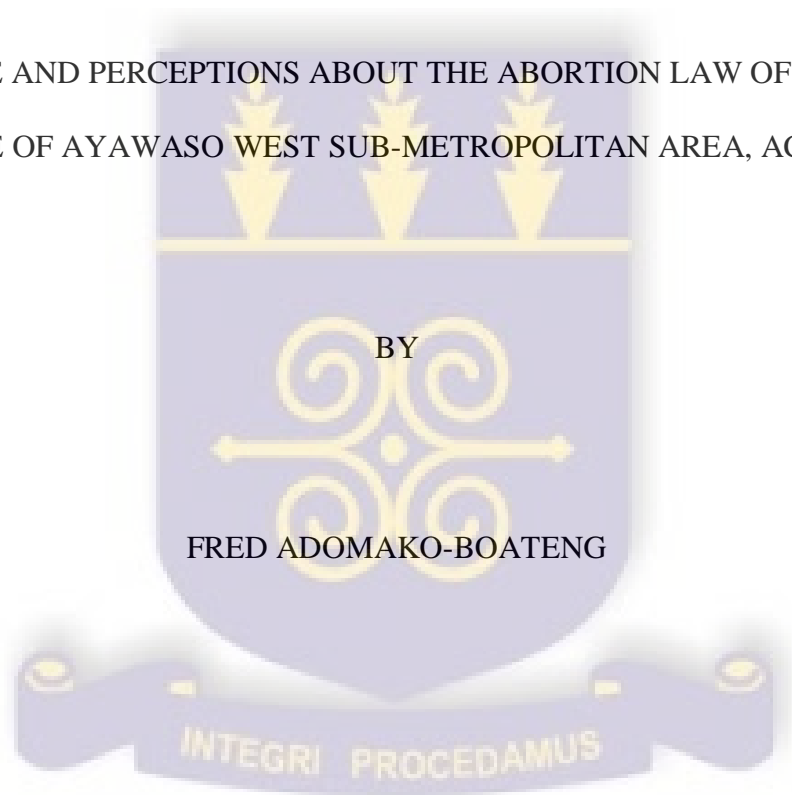


SCHOOL OF PUBLIC HEALTH
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA, LEGON

KNOWLEDGE AND PERCEPTIONS ABOUT THE ABORTION LAW OF GHANA: THE
CASE OF AYAWASO WEST SUB-METROPOLITAN AREA, ACCRA

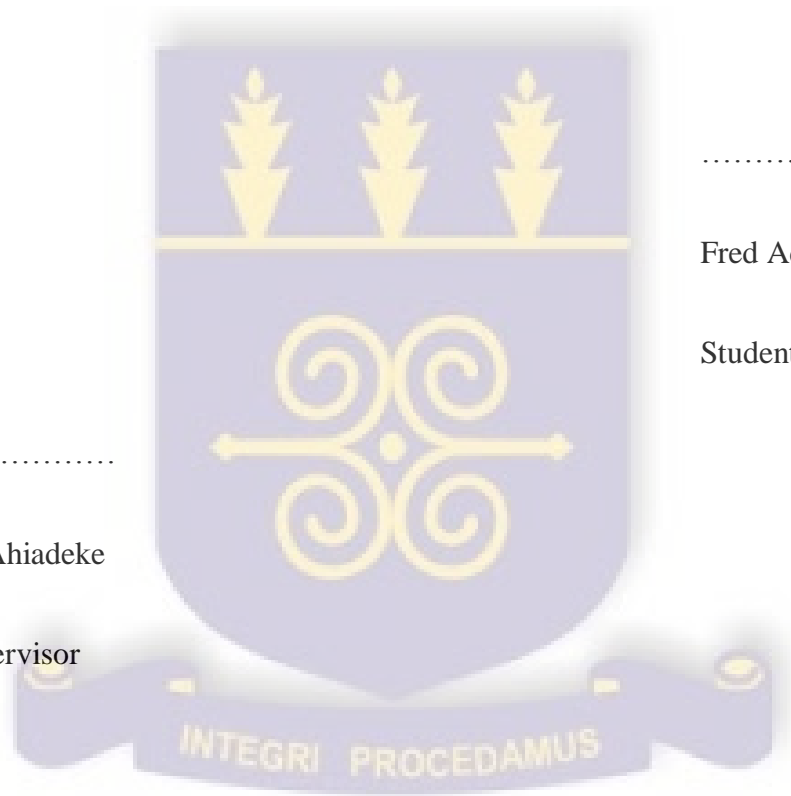


A DISSERTATION SUBMITTED TO THE SCHOOL OF PUBLIC HEALTH, COLLEGE OF
HEALTH SCIENCES, UNIVERSITY OF GHANA, LEGON, IN PARTIAL FULFILMENT OF
THE REQUIREMENTS FOR THE AWARD OF MASTERS DEGREE IN PUBLIC HEALTH

AUGUST, 2008

DECLARATION

This work is the result of an independent investigation under the supervision of Professor Clement Ahiadeke and Dr. Mrs. Matilda Pappoe. Where my work is indebted to the works of others, I have made acknowledgements. I declare, therefore that this work has not been accepted in substance for any other degree, nor is it concurrently being submitted in candidature for any other degree.



.....

Fred Adomako-Boateng

Student

.....

Prof. Clement Ahiadeke

Academic Supervisor

.....

Dr. Mrs. Matilda Pappoe

Academic supervisor

DEDICATION

This piece of academic work is dedicated to my mum, Madam Theresa Achiaa Boakye , my father Mr. C. Y. Boateng (of blessed memory), and my wife Mansah.



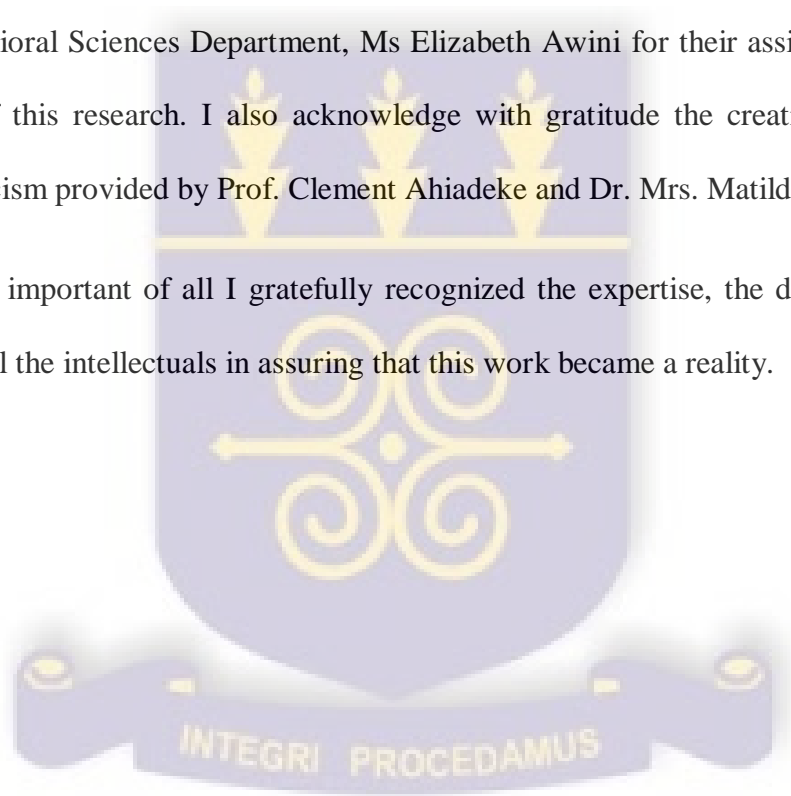
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To God be the glory.

I wish to express my profound gratitude to the Dean and the entire staff of School of Public Health, University of Ghana, Legon for the diverse assistance given to me in undertaking this research.

I wish to express my thanks to the Head of Department, Dr. Mrs. Matilda Pappoe and staff of Social and Behavioral Sciences Department, Ms Elizabeth Awini for their assistance during the various stages of this research. I also acknowledge with gratitude the creative guidance and constructive criticism provided by Prof. Clement Ahiadeke and Dr. Mrs. Matilda Pappoe.

Finally and most important of all I gratefully recognized the expertise, the dedication and the commitment of all the intellectuals in assuring that this work became a reality.



ABSTRACT

Context: Though Ghana has one of the most liberalized abortion laws, maternal mortality from abortion is twenty three percent. Most of these abortions are due to unsafe illegal abortions. Public and health providers' knowledge and perceptions about abortion law affect access to safe abortion services. The main objective of the study is to determine the level of knowledge and perception of the abortion law of Ghana among different population sub- groups in the Ayawaso West Sub-Metropolitan Area.

Methods: Thousand and three (1003) respondents (men and women) aged between fifteen to forty nine years were selected using systematic random sampling from University, senior high school, post senior high school students, health care providers and others with educational background below senior high school in the Ayawaso West sub-metro. Data were collected by interview using semi-structured questionnaire and analyzed to explore knowledge and perceptions about the abortion law of Ghana. Logistic regression was used to identify factors associated with respondents' knowledge and their perceptions about the abortion law.

Results: 77% of the respondents had low knowledge with 23% showing high knowledge of the abortion law. Age group (20-29) and low education were associated with lower odds of knowing the law, while marriage and a history of emergency contraceptive usage were associated with higher odds of knowing the law. Percentages of respondents agreeing to abortion in cases of life of the mother at risk, health of mother at risk, and fetal malformation are 85%, 77% and 64% respectively. Percentages of respondents agreeing to abortion in cases of rape, incest and when the mental health of the mother is involved are 56%, 47% and 57% respectively. Low education, rural residency and increased attendance at religious activities were associated with conservatism towards the abortion law, while health profession, history of an emergency contraceptive usage,

having done or knowing someone with a history of abortion were associated with liberal perception towards the abortion law. Overall knowledge of the abortion law was found to be associated with liberal perceptions about the law.

Conclusion: The overall knowledge of the abortion law is low, and knowledge is found to be associated with perceptions about the Law.



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LIST OF ABBREVIATIONS

WHO	World Health Organization
UNFPA	United Nations Population Fund
PPAG	Planned Parenthood Association of Ghana
DOVVSU	Domestic Violence and Victims Support Unit
CAC	Comprehensive Abortion Care
GHS.	Ghana Health Service
GES.	Ghana Education Service

DEFINITIONS USED

Unsafe abortion WHO defines unsafe abortion as ‘the termination of an unintended pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both’ (WHO, 2003)

Abortion is defined as the expulsion of the foetus before viability. (GHS, 2006)

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

The World Health Organization (WHO) estimates that about 25% of all pregnancies worldwide end in induced abortion, approximately 50 million each year. Of these, 20 million abortions are being performed under dangerous conditions, either by untrained providers, by unsafe procedures or both. Deaths as a result of unsafe abortions in developing countries are estimated at 80,000 annually, 400 deaths per 100,000 abortions. Experts estimate that for every woman who dies from unsafe abortion, many more suffer serious, often long term injuries and disabilities (Hord, 2004). Potential complications of unsafe abortion include uterine perforations, hemorrhage, infection sometimes leading to pelvic inflammation and partial or total infertility.

Ghana has one of the most liberalized abortion laws as compared to other restrictive laws prevailing in most other countries. Since 1985, the Ghanaian law has continued to allow abortion in order to save a woman's life, and protect her mental and physical health. Moreover, abortion is allowed if the pregnancy occurred from rape or incest or if there is severe physical abnormality/malformation of the foetus. Nevertheless, complications of unsafe abortion contribute to 22 to 30 percent of all maternal deaths, in the country (GHS, 2006).

1.2 PROBLEM STATEMENT

The World Health Organization (WHO, 2003) estimates that about 25% of all pregnancies worldwide end in induced abortion, approximately 50 million each year. Of these, 20 million abortions are being performed under dangerous conditions, either by untrained providers or using unsafe procedures, or both. Deaths as a result of unsafe abortions in developing countries are estimated at 80,000 annually, 400 deaths per 100,000 abortions, this figure hide substantial regional variations. In Africa unsafe abortions are at least 700 times more likely to lead to death than safe abortions in developed countries (WHO 1998).

In Ghana complications of unsafe abortion contribute to 22 to 30 percent of all maternal deaths. This national figure exceeds the World Health Organization estimate of 13 percent (GHS, 2006), with a maternal mortality ratio of 540 per 100,000 live births. In the absence of systematic national data, it is widely believed that abortions are among the leading causes of maternal mortality (WHO, 2006). The findings of a study on abortion complications in Accra, indicated that nearly one in four cases were among 15 – 19 year-olds, and that 20% of the 120 respondents who were pregnant at the time of the survey had visited a health institution to terminate their pregnancies.

Although the opinions of judges and interest groups have made headlines in the latest chapter of the country's ongoing abortion debate, it is physicians that play a crucial role in the accessibility and availability of safe and legal abortion. Their opinions on abortion, their willingness to perform legal abortion, and their knowledge of the abortion law and procedures directly affect whether their patients will be able to have access to safe and legal abortion.

Nonetheless, in many cases where women are legally entitled to have an abortion, safe services are not available for the following reasons.

- Lack of knowledge of the law or lack of application of the law by providers;
- Lack of public information about the law and women's rights under the law;
- Stigmatization and fears about privacy and confidentiality preventing accessibility and availability of legal safe abortion.

Such situations as mentioned above make women seek clandestine, unsafe services from quack, unqualified practitioners at exorbitant fees and at the peril of their lives, rather than legal, safe abortion from approved facilities. When complications set in, these women delay in seeking assistance because of stigmatization.

1.3 JUSTIFICATION OF THE STUDY

Though Ghana has one of the most liberal abortion laws in West Africa, maternal mortality due to abortion and its complications remain stubbornly and unacceptably high. Health professionals and the public may assume that the law is much more restrictive than it is, and as such services may either not be available or women may not have the access to which they are entitled by law. Alternatively, health professionals may be aware of the law, but do not put it into practice for a variety of reasons.

Women's knowledge and perceptions about abortion and the abortion law and the social context may also present barriers to using the services to which they are entitled. The results obtained

from the proposed study can be used to determine the course of action for policy makers and for advocacy groups. The study findings can also provide bases for formulating guidelines for information, education and communication (IEC) on the abortion law as well as the dangers associated with illegal abortions.

1.4 RESEARCH QUESTIONS

- 1) What do people know about the legal status of abortion in Ghana?
- 2) What factors are associated with the knowledge of the abortion law?
- 3) What are the perceptions about the abortion law?
- 4) What factors are associated with perceptions about the abortion law?
- 5) What is the association between knowledge of the abortion law and perceptions about abortion?

1.5 STUDY OBJECTIVES

1.5.1 General objective

To determine the level of knowledge and perceptions of the abortion law of Ghana among different population sub- groups in the Ayawaso West Sub-Metropolitan Area.

