conducted in the Accra Metropolis, which has an estimated population of 2,242,505, of which 841,533 are within reproductive age<sup>18</sup>. As of 2010, there were 481 health facilities in the metropolis, consisting of four government hospitals, seven polyclinics, four quasi-government hospitals, 49 private hospitals, 270 clinics, 39 company clinics, 79 private maternity homes and 29 NGO/Mission hospitals. In 2008, approximately 17% (range: 8.1%-22.4%) of women (15–49 years) throughout the country reported a terminated pregnancy in the pre-ceding five years. Disaggregated by region, 22.4% of women in the Greater Accra Region, where this study was conducted, had undergone an abortion<sup>19</sup>, making it the region with the highest incidence of abortion in the country. In 2006, the Ghana Health Service, in collaboration with a consortium of five multinational organizations (Engender Health, Ipas, Marie Stopes International, Population Council, and the Willows Foundation) initiated the Reducing Maternal Mortality and Morbidity (R3M) project in the Greater Accra, Eastern and Ashanti regions following initial piloting in 17 districts in 2007. The R3M provides financial and technical assistance to enable the government to significantly expand access to modern family planning (FP) and comprehensive abortion care (CAC). The Accra Metropolis, a municipality within the Greater Accra that was involved in the pilot project, was purposively selected because of its cosmopolitan nature. Three accredited R3M health facilities, consisting of one private not-for profit and two publicly owned and managed, were purposively selected. These were Marie Stopes International Ghana, BlueStar HealthCare Network, La and Ridge Hospitals. They were selected because of the high number of abortion

cases registered in the Metropolis in addition to the fact that they were the largest health facilities accredited to perform abortions under the R3M project, which provides a non-judgmental and receptive conditions for a safe abortion as permitted by the Ghanaian laws.

## Methods

### *Research design*

This study employed a cross-sectional study design by relying on both qualitative and quantitative methods of data collection and analysis. This was done to complement the strengths and mitigate the limitations of the respective paradigms by using both questionnaires and in-depth interview (IDI) guides<sup>20</sup>. Neither the quantitative nor the qualitative data were given more weight<sup>21</sup>, and the findings are presented concurrently. The questionnaire<sup>13</sup> and IDI guides<sup>14-15</sup> were adapted from prior studies on abortion in Ghana. The questionnaire was structured around induced abortion decision-making processes, key individuals whose advices were sought in the decision-making process, factors influencing choice of place for abortion and familiarity with the policy and legal frameworks, which influence induced abortion procedures in Ghana. We employed an unstructured IDI guide with the main focus on the following: circumstances surrounding the pregnancy (e.g., person responsible), decision on whether to terminate, place of abortion, and choice of method, among others. Both questionnaires and interview guides were available in English but were translated into local languages for respondents who could not speak English. On average, each interview lasted approximately 60 min.

At the first stage of the sampling, a purposive method was used to select three abortion service providers accredited by R3M. The total number of women who had undergone an abortion between January and December 2010 was collated, resulting in an overall total of 9,494. This served as the sampling frame for the study, and individual women with a record of abortion served as the unit of analysis. With this, a sample size of 370 was

drawn based on OpenEpi<sup>22</sup>. An additional 10% upward adjustment was made to correct for non-response. The sample was distributed among the facilities based on population (share of abortion cases) proportional to size (PPS). Thus, the proportions of the 9,494 women were allocated as follows: Marie Stopes (61), BlueStar (217), Ridge (53) and La (39) hospitals. Respondents were then selected randomly to respond to the interviewer-administered questionnaires. Another 35 respondents consisting of five previously married women, 10 unmarried women and 20 married women were selected to participate in in-depth interviews to provide further insights into abortion decision-making processes.

Ten trained nurses served as research assistants. The fieldwork was conducted between June and December 2011. The Ghana Health Service Ethics Review Committee reviewed and approved the study. All research subjects provided verbal and written informed consent.

### *Data analysis*

#### *Quantitative data analysis*

Respondents' background characteristics are presented with descriptive statistics, thus, the profile of women who underwent abortion. STATA version 12 (College Station, Texas 77845 USA) was used to analyse the quantitative data.

#### *Qualitative analysis*

The qualitative data were analysed inductively by identifying main themes. The first author first undertook preliminary coding of the data. The second and third authors independently reviewed all the codes, followed by identification, discussion and resolution of the inconsistencies in the themes. All three authors had to agree upon a particular theme before it was included in the codebook. Finally, a colleague with expertise in qualitative analysis reviewed our codes, comparing these to the transcripts, field notes and tape recordings.

