

Abortion in Ghana

- As of 1985, Ghanaian law permits abortion in cases of rape, incest or the “defilement of a female idiot;” if the life or health of the woman is in danger; or if there is risk of fetal abnormality.
- To ensure that legal abortions are provided safely, the Ghana Health Service and the Ministry of Health established protocols for the provision of safe abortion services. These guidelines, adopted in 2006, outline the components of comprehensive abortion care and call for expanding the base of health providers to perform first-trimester procedures.
- Ghana’s liberal law notwithstanding, as of 2007 a mere 3% of pregnant women and only 6% of those seeking an abortion were aware of the legal status of abortion.
- Almost half (45%) of abortions in Ghana remain unsafe.

CONTRACEPTIVE USE AND UNINTENDED PREGNANCY

- The root cause of most abortions is unintended pregnancy, which occurs when women are unable to time or limit their childbearing.
- In 2008, only 17% of married women and 28% of sexually active unmarried women were using modern contraceptives.
- Some 35% of married women and 20% of sexually active unmarried women have an unmet need for contraception; that is, they do not want a child soon or at all and are not using a contraceptive method. As a result, more than a third (37%) of all pregnancies in Ghana are unintended: Twenty-three percent are mistimed and 14% are unwanted.

- A large proportion of married women—34% of those with unmet need—cite concerns about health risks or side effects associated with contraceptives as a reason they do not practice contraception. These concerns are especially prevalent among relatively well-educated women and those living in urban areas.
- In Ghana, the use of contraceptives has not kept pace with the desire for smaller families. Although average family size has declined substantially from 6.4 children in 1988 to 4.0 children in 2008, women still have more children than they desire. On average, women currently have 4.0 children but want to have only 3.5.
- Poorer Ghanaian women have a lower level of contraceptive use and a higher level of unintended births than do better-off women.

ABORTION INCIDENCE

- According to a 2007 survey of women, there were at least 15 induced abortions for every 1,000 women of reproductive age (15–44). However, since abortion is heavily stigmatized in Ghana, actual incidence of the procedure is very likely underreported in face-to-face interviews.
- While recent, reliable national abortion figures for Ghana are not available, the World Health Organization estimates that there are 28 procedures per 1,000 women each year in Western Africa. The true incidence in Ghana likely approaches this rate.

CHARACTERISTICS OF WOMEN HAVING AN ABORTION

- Social and economic characteristics that may predict which women are likely to obtain an abortion include never having married, being in their 20s, having no children, coming from a wealthy household and living in an urban area.
- Compared with other women, women who have had an abortion in the past have twice the odds of obtaining the procedure. Women experiencing repeat abortions may be more highly motivated than other women to avoid an unwanted birth. They may also be more aware of where they can obtain an abortion and of the legal status of abortion in Ghana.
- The reasons Ghanaian women most frequently cite for having an abortion are being financially unable to take care of a child, needing to delay childbearing in order to continue schooling or work, and wanting to space or limit the number of children they have.
- The odds of having an abortion are 67–80% higher among women in the top two wealth quintiles than among the poorest women; the odds are about 40% higher among women living in urban areas than among women in rural areas.
- The odds of having an abortion are twice as high among never-married women as among those who are married, and they are about seven times as high among women with no children as among those with at least three children. This is likely due to the stigma associated with out-of-wedlock childbearing, the wish to postpone childbearing until marriage and

the possibility that some unmarried women have insufficient financial support for bringing up a child.

UNSAFE ABORTION IN GHANA

- Despite the fairly liberal abortion law, unsafe abortion remains common in Ghana. It is the second most common cause of maternal mortality, accounting for 11% maternal deaths in the country.

- Safe abortions are those which are provided by a trained doctor, nurse or midwife using manual vacuum aspiration, dilation and curettage, or misoprostol (Cytotec), and which are performed in a government or private hospital, health center or clinic.

- There are significant differences in abortion safety according to women's social and economic status. Women who are poor or young, who have multiple children or who do not have financial support from a partner are the most likely to have an unsafe abortion.

- Compared with poorer women, who have less access to financial resources and health care facilities, wealthier women have three times the odds of having a safe abortion.

- Teenagers and women in their 20s are more likely than women aged 30 and older to have an unsafe abortion. Young women may be less likely to know where to get an abortion, have less access to financial resources and be more influenced by stigma, compared with older women.

- The odds of having a safe abortion are 77% lower among teenagers, and 60% lower among women in their 20s, than among older women.

- The stigma associated with abortion often leads women

to seek unsafe, clandestine procedures. Women who have abortions may face disapproval from their families and society at large and may want to avoid being seen or identified in a health facility.

- Compared with women who have one, two or no children, women with three or more children are at greatest risk of having an unsafe abortion. They are likely to be poor, and to have much lower levels of education. Women with three or more children are also likely than other women to have less educated partners, whose desired family size is greater than their own.

- Women whose partners pay for all or part of the cost of their abortion have three times the odds of obtaining a safe procedure, compared with women whose partners do not help pay for an abortion. Men who help pay for an abortion are more likely to treat their partners as equals in the reproductive decision-making process and show their support in concrete ways.

RECOMMENDATIONS

- Reduce unmet need for contraception and eliminate barriers to obtaining family planning services. Providing greater access to comprehensive family planning services, including by offering a range of contraceptive options, will reduce the number of unintended pregnancies. This, in turn, will reduce the incidence of unsafe abortion and associated maternal deaths and ill health.

- Promote access to safe, legal abortion services for all women, to the full extent of the law. The government should also publicize the availability of these services in public-sector facilities and ensure that services are affordable for poor and rural women.

- Improve the coverage and quality of postabortion care, which would reduce maternal deaths and complications from unsafe abortion.

- Increase the role of trained midwives in providing abortion services, particularly in remote and rural areas where there are relatively few health care providers.

- Conduct campaigns to increase awareness of the legal status of abortion in Ghana.

- Increase gender equality among Ghanaian couples, and promote joint reproductive decision making, including on timing pregnancies and choosing the number of children to have. Men should also be made aware of how their support can help their partner avoid unintended pregnancies and unsafe abortion.

The data in this fact sheet are the most current available and, unless otherwise noted, are drawn from Sundaram A et al., Factors associated with abortion-seeking and obtaining a safe abortion in Ghana, Studies in Family Planning, 2012, 43(4):273–286.

For more information on abortion in Ghana, see Sedgh G, Abortion in Ghana, In Brief, New York: Guttmacher Institute, 2010, No. 2.



125 Maiden Lane
New York, NY 10038 USA
Tel: 212.248.1111
info@guttmacher.org

www.guttmacher.org