

UNDERSTANDING THE DECISION-MAKING PROCESS AND REASONS BEHIND GHANAIAN WOMEN'S PREGNANCY TERMINATIONS

Adriana Andrea E. Biney

Regional Institute for Population Studies, University of Ghana

ABSTRACT

Studies allude to induced abortion as a contributor to Ghana's fertility decline, especially since contraceptive use levels have not proportionally increased. If induced abortions are a means through which Ghanaian women control their births, it behooves us to understand the reasons and decision-making process behind their pregnancy terminations. This study seeks to contribute to the literature on this issue using data from the 2007 Ghana Maternal Health Survey and interviews conducted in 2008 with patients at Korle Bu and Tema Hospitals. Qualitative results suggest that women underwent abortions for four reasons, the most prevalent being financial; and the decision-maker for the abortion depended largely on the reason. Survey findings were similar to those from the in-depth interviews since the majority stated financial reasons as the determinant of their induced abortion. Reproductive health services are required as alternative strategies to reduce instances of unplanned pregnancies that result in terminations.

INTRODUCTION

Induced abortion, especially when carried out unsafely, is a contributor to maternal deaths in the developing world, and it is estimated to have accounted for about 11 per cent of maternal deaths among women in Ghana between 1997 and 2007 (GSS et al., 2009). Apart from death, pregnancy related illnesses, ranging from disability to infertility, can also occur. Studies allude to induced abortion as being a contributor to the decline in fertility in Ghana over the past five decades. They suggest that the low contraceptive prevalence rate cannot fully explain the change that has taken place (Geelhoed et al., 2002; Ahiadeke, 2005). Induced abortions have served as a tool in “regulating menstruation” for women in Ghana. In Bleek’s (1990) study, the vast amount of knowledge that women had about methods of aborting pregnancies revealed that the practice occurred widely in that culture.

There are a variety of reasons why women chose to undergo abortions. Adanu and Tweneboah (2004) found that women usually have more than one reason for choosing to undergo an induced abortion. However, the number one reason women interviewed at the Korle Bu Teaching Hospital gave for terminating a pregnancy was relationship problems. Ahiadeke’s (2002) study revealed that women in Southern Ghana underwent abortions primarily because the child was unwanted. Other reasons included financial constraints and unplanned or mistimed pregnancy. Bankole et. al. (1998), in a global study which collected evidence from 27 countries on this topic, also reported that most women chose to terminate their pregnancies because of financial constraints. In addition, 19.4 percent of the women underwent abortions due to relationship problems.

It has been noted that abortion research has tended to look at the “incidence, epidemiology and complications of induced abortion” without exploring the reasons and “the stories that lie behind the abortions” (Adanu & Tweneboah, 2004). Thus, this paper contributes to the literature by examining the factors that influence women to choose induced

abortions using data primarily from a nationally representative survey and a small scale hospital based qualitative study. More knowledge gained on these issues can contribute to sound evidence based policies to help prevent unsafe abortion practices.

DATA AND METHODS

Sources of Data

Data were gathered from two sources; quantitative data were taken from the 2007 Ghana Maternal Health Survey (GMHS) and the qualitative data from 21¹ interviews conducted with women in 2008 at the Korle Bu Teaching Hospital (KBTH, 7 participants) and the Tema General Hospital (TGH, 14 participants) in the Greater Accra region of Ghana as well as from two focus group discussions with male and female students at the University of Ghana.

The GMHS is a nationally representative survey carried out in 2007 by the Ghana Statistical Service and Macro International. Respondents were sampled on a two stage basis, first by cluster and then by household. Respondents were women between ages 15 and 49 residing in the sampled households. A sample of 564 women was selected as part of this study since they terminated a pregnancy within the five years preceding the survey. Information related to their socio-demographic characteristics as well as the reasons for their abortions were analysed.