**Table 1: Profile of women who underwent abortion in the Accra metropolis, Ghana**

<b>Background Characteristics</b>	<b>N</b>	<b>%</b>
<b>Age group</b>		
15-19	49	12.31
20-24	134	33.67
25-29	111	27.89
30-34	65	16.33
35+	39	9.00
<b>Marital status</b>		
Never married	199	50.00
Married/ in union	167	41.96
Previously married	32	8.04
<b>Education</b>		
None	27	6.73
Primary	51	12.72
Secondary	221	55.11
Higher	102	25.44
<b>Religious affiliation</b>		
Christian	326	81.30
Moslem	70	17.46
Other	5	1.25
<b>Occupational status</b>		
Unemployed	45	11.36
Self employed	148	37.37
Student/Apprentice	134	33.84
Other	69	17.42
<b>Number of living children</b>		
None	212	53.00
One	78	19.50
Two	57	14.24
Three	33	8.23
Four & higher	20	5.00

\*Source: Field Survey, 2011

## Results

### *Profile of respondents*

In Table 1 we present the profile of women who participated in the study. About one-third were aged 20-24 years with 50% of all the women interviewed never married. More than half (55%) of the respondents had attained secondary level of education. All respondents belonged to at least one religious affiliation or another Christian formed a majority (81%). A higher (42%) proportion of the sampled women had no living children. A little more than half (53%) reported never having a child.

### *Initial reactions towards pregnancy*

The decision for an induced abortion was reported to have begun with a woman's initial reaction

towards pregnancy when it was first discovered. Among the initial reactions observed were the feeling of shock, guilt, worry, embarrassment and happiness. These feelings were associated with the background characteristics of the women and the circumstances surrounding the onset of a pregnancy. Marital status of a woman at the time of pregnancy was also significantly associated with a woman's initial reaction towards pregnancy ( $\chi^2=29.59$ ;  $p < 0.001$ ) [data not shown]. A higher percentage (41%) of the respondent said they were worried when they discovered being pregnant. For about 23% of the participants, it was a matter of shock while about 17% felt guilty about their pregnancy. The others were embarrassed (11.5%) and happy (7%) respectively. In the next sections, we highlight on both the quantitative

### *Motivations for abortion: Quantitative dimension*

Respondents enumerated various reasons/justifications for an abortion at the time of pregnancy. The majority of the respondents (about 61%) had an induced abortion because the pregnancy was mistimed. On this point, there marked similarities in reasoning between the married/in union and the unmarried women (data not shown). About 21% of the sampled women reported forced sex as the reason for seeking abortion. About 6% each of the respondents aborted their pregnancies due to medical advice and infidelity respectively. Three per cent of the respondents were pressured/compelled to terminate the pregnancies under study.

### *Motivations for abortion: Qualitative evidence*

#### *Marital circumstances*

It is a trite knowledge that forced/arranged marriages are occurring in a number of countries in sub-Saharan Africa and Ghana is no exception<sup>23</sup>. The triggers of such forced/arranged marriages are many and varied but the common reasons include preserving familial ties, financial

gains, and religious compatibility among others. It emerged from this study that some women who felt forced into marriages resorted to abortion to avoid having children with men they did not love. When terminations were successfully done, it was often presented as a miscarriage. A respondent indicated:

*For me getting married was not to start making babies immediately with someone I really do not love. My parents forced me into that marriage soon after school. This was because, the man was from a rich home and his parents sponsored my brother's education. Because everybody around me waited to see our first child soon, I chose to become pregnant soon after marriage, to prove my fertility and to please everybody around me. As a strategy to delay childbirth to plan my future in this marriage, I secretly aborted the pregnancy soon after my husband returned to his base abroad and pretended as though it was a miscarriage. (21-year-old married woman)*

Other respondents indicated that:

*Although I am a university graduate, my husband refused I work to earn my own money. I have already had three children in our two years of marriage being a housewife and 'baby making machine' and he wants more children. I therefore terminated this pregnancy and pretended it was a miscarriage because he knew I was pregnant again. (29-year-old housewife)*

*Little did I know the man I was made to marry was a thief and also addicted to drugs. My few months of marriage life with him were full of pain and cries. I can't bring forth children with such a character that is why I decided*

*to abort this pregnancy, have a family planning afterwards and reconsider my future in this marriage, whether to continue to divorce him. (24-year-old teacher)*

### **Infidelity**

Both traditional and religious cultures of many communities uphold the sanctity of conjugal ties between men and women. In both instances, sexual unfaithfulness of either partners provide adequate grounds for divorce, although men are more likely to request for divorce when their wives are found to be infidel. However, since sexual intercourses are often private, either being caught in the act or pregnancy can provide enough grounds for confirmation. According to some of the participants, they had been sexually unfaithful while their husbands were outside the country but had become pregnant, unfortunately for them. The only reasonable option upon realising being pregnant was to solicit for induced abortion. A respondent narrated her experience as follows.