1.5.2 Specific objectives

1. To determine the level of knowledge of the abortion law.
2. To determine factors associated with knowledge of the abortion law
3. To identify the current perceptions about the abortion law
4. To determine the factors associated with different perceptions about the abortion law

5. To determine the association between the level of knowledge of the abortion law and perceptions about the abortion law

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 GLOBAL VIEWS ON ABORTION

Abortion is the expulsion of the foetus before viability. The gestational age for viability depends on the country. However irrespective of this definition, induced abortion is one of the commonest procedures performed throughout the world. The World Health Organization (WHO) in 1998 estimated that about 25% of all pregnancies worldwide end in induced abortion (WHO, 2005). Because of the clandestine nature under which abortions are performed (Ahiadeke, 2001) determination of the actual number is next to impossible. In settings including private and government institutions when they are even performed, the procedure is disguised given legitimate medical diagnosis to justify the procedure. Nonetheless, it is estimated that 20million abortions out of the 50million abortions are being performed under dangerous conditions, either by untrained providers or unsafe procedures, or both.

Tinker *et al.*, in 2000 stated that the difference between levels of maternal mortality in developing and industrialized countries is greater than for any health indicator. This finding should not surprise anyone because the contributory factors to maternal mortality in developing countries have not been attended to. One of the significant factors is death due to unsafe abortions in developing countries which has been estimated to be at 80,000 annually, 400 deaths per 100,000 abortions. This logically put women in developing countries at a higher risk of dying from unsafe abortion as compared to women in developed countries and this is supported by

WHO, which indicated that the risk of death from unsafe abortion is one in every 150 procedures in developing countries as compared to less than one per 100,000 procedures. This is only the tip of the iceberg, because experts estimate that for every woman who dies from unsafe abortion, many more suffer serious, often long term injuries and disabilities (Hord, 2004). There are a number of reasons why death related to abortion itself and abortion related complications are not reported, the stigma and the taboo surrounding abortion and moreover the legal ramifications. At a glance the mortality per 100,000 abortions for the regions are Africa 680, South and Southeast Asia 283, Latin America 119, Developing countries 400 and for developed countries 0.2-1.2.

The dynamics of abortion issues are so complex that though abortion is performed by all age groups, Grimes *et al.*, in 2006 found that many women who undergo unsafe abortion are married, with unmarried youth making up a large proportion of women seeking induced abortion in urban areas, however in developing countries, unsafe abortion rate peak among women aged 20-29 (WHO, 2007). These findings reveal that we are losing women from all the strata of the women population with grave consequences, married women dying and leaving their family behind. Globally unsafe abortion accounts for 13% of all maternal deaths (Hord, 2004).

2.2 SITUATION IN AFRICA

The state of unsafe abortion in Africa is precarious and the depth of the problem cannot be fathomed, Hord, in 2004 estimated that about 95% of unsafe procedure occur in developing countries and the greatest percentage, more than a quarter of the total or about 4.2million unsafe abortions each year occur in Africa, making woman undergoing unsafe abortions in Africa at least 700 times more likely to die than women undergoing safe abortions in developed countries (WHO, 1998). Unarguably global estimates of unsafe abortion hides substantially intraregional and inter-regional variations especially for Africa, this is because country-based studies show

much higher estimates for annual numbers of abortions than is evident from global or regional averages. In Nigeria, an estimate of 610,000 abortions is performed each year (Population Reference Bureau, 2003), many of these abortions are undoubtedly performed unsafely. Hospital-based studies in Nigeria report that between 6 and 51% of maternal deaths are caused by unsafe abortions. Maternal mortality in Kenya is very high, in the order of 590 deaths to 100,000 live births, with nearly 30% of these deaths from unsafe abortions. The National Assessment of the Magnitude and Consequences of unsafe abortion on Kenya, conducted in 2003, showed that over 300,000 women undergo unsafe abortion every year. Over 20,000 women with complications of unsafe abortion are admitted to public hospitals, of which over 2,000 women are estimated to die annually, a 10% case-fatality rate (Henshaw *et al.* 1998).

One may be quick to point accusing finger to the prevailing restrictive law on the continent as the culprit, however in some countries with liberalized abortion laws the situation is not any different. In Ghana, for instance with liberalized abortion laws, abortion related deaths contribute 20-33% to maternal mortality of 214 per 100,000 (GHS, 2006). This pre-supposes that neither restrictive abortion laws nor liberalized abortion laws are able to reduce abortion related maternal mortality on the African continent. The restrictive abortion laws instead of deterring people from having illegal abortion rather increases clandestine activities fuelling the job of quack practitioner's and the attendant problems, increased abortion related complications and

deaths, paradoxically the law has become a killer rather than protecting its subjects. As compared to Tunisia, Ghana and South-Africa with liberalized abortion laws still have high abortion related complications and death, there are however some basic differences in the law both Tunisia and South-Africa have totally liberalized abortion as legal, whereas abortion is not permitted in Ghana for economic and social reasons. Are Ghana and South-Africa lacking health infrastructure and personnel in terms of skill and number that they are not able to attend to clients assessing safe legal abortions? Or do the clients in Ghana assess abortion services for conditions not permitted by the law? Do the clients know the abortion laws, if they know what prevent them from assessing the services, is it their perception about abortion or the abortion law or the stigma association with the abortion itself? Do the health personnel themselves know the abortion law, and if they do, do they put it into practice?

2.3 ABORTION LAWS AND REFORMS

The abortion laws that prevail in almost all the countries on the African continent have been inherited from pre-independence colonial laws (Brookman-Amissah *et al.*, 2004).

The British-derived abortion law is expressed in section 58 of the Offences Against the Person Act, 1861 which states: “every woman, being with child, who, with intent to procure her own miscarriage, shall unlawfully use any instrument or other means whatsoever with the like intent, and whosoever, with the intent to procure the miscarriage of any woman whether she be or not with child, shall unlawfully administer to her or cause to be taken by her any poison or other

noxious things or shall unlawfully use any instrument or other means whatsoever with the like intent shall be guilty of felony”

Many countries have amended these laws, but the extent differ between countries, but basically the law has been transformed from crime-oriented laws through laws which recognize life and health preserving exceptions to criminal liability, to health-oriented laws which positively state the medical and perhaps socio-medical grounds upon which pregnancy may be lawfully terminated. Accordingly there are some circumstances in which abortions are permitted by the law, and also situations as determined by a physician to terminate pregnancy would be legitimate.

In almost all countries, the law permits abortion to save the woman’s life. In more than three-fifths of countries, abortion is also allowed to preserve the physical and mental health of the woman and, in about 40 per cent of situations, abortion is permitted in cases of rape or incest or fetal impairment. One-third of countries allow abortion on economic or social grounds, and at

least one-quarter allow abortion on request (United Nations Population Division, 1999). Thus, virtually all countries should have accessible and safe services in place to provide abortion where the law permits (WHO, 2003).

This review is not about pro-choice or pro-life issues but on knowledge and perceptions about the abortion laws as it prevails in countries. It is often easy to lose sight of some provisions of the law and even fail to utilize what the law has provided just because of lack of knowledge of the law.

2.4 THE ABORTION LAW OF GHANA

In Ghana, safe abortion is permitted by law for the following situations/conditions:

- If the pregnancy is the result of rape, defilement, or incest.
- If there is substantial risk that the child, if born, may suffer from or later develop a serious physical abnormality or disease.
- If continuance of pregnancy will involve risk to life of the pregnant woman or injury to her physical or mental health.

(Criminal Code (Amendment) Law, PNDC Law 102, 1985. Now incorporated into the consolidated Criminal Code 1960, Act 29, Section 58 See Appendix 1).

A glance at the law has a lot of unanswered questions, how does a victim of rape or incest access safe legal abortion. Is she supposed to go the hospital and request for abortion directly or does she need a police report?

The gray area has always been what mental health is? And this has documented in the protocols for comprehensive abortion care created by the Ghana Health Service (GHS, 2006), as state of emotional, psychological and social wellbeing and not merely the absence of disease in matters relating to mental function. Mental health allows an individual to:

- Engage in productive activities
- Have fulfilling relationships with other people
- Adapt to change
- Cope with adversity

- Manage daily life throughout the life cycle

If continuing a pregnancy prevents a woman from performing any of above-mentioned functions, she is entitled to a legal abortion. Although the law has been explained in the simplest terms, mental health is a thorny issue in this country; the question is who is a mental health patient? This is because we are in country where mental health has been relegated to spiritual causes and always invariably referred to the priest.

2.5 KNOWLEDGE AND PERCEPTIONS ABOUT THE ABORTION LAW

Countless number of researches has demonstrated that legalizing abortion and even providing abortion service is not adequate to ensure access to safe abortion. But then this is not what one would want to happen, because these laws are made to prevent unsafe abortions which are associated with high morbidity and mortality. However lack of knowledge of the abortion laws in developing countries especially on the African continent is the rule rather the exception, a

study by Singh et al., in 2007, showed that 90% of abortions in India still occurred outside safe government clinics after the introduction of legal abortion law in 1972. Also a study focusing on South African women's knowledge of the abortion law showed that one-third of the women surveyed did not know that abortion is legal in South Africa. These findings indicate plainly that legality is not the only barrier to safe abortion. Accessibility (knowledge and perceptions about the law and skill) is crucial in providing safe services. In reality unintended and unwanted pregnancies still occur as a result of rape and incest, prevalence of sexual coercion and violence also contribute to unwanted pregnancy, in some instances girls as young as 9-11 years old have been known to become pregnant through rape. These women who have a right to abortion

according to the law and would want to, but for various reasons cannot exercise this; turn to the abortion underground for solutions, in one qualitative study of South African women who had abortion outside of the legal abortion services, 54% reported having done so because they did not know about the law.

A number of studies have demonstrated contrast findings regarding factors associated with knowledge of the abortion law. A study by Morroni *et al.*, in 2006 indicated that age, level of education and employment were not associated with knowledge of legal abortion in the bivariate analysis, however in the multivariate analysis, characteristics independently associated with knowledge of legal abortion were:

- Living in the urban vs. rural region,
- Having heard of emergency contraception vs. having not heard of emergency contraceptive

However in a study by Becker *et al.*, (2002), both participants' level of education and the type of school they attended were found to be associated with their familiarity with the abortion law.

How level of education is associated with the knowledge of the abortion law is difficult to explain, first of all is the law taught in schools, if they are taught at what stage are they taught? Are some schools deliberately avoiding the topic all together? An explanation may be having easier access to other sources of information such as the internet, magazines, and tabloids or through other sources of entertainment. Low levels of information and lack of correct information about abortion laws among medical professionals, with many believing that abortions are always illegal may further affect services (Bissel *et al.*, 2000), to the extent that in

some countries where regulations have been liberalized service providers continue to withhold services that are legal. There is a false perception that all abortions are criminal and some health personnel are totally unaware that abortion is legal in certain circumstances and do not provide abortion services to cover them (Lithur, 2004; Benson, 2005), some also showed disregard to its provisions with impunity, often in an ideologically motivated way (Nowicka, 2000).

Provider's knowledge of and attitudes towards laws governing women's rights to abortion in their settings suggest that some providers themselves may be barriers to women's already limited access to services, and providers perceptions about reasons why women seek abortion and attitudes toward the legislative and institutional regulations governing access to termination service are important determinant of the messages given to clients during counseling (ref). In fact providers holding conservative attitudes toward abortion have been known to refuse women services and to treat women they suspect of having had induced abortions poorly (ref).

Even settings within which health professionals work has been associated with their knowledge of the abortion law, notably a study conducted in 2000 in Mexico among health professionals by Bissel *et al.*, showed that proportion of providers in restricted settings (18%) and providers in highly restrictive settings (12%) categorized abortion as “ illegal under all circumstances ”. About 13% of providers in restrictive settings reported that legislation did not allow abortion even in the case of danger to the mother's life or did not know whether threat to the mother's life was a legal indication for abortion. Moreover, some providers in restrictive were also not aware of specific indications for abortion such as fetal abnormality, rape, incest, or to protect the physical health of the mother. A restrictive setting can be created by the disposition of the law

where abortion is illegal except in cases where mother's life is at risk or in situations where abortion law is liberal but all abortion is seen as criminal. This supposes that legalizing abortion will not automatically reduce illegal abortions which are most of the time unsafely done with attendant repercussions. Members of the community need to first of all know the law and secondly accept it.

It is obvious from the existing literature that, a liberalized abortion law is "equally as bad" as a restrictive one if the intended purpose of saving lives is not achieved. In fact it is possible for a woman who qualifies for a safe abortion to seek a clandestine one because of her perception about abortion or be refused a safe legal abortion because of the perception of the health professional about abortion. A study conducted in public hospitals in Guatemala found that although most obstetrics and gynecology residents agreed that abortion should be legal under some circumstances, only 5% said they would perform abortions themselves (Singh *et al.*, 2006).

When they were asked to choose which actions they thought would be the most appropriate to take with a woman presenting to their facility to terminate an unwanted pregnancy that was the result of rape, 37% of providers said that they would inform her that abortion was illegal. Almost 36% of providers said they would counsel the woman on the risks and benefits of the procedure and perform the termination of pregnancy; 40% said they might also refer the woman to a site where they knew she could have a safe abortion. In contrast, 30% providers said they would counsel her about the risks of an abortion and recommend that she continues with the pregnancy and 11% said they thought it would be appropriate to advise the woman to speak to a pastor or

religious cleric (Singh *et al.*, 2006). A similar assessment of provider knowledge, attitudes and practices in six Latin American countries by Dabash *et al.*, (2004), found that while the majority (62%) of providers agreed that only a woman should have the right to decide whether she should terminate a pregnancy, only 36% of providers said they believed that a woman should have that right regardless of her reason for not wanting to continue carrying the pregnancy. The majority believed that women should have legal access to abortion under specific conditions, such as to save a woman's life (92%), in cases of sexual violence such as rape or incest (85%), in cases of fetal malformation (82%), or in case of endangerment to the health of the mother (69%). Half of the respondents believed abortion should not be allowed in cases of financial hardship but only 28% believed that it should be legally permitted in case of contraceptive failure. Very few providers (4%) accepted the idea that a woman should be legally allowed to terminate a pregnancy because it could negatively impact her career.

In a study in Nigeria, while the medical practitioners were generally more favorable and felt the need for abortion in cases involving rape, under-aged women and when the woman has already given birth to too many children, some respondents, including nurses, spoke against abortion and suggested capital punishment for anyone found guilty. Some respondents supported abortion in cases where education of the young girl is likely to be disrupted or where paternity of the pregnancy is in dispute (Oye-Adeniran, 2004).

Paradoxically some studies have shown that legality of abortion does not determine one's perception about it, neither does it determine whether one would perform it, a study in Calabar, in Nigeria by Etuk *et al.*, (2003) indicated that the most important reason for refusing to

terminate unwanted pregnancies was religious, followed by moral considerations, and the perception that abortion is against the ethics of their profession. None of the doctors mentioned obedience to the Nigerian abortion law or fear of police harassment as important reasons for not terminating unwanted pregnancies. Among most ethnic groups in Ghana, there is a social stigma associated with abortion. In a classic study, Bleek explored the ethical dimensions of abortion among the Akan and concluded that abortion was considered to be a major crime against the society.

