



# THE SILENT CRISES: UNVEILING YOUNG WOMEN'S PERSPECTIVES ON UNSAFE ABORTION IN THE CAPE COAST METROPOLIS, GHANA

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## ABSTRACT

**Background:** Unsafe abortion, as a reproductive health issue, has been widely reported as posing a significant danger to the health of young women worldwide.

**Objective:** Using the theory of planned behaviour as a lens, the study explored the knowledge and attitudes of young women on unsafe abortion practices in the Cape Coast Metropolis of Ghana.

**Methods:** Guided by the interpretivist philosophy, the researchers employed an exploratory design utilising data collected from 21 participants through in-depth interviews.

**Results:** The study revealed that, aborters had little knowledge on safe abortion given that the first point of contact were their sexual partners, friends and guardians who ultimately influenced their decision to engage in unsafe abortion. The study also discovered that education, financial problems, religion and age were the major reasons why young women went for unorthodox abortion method.

**Conclusions:** The desire to further education and to avoid stigmatisation stood out as major reasons why young women opted for unsafe abortion methods. The study recommended the need for stakeholder institutions like the Planned Parenthood Association of Ghana, Ministry of Health, Government of Ghana and related non-governmental organisations to intensify and widen enlightenment on safe abortion practices to the general populace.

**KEYWORDS:** Unsafe Abortion, Aborters, Safe Abortion, Unsafe Abortion Practices

## INTRODUCTION

Unsafe abortion is a reproductive health care issue that poses danger to the health of women globally<sup>1</sup>.

This is because complications from unsafe abortion can lead to maternal death and morbidity<sup>2</sup>. In Africa, about 26,000 African women, constituting 17.9 percent, die from unsafe abortion procedures every year<sup>3,4</sup>.

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The reason is that 97 percent of unsafe abortion in the sub-region were performed by unqualified healthcare providers in an unhealthy condition<sup>5</sup>. It can also be self-induced, through the consumption of potentially harmful chemicals<sup>6</sup>. In Ghana, data shows that a lot of women engage in unsafe abortion<sup>7</sup>. In 2017, 310 maternal fatalities per 100,000 live births were attributed to unsafe abortion<sup>8</sup>. Apart from the fatalities that result from unsafe abortions, aborters face stigma, shame and rejection from partners. They also experience health challenges like sepsis, bleeding, tetanus, pelvic infections, secondary infertility and vaginal lacerations in pre and post-abortion periods<sup>1</sup>.

Despite the provision of safe and constitutionally liberal abortion in Ghana, there is still a high incidence of morbidity and mortality from unsafe abortion<sup>8</sup>. This is due to the murky nature of the abortion law. In Ghana's abortion law, which is outlined in the criminal offense law governed by Act 29, Section 58 of the Criminal Code of 1960, as amended by PNDCL 102 of 1985, abortion is only permitted when a pregnant woman's life would be in danger if she continues with the pregnancy. However, this law does not clearly state the threshold of danger that will warrant the need to terminate the pregnancy. As a result, medical professionals are left hanging by the inadequacies of the law. Since every pregnancy has an atom of hazard on a woman's life, there is the likelihood that some health professionals may exploit the gap in the abortion laws in Ghana to terminate pregnancies unlawfully.

It should also be emphasised that some women in Ghana do not recognise their legal rights to safe abortion due to illiteracy and social inequality<sup>9</sup>. The cost of legal abortion deters pregnant women from going through with the procedure since the few recognised private practitioners charge exorbitant fees<sup>10</sup>. This implies that legal abortion is affordable to the affluent and educated women<sup>10</sup>; hence the likelihood that the less affluent and less educated will go to unqualified professionals. Although the law criminalises abortion, it has provided reasonably liberal rationale for legalising 'certain' abortion. But unsafe abortion in Ghana remains a major cause of maternal morbidity and mortality. The study therefore explores the realities of young women who indulge in unsafe abortion.

## **METHODS**

### **Study design**

The study adopted the exploratory research design. This design is used when there are few studies to refer to, in order to predict an outcome of a research problem<sup>11</sup>. The design helped provide insight into the views of young women about abortion and access to abortion services. With this design, we were learnt more about the realities of young women regarding unsafe abortion.

### **Population, Sample Size and Sampling technique**

The population for the study comprised young women who have engaged in unsafe abortion in Cape Coast Metropolis. Cape Coast was selected because the region has recorded high female dropouts and teenage pregnancy<sup>12</sup>. The region has an establishment, namely Planned Parenthood Association Ghana (PPAG), that provides comprehensive abortion<sup>1</sup>. The study employed the purposive sampling technique to select 21 women who were directly involved in unsafe abortion.