Data for the small scale qualitative study was obtained from semi-structured interviews with women at the Korle Bu Teaching Hospital and Tema General Hospital. The women were asked about their abortion experiences, including the reasons for the decision and the process that occurred to arrive at that decision to terminate the pregnancy. In addition, two focus group discussions were conducted, one with young male students and the

¹ In total, 24 interviews were conducted with women who had ever terminated a pregnancy; however, one interview was discarded due to the poor quality of the tape recording and inadequate notes. In addition, for this paper, two women who cited they experienced accidental abortions were removed.

other with young female students at the University of Ghana. Information about their thoughts on reasons women underwent abortions were gathered.

Analyses Techniques

The quantitative data were analysed using the statistical software package STATA. Out of the 10,370 women surveyed, 564 had undergone an abortion between 2002 and 2007.

Descriptive statistics, mainly frequencies and means, were used to assess the characteristics of the women and their reasons for undergoing the abortion. The qualitative data were analysed manually using an Excel spreadsheet. The reasons were listed for each participant and codes were distinctly coloured so that similar codes could be grouped under various themes.

Characteristics of Respondents

Table 1 displays a few characteristics of both the surveyed and interviewed women with abortion experiences. Surprisingly, the women had similar mean ages (approximately 27 years), mean number of children (approximately 1.9 children), and similar proportions were currently married (about 57%). The majority had JSS/JHS/Middle school education and were mostly married. However, more women from the qualitative study had attained up to this level of education.

Characteristics about their age, number of children and marital status at the time of the first abortion were gathered from the women. The results show that the mean age at the first abortion was 20 years old, the mean number of children was 0.6, and only about 14 per cent were married at the time of the first abortion.

RESULTS AND DISCUSSION

Reasons for the induced abortions

Induced abortion could be a plausible solution in controlling births across Ghana, including the two cities of Accra and Tema (Henry & Fayorsey, 2002; Senah, 2002). From the 2007 GMHS, women's reasons fell into five main categories; these were health, financial constraints, non-readiness, school/career advancement, as well as external factors, and other reasons. As indicated in Table 2, about one-in-five women stated financial constraints as their main reason for the abortion (20.7%), and following closely the next highest proportion wanted to limit and space births (20.4%). Attaining their educational goals or advancing in their careers was also an important reason of which about 17 per cent of the respondents mentioned. External influences were seen to be from parents and the partner or others. About 16 per cent of the externally influenced reasons were from the partner and less than 4 per cent were from parents/others. One finding not identified in other studies was this category of women's non-readiness or an incapability of look after the child.

Evidence from the qualitative findings show that the reasons can be grouped into four main categories: financial constraints, external influences, child spacing/limiting and school/career advancement. Adanu & Tweneboah (2004), recorded similar themes in their paper that discussed reasons women underwent abortions. The paper also stated that women tended to give more than one reason adding to the complexity of assigning a woman to a particular category.

External influence (partner):

An essential reason women terminated their pregnancies or attempted to do so was because of the partner's behaviour upon her announcement of the pregnancy. Within all these cases, the

women were not married to the men. The abortions were suggested by direct means through her partner verbalizing his disapproval or indirectly by his behaviour i.e. having an affair with another person, refusing to financially support her, leaving her, and so on. A few respondents stated:

“He wasn’t coming close, as soon as I got pregnant, he separated himself from me.”

(P15², TGH)

“I didn’t see any seriousness in him, so because of that I decided to terminate it, because if I continued with him it’s going to worry me and I didn’t want to spoil my education, so I decided to just quit.... I don’t want the situation where when I’m in school then you’re following women. That is the more reason why, it was not my intention to do it, but the way he was moving about, I don’t like it, that is why I terminated the pregnancy.” (P4, TGH)

“...he had a wife already and he didn’t tell me and I got pregnant, so the pregnancy came and I was also going to school.” (P10, TGH)

External influence (parents or others):

Both the partner’s mother and the respondent’s mother also played a role in the abortions that took place. The partners’ mothers indirectly influenced the women to undergo the abortions. Two women experienced cases where their boyfriend’s mothers expressed their disapproval of the relationships and suggested the women terminate the pregnancies. One respondent stated:

² Participant 15, interview conducted at Tema General Hospital

“The boy said I should go and have the abortion because his mother said he shouldn’t marry me, so we should go and remove the pregnancy.” (P3, TGH)

The mothers of the women were also capable of forcing their daughters to undergo abortions. One participant’s experience suggests that mothers would go through great lengths to ensure their daughters terminate pregnancies that they believe would prevent them from experiencing a better life. This respondent was forced to undergo the abortion at her mother’s request, in order to complete her education. Another case involved a Fante respondent who had undergone four abortions mentioned that she had the second abortion because her mother disliked her Ewe boyfriend. She mentioned:

“The second time, the guy that I was with he was Ewe and my mother didn’t like it, so I went to remove it.” (PK2³, KBTH)

Coincidentally, this issue was raised during a group discussion, where one discussant stated:

“Sometimes, it even goes to the issue of even tribe, OK, I’m an Ewe, I’ve impregnated a Fante girl, then the parents say, WHAT! it’s not good to be associated with the Ewes, this thing (laughter)...” (FGD4-CS, UG⁴)

Other external influences that aided in the abortions include friends encouraging their friends to do so. One participant mentioned that her friend suggested she have the abortion. A few participants mentioned that they went with their pregnant friends to the hospital to terminate their pregnancies together, suggesting that friends tend to share their abortion experiences. The actions the participants chose to take, due to suggestions from people outside the relationship, indicated that parents and friends were powerful collaborators, contributing to the occurrence of induced abortions. Participants also mentioned that the

³ Participant 2, interview conducted at Korle Bu Teaching Hospital

⁴ Focus group discussion participant at the University of Ghana

knowledge that their father or aunt would find out about the pregnancy was enough to frighten them to undergo the abortion. One participant mentioned:

“I was staying at my aunt’s place and my aunt was bothering me and she asked me that she heard I was pregnant and I said it wasn’t true...So, I went to tell the boy and he went with me to go and remove it.” (PK2, KBTH)

Financial Constraints:

Women were also led to undergo abortions due to financial constraints on their part and especially on that of their partners’. Poverty and a lack of financial security resulted in women realizing their inability to provide for themselves and their children and their dependence on a male to provide their needs. In settings where parents cannot maintain financial support for their growing children, young women tend to seek financial assistance from their regular partners (Henry and Fayorsey, 2002). Therefore, whether a woman terminates a pregnancy or not could be largely determined by the man’s ability to supply her with the needed funds or “chop money” (Henry and Fayorsey, 2002). In this study, the major reason men gave to convince women to abort the pregnancies was that they could not afford the child. The common phrase heard after women were asked why she opted for the abortion was:

“He said he didn’t have money” (P1, TGH)

“...he said he didn’t have money so I should remove it.” (P6, TGH)

Child spacing & limiting:

Married women underwent abortions primarily for child spacing. They practiced this mainly because they became pregnant soon after childbirth. The respondents in this study were having sex while breastfeeding, soon after childbirth. However, since women in urban areas

tend not to breastfeed exclusively, for at least the six-month maximum suggested by the World Health Organization (WHO), they were able to get pregnant after resuming sex. Ultimately, their beliefs about the negative effects of pregnancy and breastfeeding resulted in the termination of the pregnancies. Literature cites a variety of African cultures that look unfavourably upon those in this predicament (Lockwood, 1995). One belief about this topic is referred to as a lactational taboo, which suggests that while having sex and breastfeeding simultaneously, the man's sperm pollutes the breast milk. Other customs have a similar belief that breastfeeding while pregnant (and because of sex), will harm the mother and breastfed child. Therefore, this latter taboo does not necessarily discourage women from having sex while breastfeeding, but rather from getting pregnant. These taboos ultimately discourage pregnancy soon after childbirth (Lockwood, 1995). Two respondents declared:

“At that time our 1st born he wasn't old, I was pregnant and it was 3 months old, so we went to go and do it.” (PK1, KBTH)

“The last baby at that time was too young” (P5, TGH)

As one respondent discussed her reason for her third abortion, it suggested that she and her husband adhered to the latter taboo. She stated:

“The third time, I had given birth to a fresh one, my child was 3 months and I got pregnant again. So I told my husband and he said since I am breastfeeding I have to abort it, so I went to remove it.” (PK2, KBTH)

Children who were simply not wanted were also a cause for abortions. Married and unmarried couples both chose to abort pregnancies because the children were just not wanted at that point in time. One participant simply stated:

“The children are many.” (P7, TGH)

Education/Career Advancement:

Women terminated pregnancies in order to continue with their education or career. These women felt they needed to abort the pregnancies in order to continue with the activities that would enable them to progress in life. The pregnancies therefore became unwanted since they would have disrupted the woman's goals for a better life and upon achieving the set targets they were better positioned to have the children. Respondents mentioned:

“Because I am schooling and I'm in my final year so I have to abort it and write my JSS BECE, so that I can do something good with my life.” (P8, TGH)

“P16: Because of my work, I don't want to fail that woman that is why.” (P16, TGH)

Bleek (1990) discussed the role of mass education as a tool that encouraged the practice of abortion in contemporary Ghana. This existed when high societal status changed from being dependent on the large number of children one had, to becoming mostly dependant on educational attainment as well as one's occupation. Attaining the necessary degrees allows a person to obtain a prestigious occupation and hence gain societal recognition.

The decision to undergo the abortion

A variety of decisions plagued these women once they discovered they were pregnant. The prevailing circumstances and people around them helped determine the decisions they made concerning the pregnancy. The people who made the decisions concerning the abortions were in the following categories: his or her decision alone, a joint decision and a decision resulting from external influences.

His or her decision alone:

A few participants chose to make the decision to undergo an abortion alone without consulting their boyfriends or husbands. A variety of circumstances influenced the women's decisions. One respondent simply stated:

“P11: OK, I saw the state of my life at the time and I saw that I couldn't bring a child into the world and look after the child.

Interviewer: And the guy, he wasn't included in the decision?

P11: No” (P11, TGH)

A participant in the group discussion stated:

“Most of the time it is the woman. The woman, she decides because looking at her condition, she is the best, she is the only person in that condition who can best explain what is happening to her. The fact that the man will not accept responsibility and she would have to bear the responsibility all alone and the shame she brings in her family and all, so most of the time they decide for themselves what they want to do even before the men learn about it.” (FDG3-J, UG)

When the decision to undergo the abortion was made solely by the men, the women were forced to go along with it, most likely because they felt they had no alternative solution to their predicament. One discussant during the group interviews stated that the decision to abort could come from either partner; however, it was the man's decision that tended to ultimately prevail:

“...depending on who is feeling the pressure, where the pressure is coming out from and I, what I mean by pressure is that for instance, if the boy feels that this pregnancy will truncate his, his whole schooling, his education, he doesn't have money he's not ready to marry even you as a person, then he will insist that you have the abortion.

Again, if the pressure, but I think that if the pressure is even coming from the lady, [um], that and the lady is saying that, OK, my parents will be really mad, I need to take care of this abortion, otherwise, I'll not be in school, I'll be kicked out of the house and everything. I think that if the boy wants it, it can reverse that situation, if the, [er], person who is pregnant with wants the baby, the person can talk her out of it not to have the [um], not to have the abortion, but if the guy, I think that ultimately, it is the guy who makes the (laughter) it's the guys who even though they don't carry the pregnancy, they are the ones who have so much power over whether they keep the pregnancy or don't keep the pregnancy." (FGD-K, UG)

Mutual decision:

Respondents were able to make a joint decision with their partner to abort the pregnancy. Two of the married respondents made the decision to terminate their pregnancies with their husbands. Both women did so because the pregnancies were mistimed and came soon after a child had been born. The other respondents who made the mutual decision with their boyfriends to abort the pregnancies did so either at the hospital or at home.