Respondents living in rural areas have reduced chances of knowing the legal status of abortion and may have a conservative perception; while those with liberal perception towards emergency contraceptive pills had elevated chances (Becker, 2002). Education, residence as well as knowing someone who had used emergency contraceptive pills, were important in distinguishing differences in perceptions (Becker, 2002). The finding of the study suggested that the differences between moderates and liberals may have more to do with factors such as social networks and communication between individuals than with broad social and demographic characteristics. A study by Basow *et al.* (2005) indicated that attitudes toward abortion were significantly predicted by knowledge of abortion-related information above and beyond the significant

influence of degree of religiosity, religion, and age. No significant gender differences were found. Respondents who indicated approval of abortion scored significantly higher on the Abortion Knowledge Test and tended to be older, less religious, and non-Catholic compared to those who disapproved of abortion.

CHAPTER THREE

3.0 METHODS

3.1 TYPE OF STUDY/STUDY DESIGN

The study was descriptive and cross-sectional in design using quantitative method to collect data from the study population.

3.2 STUDY LOCATION/AREA

The Ayawaso Sub-Metropolitan Area

The area is made up of Ayawaso East, Ayawaso West and Ayawaso Central (Ayawaso West chosen by random sampling) and has several unique characteristics in that the sub district is a major part of the Accra Metropolis and together with other districts forms the region which is also the seat of the Government of Ghana. . The sub-district has a population of 92,810 (projected from 2000 census).

The sub-district is bounded on the North by GIMPA through the University of Ghana, Legon sharing boundaries with the Ga District by the road which leads to the Institute of Professional Studies (I.P.S.). The Sub-Metro is bounded on the south by the Ring Road starting from the Sankara to Kwame Nkrumah Circles, on the East by the avenue starting from the Sankara Circle through the 37 Military Hospital roundabout to Legon and on the West by the Nsawam road starting from the Kwame Nkrumah Circle to the Apenkwa overhead bridge.

Ayawaso has a variety of ethnic groups namely Gas, Akans, Ewes and various tribe from the Northern part of Ghana as well as other nationals from the neighboring countries namely,

Burkina Faso, Niger, Mali, Togo and Nigeria. The mixture of the various groups both Ghanaians and non-Ghanaians are found mainly in Nima, Maamobi, Accra New Town and Kotobabi which are the most populous area in the sub-metro.

The occupation varies, women are involved in petty trading such as buying and selling and a large population of the men are artisans. Low income civil servants are mostly found in places like Nima, Maamobi, Alajo and those receiving high income are located in areas like the Airport Residential Area, Roman Ridge, Kanda and Legon. Small scale farming activities are found in the small communities around the Achimota Zone.

Health Institutions

The health institutions located at Ayawaso Sub-Metropolitan Area include, Mammobi polyclinic, the Military hospital, the University hospital, however the University hospital is the main hospital in the Ayawaso West.

The University hospital has about 105 beds with 12 medical officers, 2 dental surgeons, and 1 medical assistant. There are 150 other staffs comprising of nurses, pharmacists and other paramedics. The hospital caters for the university students, the university staff and their family, as well as the general public.

Educational Institutions

Sited at the Ayawaso West sub-metro are institutions such as the country's premier university – University of Ghana and the Presbyterian Boys' High School. The Institute of Professional Studies and Accra Teachers' Training College are the post senior high schools in the sub-metro

area. Students from these institutions come from all over the country and belong to a variety of religions, tribes and economic backgrounds.

3.3 STUDY POPULATION

The study population comprised health care providers, University students, post senior high school students, Senior High School students and other individuals comprising men and women between the ages of 15 and 49 years, with educational attainment below senior high school.

3.4 SAMPLING PROCEDURES

3.4.1 Sample size determination

The sample size was determined using the proportion estimate formula stated below.

$N = Z^2 pq/d^2$, where

N = sample size

Z, confidence interval = 95%

P, proportion with knowledge of abortion law = 0.5, since prevalence/proportion is not known 50% is assumed for P

Q, proportion without knowledge of abortion law = 0.5, is given as 1-P.

D, margin of error = 5%

$$N = 1.96^2 * .5 * .5 / .01^2 = 385$$

Although the formula gave a sample size of 385, it was decided to select 400 respondents, to allow for possible loss of respondents. However, challenges met on the field including lack of time and other logistics informed a reduction of the sample size.

Sampling

Systematic random sampling was employed to select respondents from each sub-group of the study population, as described below:

University students

A total of 250 students were selected for the study, 50 for each level (1st, 2nd, 3rd, 4th and post-graduate levels)

Sample size = N; sample fraction = N/50

The first student was chosen randomly, then subsequent N/50 participants selected till 50 participants were obtained for each level.

Senior High School Students: The Presbyterian Boys' High School.

Only 201 senior high school students could be used, because Achimota School selected for the other 200 could not be used because of time and other logistics.

100 students were selected from SHS 1 and the other 100 from SHS 2

Sample size = 200; sample fraction $n = N/100$

The first student was chosen randomly (a), then subsequent participants $N/100$ were chosen till 200 students obtained.

Post Senior High School

250 students were selected from the Accra Training School, using systematic random sampling.

A sample fraction was calculated as above and first respondent chosen at random, subsequent respondents chosen till sample size obtained.

Others: 250 respondents were randomly selected from the main Market in the Sub-district, the Legon Hospital (excluding staff of the hospital and students from the university), petrol stations excluding the Legon petrol station, and shopping malls.

Health care providers:

The health care providers were comprised of midwives, general nurses, theatre nurses, anaesthetics', laboratory technicians, administrators and doctors. Only 61 respondents from the 100 potential respondents responded.

A total of 1003 individuals were selected from the study population made up of the following sub-groups:

- i. 242 participants with education below SHS,
- ii. 201 Senior High School students,
- iii. 249 post SHS students,
- iv. 250 university students, and
- v. 61 health care providers.

3.5 DATA COLLECTION TECHNIQUES AND TOOL

In addition to available information from literature, semi-structured questionnaire was used to elicit information from the study respondents.

3.6 QUALITY ASSURANCE MEASURES

3.6.1 Training of Field Workers

There was a two-day intensive training of five research assistants. The training emphasized the purpose and objectives of the study; data collection techniques and instruments to be used; translation of questionnaire into the local languages; actual data collection and ethical issues.

3.6.2 Pre-testing of Tools and Procedures

Pre –testing was done in the various sub-groups and the participants excluded from the main study. 100 individuals were used for the pre-testing; the lessons learned from the pretest were used to finalize the questionnaire and logistic arrangements.

3.6.3 Quality Checks: Data Collection and Data Entry

- The principal investigator made unannounced regular visits to the field sites concerned to ensure that the relevant data were being collected through standardized procedure for credibility and validity;
- There was regular monitoring by the field supervisor at each of the sites to review promptly questionnaires that the field staff presented, for consistency. The appropriate corrections were made promptly on any inconsistency in responses;
- Some of the filled questionnaires were chosen at random and re-administered for consistency and validity;

- All data collected were entered twice by two different qualified personnel in Epi Info (Version 3.3) to ensure validity.

3.7 LIST OF VARIABLES

- Knowledge of the abortion law
- Sex
- Age

- Marital status
- Education level
- Economic status (students' guardians/parents)
- Religious affiliation
- Attendance at religious services (> once a week, < once a week)
- Knowing someone who has done abortion before
- Has done abortion before
- Number of siblings
- Residence

3.8 ETHICAL CONSIDERATIONS

The study protocol was first reviewed and vetted by the Proposal Review Board of the School of Public Health for appropriateness. Ethical clearance was obtained from the Ghana Health Services Ethical Review Board and, permission for the study obtained from the Greater Accra Regional Health Directorate. Written informed consent, for those who were literates and witnessed verbal informed consent for the illiterates were obtained from each study respondent, at the start of the interview. Each respondent or participant was informed about the objectives of

the study, and assured of confidentiality with regards to any information obtained from them and were allowed to consent at will.

3.9 DATA PROCESSING AND ANALYSIS

Data collected from 1003 respondents were coded, double entry of data was done using Epi Info version 3.3.2 and data transferred to STATA 9.0 where analysis was done. Frequency distributions were run for all the variables, guided by the specific objectives of the study.

3.9.1 Knowledge of the Abortion Law of Ghana

The analysis of knowledge of the legal status of abortion was aimed at assessing which social and demographic characteristics are associated with respondents' knowledge that abortions are legal under some specified conditions in Ghana. The level of knowledge of the abortion law was assessed on the basis of answers to the questions:

"Does Ghana have a law on abortion?"

"Is abortion legal in Ghana?"

"What are the circumstances under which the law allows abortion?"

The level of knowledge of the respondents was categorized into two, low and high knowledge. Respondents who knew up to three of the conditions were classified as having low knowledge and respondents who knew four to six conditions were classified as having high knowledge.

3.9.2 Factors associated with level of knowledge of the abortion Law

Logistic regression analysis to derive estimates for odds ratios, 95% confidence intervals and p-values was done to assess the characteristics associated with level of knowledge of the respondents.

The impact of each independent variable on the two outcomes was investigated in a univariate analysis. All independent variables significant in the univariate model ($<.05$ level or lower) were included in a multivariate analysis.

3.9.3 Perceptions about the conditions under which abortion Law permits abortion

To analyze abortion perceptions, summary statistics were used to compare the perceptions of the study respondents regarding the legality of abortion under the eight circumstances under which abortion is permitted under the law. Respondents were asked to indicate whether they did not know, agreed, or disagreed to the conditions under which the law permits abortion.

The respondents who agreed with abortion being legal in a given condition were classified as having a liberal perception about the abortion law, and those who disagreed as having a conservative perception about the Law.

3.9.4 Factors associated with Perceptions about the abortion Law

Logistic regression analysis to derive estimates for odds ratios, 95% confidence intervals and p-values was done to assess the characteristics associated with perception of the respondents.

The impact of each independent variable on the two outcomes was investigated in a univariate analysis. All independent variables significant in the univariate model ($<.05$ level or lower) were included in a multivariate analysis.

3.9.5 Association between knowledge of the Law and Perceptions about the abortion Law

One of the primary research questions was whether there is an association between respondents' level of knowledge of the abortion Law and their perceptions about the abortion Law.

Logistic regression analysis to derive estimates for odds ratios, 95% confidence intervals and p-values was done to assess the association between the level of knowledge of respondents and their perceptions about the abortion Law.

The independent variables considered in this study are respondent's age, sex, marital status, level of education, religious group identification, frequency of attendance at religious services, occupation; whether respondent knows someone who has had an abortion, whether respondent has had an abortion before.

(Mantel-Haenszel Common Odds Ratio Estimate was used, with 95 percent confidence interval. Every stratum is such that the first group's second response outcome is zero or the second group's first response outcome is zero).

CHAPTER FOUR

4.0 STUDY RESULTS

Introduction

This chapter describes the findings of the study; comprising the background information of respondents, the level of their knowledge about the abortion law of Ghana and factors associated with the level of knowledge. The chapter also describes different perceptions about the abortion law of Ghana and factors associated with these perceptions. Finally the chapter describes the association between respondents' level of knowledge and perceptions about the abortion law.

4.1 BACKGROUND OF RESPONDENTS

The respondents were aged between 15 to 49 years, with the majority of them being between 15 to 24 years (68%) with a mean age of 24 years (23.7). 83% and 91% of the respondents were single (never married) and Christians respectively. There was a fair regional representation with 80% of the respondents living in urban areas. The female respondents were 47% (Table 4.1).

Six percent of the respondents have had abortions done before, 29% knew someone who had an abortion done before and fourteen percent have used an emergency contraception before (Table 4.2)

Table 4.1: Distribution of Respondents by Sex, Age, Marital Status, Religion and Religious**Affiliation**

Characteristic	Freq	%	Characteristic	Freq	%
	N=(1003)			N=(1003)	
Sex			Region		
Male	532	53.04	Ashanti	122	12.16
Female	471	46.96	Brong Ahafo	64	6.38
			Central	135	13.46
Age			Eastern	178	17.75
15-19	250	24.93	Greater Accra	146	14.56
20-24	434	43.27	Northern	65	6.48
25-29	175	17.45	Upper East	43	4.29
30-49	144	14.36	Upper West	39	3.89
			Volta	173	17.25
Marital status			Western	38	3.79
Single/never married	829	82.65	Education		
Married	158	15.75	Up to JHS	242	24.13
Divorced/Separated	16	1.7	SHS	201	20.04
			Post SHS	249	24.83
Religion			University	250	24.93
Christianity	917	91.43	Health care providers	61	6.08
Islam	76	7.58	Religious attendance		
Traditional	7	0.7	Once a week	602	60.02
Others	3	0.3	More than once a week	401	39.98
			Residence		
Religious affiliation			Urban	798	79.56
Catholic	120	13.33	Peri-urban	131	13.06
Pentecostal	257	28.56	Rural	74	7.38
Orthodox	272	30.22			
Charismatic	217	24.11			
Spiritual	24	2.67			
Jehovah witness	10	1.11			
Total		100			100

Source: Student's field work, 2008)

Table 4.2: Distribution of Respondents, by their past experience with abortion, knowledge of someone with abortion history and past use of emergency contraception.