### **Research instrument**

The study relied on the interview guide to gather data from women who have engaged in unsafe abortion. The interview guide was pre-tested at the University of Cape Coast hospital to ensure validity and reliability. The data were gathered with the help of a tape recorders and field notes.

### **Data Analysis**

The data were transcribed and edited. We created a written text of the information presented by the participants. We read the texts severally to familiarise ourselves with the content. We generated themes and subthemes from the transcripts in accordance to the objectives of the study. We employed the thematic analytical tool to analyse the qualitative data.

## **RESULTS**

### ***Categories of People who Engage in Unsafe Abortion***

The section explored the categories of persons engaged in unsafe abortion. Aborters stressed that single young women engaged in unsafe abortion.

The reason was that the majority were not self-sufficient and overdependent on their guardians which lead to unsafe abortion. This view was stressed by a participant:

*Mostly girls within the ages of 15 and 25 years do unsafe abortions more than the matured women because when you are grown you do not answer to anyone, you become more experienced and likely to have the money to abort at a hospital. If the woman is mature and married, she would rather keep the baby and even if she is not married, she would keep it since she can take care of the baby. I want to finish school at least, get a job, marry and have kids. (Akosua, 22 years, Abura)*

It was realised that, single young women mostly engage in unsafe abortion because they cannot afford to pay for safe abortion services. However, it was not always about marital status or age. Lack of support from partners influences the decision to abort. A participant narrated:

*I think both the young and old all do abortion, 13years and 30 years all do abortion. Oh, I know a woman at Jukwa who was around 47 years that did an abortion because she was afraid of complications due to her age. She may even give birth to a 'defect'. (Ama, 23 years, Akotokyire)*

Regardless, participants argued that unsafe abortion was very rare among rich married women who could afford safe abortion services at the hospital. Even when they were poor, married women were reluctant to undergo unsafe abortion. A 15-year-old participant from Efutu said:

*Oh, as for married couples they give birth and try to provide for the child even if they are poor which makes it rare to hear of them taking part in unsafe abortion, unlike myself and my peers who often commit unsafe abortion.*

Contrary to the preceding observations, an empirical study by the PPAG found that there was no significant difference between illiterates and literates, unemployed and the employed, the youth and the adult in relation to unsafe abortion. This implied that unsafe abortion cannot be boxed into a single category. The health specialist explained:

*We expected people with higher educational qualifications to understand abortion better, but that wasn't the case. About 50% were illiterates or who had no basic education and 50% were those with tertiary level of education. A similar finding was made between the unemployed and the*

*employed. Abortion is not one sided.*

### **Understanding of Unsafe Abortion**

The section was to determine whether aborters knew the difference between safe and unsafe abortion, which could have stimulated their planned behaviour. For aborters, unsafe abortion occurs when women attempt to terminate their pregnancies by any method available. A participant expressed:

*Unsafe abortion in my view is getting rid of a pregnancy you do not intend to keep through any means such as drugs, some concoction, or herbalist. (Akosua, 23 years, Abura)*

As far as unsafe abortion was concerned, aborters placed little emphasis on the qualification of healthcare providers, which diverges from the viewpoint of the health specialist who placed much emphasis on the qualification and supervision of healthcare providers. The health specialist explained abortion to be the loss of the foetus; involving the absence of deliberate surgical procedures to terminate the pregnancy. He added that unsafe abortion is intentional and without the supervision of a qualified doctor. The health specialist narrated:

*Unsafe Abortion is the intentional loss of pregnancy before the foetus is viable outside the womb or before the foetus survived outside the womb through unorthodox means or without the supervision of a qualified doctor.*

### **Initial Point of Contact**

We found that their first point of contact were close friends, guardians and the media. Among the sources of information on unsafe abortion, we observed that aborters were largely introduced by friends. They confided in friends with similar experiences. Others claimed that their partners, who were responsible for unexpected pregnancy, coerced them into unsafe abortion. A participant reported:

*I first told my boyfriend about the pregnancy since he put me in this situation, and he suggested I do abortion to be free of the pregnancy. None of us wanted to have it anyway. (Obibiniba, 23 years, Abura)*

Others informed their friends and strictly followed their instructions to the latter instead of the partner responsible for the pregnancy. A participant sadly recounted:

*Well, I did not know much about safe abortion*

*practices. So, I asked a friend. I tried what she did before. The methods I heard which was unsafe but at the time, I had no option since I stayed with my parents so I would rather get rid of it by any means possible before they found out. Hmm, I was in so much fear that I forgot about the risks involved.* (Akosua, 22 years, Abura)