*I was under intense pressure when I realized I was carrying a two month-old pregnancy for my lecturer ... I could not express joy nor inform anybody about the pregnancy, most especially when my wedded husband had been outside the country for last six months and was due to return in six months time. I had sleepless nights deciding on what to do with the pregnancy till I finally decided to have an abortion to save my marriage and reputation. (27-year-old, married woman).*

*In fact there are many things that money cannot buy one of which is sex and love. I met my husband for only a month after which he left me in the care of his mother and back abroad. To satisfy my sexual needs, I took a boyfriend who made me pregnant. I*

*quickly had to abort to save my marriage and embarrassment to my family. (28-year-old-banker)*

### ***Preserving a 'sacrosanct' social status/stigma associated with pre-nuptial pregnancy***

Societal pressure in the form of strict enforcement of religious standards that prohibit premarital pregnancy among some religious groups was also noted as a major push factor for having an abortion particularly among young women prior to marriage. The following responses demonstrate the 'dire' circumstances under which some women make abortion decisions.

*I realized I was two months pregnant for my ex-boyfriend a week after my Islamic wedding. Due to the strict Islamic sanctions relating to infidelity by women and the position of my father in the community as an Imam, I had no alternative than to abort the pregnancy secretly in order to keep my marriage and my family reputation. (25-year-old, married woman, Moslem)*

*As an Ussher in my church, I had to abort a two-month old pregnancy because in my church, a pregnant woman is not married neither is the marriage of a pregnant woman blessed in church until such a time when she gives birth. When the pregnant woman is discovered, she is ridiculed openly to serve as a deterrent for others. The embarrassment by my church, which I did not want, compelled me to have an abortion to pave way for my church wedding ceremony. (27-year-old, student, Christian)*

*As the only daughter of my parents who are very much respected marriage counsellors in our church, I couldn't have carried that pregnancy without being properly married, thus my mother persuaded me to have an abortion to save our reputation in the*

*church. (21-year-old, pharmacist Christian)*

### ***Abortion on health grounds***

Likewise, health related challenges were of equal significance to abortion decision. To such respondents, abortion was not the preferred way to manage their pregnancies but because of some important health challenges, it became apparently unavoidable to have an abortion. Indeed, according to some of the respondents, it was an emotionally challenging option but little could be done. The narration below is a reflection of such experiences:

*Two months into my pregnancy, my husband and I tested positive for HIV. We were both shocked at the news and started blaming each other as the source of the disease. Although I love my husband so much and would have wished to give him a baby, the fear of the unknown future for my unborn baby and the pressure from my mother to end the relationship gave me sleepless night. I therefore settled down for an abortion and later divorced my husband because in my opinion my husband was unfaithful to me and brought me a disease. (22 year old, married woman)*

*I couldn't physically do anything when I became pregnant. I was very weak and became anaemic. My condition was so bad that I was advised and had to terminate the pregnancy to save my life. (20-year-old trader)*

### ***Abortion as means to pursue carrier/educational development***

There was a statistical significance association ( $\chi^2=44.56$ ;  $p < 0.001$ ) between occupation and reasons for an induced abortion. Some career women and students used induced abortion as a

means to delay or space childbirth so as to achieve some pre-set career/educational objectives. The abortion experiences of respondents with various occupational backgrounds as narrated during the in-depth interview are as follows:

*I really wanted to have my first child at this time. Unfortunately, this pregnancy coincided with my promotional interview and nomination to lead a contingent on peace keeping abroad. This is a rare opportunity that I did not want to miss, hence I had an abortion'. (30-year-old, married military woman)*

*I struggled before I got this job and the job demands a lot of energy and attention. It is tough even without pregnancy. I could therefore not cope with the pregnancy during the period of probation hence; I had the abortion to secure my job'. (23-year-old, married teacher).*

*It is unacceptable to become pregnant in this industry when one hasn't finished serving a year's probation. Although I love children and would like to have my own soon, the pregnancy was unplanned, so I had to abort it to save my job. (25-year-old, married banker)*