Characteristic	Frequency N=(1003)	%
Has done abortion before		
Yes	61	6.1
No	942	93.2
Used emergency contraception before		
Yes	290	29.1
No	705	70.9
Know some who has done abortion before		
Yes	141	14.1
No	862	85.9
	N=(995)	100

(Source: Student’s field work, 2008)

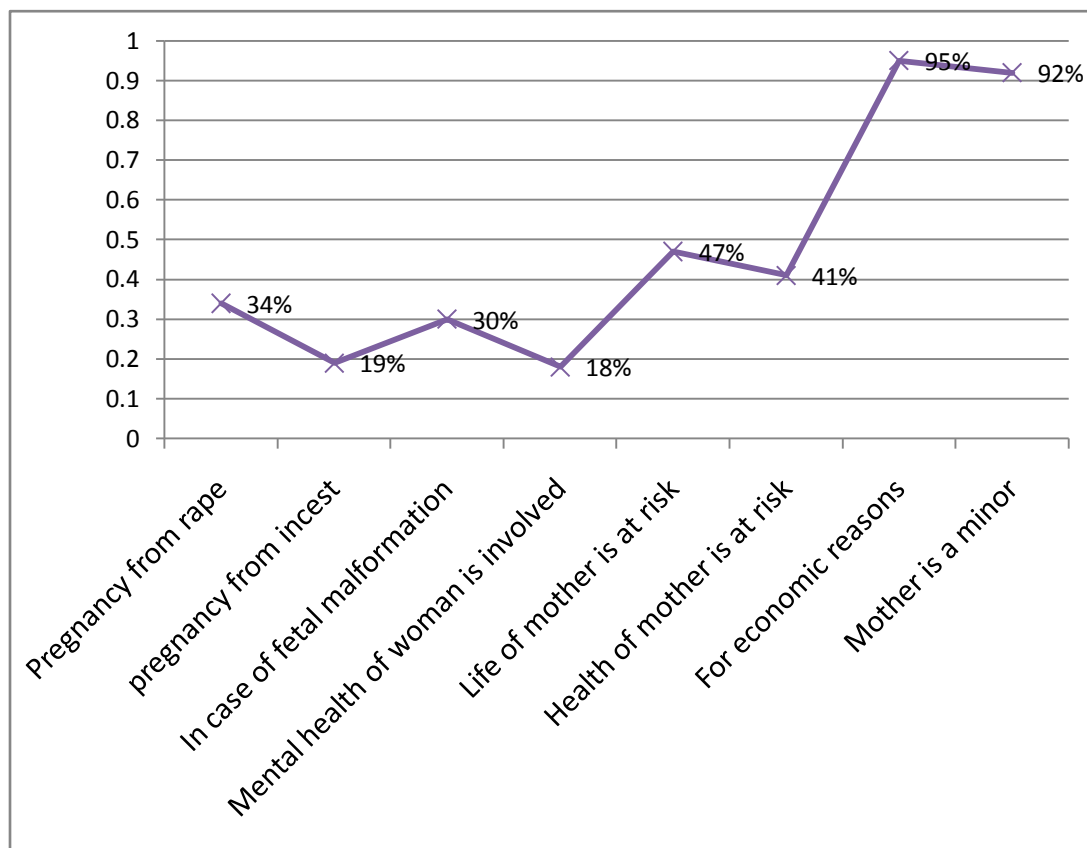
4.2 LEVEL OF KNOWLEDGE OF THE ABORTION LAW

Table 4.3: Cross-tabulation showing Respondents’ Awareness of the Abortion Law

IS ABORTION LEGAL IN GHANA	DOES GHANA HAS A LAW ON ABORTION		TOTAL
	NO	YES	
NO	25.1	62.9	88
YES	1.69	10.3	12
TOTAL	26.8	73.2	100

(Source: Student’s field work, 2008)

Figure 4.1: Percentages of Respondents knowing the conditions under which the Law permits abortion



Eighteen percent and 19 percent of the respondents knew that abortion is legal for pregnancy in which the mental health of the mother is at risk and pregnancy resulting from incest respectively (figure 4.1).

Ninety-four percent and 92 percent of the respondents knew that abortion is illegal for pregnancies for economic reasons and for a minor respectively.

Sixty-three percent of the respondents rightly knew that Ghana has a law on abortion and that abortion is not legal but allowed under some conditions. About twenty-five percent (25.1%) of respondents were not aware that Ghana has a law on abortion and 10% of respondents said

Ghana has an abortion law and that abortion is legal under any condition (Table 4.3).

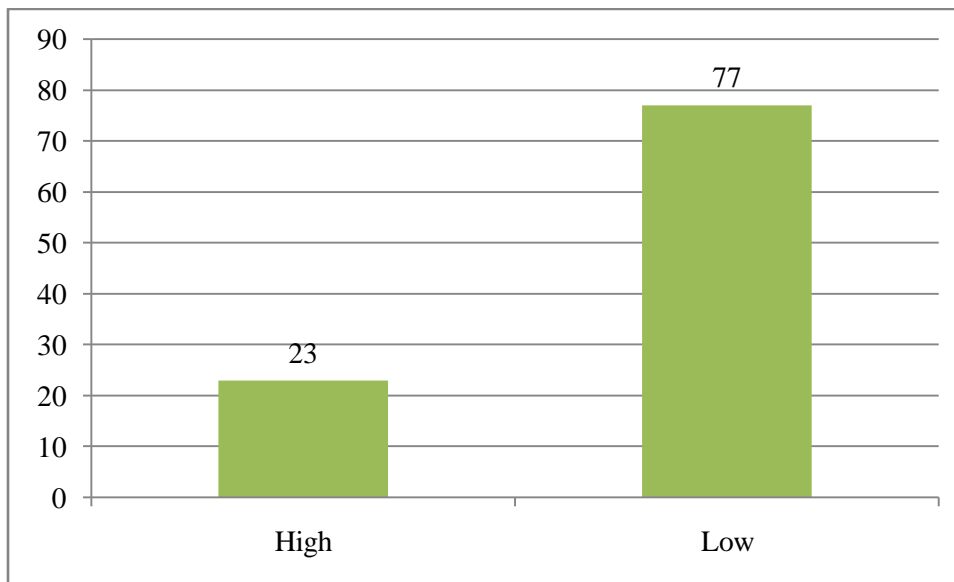
Table 4.4: Percentage Distribution of Respondents by their Knowledge of the conditions under which the Law permits abortion,

Condition/s known by Respondents	Frequency	%
0	230	22.9
1	220	21.9
2	194	19.3
3	127	12.7
4	118	11.8
5	53	5.3
6	61	6.1
Total	1003	100

(Source: Student’s field work, 2008)

(Where 0 = knew no condition; 6 = knew all 6 conditions).

Figure 4.2: Respondents’ Level of Knowledge about the Abortion Law (refer to above)



(where low = knew 0 – 3 of the conditions and high = knew 4 -6 of the conditions)

Only 6% (61 out of 1003) of the respondents knew all the conditions, under which the law allows abortion, 23% (230) had no knowledge of any of the conditions under which the law allows abortion (Table 4.4). Figure 4.2 shows that 77% (771) of the respondents knew from zero to three of the conditions under which the law allows abortion (low knowledge) and 23% (232) knew four to six (all) of the conditions under which the law allows abortion (high knowledge).

4.3 FACTORS ASSOCIATED WITH THE LEVEL OF KNOWLEDGE OF THE ABORTION LAW

Table 4.5: Distribution of Respondents by their educational status and their level of knowledge of the conditions under which the Law permits abortion

level of Education	Number of condition/s							Total
	0	1	2	3	4	5	6	
Education								
<SHS(ref)	73	76	55	18	13	5	2	242
SHS	53	30	41	32	25	7	13	201
Post SHS	62	50	53	36	23	15	10	249
University	42	59	43	29	36	15	26	250
Health providers	0	5	2	12	21	11	10	61
Total	230	220	194	127	118	53	61	1003

(Source: Student's field work, 2008)

SHS Senior high school

Table 4.6: Distribution of Respondents by their educational status and their level of Knowledge of the abortion Law

Level of Education	Level of knowledge		
	Low	High	Total
<SHS	222	20	242
SHS	156	45	201
Post SHS	201	48	249
University	173	77	250
Health providers	19	42	61
Total	771	232	1003

(Source: Student's field work, 2008)

Table 4.7: Odds ratios (95% confidence intervals) showing the association between characteristics (single variables) of Respondents and their level of knowledge of the Law

Characteristic	Odds ratio	p-value
Sex		
Male(ref)	1	
Female	1.0(0.76-1.37)	0.874
Age		
15-19(ref)	1	
20-24	1.02(0.67-1.48)	0.981
25-29	1.41(0.89-2.25)	0.144
30-49	2.76(1.74-4.36)	<0.0000
Religious affiliation		
Catholic(ref)	1	
Pentecostal	0.34(0.68-2.09)	0.532
Orthodox	0.62(1.32-3.85)	0.62
Charismatic	0.33(0.61-1.96)	0.752
Spiritual	1.89(1.57-10.12)	0.004
Jehovah witness	0.57(0.06-4.36)	0.55
Religious attendance		
Once in a week(ref)	1	
> Once	0.79(0.57-1.06)	0.118
Marital status		
Single(ref)	1	
Married	2.05(1.42-2.97)	<0.0000
Divorced/Separated	2.31(0.83-6.44)	0.11

(Source: Student's field work, 2008)

Factors found to be associated with knowledge of the conditions under which the law allows abortion after other factors had been controlled for were age, marital status, education and having a past history of emergency contraceptive use (Tables 4.9, 4.10).

Table 4.8: Odds ratios (95% confidence intervals) showing the association between characteristics (single variables) of Respondents and their level of knowledge of the Law

Characteristic	Odds ratio	p-value
Residence		
Urban(ref)	1	
Peri-urban	0.94(0.60-1.47)	0.792
Rural	1.07(0.61-1.86)	0.824
Education		
<SHS(ref)	1	
SHS	3.20(1.82-5.63)	<0.0000
Post SHS	2.65(1.52-4.62)	<0.0001
University	4.94(2.91-8.40)	<0.0001
Health providers	24.54(12-49.86)	<0.000
No of siblings of Respondents		
1or2(ref)	1	
3or4	0.88(0.60-1.27)	0.48
5or more	0.88(0.58-1.31)	0.521
None	0.83(0.30-2.34)	0.73

(Source: Student's field work, 2008)

Respondents between 20-24years had lower odds of knowing the abortion law. Married respondents had higher odds of knowing the abortion law than single respondents. Increasing educational attainment is associated with increased knowledge of the abortion law but senior high school students tend to have higher odds/likelihood of knowing the abortion law, relative to

the post senior high school respondents (Training College students). Respondents with no history of emergency contraception use have lower odds/likelihood of knowing the abortion law.

Table 4.9: Odds ratios (95% intervals) showing the association between characteristics (multiple significant variables) of Respondents and their level of knowledge of the Law

Characteristic	Multivariate Odds ratio	p-value
Age		
15-19(ref)	1	
20-24	0.48(0.30-0.76)	0.002
25-29	0.70(0.40-1.25)	0.228
30-49	0.75(0.33-1.74)	0.508
Religious affiliation		
Catholic(ref)	1	
Pentecostal	1.20(0.661-2.169)	0.553
Orthodox	1.72(0.971-3.044)	0.063
Charismatic	1.07(0.579-1.962)	0.838
Spiritual	4.27(1.581-11.536)	0.004
Jehovah witness	0.31(0.032-3.027)	0.316
Marital status		
Single(ref)	1	
Married	2.17(1.13-4.19)	0.021
Divorced/Separated	7.53(1.96-28.91)	0.003
Education		
<SHS(ref)	1	
SHS	13.87(5.26-36.53)	<0.0000
Post SHS	6.97(3.16-15.38)	<0.0000
University	11.18(5.21-23.98)	<0.0000
Health providers	15.62(6.80-35.90)	<0.000

(Source: Student's field work, 2008)

Table 4.10: Odds ratios (95% confidence levels) showing the association between characteristics (multiple significant variables) of Respondents and their level of knowledge of the Law

Characteristic	Multivariate Odds ratio	p-value
Has done abortion before Yes(ref) No	1 1.06(0.543-2.064)	0.867
Know some who has done abortion before Yes(ref) No	1 0.74(0.51-1.07)	0.112
Used emergency contraception before Yes(ref) No	1 0.59(0.37-0.94)	0.026

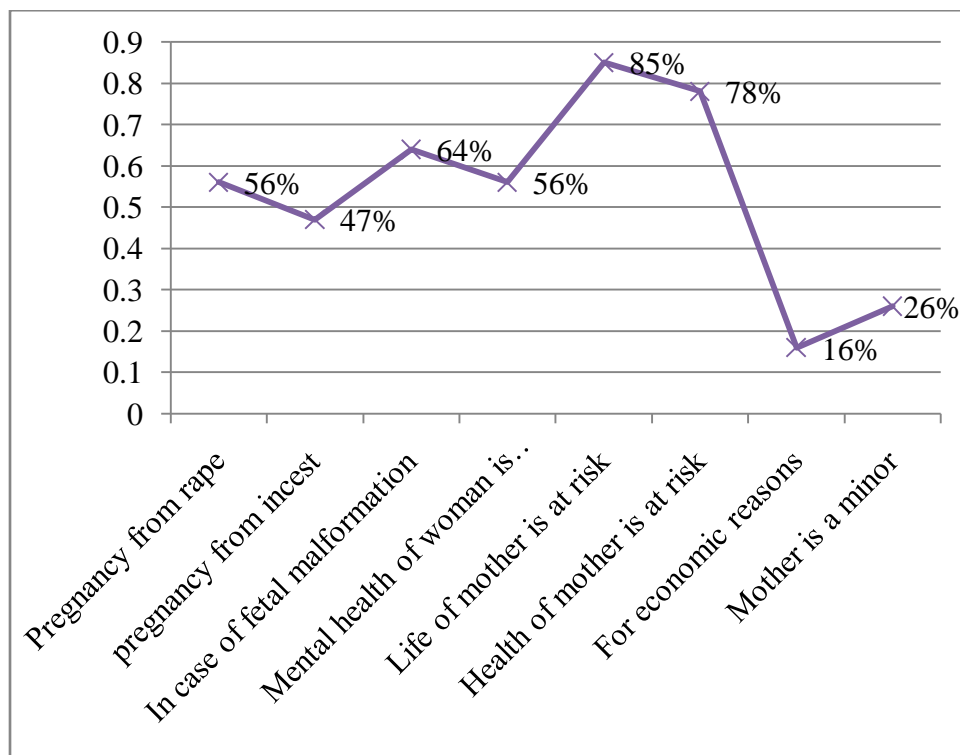
(Source: Student's field work, 2008)

4.4 PERCEPTIONS ABOUT THE ABORTION LAW

Respondents expressed support for abortion when the mother's life is at risk, the health of the mother is at risk, and when there is fetal abnormality, 85%, 78% and 64% respectively. Only 16% supported abortion for economic reasons (not part of the abortion law, figure 3).

Fifty-six percent of the respondents agreed to the law to permit abortion when the pregnancy resulted from rape and the mental health of the woman is at risk.

Figure 4.3: Percentage of Respondents expressing agreement to the conditions under which the Law permits abortion



(Economic and minors are not permitted under the Law)

4.5 FACTORS ASSOCIATED WITH DIFFERENT PERCEPTIONS ABOUT THE ABORTION LAW

Health providers have higher odds of being conservative than the other respondents in case of abortion for pregnancy resulting from incest (Table 4.10). The odds of being liberal rose as educational attainment rose, for abortion for pregnancy resulting from incest. Married respondents have higher odds of being conservative than other respondents. Peri-urban dwellers have higher odds of being liberal than urban and rural respondents. There is no significant difference in perceptions for the different age groups in terms of their support for abortion for pregnancies resulting from incest, when age was controlled for. Respondents who have done

abortion before or knew someone with a history of abortion have higher odds of being liberal for abortion (abortion law) for pregnancy which results from incest than other respondents.

Tables 4.11-15: Odds ratios (95% confidence intervals) showing association between characteristics of Respondents (significant variables) and their likelihood of having liberal or conservative perceptions about individual conditions under which the law permits abortion

Where liberal=agree with the abortion Law and conservative=disagree with the abortion Law

Table 4.11: Odds ratios (and 95% confidence intervals) from multivariate analyses of the association between selected characteristics and the likelihood of having conservative, rather than having liberal perception about the conditions (when pregnancy results from incest) the law permits abortion.