Several aborters expressed regret for not going to a qualified specialist or a facility that satisfied the standards for safe abortion services. They were discouraged from performing safe abortion because of ill treatments from some health workers in qualified institutions. As such, they purchased abortion drugs at pharmacy shops to avoid paying exorbitant prices for medications coupled with the stigma and awful treatment at the hospital. She lamented:

*I was afraid of going to the hospital because of the harsh behaviour some nurses and midwives render towards young girls like myself who get pregnant. Most of the people I know use the drugstore option anyway, so what is the point in going to the hospital where they charge huge amount whereas drug stores give the same drugs for less.* (Abenaa, 19 years, Amisano)

Aborters, whose initial point of contact was medicinal agents from television or radio stations, said they learned all the tactics from adverts on various television and radio stations. According to them, they intentionally took advertised medicines that the Food and Drugs Authority has warned may cause the loss of the pregnancy. Once the locations of the medicinal agents were known, aborters visited them for assistance. A participant recounted:

*When I realised I was pregnant I tried all the methods I have heard around and herbal tonic adverts on TV that pregnant women cannot take. Oh, all these local channels on TV on herbal drugs that are not recommended for pregnant women can be used to abort your pregnancy.* (Efuah, 26 years, Aggrey)

### **Is Unsafe Abortion good or bad?**

The consequences of unsafe abortion were recounted by the aborters within socio-biological context. Young women were ill-informed of the difference between safe and unsafe abortion, as well as their consequences. Aborters who felt it was bad exclaimed:

*Herh Abortion! With what I have been through I would not advice anyone to do abortion. It is a bad*

*experience for anybody to go through it, the pain can kill if you are not lucky. It would be better to protect yourself to avoid having to choose between abortion and giving birth.* (Akosua, 22 years, Abura)

Contrary to expectations, aborters perceived unsafe abortion as beneficial depending on the circumstance.

*I know there are some sins even God will forgive when you commit them because now, I have admission to read Psychology at Legon, and currently serving as an intern, and this is earning me some small money but it is better than dropping out of school to give birth and probably becoming a street hawker. Who knows, I would have given birth again by now because, in this area once you give birth to one child you would definitely give birth again.* (Adjoa, 17 years, Mempeasem)

Aborters justified their actions by saying that their only choice was unsafe method to end their pregnancy in spite of their religious, cultural, and traditional objections. They cited social and financial pressures as motivation for unsafe abortion.

### **DISCUSSION**

The study revealed that young women in deprived areas, aged 16-23 years with at least basic education largely performed unsafe abortions. This is in line with the assertion that single young women are responsible for high rate of unsafe abortions<sup>13</sup>. This also supports the assertion that unsafe abortion was primarily performed by women with low educational and economic prospects<sup>14</sup>. Similarly, most unsafe abortion rates were common among the poor<sup>9, 15</sup>. Although women with higher education and wealthy background were less likely to indulge in unsafe abortion, there was no obvious pattern in terms of abortion safety by degree or affluence<sup>16, 15</sup>.

Furthermore, above findings diverges from the theory espoused by health experts at PPAG who suggested that unsafe abortion cut across all categories. The notion affirms the claim that 98 percent of unsafe abortions occur in underdeveloped countries, with 41 percent occurring in women between the ages of 15 and 25<sup>17</sup>. Moreover, 70 percent of females under the age of 20 years were admitted to hospitals as a result of unsafe abortion. Similarly, in many African nations, women below 28 years account

for 70 percent of victims of unsafe abortion complications<sup>18</sup>. As a result, the majority of women under the age of 30 had unsafe abortions. Single, young, and junior high school girls account for the majority of all unsafe abortions<sup>13</sup>.

Having revealed the categories and characteristics of aborters in the Cape Coast Metropolis, it was imperative to unearth their understanding of unsafe abortion. The kinds of perceptions people have about it is informed by their level of understanding albeit observational and explanatory understanding<sup>19,20,21</sup>. It must also be emphasised that understanding is a by-product of one's knowledge. Therefore, one's level of understanding of abortion depends on the knowledge acquired.

Participants described abortion as destroying the foetus in the womb of the mother. This validates the claim that abortion is a medical or surgical procedure that deals with the sudden removal of the products of conception from the uterus<sup>22,23</sup>. Hence, licensed healthcare practitioners must carry out such procedures. Abortion can be viewed as simply the intentional termination of a human pregnancy<sup>24</sup>.