*I was in the final year in one of the nursing training school in Ghana when I became pregnant after my very first sexual experience with my boyfriend. As the only child of my parents, my mother was very caring and prepared to support me have a baby whilst in School. Unfortunately, the educational policy in the nursing training school I attended did not allow pregnant women in school and the penalty was dismissal. Because I did not want to ruin my nursing career I had a secret abortion and informed*

*my mother and husband I had a miscarriage. (31-year-old student nurse)*

## Discussion

The paper sought to examine some triggers of induced abortion in an urban Ghanaian community, applying both quantitative and qualitative data. Respondents' initial reactions to the pregnancy were shock, guilt, worry and embarrassment. These reactions were predicated on mistimed pregnancies, pregnancies due to coerced sex, medical conditions (either to save the mother or avoid children with abnormalities), sexual infidelity social stigma associated with pre-nuptial pregnancies and need to pursue education and other skills training programmes. Overall, the findings are consistent with some of the previous studies<sup>24-25</sup> on the triggers of induced abortion.

Studies on sexuality and religious practices have demonstrated some contrast between attitudes towards certain undesirable phenomenon and actual practices towards the same. For instance, Finner and Gamachi<sup>26</sup> and Chung<sup>27</sup> found that religious attitudes towards induced abortion were different from practices and there were also differences between nominal and multi-dimensional religion and concerns and practices towards induced abortion. In a systematic review of unintended pregnancies and induced abortions Quin et al.<sup>28</sup> noted that pre-marital sex accounted for 12-38% of induced abortions. Bennett summarises the dilemma of young women who become pregnant pre-marital as follows: personal and familial shame, compromised marriage prospects, abandonment by their partners, single motherhood, a stigmatised child, early cessation of education, and an interrupted income or career, all of which are not desirable options. This makes induced abortion a reasonable option and this can be readily taken when such young women are religious and the chances of religious ostracism are plausible.

The current study indicates that some married women had sought for induced abortion and the reasons had more to do with the precedents

of pregnancy and the health implications for full-term pregnancy. For the preceding conditions, sexual infidelity was more concerning. In a typically conservative society like Ghana, marital infidelity especially by women is highly scorned and provides enough grounds for divorce<sup>29</sup>. Infidelity leading to pregnancies can receive higher sanctions despite that Ghanaian societies generally accept pro-natal practices. In fact in some Ghanaian cultures, 'fatherless' children are not entitled to inheritance. In recent times too, men doubting the paternity of their children make periodic DNA tests requests. For instance, a report in *The Mirror*<sup>30</sup> edition of 9<sup>th</sup> December 2013 indicated that when a DNA facility was set-up in June 2010 at the Korle-Bu Teaching Hospital, a tertiary health facility in Accra, Ghana, about 600 men requested for tests within the first month. The main reason for these requests was to confirm or accept their paternity of children. In this emerging context, it is therefore not surprising that some of the respondents who knew they had been unfaithful decided on induced abortion to cover their "shame", as Bleek<sup>31</sup> frames it. For the second category of married women, their decisions dealt more with preventing negative health consequences, either on themselves or the foetus.

Some of the respondents perceived pregnancy as a hindrance to their pursuit of education/skills training and occupation, especially among early career women. Despite that pregnancy is generally not considered a diseased condition, it can sometimes have a significant impact on the ability of a woman to pursue her normal routine at work, which can adversely affect productivity. Although it is not acceptable in Ghanaian laws for employers to demand pregnancy tests prior to employment, in some establishments, women are required not to become pregnant during the first year of engagement. Again, in non-tertiary educational institutions, students who become pregnant without a valid proof of marriage, such students maybe sanctioned. In these contexts, young women who want to 'peacefully' pursue their chosen careers or educational pathways may turn to induced abortion when unplanned pregnancy arises. An

alternative to induced abortion then is to make effective contraceptives readily available to young sexually active women in order to prevent pregnancies in the first place.

## Conclusion

Abortion decision-making remains multi-faceted in Ghana. In a liberal abortion context such as that of Ghana it is important that education on abortion decision-making tailored to meet the different needs of various categories of women in Ghana. That newly employed and students' relying on abortions to progress in their occupations creates an opportunity for targeting them strategies for delaying pregnancies. Social and institutional prohibitions on pregnancy and sanction of pregnant women leading to induce abortion should be addressed as violating women's right and as an issue of injustice to such women.

## Contribution of authors

FG conceptualised and designed the study. JAA provided inputs into the conceptualisation and analysed the data and drafted the paper. All contributed to concept development and revised the paper for intellectual content. All authors approved the version submitted.

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