Incest	Odds ratio	p-value	Incest	Odds ratio	p-value
Education			#Siblings		
<SHS(ref)	1		1 or2(ref)	1	
SHS	5.3(2.97-9.45)	<0.0001	3 or 4	0.68(0.49-0.95)	0.024
Post SHS	5.1(3.25-8.0)	<0.0001	> 4	0.87(0.61-1.25)	0.451
University	5.82(3.74-9.01)	<0.0001	None	1.39(0.57-3.38)	0.468
Health providers	0.73(0.37-1.46)	0.379	Done abortion before?		
Marital status			Yes(ref)	1	
Single(ref)	1		No	0.39(0.21-0.70)	0.002
Married	0.36(0.22-0.59)	0	Know someone who has done abortion before?		
Divorced/Separated	0.72(0.24-2.12)	0.551	Yes(ref)	1	
Residence			No	0.69(0.51-0.93)	0.016
Urban(ref)	1				
Peri-urban	1.69(1.15-2.49)	0.007			
Rural	1.13(0.69-1.84)	0.627			
Age					
15-19(ref)	1				
20-24	1.02(0.74-1.40)	0.923			
25-29	1.08(0.71-1.65)	0.713			
30-49	0.74(0.40-1.39)	0.354			

(Source: Student’s field work, 2008)

Table 4.12: Odds ratios (and 95% confidence intervals) from multivariate analyses of the association between selected characteristics and the likelihood of having conservative, rather than having liberal perception about the conditions (when pregnancy results from rape) the law permits abortion.

Rape	Odds ratio	p-value	Rape	Odds ratio	p-value
Education			Done abortion before?		
<SHS(ref)	1		Yes(ref)	1	
SHS	4.41(2.9-6.69)	<0.0001	No	0.41(0.20-0.84)	0.015
Post SHS	3.29(2.20-4.92)	<0.0001	Have an emergency contraceptive before?		
University	3.24(2.20-4.79)	<0.0001	Yes(ref)	1	
Health providers	5.38(2.47-11.71)	<0.0001	No	0.64(0.40-1.01)	0.057
Religious attendance in a week			Know someone who has done abortion before?		
Once(ref)	1		Yes(ref)	1	
> Once	0.76(0.58-1.0)	0.049	No	0.46(0.33-0.63)	<0.000
Residence					
Urban(ref)	1				
Peri-urban	1.66(1.10-2.50)	0.014			
Rural	0.88(0.53-1.46)	0.629			

(Source: Student’s field work, 2008)

For rape, health providers had higher odds of expressing liberal views toward abortion than any of the student sub-groups. The senior high students had higher odds of showing liberal views than both the post senior higher students (Teachers Training College) and the university students.

Respondents who attended more than one religious activity in the week have higher odds of being conservative than those who attended only once a week. Respondents who live in rural communities have higher odds of being conservative than respondents living in peri-urban and urban areas, but peri-urban residents have higher odds of being liberal than their urban counterparts. Respondents who have used an emergency contraception before, have done

abortion before or knew someone with a history of abortion have higher odds of being liberal than other respondents.

Table 4.13: Odds ratios (and 95% confidence intervals) from multivariate analyses of the association between selected characteristics and the likelihood of having conservative, rather than having liberal perception about the conditions (life of the mother is at risk) the law permits abortion.

Life	Odds ratio	p-value	Life	Odds ratio	p-value
Age			Done abortion before?		
15-19(ref)	1		Yes(ref)	1	
20-24	0.73(0.49-1.08)	0.111	No	0.15(0.035-0.63)	0.015
25-29	0.80(0.50-1.29)	0.36			
30-49	2.27(1.23-4.19)	0.008	Have an emergency contraceptive before?		
Education			Yes(ref)	1	
<SHS(ref)	1		No	0.64(0.40-1.01)	0.057
SHS	2.54(1.43-4.45)	0.001			
Post SHS	1.98(1.28-3.06)	0.001	Know someone who has done abortion before?		
University	4.71(2.86-7.76)	<0.001	Yes(ref)	1	
Health providers	9.35(2.13-41.0)	0.003	No	0.46(0.33-0.63)	0.46
Residence					
Urban(ref)	1				
Peri-urban	1.88(1.11-3.17)	0.017			
Rural	0.67(0.39-1.17)	0.161			

(Source: Student’s field work, 2008)

There is no significant difference in perception of abortion for pregnancy threatening a woman’s life for respondents who were between 15-29 years. Respondents between 30-49 years have higher odds of being liberal. The odds of being conservative rose as educational attainment declined. Peri-urban respondents have higher odds of being liberal than rural and urban

respondents. Respondents who have done abortion before have higher odds of being liberal than other respondents who have not.

Table 4.14: Odds ratios (and 95% confidence intervals) from multivariate analyses of the association between selected characteristics and the likelihood of having conservative, rather than having liberal perception about the conditions (there is severe fetal malformation) the law permits abortion.

Fetal	Odds ratio	p-value	Fetal	Odds ratio	p-value
Age			Done abortion before?		
15-19(ref)	1		Yes(ref)	1	
20-24	0.74(0.52-1.06)	0.103	No	0.51(0.24-1.07)	0.074
25-29	0.90(0.59-1.38)	0.9			
30-49	1.55(0.95-2.53)	0.077			
Education*			Have an emergency contraceptive before?		
<SHS(ref)	1		Yes(ref)	1	
SHS	3.35(1.94-5.79)	<0.001	No	0.59(0.364-0.969)	0.037
Post SHS	2.4(1.60-3.61)	<0.001			
University	4.05(2.60-6.17)	<0.001	Know someone who has done abortion before?		
Health providers	3.35(1.49-7.51)	<0.001	Yes(ref)	1	
			No	0.78(0.56-1.08)	0.14
Residence					
Urban(ref)	1				
Peri-urban	2.06(1.33-3.18)	0.001			
Rural	1.53(0.89-2.61)	0.123			

(Source: Student’s field work, 2008)

Respondents between 30-49 years have higher odds of being liberal than other respondents for pregnancies involving fetal malformation. The odds of being conservative rose as education declined but post senior high school respondents have higher odds of being conservative than

senior high school and university students. Peri-urban respondents have higher odds of being liberal than urban and rural respondents (Table 4.14).

Respondents who have used emergency contraception before have higher odds of being liberal than respondents who have not.

Table 4.15: Odds ratios (and 95% confidence intervals) from multivariate analyses of the association between selected characteristics and the likelihood of having conservative, rather than having liberal perception about the conditions (health of the mother is at risk) the law permits abortion.

Risk	Odds ratio	p-value	Risk	Odds ratio	p-value
Education			Residence		
<SHS(ref)	1		Urban(ref)	1	
SHS	1.0(0.55-1.82)	1	Peri-urban	1.98(1.023-3.84)	0.042
Post SHS	0.93(0.55-1.57)	0.799	Rural	0.74(0.40-1.34)	0.321
University	1.79(1.01-3.143)	0.043	Have an emergency contraceptive before?		
Health providers	7.78(1.02-59.39)	0.048	Yes(ref)	1	
Religious attendance in a week			No	0.62(0.31-1.25)	0.183
Once(ref)	1		Know someone who has done abortion before?		
> Once	0.44(0.29-0.66)	<0.0001	Yes(ref)	1	
Sex			No	0.61(0.38-0.97)	0.037
Male(ref)	1				
Female	1.31(0.90-1.90)	0.156			

(Source: Student’s field work, 2008)

With regards to abortion for pregnancy when the health of the mother is in danger (Table 4.15), respondents who attended religious activity more than once in a week have higher odds of being conservative. There was no significant difference in perception between the sexes, when other

factors were controlled for. University students and health providers have higher odds of being liberal than other respondents. Respondents who knew someone who has done abortion before have higher odds of being liberal than other respondents.

With the exception of education of respondents and history of an emergency contraceptive use, there was no significant difference in perception with regard to any other characteristics of the respondents. The odds of being conservative for abortion of pregnancy in which the mental health of the mother is at risk increased with declining educational attainment. Respondents who have not used an emergency contraceptive before have higher odds of being conservative than respondents who have used an emergency contraceptive before (Table 4.15)

Table 4.16: Odds ratios (and 95% confidence intervals) from multivariate analyses of the association between selected characteristics and the likelihood of having conservative, rather than having liberal perception about the conditions (mental of the mother is involved) the law permits abortion.

Characteristic	Odds ratio	p-value
Education		
<SHS(ref)	1	
SHS	2.31(1.57-3.39)	<0.0000
Post SHS	1.83(1.27-2.62)	<0.0001
University	2.71(1.87-2.62)	<0.0001
Health providers	10.13(4.37-23.49)	<0.000
Used emergency contraception before		
Yes(ref)	1	
No	0.65(0.44-0.97)	0.033

(Source: Student’s field work, 2008)

4.6 THE ASSOCIATION BETWEEN LEVEL OF KNOWLEDGE AND PERCEPTIONS ABOUT THE ABORTION LAW

Tables 4.17: Odds ratios (at 95% confidence intervals) showing the association between the level of knowledge of respondents and the likelihood of having liberal rather than conservative, perceptions about the abortion law of Ghana

Characteristic	Odds ratio	p-value
Rape Low knowledge(ref) High knowledge	1 5.13(3.56-7.40)	<0.0001
Incest Low knowledge(ref) High knowledge	1 2.47(1.82-3.35)	<0.0001
Risk Low knowledge(ref) High knowledge	1 2.0(1.23-3.25)	0.005
Life Low knowledge(ref) High knowledge	1 2.78(1.79-4.31)	<0.0001
Fetal Low knowledge(ref) High knowledge	1 3.31(2.30-4.78)	<0.0001
Mental Health Low knowledge(ref) High knowledge	1 2.47(1.80-3.41)	<0.0001

(Source: Student's field work, 2008)

This study shows that a high level of knowledge is associated with liberal perceptions about the abortion law of Ghana (Table 4.17).

CHAPTER FIVE

5.0 DISCUSSION OF FINDINGS

Introduction

This chapter discusses the study finding on the background information on respondents, their level of knowledge of the abortion law, the factors associated with the level of knowledge, the different perceptions about the abortion law and factors associated with these perceptions. Finally the chapter discusses any association between the level of respondents' knowledge and perceptions about the abortion law.

5.1 BACKGROUND INFORMATION AND CHARACTERISTICS OF RESPONDENTS

The study population was a young one with mean age of 24 (23.7). Respondents were predominantly Christians, 92% and single (never married) 83%.

5.2 LEVEL OF KNOWLEDGE OF THE ABORTION LAW

Knowledge of each of the conditions under which the law permit abortion was unacceptably low; for instance 82% did not know woman could access safe legal abortion for pregnancy in which the mental health of the woman is involved. The definition of health by WHO states that "health is the complete physical, mental and social well-being and not merely the absence of disease" (WHO, 1998); in Prevention and Management of Unsafe Abortion: Comprehensive Abortion Care Services (Standards and Protocols, GHS, 2006), mental health refers to a state of emotional, psychological and social well being and not merely the absence of disease in matters relating to mental function.

The Protocol goes further to state that, mental health allows individuals to engage in productive activities, fulfill relationships with other people, adapt to change, cope with adversity and manage daily life throughout the life cycle. Based on this protocol, no psychiatric assessment is required in order to obtain a legal abortion. This shows the liberalized nature of the law. Unfortunately, health in Ghana has been reduced to the absence of infections and diseases, while mental problems are erroneously being attributed to spiritual causes.

The results of this study imply having a liberal abortion law and making abortion services available are necessary but not sufficient conditions to ensure access to safe abortion and thereby reducing maternal mortality. Having knowledge about the existence of the law and conditions under which the law permits abortion should empower women to access the available services when the need arises. A study by Singh et al. (2007), showed that 90% of abortions still occur outside safe government clinics in India after legal abortion law had been introduced, as far back as 1972. Other studies have also shown that women who have a right to abortion according to the law, but for various reasons cannot exercise this right; turn to abortion underground for solutions (Girard, 2007). In one qualitative South African study, of women who had abortion outside of the legal abortion services, 54% reported having done so because they did not know about the law (WHO, 2004).

In this study, 95% of respondents knew abortion is illegal for economic reasons and ninety two percent knew being a minor is not a reason for legal abortion.

To some extent, the results of the study seem to support the general notion that all abortions are criminal, even to the extent that in some countries where regulations have been liberalized, service providers continue to withhold services that are legal (Benson, 2005; Lithur, 2004). Because of the lack of knowledge of the abortion law there is general perception that “all or any abortion is evil”. Another dilemma found by other studies is that lack of knowledge of legal abortion is associated with lack of other reproductive health knowledge, such as lack of awareness of emergency contraception and contraceptive use. Moreover, women who do not know that abortion is a legal option may be at greatest risk for unwanted pregnancies. This study found only 14% of respondents reporting having used emergency contraceptive before. Several studies have found low levels of information among health providers with many believing that abortion are always illegal (Bissell et al; 2000, Girard, 2007).

5.3 FACTORS ASSOCIATED WITH LEVEL OF KNOWLEDGE

Age (20-29), and low education are associated with lower odds of knowing the conditions under which the law permits abortion, whiles marriage, health profession and respondents who have used emergency contraceptive have higher odds of knowing the abortion law. A study by WHO has indicated that though women undergo unsafe abortion throughout their reproductive years, in developing countries, unsafe abortion rate peaks among women aged 20-29 years (WHO, 2007). This may be accounted for by their lower odds of knowing the abortion law. Why married, individuals with history of emergency use had lower knowledge of the abortion law than single/never married and individuals with no history of an emergency use may be difficult to explain.

However, it has been found that across all age groups, many women who undergo unsafe abortion are married (Grime et al, 2006). This may suggest that women with a history of abortion tend to know less about the abortion law than their counterparts, findings of this study do support this suggestion, because when other factors were controlled for, there was no significant difference in knowledge of the abortion law between respondents who have and those who have not had abortion before (Table 4.10, $p=0.867[0.54-2.06]$). This may have more to do with factors such as social networks and communication between individuals (which vary greatly on the individual level) than with broad social and demographic characteristics or the reasons why these women seek abortions are not within the legal framework. However, a study by Morroni et al in 2006 indicated that age, level of education and employment were not associated with knowledge of legal abortion in the bivariate analysis. In his multivariate analysis, characteristics independently found to be associated with knowledge of legal abortion were living in the urban versus rural region, having heard of emergency contraception versus having not heard of emergency contraceptive. But a study by Becker et al indicated that both respondents' level of education and type of school they attended were associated with their familiarity with the abortion law, in Mexico. Though this study found an association between level of education and knowledge of the abortion law, the association was not a linear one, because the SHS respondents most of whom were between 15 and 19 years, had higher odds of knowing the abortion law than both the Teachers Training College students and the University students. It is probable that the sources of information are different for young people as for older people. While older people may have more limited access to information and smaller social networks than younger people, the latter particularly the urban youth, have access to good sources of

information, such as the internet, other media and school resources, which may make them better informed than older people.

5.4 PERCEPTIONS ABOUT THE CONDITIONS UNDER WHICH THE LAW PERMIT ABORTION

The majority of the respondents are more likely to support legal access to abortion where the woman's life is at risk, or her health is endangered. Comparatively, these figures are low compared to a study done by Dabash et al. (2004). Respondents of this study are however less supportive of legal access to abortion where a woman is a victim of sexual violence or abuse 53%, in case of rape and 47% in case of incest as compared to 85% found by Dabash (2004). The results of this study are in line with those of the study by Becker who found that 53% of his respondents also supported legal abortion when pregnancy results from rape and incest.