External influence:

The decision concerning the pregnancy was also sometimes made by another person apart from the actual couple in that predicament. Women were persuaded or forced to undergo the abortion by their parent or their partner's parent. These relatives forced the abortions to occur in order to better the lives of their children. All three women in that situation were below age 18 at the time. A participant in the group interview made this comment:

“The decision to abort can come from the partners involved or external parties, yes. For instance, if you take educated mothers who have a vision for their wards, or

children, they can step in to say that, “my daughter should go in for abortion and give all reasons to support it. You know, abortion is illegal in some respect in this country and then legal in some respect, so an educated mother who knows all these rules can manipulate an abortion to be caused, [aha]. For instance, even if the daughter is not underage, once she is interested and wants that abortion, wants that pregnancy to go away because she doesn't like the fact that the boy or any other thing, she may go in to say that my daughter is underage and therefore I want an abortion to be and that will be done.” (FGD4-T, UG)

CONCLUSION

There truly is a multiplicity of factors that leads one to the decision to terminate a pregnancy. People, circumstances and timing are key contributors to that important decision. Among the well-known reasons, the respondent's readiness was one that emerged from these results. Based on their reasons, a variety of strategies need to be implemented to curb the incidence of these unplanned pregnancies (which are ultimately terminated). Couples counselling services, affordable and reliable day care centres for schooling and working women, as well as reproductive health centres that offer information and services are all means to help reduce the instances of induced abortion among women in Ghana.

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TABLES AND FIGURES

Table 1: Descriptive Statistics of Survey and Interviewed Respondents

	2007 GMHS	2008 KBTH & TGH
Current mean age	27.3 (15 - 48)	27.7 (16 - 57)
Mean age at first abortion	-	20.2 (13 - 30)
Current educational level attained (%)		
None	8.9	15.0
Primary	23.8	10.0
Middle/JHS	49.5	65.0
Secondary	15.1	5.0
Higher	2.8	5.0
Current marital status (%)		
Married	57.3	57.9
Never/Formerly Married	42.7	42.1
Marital status at first abortion (%)		
Married	-	14.3
Never/Formerly Married	-	85.7
Mean number of pregnancies	3.6 (1 - 16)	-
Mean number of children	1.9 (0 - 10)	1.9 (0 - 6)
Mean number of children at first abortion	-	0.6 (0 - 3)
NUMBER	564	21

Sources: Ghana Maternal Health Survey, 2007; Small Scale Qualitative Study, 2008

Table 2: Reasons women gave for terminating their pregnancies between 2002 and 2007

Main Reason for Abortion	Frequency	Percent (%)	Total Percent (%)
Health			5.5
Health of mother	26	4.6	
Birth defect	5	0.9	
Financial Constraints			20.7
No money to take care of baby	117	20.7	
Non-readiness/Incapable			12.6
Too young to have child	7	1.2	
Not ready to be a mother	49	8.7	
No one to help me look after the children	15	2.7	
School/Career Advancement			17.6
Wanted to continue schooling	56	9.9	
Wanted to continue working	43	7.6	
Spacing/Limiting Births			20.4
Wanted to delay childrearing	66	11.7	
Wanted to space child	49	8.7	
External Influences (Partner)			16.0
Did not love the father	7	1.2	
Did not want to stay with the father	44	7.8	
Partner did not want child/denied pregnancy	37	6.6	
Was raped	1	0.2	
Father of child died	1	0.2	
External Influences (Parents/Other)			3.7
To avoid shame	10	1.8	
Afraid of parents	7	1.2	
Parents insisted	4	0.7	
Other/Not Stated			3.5
Other reasons	14	2.5	
Not stated	6	1.1	
Total	564	100.0	100.0

Source: Ghana Maternal Health Survey, 2007