Another important issue that emerged in the discourse was their description of unsafe abortion. Aside their understanding of abortion, aborters shared insights on unsafe abortion. To participants, unsafe abortion is carried out by unqualified persons using unconventional methods. This notion lends credence to the findings of extant studies<sup>25, 9,23</sup>. The authors described unsafe abortion as the termination of an unintended pregnancy either by individuals without the required expertise or in an environment lacking the minimum medical requirements, or both. The Ghanaian traditions frown on abortion. Also, the religious and cultural values influence abortion opinions, whether the procedure is the safe or unsafe<sup>26</sup>. Due to these prevailing atmospheres against abortion, young women would prefer to seek advice and treatment from unqualified individuals rather than qualified health professionals in order to avoid public ridicule and humiliation. Beyond these, the intriguing question is, what was aborters' initial source of contact? This question is interrogated in the ensuing section.

Certainly, literature is brimming with third party contact to unsafe abortions<sup>5,9</sup>. Aborters were introduced to unsafe abortion through third parties since many of them were first timers who had no

prior knowledge on the procedures involved. In such situations, the first timer may consult an experienced person. Since, unsafe abortions were performed by unqualified persons rather than experts, they may be required to combine herbs, medicines, or routines<sup>1</sup>.

It can be inferred that the rich mostly sought treatment from the hospital whereas the poor sought for herbal treatment. This corresponds to the subjective norm, the second component of theory of planned behaviour, which focuses on the behaviour and opinions of others in the person's immediate environment towards abortion<sup>27</sup>. As a result, a pregnant young girl feels that because she is impoverished, she must seek unconventional abortion procedures.

The consequences of unsafe abortion were recounted by the aborters within socio-biological context. Young women were ill-informed of the consequences of unsafe abortion. At the initial stages, aborter's interest was mainly on getting rid of an unwanted pregnancy regardless of the methods employed. Some participants viewed unsafe abortion was awful, while others argued that it was pleasant insofar as they are able to get their lives back. In addition to health complications, aborters felt it goes contrary to their religious beliefs and the possibility of divine retribution. This supports the claims that moral convictions impact numerous African laws and way of life within a society<sup>26,23,15,28,9</sup>. They further said that unsafe abortion was still regularly practiced due to the stigma attached pregnancy out of wedlock.

The study revealed that their experiences with abortion was subjective and contextual; hence the reason why some perceived it as good and others, as bad. They lamented on the health risks associated with unsafe abortion procedures as an appointment with untrained health professionals could lead to loss of lives. This supports the argument that young women die or suffer from severe complications from unsafe abortion procedures<sup>29</sup>. With respect to their unpleasant experiences, unsafe abortion can result in sepsis, severe anaemia, disability, incomplete evacuation, bleeding, and life-threatening situations<sup>19, 30</sup>.

Some aborters justified their actions by saying that their only choice was unsafe method to end their pregnancy in spite of their religious, cultural, and traditional objections. They cited social and financial pressures served as motivation for an

unsafe abortion. This validates the assertion that, if the primary reason for abortion was financial constraints resulting from life's hardships, women were more inclined to terminate their pregnancy by unsafe or unconventional methods<sup>31</sup>.

### **CONCLUSIONS**

The desire to further education and to avoid stigmatisation stood out as major reasons why young women opt for unsafe abortion methods. Aborters had little knowledge on safe abortion given that the first point of contact were friends who ultimately influenced their decision on unsafe abortion. It is therefore recommended that a comprehensive and combined effort of community leaders, parents, religious leaders, PPAG officials, the staff of Cape Coast Teaching Hospital and the youth must join forces to fight unsafe abortions through engagements with young women which will focus on the repercussions of unsafe abortion.

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### **ETHICAL APPROVAL**

The letter of ethical clearance was obtained from University of Cape Coast, Institutional Review Board (with ID: UCCIRB/CHLS/2021/35) and submitted to the Planned Parenthood Association Ghana (PPAG) to get permission before the study commenced. The study was conducted in compliance with good clinical practice and informed consent was sought from aborters before seeking information from them.

### **AUTHOR CONTRIBUTION**

APP, SBS, and DADA were actively involved in the study development  
APP and SBS developed the questions in the interview guide and designed the study and applied for ethical approval  
APP, SBS and DADA analysed the qualitative data

APP and DADA recruited family caregivers for the study

APP and DADA collected data

All the authors discussed the results and produced the final manuscript

### **DECLARATION OF INTEREST STATEMENT**

The authors report that there are no competing interests to declare.

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