An interesting twist of the results of this study is that whereas by the nature of the complications they present with, pregnancies where woman's life is at risk, woman's health is in danger and where there is fetal malformation are more likely to end up in a hospital, and therefore have access to safe legal abortion, pregnancies from rape and incest are less likely to have access to safe abortion even though the abortion law of Ghana permits abortion for these conditions if the victims so wish. Due to the low knowledge of the law coupled with social stigma attached to rape and incest, women who qualify for legal abortion may end up having unsafe abortion.

A study by Bissell et al. discovered that a proportion of service providers in restrictive settings (18%) categorized abortion as “illegal under all conditions”; 13% of the providers reported that legislation did not allow abortion even in the case of danger to the mother’s life or did not know whether threat to the mother’s life was a legal indication for abortion.

Respondents were generally less supportive of the more prevalent reasons women access abortion, 16% for economic and 26% when there is a minor involved. Respondents rejected statements such as “I am too young or too poor to raise a child”, “I do not want a child because I am in school”, “I cannot keep this job if this pregnancy continues” as a basis for safe legal abortion. Sadly there is the perception that these are the only reasons for which women seek abortion services. As a result of such perceptions hostile attitudes and reactions have been shown to women who seek safe legal abortion for other reasons and this may prevent other women from accessing safe legal abortion.

5.5 FACTORS ASSOCIATED WITH PERCEPTION ABOUT THE ABORTION LAW

When other factors were controlled for in the multivariate analysis, factors found to be associated with having conservative perception about the abortion law were:

- low educational attainment ,
- respondents who attended religious activity in a week more than once, and
- rural dwellers as against peri-urban and urban dwellers.

This finding is consistent with that of a study conducted in the United States, which also had identification with Roman Catholic and high frequency of attendance at religious services as factors for conservative perceptions. But this finding is in contrast with that of a study by Becker in which identification with Roman Catholic and high frequency of attendance at religious services were not associated with conservative perception. Consistent with findings in other studies in other settings, there were no important age or sex differences associated with conservative perceptions (Martin et al., 2007).

In the multivariate analysis, the likelihood of being liberal toward the abortion law was elevated with the following respondents:

- health professionals,
- those with history of an emergency contraceptive use,
- those with previous abortion history or who know someone with previous abortion.

This finding may be due more to factors such as social networks and communication between individuals than with broad social and demographic characteristics.

5.6 THE ASSOCIATION BETWEEN LEVEL OF KNOWLEDGE AND PERCEPTIONS ABOUT THE ABORTION LAW

Finally this study shows that liberal perceptions about the abortion law increases with increasing level of knowledge of the abortion law, when other factors have been controlled. A study by Basow *et al.*, () indicated that attitude toward abortion were significantly predicted by knowledge of abortion-related information above and beyond the significant influence of degree of religiosity, religion and age. However, a study by Becker did not support the hypothesis that knowledge about abortion law is associated with young people being more liberal. His findings showed that those who knew that abortion was sometimes legal in their state were not more

likely than those without this knowledge to be either more conservative or more liberal, once other factors had been controlled.

5.7 CONSTRAINTS AND LIMITATIONS

This study has several limitations that should be noted. First, because the data were collected at only one point in time, one cannot be hundred percent sure that the explanatory variables have caused the outcomes. It is possible that the relationships work in the reverse direction or that the outcomes are caused by unmeasured intermediate variables.

The level of knowledge was grouped arbitrarily into two (low and high knowledge) masking fine distinctions. In addition, the variables used to assess information and perceptions about abortion laws may have limitations. Perception was analyzed by dividing participants somewhat arbitrarily into two groups (liberal and conservative).

While the perception measure may likely capture differences between the extremes of perception, it would be less able to capture fine distinctions between individuals in the middle.

Due to constraint in time, one thousand and three (1003) instead of thousand six hundred (1600) respondents were interviewed. This is an acknowledged limitation which is capable of affecting the validity of the findings and conclusions presented here.

CHAPTER SIX

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

Generally the level of knowledge of the abortion law of Ghana was very low; the knowledge of the individual conditions under which the law permits abortion is unacceptably low, which indicates that women who meet legal criteria for safe abortions resort to clandestine, unsafe procedures. This may be a significant contributory factor to the high mortality rate and may hamper the achievement of the millennium development goal five, which is to reduce maternal mortality by three fourth (3/4), by 2015.

The association between education, age, marital status and a history of emergency contraceptive usage and level of knowledge of the abortion law was found to be statistically significant. Age, low education were associated with lower odds of knowing the abortion law, while marriage and a history of contraceptive usage are associated with higher odds of knowing the abortion law.

It is noted that people are more likely to support the abortion law where the woman's life or health is at risk or where there is fetal malformation. Respondents showed mixed support for abortion in the case of rape, incest and mental health. Respondents were less supportive for abortion in the case of economic reasons or when the woman is a minor.

Respondents with low education, of rural background and with increased attendance at religious activities showed more conservatism towards the abortion law. The odds of being liberal rather

than conservative were elevated in health professionals, respondents with history of abortion or emergency contraception and respondents who knew someone with a history of abortion.

Finally, this study shows that the odds of being conservative rather than liberal rose as level of knowledge of the abortion law declined.

6.2 RECOMMENDATIONS

Based on the conclusions reached as a result of the findings of this study, it is being recommended, generally, that all stakeholders should work together to critically examine the role unsafe abortion plays in the high maternal mortality. Since knowledge is power, it is imperative that the society, especially the marginalized and the less privileged in society be educated. Properly targeted advocacy is needed to increase awareness of the abortion law of Ghana.

Specifically, the following Ministries, Departments and Agencies (MDAs) as well as Non-Governmental Organizations are encouraged to play the following individual or collaborative roles:

6.2.1 Ghana Education Service and Ghana Health Service

There should be inter-sectoral collaboration between the GHS and the GES to find avenues to educate students at all levels on the abortion law to increase awareness. This should be incorporated into the orientation program for all new comers with the appropriate school authorities from senior high schools to the Universities, especially the post-SHS where the knowledge on the abortion was the lowest. The abortion law should be an integral of health education program and knowledge of the Law monitored and evaluated as students' progress on the educational ladder.

6.2.2 Ghana Health Service/Ministry of Health

Though the health professionals had higher knowledge and liberal perceptions towards the abortion law, one does not know the mode of acquisition of the knowledge. This is because an issue of such national importance should be part of the curriculum of all health professionals at one stage of their training.

The GHS/MOH should intensify education among the health profession on the abortion Law and also on the need for health professionals to improve their attitudes towards clients who patronize the health facilities for abortion services (because not all abortions are criminal).

6.2.3 Academia and Research Institutions:

There is the need to investigate other possible relationships between knowledge and perception, and the direction of those relationships and effective ways of disseminating these findings. Issues concerning abortion are sensitive; we need to carry out research to determine ways of increasing knowledge without being seen as promoting abortion. We also need to determine avenues of reaching the less privileged in the society with the aim of increasing their knowledge on the abortion law.

6.2.4 Legal and Law enforcement Agencies: example FIDA and DOVVSU – advocacy and education about the law and the rights of women. Policemen should also be educated on the abortion Law, so that they do not go around arresting and traumatizing victims of rape and incest who have obtained legal abortion.

There are other questions that must be answered, one of them being the process of obtaining a safe legal abortion as permitted by the law, there should clear and unambiguous process and policies to enhance access to legal abortion.

6.2.5 Non-Governmental Organizations

Examples, IPAS, PPAG,

All stakeholders, public, private, the media should come up with strategies and avenues, to reach the marginalized and the less privileged, the vulnerable group of unsafe abortions so that appropriate information, effective education and right modes of communication are chosen to deliver the abortion law.

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APPENDICES

APPENDIX I Sample informed consent form

Project Title: Knowledge and Perceptions about the abortion law of Ghana: the case of Ayawaso West Sub-Metropolitan Area, Accra

Name of Investigator: Fred Adomako-Boateng

Institutional affiliation: School of Public Health, University of Ghana, Legon

Introduction: This academic research is part of student project work, Masters in Public Health. The study among other things seek to explore the knowledge of the abortion law of Ghana, factors associated with knowledge, perceptions about the abortion law, factors associated with these perceptions and the association between the level of knowledge and perceptions about the abortion law.

Procedures: The information that would be collected includes background, socio-economic and knowledge of the abortion law.

Right to refuse: Giving us consent to participate in this study is voluntary and not under any obligation if you do not want to do so, and this will not affect the privilege you derive from any of the Governmental Institutions. You are also at liberty to withdraw from the study anytime after enrollment, if you so wish.

Benefit/Incentive: After obtaining results from participant will be briefed on the legal status of the abortion law of Ghana.

Confidentially: Be assured that the information collected will be handled with strict confidentiality and will be used purely for academic purposes. Thanks for your co-operation as the information you provide will contribute in many ways to the efforts to mitigate the effects of unsafe illegal abortion and go a long way to reduce maternal mortality.

Signature/Thumb Print of Participants.....

Date.....

Signature of Investigator.....

Date.....

**APPENDIX II CRIMINAL CODE (AMENDMENT) LAW, PNDC LAW 102,
1985, REPUBLIC OF GHANA**

58. (1) Subject to the provisions of subsection (2) of this section:

(a) any woman who with intent to cause abortion or miscarriage administers to herself or consents to be administered to her any poison, drug or other noxious thing or used any instrument or other means whatsoever; or

(b) any person who:

(i) administers to a woman any poison, drug or other noxious thing or used any instrument or any other means whatsoever with the intent to cause abortion or miscarriage of that woman, whether or not that woman is pregnant or has given her consent;

(ii) induces a woman to cause or consent to causing abortion or miscarriage;

(iii) aids and abets a woman to cause abortion or miscarriage;

(iv) attempts to cause abortion or miscarriage; or

(v) supplies or procures any poison, drug, instrument or other thing knowing that it is intended to be used or employed to cause abortion or miscarriage,

Shall be guilty of an offence and liable on conviction to imprisonment for a term not exceeding five years.

(2) It is not an offence under subsection (1) of this section if an abortion or a miscarriage is caused in any of the following circumstances by a registered medical practitioner specializing in gynaecology or any other registered medical practitioner in a Government hospital or in a private hospital or clinic registered under the Private Hospitals and Maternity Homes Act, 1958 (No. 9) or in a place approved for the purpose by legislative instrument made by the Secretary;

(a) where the pregnancy is the result of rape, defilement of a female idiot or incest and the abortion or miscarriage is requested by the victim or her next of kin or the person in *loco parentis*, if she lacks the capacity to make such request;

(b) where the continuance of the pregnancy would involve risk to the life of the pregnant woman or injury to her physical or mental health and such woman consents to it or if she lacks the capacity to give such consent it is given on her behalf by her next of kin or the person in *loco parentis*; or

(c) where there is substantial risk that if the child were born, it may suffer from, or later develop, a serious physical abnormality or disease.

(3) for purposes of this section “abortion or miscarriage” means the premature expulsion or removal of conception from the uterus or womb before the period of gestation is completed.

67. (1) Where any person does an act in good faith, for the purposes of medical or surgical treatment, an intent to cause death shall not be presumed from the fact that the act was or appeared likely to cause death.

(2) Any act which is done, in good faith and without negligence, for the purposes of medical or surgical treatment, of a pregnant woman is justifiable, although it causes or is intended to cause abortion or miscarriage, or premature delivery, or death of the child.

Criminal Code (Amendment) Law, PNDC Law 102, 1985. Now incorporated into the consolidated Criminal Code, 1960, Act 29, Section 58.

APPENDIX III

KNOWLEDGE AND PERCEPTIONS ABOUT ABORTION AND THE ABORTION LAW OF GHANA: THE CASE OF AYAWASO WEST SUB-METRO

Questionnaire for Post senior high school students

Name of Interviewer:

Place of Interview:

Questionnaire ID Number:

Date of Interview:

SECTION A: Personal Data on Respondent

Please circle where appropriate.

No	Questions	Coding categories	Skip
1	Sex of Respondent	Male 1 Female 2	SEX
2	How old are you in completed years?	Age	AGE
3	Which religious denomination do you belong to?	Christianity 1 Islam 2 Traditional 3 Others, specify 4	RELIGION IF 1 THEN ANSWER 4
4	Please can you specify?	Catholic 1 Pentecostal 2 Orthodox 3 Charismatic 4 Spiritual 5	CHTYPE
5	How many times do you attend religious activity in a week?	Once 1 More than once 2	ATTRELI
6	What is your marital status?	Single 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married 6	MSTATUS

7	Please can you state your parent's occupation?	State	OCCUPATION
8	Your usual place of residence	Urban 1 Peri-urban 2 Rural 3	RESIDENCE
9	Current educational level (Accra Training College)	1st year 1 2nd year 2 3rd year 3	EDUCATION
10	What is your special area of studies	Agric Science 1 Administration 2 Arts 3 Biological Science 4 Engineering 5 ICT 6 Law 7 Mathematics 8 Medicine 9 Nursing 10 Social Science 11	SPEAREA
11	How many are your siblings	1 to 2 1 3 to 4 2 5 and more 3 None 4	SIBLINGS
12	What part of Ghana do you come from?	Ashanti 1 Brong Ahafo 2 Central 3 Eastern 4 Greater Accra 5 Northern 6 Upper East 7 Upper West 8 Volta 9 Western 10	REGION

SECTION B: KNOWLEDGE ABOUT ABORTION AND THE ABORTION LAW

13	Does Ghana have a law on abortion?	Yes No Don't know	1 2 3	ABORTLAW
14	Is abortion legal in Ghana?	Yes No Don't know	1 2 3	LEGALA
15	What are the conditions under which the law allows abortion?	Rape Incest Mental health Fetal malformation For mother's Health Mother's life is at Risk Economic or Social Minor (less than 17yrs)	1 2 3 4 5 6 7 8	CONABORT
16	Have you ever used an emergency contraceptive before?	Yes No	1 2	EMERCONP
17	Do you know of any drugs given to pregnant woman to cause abortion?	Yes No If No skip to Q20	1 2	ANYDRUGS
18	Do you know someone who has used a drug to cause abortion before?	Yes No	1 2	KNOWSOME
19	Have you used any drug to cause abortion before?	Yes No	1 2	
20	Have you ever assisted someone to have abortion before?	Yes No If No skip to Q23	1 2	GIVEDRUG

21	What is the relationship between you and the person?	Sister 1 Brother 2 Friend 3 Patient 4 Others, specify 5	RELATION
22	Please can you state the reason/s for which the abortion was performed?	Rape 1 Incest 2 Mental health 3 Fetal malformation 4 Maternal Health 5 Maternal Risk 6 Economic or Social 7 Minor 8 Don't know 99	REABORTS
23	Have you ever had an abortion before?	Yes 1 No 2 If No skip to Q26	HACOSOME
24	Have you ever had a complication from abortion?	Yes 1 No 2	HAVECOMP
25	What the type of complication did you have?	Bleeding 1 Infection 2 Admission 3 Perforation 4 Others, specify 5	TYPECOMP
26	Do you know someone who has had complication from abortion?	Yes 1 No 2 If No skip to Q28	KNOWCOMP

27	What the type of complication did she have?	<p>Bleeding 1</p> <p>Infection 2</p> <p>Admission 3</p> <p>Perforation 4</p> <p>Others, specify 5</p>	KNTYCOMP
28	What is abortion?	<p>Expulsion of the fetus before viability (the fetus cannot survive independently) 1</p> <p>Intentionally terminating pregnancy 2</p> <p>Terminating pregnancy to prevent birth3</p> <p>Terminating a fetus which one does not want based on one or two reasons 4</p> <p>Others, specify 5</p>	WHATBORT
29	What is miscarriage?	<p>Expulsion of the fetus before viability (the fetus cannot survive independently) 1</p> <p>Intentionally terminating pregnancy 2</p> <p>Terminating pregnancy to prevent birth3</p> <p>Terminating a fetus which one does not want based on one or two reasons 4</p> <p>Others, specify 5</p>	WHATCARR

SECTION C: PERCEPTIONS ABOUT ABORTION AND THE ABORTION LAW OF GHANA

30	What do you think about abortion?	Wickedness 1 Sin 2 Murder 3 Selfishness 4 Good 5 Relieving 6 Necessary 7 Others, specify 8	THINBORT
31	How did you feel after you had an abortion?	Guilty 1 Sinful 2 Dirty 3 Good 4 Relieved 5 Others, specify 6 N/A 7 Don't know 99	FEELBORT
32	What was your reaction to someone who told he/she has had an abortion?	Resentful 1 Disappointed 2 Sad 3 Happy 4 Others, specify 5 Don't know 99	REABORT
33	Is it necessary to have a law on abortion?	Yes 1 No 2 Don't know 99	NECEBORT
34	Is it necessary to permit abortion under some conditions?	Yes 1 No 2 If No skip Q35	ABORNECE

35	If yes please can you state your reasons	Rape 1 Incest 2 Mental health 3 Fetal malformation 4 Maternal Health 5 Maternal Risk 6 Economic or Social 7 Minor 8 Don't know 99	NEREBORT
For Questions 36 - 43, Indicate whether you agree, disagree, don't know.			
36	Abortion should be legal for pregnancy which results from rape.	Agree 1 Disagree 2 Don't Know 3	RAPE
37	Abortion should be legal for pregnancy which results from incest?	Agree 1 Disagree 2 Don't Know 3	INCEST
38	Abortion should be legal for pregnancy if woman's life is at risk?	Agree 1 Disagree 2 Don't Know 3	RISK
39	Abortion should be legal if woman's health is involved?	Agree 1 Disagree 2 Don't Know 3	LIFE

40	Abortion should be legal if mental health of the woman is involved	Agree 1 Disagree 2 Don't Know 3	MENTAL
41	Abortion should be legal if there is fetal malformation/abnormality?	Agree 1 Disagree 2 Don't Know 3	FETAL
42	Abortion should be legal for minors	Agree 1 Disagree 2 Don't Know 3	MINOR
43	Abortion should be legal for economic/social factors?	Agree 1 Disagree 2 Don't Know 3	ECOSOC

Thank you

APPENDIX IV

KNOWLEDGE AND PERCEPTIONS ABOUT ABORTION AND THE ABORTION LAW OF GHANA: THE CASE OF AYAWASO WEST SUB-METRO

Questionnaire for others

Name of Interviewer:

Place of Interview:

Questionnaire ID Number:

Date of Interview:

SECTION A: Personal Data on Respondent

Please circle where appropriate.

No	Questions	Coding categories	Skip
1	Sex of Respondent	Male 1 Female 2	SEX
2	How old are you in completed years?	Age	AGE
3	Which religious denomination do you belong to?	Christianity 1 Islam 2 Traditional 3 Others, specify 4	RELIGION IF 1 THEN ANSWER 4
4	Please can you specify?	Catholic 1 Pentecostal 2 Orthodox 3 Charismatic 4 Spiritual 5	CHTYPE
5	How many times do you attend religious activity in a week?	Once 1 More than once 2	ATTRELI
6	What is your marital status?	Single 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married 6	MSTATUS
7	Please can you state your occupation?	State	OCCUPATION
8	Your usual place of residence	Urban 1 Peri-urban 2 Rural 3	RESIDENCE
9	Please can you state your educational attainment	No education 1 Basic 2 Primary 3	EDUCATION

		JHS	4	
10	How many are your siblings	1 to 2	1	SIBLINGS
		3 to 4	2	
		5 and more	3	
		None	4	
11	Which part of Ghana do you come from?	Ashanti	1	REGION
		Brong Ahafo	2	
		Central	3	
		Eastern	4	
		Greater Accra	5	
		Northern	6	
		Upper East	7	
		Upper West	8	
		Volta	9	
		Western	10	

SECTION B: KNOWLEDGE ABOUT ABORTION AND THE ABORTION LAW

12	Does Ghana have a law on abortion?	Yes	1	ABORTLAW
		No	2	
		Don't know	3	
13	Is abortion legal in Ghana?	Yes	1	LEGALA
		No	2	
		Don't know	3	
14	What are the conditions under which the law allows abortion?	Rape	1	CONABORT
		Incest	2	
		Mental health	3	
		Fetal malformation	4	
		For mother's Health	5	
		Mother's life is at Risk	6	
		Economic or Social	7	
		Minor (less than 17yrs)	8	
15	Have you ever used an emergency contraceptive before?	Yes	1	EMERCONP
		No	2	

16	Do you know of any drugs given to pregnant woman to cause abortion?	Yes No If No skip to Q20	1 2	ANYDRUGS
17	Do you know someone who has used a drug to cause abortion before?	Yes No	1 2	KNOWSOME
18	Have you used any drug to cause abortion before?	Yes No	1 2	
19	Have you ever assisted someone to have abortion before?	Yes No If No skip to Q23	1 2	GIVEDRUG
20	What is the relationship between you and the person?	Sister Brother Friend Patient Others, specify	1 2 3 4 5	RELATION
21	Please can you state the reason/s for which the abortion was performed?	Rape Incest Mental health Fetal malformation Maternal Health Maternal Risk Economic or Social Minor Don't know	1 2 3 4 5 6 7 8 99	REABORTS
22	Have you ever had an abortion before?	Yes No If No skip to Q26	1 2	HACOSOME

23	Have you ever had a complication from abortion?	Yes 1 No 2	HAVECOMP
24	What the type of complication did you have?	Bleeding 1 Infection 2 Admission 3 Perforation 4 Others, specify 5	TYPECOMP
25	Do you know someone who has had complication from abortion?	Yes 1 No 2 If No skip to Q28	KNOWCOMP
26	What the type of complication did she have?	Bleeding 1 Infection 2 Admission 3 Perforation 4 Others, specify 5	KNTYCOMP
27	What is abortion?	Expulsion of the fetus before viability (the fetus cannot survive independently) 1 Intentionally terminating pregnancy 2 Terminating pregnancy to prevent birth3 Terminating a fetus which one does not want based on one or two reasons 4 Others, specify 5	WHATBORT
28	What is miscarriage?	Expulsion of the fetus before viability (the fetus cannot survive independently) 1 Intentionally terminating pregnancy 2 Terminating pregnancy to prevent birth3 Terminating a fetus which one does not want based on one or two reasons 4 Others, specify 5	WHATCARR

SECTION C: PERCEPTIONS ABOUT ABORTION AND THE ABORTION LAW OF GHANA

29	What do you think about abortion?	Wickedness 1	THINBORT
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		Sin 2 Murder 3 Selfishness 4 Good 5 Relieving 6 Necessary 7 Others, specify 8	
30	How did you feel after you had an abortion?	Guilty 1 Sinful 2 Dirty 3 Good 4 Relieved 5 Others, specify 6 N/A 7 Don't know 99	FEELBORT
31	What was your reaction to someone who told he/she has had an abortion?	Resentful 1 Disappointed 2 Sad 3 Happy 4 Others, specify 5 Don't know 99	REABORT
32	Is it necessary to have a law on abortion?	Yes 1 No 2 Don't know 99	NECEBORT
33	Is it necessary to permit abortion under some conditions?	Yes 1 No 2 If No skip Q35	ABORNECE
34	If yes please can you state your reasons	Rape 1 Incest 2 Mental health 3 Fetal malformation 4 Maternal Health 5 Maternal Risk 6 Economic or Social 7	NEREBORT

		Minor	8	
		Don't know	99	
For Questions 35 - 42, Indicate whether you agree, disagree, don't know.				
35	Abortion should be legal for pregnancy which results from rape.	Agree	1	RAPE
		Disagree	2	
		Don't Know	3	
36	Abortion should be legal for pregnancy which results from incest?	Agree	1	INCEST
		Disagree	2	
		Don't Know	3	
37	Abortion should be legal for pregnancy if woman's life is at risk?	Agree	1	RISK
		Disagree	2	
		Don't Know	3	
38	Abortion should be legal if woman's health is involved?	Agree	1	LIFE
		Disagree	2	
		Don't Know	3	
39	Abortion should be legal if mental health of the woman is involved	Agree	1	MENTAL
		Disagree	2	
		Don't Know	3	
40	Abortion should be legal if there is fetal malformation/abnormality?	Agree	1	FETAL
		Disagree	2	
		Don't Know	3	

41	Abortion should be legal for minors	Agree 1 Disagree 2 Don't Know 3	MINOR
42	Abortion should be legal for economic/economic factors?	Agree 1 Disagree 2 Don't Know 3	ECOSOC

Thank you

APPENDIX V

KNOWLEDGE AND PERCEPTIONS ABOUT ABORTION AND THE ABORTION LAW OF GHANA: THE CASE OF AYAWASO WEST SUB-METRO

Questionnaire for health care providers

Name of Interviewer:

Place of Interview:

Questionnaire ID Number:

Date of Interview:

SECTION A: Personal Data on Respondent

Please circle where appropriate.

No	Questions	Coding categories	Skip
1	Sex of Respondent	Male 1 Female 2	SEX
2	How old are you in completed years?	Age	AGE
3	Which religious denomination do you belong to?	Christianity 1 Islam 2 Traditional 3 Others, specify 4	RELIGION IF 1 THEN ANSWER 4
4	Please can you specify?	Catholic 1 Pentecostal 2 Orthodox 3 Charismatic 4 Spiritual 5	CHTYPE
5	How many times do you attend religious activity in a week?	Once 1 More than once 2	ATTRELI
6	What is your marital status?	Single 1 Married 2 Divorced 3 Widowed 4 Separated 5	MSTATUS

		Never married	6	
7	Please can you state your occupation?	Doctor	1	OCCUPATION
		Administrator	2	
		Pharmacist	3	
		Matron	4	
		Midwife	5	
		General nurse	6	
		Record officer	7	
		Theatre staff	8	
		Anesthetic	9	
		Dispensing Technician	10	
8	How many are your siblings	1 to 2	1	SIBLINGS
		3 to 4	2	
		5 and more3	3	
		None	4	
9	What part of Ghana do you come from?	Ashanti	1	REGION
		Brong Ahafo	2	
		Central	3	
		Eastern	4	
		Greater Accra	5	
		Northern	6	
		Upper East	7	
		Upper West	8	
		Volta	9	
		Western	10	

SECTION B: KNOWLEDGE ABOUT ABORTION AND THE ABORTION LAW

10	Does Ghana have a law on abortion?	Yes	1	ABORTLAW
		No	2	
11	Is abortion legal in Ghana?	Yes	1	LEGALA
		No	2	
12	What are the conditions under which the law allows abortion?	Rape	1	CONABORT
		Incest	2	
		Mental health	3	
		Fetal malformation	4	
		For mother's Health	5	
		Mother's life is at Risk	6	

		Economic or Social	7	
		Minor (less than 17yrs)	8	
13	Have you ever used an emergency contraceptive before?			EMERCONP
		Yes	1	
		No	2	
14	Do you know of any drugs given to pregnant woman to cause abortion?			ANYDRUGS
		Yes	1	
		No	2	
		If No skip to Q17		
15	Do you know someone who has used a drug to cause abortion before?			KNOWSOME
		Yes	1	
		No	2	
16	Have you used any drug to cause abortion before?			
		Yes	1	
		No	2	
17	Have you ever assisted someone to have abortion before?			GIVEDRUG
		Yes	1	
		No	2	
		If No skip to Q20		
18	What is the relationship between you and the person?			RELATION
		Sister	1	
		Brother	2	
		Friend	3	
		Patient	4	
		Others, specify	5	
19	Please can you state the reason/s for which the abortion was performed?			REABORTS
		Rape	1	
		Incest	2	
		Mental health	3	
		Fetal malformation	4	
		Maternal Health	5	
		Maternal Risk	6	
		Economic or Social	7	

		Minor 8 Don't know 99	
20	Have you ever had an abortion before?	Yes 1 No 2 If No skip to Q23	HACOSOME
21	Have you ever had a complication from abortion?	Yes 1 No 2	HAVECOMP
22	What the type of complication did you have?	Bleeding 1 Infection 2 Admission 3 Perforation 4 Others, specify 5	TYPECOMP
23	Do you know someone who has had complication from abortion?	Yes 1 No 2 If No skip to Q25	KNOWCOMP
24	What the type of complication did she have?	Bleeding 1 Infection 2 Admission 3 Perforation 4 Others, specify 5	KNTYCOMP
25	What is abortion?	Expulsion of the fetus before viability (the fetus cannot survive independently) 1 Intentionally terminating pregnancy 2 Terminating pregnancy to prevent birth3 Terminating a fetus which one does not want based on one or two reasons 4 Others, specify 5	WHATBORT
26	What is miscarriage?	Expulsion of the fetus before viability (the fetus cannot survive independently) 1 Intentionally terminating pregnancy 2 Terminating pregnancy to prevent birth3 Terminating a fetus which one does not want based on one or two reasons 4	WHATCARR

	Others, specify	5	
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SECTION C: PERCEPTIONS ABOUT ABORTION AND THE ABORTION LAW OF GHANA

27	What do you think about abortion?	Wickedness 1 Sin 2 Murder 3 Selfishness 4 Good 5 Relieving 6 Necessary 7 Others, specify 8	THINBORT
28	How did you feel after you had an abortion?	Guilty 1 Sinful 2 Dirty 3 Good 4 Relieved 5 Others, specify 6 N/A 7 Don't know 99	FEELBORT
29	What was your reaction to someone who told he/she has had an abortion?	Resentful 1 Disappointed 2 Sad 3 Happy for her 4 Others, specify 5 Don't know 99	REABORT
30	Is it necessary to have a law on abortion?	Yes 1 No 2 Don't know 99	NECEBORT
31	Is it necessary to permit abortion under some conditions?	Yes 1 No 2 If No skip to Q33	ABORNEC
32	If yes please can you state your reasons	Rape 1	NEREBORT

		Incest 2 Mental health 3 Fetal malformation 4 Maternal Health 5 Maternal Risk 6 Economic or Social 7 Minor 8 Don't know 99	
For Questions 33 - 40, Indicate whether you agree, disagree, don't know.			
33	Abortion should be legal for pregnancy which results from rape.	Agree 1 Disagree 2 Don't Know 3	RAPE
34	Abortion should be legal for pregnancy which results from incest?	Agree 1 Disagree 2 Don't Know 3	INCEST
35	Abortion should be legal for pregnancy if woman's life is at risk?	Agree 1 Disagree 2 Don't Know 3	RISK
36	Abortion should be legal if woman's health is involved?	Agree 1 Disagree 2 Don't Know 3	LIFE
37	Abortion should be legal if mental health of the woman is involved	Agree 1 Disagree 2 Don't Know 3	MENTAL

38	Abortion should be legal if there is fetal malformation/abnormality?	<p>Agree 1</p> <p>Disagree 2</p> <p>Don't Know 3</p>	FETAL
39	Abortion should be legal for minors	<p>Agree 1</p> <p>Disagree 2</p> <p>Don't Know 3</p>	MINOR
40	Abortion should be legal for economic/social factors?	<p>Agree 1</p> <p>Disagree 2</p> <p>Don't Know 3</p>	ECOSOC

Thank you

APPENDIX VI

KNOWLEDGE AND PERCEPTIONS ABOUT ABORTION AND THE ABORTION LAW OF GHANA: THE CASE OF AYAWASO WEST SUB-METRO

Questionnaire for Senior high students

Name of Interviewer:

Place of Interview:

Questionnaire ID Number:

Date of Interview:

SECTION A: Personal Data on Respondent

Please circle where appropriate.

No	Questions	Coding categories	Skip
1	Sex of Respondent	Male 1 Female 2	SEX
2	How old are you in completed years?	Age	AGE
3	Which religious denomination do you belong to?	Christianity 1 Islam 2 Traditional 3 Others, specify 4	RELIGION IF 1 THEN ANSWER 4
4	Please can you specify?	Catholic 1 Pentecostal 2 Orthodox 3 Charismatic 4 Spiritual 5	CHTYPE
5	How many times do you attend religious activity in a week?	Once 1 More than once 2	ATTRELI
6	What is your marital status?	Single 1 Married 2 Divorced 3 Widowed 4 Separated 5	MSTATUS

		Never married	6	
7	Please can you state your parent's occupation?	State		OCCUPATION
8	Your usual place of residence	Urban	1	RESIDENCE
		Peri-urban	2	
		Rural	3	
9	Current educational level (Senior high school)	1st year	1	EDUCATION
		2nd year	2	
		3rd year	3	
10	What is your special area of studies	Agric Science	1	SPEAREA
		Administration	2	
		Arts	3	
		Biological Science	4	
		Engineering	5	
		ICT	6	
		Law	7	
		Mathematics	8	
		Medicine	9	
		Nursing	10	
		Social Science	11	
11	How many are your siblings	1 to 2	1	SIBLINGS
		3 to 4	2	
		5 and more	3	
		None	4	
12	What part of Ghana do you come from?	Ashanti	1	REGION
		Brong Ahafo	2	
		Central	3	
		Eastern	4	
		Greater Accra	5	
		Northern	6	
		Upper East	7	
		Upper West	8	
		Volta	9	
		Western	10	

SECTION B: KNOWLEDGE ABOUT ABORTION AND THE ABORTION LAW

13	Does Ghana have a law on abortion?	Yes No Don't know	1 2 3	ABORTLAW
14	Is abortion legal in Ghana?	Yes No Don't know	1 2 3	LEGALA
15	What are the conditions under which the law allows abortion?	Rape Incest Mental health Fetal malformation For mother's Health Mother's life is at Risk Economic or Social Minor (less than 17yrs)	1 2 3 4 5 6 7 8	CONABORT
16	Have you ever used an emergency contraceptive before?	Yes No	1 2	EMERCONP
17	Do you know of any drugs given to pregnant woman to cause abortion?	Yes No If No skip to Q20	1 2	ANYDRUGS
18	Do you know someone who has used a drug to cause abortion before?	Yes No	1 2	KNOWSOME
19	Have you used any drug to cause abortion before?	Yes No	1 2	
20	Have you ever assisted someone to have abortion before?	Yes No	1 2	GIVEDRUG

		If No skip to Q23	
21	What is the relationship between you and the person?	Sister 1 Brother 2 Friend 3 Patient 4 Others, specify 5	RELATION
22	Please can you state the reason/s for which the abortion was performed?	Rape 1 Incest 2 Mental health 3 Fetal malformation 4 Maternal Health 5 Maternal Risk 6 Economic or Social 7 Minor 8 Don't know 99	REABORTS
23	Have you ever had an abortion before?	Yes 1 No 2 If No skip to Q26	HACOSOME
24	Have you ever had a complication from abortion?	Yes 1 No 2	HAVECOMP
25	What the type of complication did you have?	Bleeding 1 Infection 2 Admission 3 Perforation 4 Others, specify 5	TYPECOMP
26	Do you know someone who has had complication from abortion?	Yes 1 No 2 If No skip to Q28	KNOWCOMP
27	What the type of complication did she have?	Bleeding 1 Infection 2	KNTYCOMP

		Admission 3 Perforation 4 Others, specify 5	
28	What is abortion?	Expulsion of the fetus before viability (the fetus cannot survive independently) 1 Intentionally terminating pregnancy 2 Terminating pregnancy to prevent birth3 Terminating a fetus which one does not want based on one or two reasons 4 Others, specify 5	WHATBORT
29	What is miscarriage?	Expulsion of the fetus before viability (the fetus cannot survive independently) 1 Intentionally terminating pregnancy 2 Terminating pregnancy to prevent birth3 Terminating a fetus which one does not want based on one or two reasons 4 Others, specify 5	WHATCARR

SECTION C: PERCEPTIONS ABOUT ABORTION AND THE ABORTION LAW OF GHANA

30	What do you think about abortion?	Wickedness 1 Sin 2 Murder 3 Selfishness 4 Good 5 Relieving 6 Necessary 7 Others, specify 8	THINBORT
31	How did you feel after you had an abortion?	Guilty 1 Sinful 2 Dirty 3 Good 4 Relieved 5 Others, specify 6 N/A 7 Don't know 99	FEELBORT

32	What was your reaction to someone who told he/she has had an abortion?	Resentful 1 Disappointed 2 Sad 3 Happy 4 Others, specify 5 Don't know 99	REABORT
33	Is it necessary to have a law on abortion?	Yes 1 No 2 Don't know 99	NECEBORT
34	Is it necessary to permit abortion under some conditions?	Yes 1 No 2 If No skip Q35	ABORNECE
35	If yes please can you state your reasons	Rape 1 Incest 2 Mental health 3 Fetal malformation 4 Maternal Health 5 Maternal Risk 6 Economic or Social 7 Minor 8 Don't know 99	NEREBORT
For Questions 36 - 43, Indicate whether you agree, disagree, don't know.			
36	Abortion should be legal for pregnancy which results from rape.	Agree 1 Disagree 2 Don't Know 3	RAPE
37	Abortion should be legal for pregnancy which results from incest?	Agree 1 Disagree 2	INCEST

		Don't Know	3	
38	Abortion should be legal for pregnancy if woman's life is at risk?	Agree Disagree Don't Know	1 2 3	RISK
39	Abortion should be legal if woman's health is involved?	Agree Disagree Don't Know	1 2 3	LIFE
40	Abortion should be legal if mental health of the woman is involved	Agree Disagree Don't Know	1 2 3	MENTAL
41	Abortion should be legal if there is fetal malformation/abnormality?	Agree Disagree Don't Know	1 2 3	FETAL
42	Abortion should be legal for minors	Agree Disagree Don't Know	1 2 3	MINOR
43	Abortion should be legal for economic/social factors?	Agree Disagree Don't Know	1 2 3	ECOSOC

APPENDIX VII

KNOWLEDGE AND PERCEPTIONS ABOUT ABORTION AND THE ABORTION LAW OF GHANA: THE CASE OF AYAWASO WEST SUB-METRO

Questionnaire for University students

Name of Interviewer:

Place of Interview:

Questionnaire ID Number:

Date of Interview:

SECTION A: Personal Data on Respondent

Please circle where appropriate.

No	Questions	Coding categories	Skip
1	Sex of Respondent	Male 1 Female 2	SEX
2	How old are you in completed years?	Age	AGE
3	Which religious denomination do you belong to?	Christianity 1 Islam 2 Traditional 3 Others, specify 4	RELIGION IF 1 THEN ANSWER 4
4	Please can you specify?	Catholic 1 Pentecostal 2 Orthodox 3 Charismatic 4 Spiritual 5	CHTYPE
5	How many times do you attend religious activity in a week?	Once 1 More than once 2	ATTRELI
6	What is your marital status?	Single 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married 6	MSTATUS
7	Please can you state your parent's occupation?	State	OCCUPATION

8	Your usual place of residence	Urban Peri-urban Rural	1 2 3	RESIDENCE
9	Current educational level (post grad, undergrad,)	1st year 2nd year 3rd year 4th year	1 2 3 4	EDUCATION
10	What is your special area of studies	Agric Science Administration Arts Biological Science Engineering ICT Law Mathematics Medicine Nursing Social Science	1 2 3 4 5 6 7 8 9 10 11	SPEAREA
11	How many are your siblings	1 to 2 3 to 4 5 and more3 None	1 2 3 4	SIBLINGS
12	What part of Ghana do you come from?	Ashanti Brong Ahafo Central Eastern Greater Accra Northern Upper East Upper West Volta Western	1 2 3 4 5 6 7 8 9 10	REGION

SECTION B: KNOWLEDGE ABOUT ABORTION AND THE ABORTION LAW

13	Does Ghana have a law on abortion?	Yes No	1 2	ABORTLAW
14	Is abortion legal in Ghana?	Yes No	1 2	LEGALA
15	What are the conditions under which the law allows abortion?	Rape Incest Mental health Fetal malformation For mother's Health Mother's life is at Risk Economic or Social Minor (less than 17yrs)	1 2 3 4 5 6 7 8	CONABORT
16	Have you ever used an emergency contraceptive before?	Yes No	1 2	EMERCONP
17	Do you know of any drugs given to pregnant woman to cause abortion?	Yes No If No skip to Q20	1 2	ANYDRUGS
18	Do you know someone who has used a drug to cause abortion before?	Yes No	1 2	KNOWSOME
19	Have you used any drug to cause abortion before?	Yes No	1 2	
20	Have you ever assisted someone to have abortion before?	Yes No If No skip to Q23	1 2	GIVEDRUG

21	What is the relationship between you and the person?	<p>Sister 1</p> <p>Brother 2</p> <p>Friend 3</p> <p>Patient 4</p> <p>Others, specify 5</p>	RELATION
22	Please can you state the reason/s for which the abortion was performed?	<p>Rape 1</p> <p>Incest 2</p> <p>Mental health 3</p> <p>Fetal malformation 4</p> <p>Maternal Health 5</p> <p>Maternal Risk 6</p> <p>Economic or Social 7</p> <p>Minor 8</p> <p>Don't know 99</p>	REABORTS
23	Have you ever had an abortion before?	<p>Yes 1</p> <p>No 2</p> <p>If No skip to Q26</p>	HACOSOME
24	Have you ever had a complication from abortion?	<p>Yes 1</p> <p>No 2</p>	HAVECOMP
25	What the type of complication did you have?	<p>Bleeding 1</p> <p>Infection 2</p> <p>Admission 3</p> <p>Perforation 4</p> <p>Others, specify 5</p>	TYPECOMP
26	Do you know someone who has had complication from abortion?	<p>Yes 1</p> <p>No 2</p> <p>If No skip to Q28</p>	KNOWCOMP
27	What the type of complication did she have?	<p>Bleeding 1</p> <p>Infection 2</p> <p>Admission 3</p>	KNTYCOMP

		Perforation 4 Others, specify 5	
28	What is abortion?	Expulsion of the fetus before viability (the fetus cannot survive independently) 1 Intentionally terminating pregnancy 2 Terminating pregnancy to prevent birth3 Terminating a fetus which one does not want based on one or two reasons 4 Others, specify 5	WHATBORT
29	What is miscarriage?	Expulsion of the fetus before viability (the fetus cannot survive independently) 1 Intentionally terminating pregnancy 2 Terminating pregnancy to prevent birth3 Terminating a fetus which one does not want based on one or two reasons 4 Others, specify 5	WHATCARR

SECTION C: PERCEPTIONS ABOUT ABORTION AND THE ABORTION LAW OF GHANA

30	What do you think about abortion?	Wickedness 1 Sin 2 Murder 3 Selfishness 4 Good 5 Relieving 6 Necessary 7 Others, specify 8	THINBORT
31	How did you feel after you had an abortion?	Guilty 1 Sinful 2 Dirty 3 Good 4 Relieved 5 Others, specify 6 Don't know 99	FEELBORT
32	What was your reaction to someone who told he/she has had an abortion?	Resentful 1	REABORT

		Disappointed	2	
		Sad	3	
		Happy	4	
		Others, specify	5	
		Don't know	99	
33	Is it necessary to have a law on abortion?			NECEBORT
		Yes	1	
		No	2	
		Don't know	99	
34	Is it necessary to permit abortion under some conditions?			ABORNECE
		Yes	1	
		No	2	
		If No skip Q35		
35	If yes please can you state your reasons			NEREBORT
		Rape	1	
		Incest	2	
		Mental health	3	
		Fetal malformation	4	
		Maternal Health	5	
		Maternal Risk	6	
		Economic or Social	7	
		Minor	8	
		Don't know	99	
For Questions 36 - 43, Indicate whether you agree, disagree, don't know.				
36	Abortion should be legal for pregnancy which results from rape.			RAPE
		Agree	1	
		Disagree	2	
		Don't Know	3	
37	Abortion should be legal for pregnancy which results from incest?			INCEST
		Agree	1	
		Disagree	2	
		Don't Know	3	

38	Abortion should be legal for pregnancy if woman' life is at risk?	Agree 1 Disagree 2 Don't Know 3	RISK
39	Abortion should be legal if woman's health is involved?	Agree 1 Disagree 2 Don't Know 3	LIFE
40	Abortion should be legal if mental health of the woman is involved	Agree 1 Disagree 2 Don't Know 3	MENTAL
41	Abortion should be legal if there is fetal malformation/abnormality?	Agree 1 Disagree 2 Don't Know 3	FETAL
42	Abortion should be legal for minors	Agree 1 Disagree 2 Don't Know 3	MINOR
43	Abortion should be legal for economic/economic factors?	Agree 1 Disagree 2 Don't Know 3	ECOSOC

Thank you

APPENDIX VII

Odds ratios (95% confidence intervals) showing the association between characteristics (single variables) of Respondents and their level of knowledge of the Law

Characteristics	Univariate Odds ratio	p-value
Has done abortion before		
Yes(ref)	1	
No	0.47(0.27-0.81)	0.006
Know some who has done abortion before		
Yes(ref)	1	<0.0000
No	0.43(0.32-0.58)	
Used emergency contraception before		
Yes(ref)	1	
No	0.29(0.20-0.42)	<0.000

