ORIGINAL RESEARCH ARTICLE

Exploring Contraceptive Knowledge and Use among Women Experiencing Induced Abortion in the Greater Accra Region, Ghana

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Abstract

Using a qualitative research methodology, twenty-four semi-structured interviews were conducted with women with induced abortion experiences at Korle Bu and Tema Hospitals in the Greater Accra Region, Ghana. Results suggest that these women tended not to have knowledge of contraceptive methods prior to the abortion, while others were informed but failed to use for a variety of reasons ranging from rumours of side effects to personal negative experiences with modern contraceptive methods. A few women also stated contraceptive failure as a reason for their unintended pregnancies that were later aborted. Peer and reproductive health education must be reinforced in communities in the Greater Accra Region to curb adolescents engaging in early sex and should challenge the existing rumours associated with contraception in Ghana. In addition, family planning services in terms of appropriate methods with no side effects must be made available to women in the reproductive ages (*Afr J Reprod Health 2011; 15[1]: 37-46).*

Résumé

Explorer la connaissance du contraceptif et son utilisation chez les femmes qui subissent l'avortement déclenché à Greater Accra Region, Ghana. Nous avons, à l'aide d'une méthodologie de recherche qualitative, recueilli vingt-quatre interviews semi structurées auprès des femmes qui ont vécu l'avortement déclenché, dans les hôpitaux de Korle Bu et de Tema à Greater Accra. Les résultats montrent que ces femmes paraissent de ne pas avoir connu des méthodes contraceptives avant l'avortement, alors que les autres étaient renseignées mais n'ont pas utilisaient les méthodes pour des raisons qui varient des effets secondaires aux expériences négatives avec les méthodes du contraceptif moderne. Peu de femmes ont mentionné l'impuissance du contraceptif comme étant la raison pour leurs grossesses non voulues qui ont été avortées plus tard. Il faut renforcer l'éducation sexuelle et des pairs dans les communautés dans Greater Accra Region pour éviter que les adolescents soient engagés dans des rapports sexuels précoces et pour contester les rumeurs liées à la contraception au Ghana. De plus, il faut assurer les services de la planification familiale en termes des méthodes appropriées et sans des effets secondaires aux femmes en âge de procréation (*Afr J Reprod Health 2011; 15[1]: 37-46).*

Keywords: *Induced Abortion; Contraception; Family Planning Knowledge; Ghana*

Introduction

Induced abortions occur worldwide. Some studies suggest that it is fast becoming a birth control method.[1-3] Most induced abortions occur as a result of unintended pregnancies. Estimates suggest that 79 million unintended pregnancies occur worldwide and of these 46 million are aborted.[1] The stigma associated with induced abortions in developing nations coupled with laws that render abortions legal only under certain conditions[4] results in the practice of clandestine, unsafe abortions even when legal and safe services are available.[5]

Studies indicate that a sizable percentage of women in Ghana have, at some time, resorted to the voluntary termination of an unwanted pregnancy.[6-12] Bleek[13] stated that among the Akan, "abortion is reprehensible unless it is successful and remains hidden". Ghanaians approach the topic of induced abortion with the view that it goes against traditional ethics and values,[9,13] however, large numbers of maternal morbidity and mortality cases arise from unsafe abortions.[14] Statistics from the 2007 Ghana Maternal Health Survey (GMHS)[15] suggest that 11 per cent of maternal deaths result from these induced abortions.[16]

Although the abortion law in Ghana is said to be "broadly interpreted", abortion is illegal unless performed by a medical practitioner in a medical facility under circumstances involving rape or defilement of a female idiot, incest, foetal impairment, or when physical or mental risk could occur to harm the life of the woman. Hence, in Ghana, induced abortions are not legal if performed upon request or for social or financial purposes.[4,17,18] GMHS results show that about four per cent of abortion seekers perceived abortion as legal in Ghana under a variety of circumstances.[15, 16]

Characteristics of abortion seekers reveal that rates are higher among 20 to 24 year olds, those who live in urban areas as well as among women who belong to the highly educated and wealthier categories.[15,16] In addition,

the 2007 Ghana Maternal Health Survey reports that one in five women who experienced an abortion in the last five years cited financial constraints as the main reason for terminating the pregnancy for those residing in both rural and urban settings[15].

The Determinants of Unintended Pregnancy and Abortion Rates

Bongaarts and Westoff[1] proposed three direct determinants of unintended pregnancies and the abortion rate. The first is the fertility preference or desired number of children among couples or a population. In societies where fertility preference is high, such as those in sub-Saharan Africa, there are fewer unintended pregnancies than in settings where the ideal number of children is low. Once the fertility preference of a population declines, then the second determinant, prevalence and effectiveness of contraception, becomes important in predicting unintended pregnancies and the abortion rate. Hence, in communities where the proportion of women using contraception is low and methods being utilized are not effective or are used inconsistently, then unintended pregnancies will arise. The last determinant is the probability of seeking abortion due to contraceptive failure or non-use. The proportions who seek abortion after experiencing an unwanted pregnancy worldwide is estimated at 58 per cent, and is estimated to be higher in the developed world (73%) than in developing nations (54%). Higher abortion seeking rates indicate societies that "have a high propensity to rely on abortion",[1] while the opposite is true for those with low abortion seeking rates.

Contraceptive Use in Ghana

The 2008 Ghana Demographic and Health Survey (GDHS) showed an increase in contraceptive use among currently married women in Ghana, from 13.0 per cent in 1988 to 23.5 per cent in 2008.[19] Similarly, an increase in the proportion of sexually active unmarried women using a contraceptive method was noted between 2003 and 2008, from 43.5 per cent to 50.4 percent.[19,20] This increase in contraceptive use is encouraging; however, studies suggest that Ghana's contraceptive prevalence rate (CPR) is still too low to have solely led to the observed reduction in fertility levels from 1988 to 2008. Induced abortion, however, (taken together with contraceptive use) could explain this decrease in fertility.[2,21]

Among married Ghanaian women, the percentage of current contraceptive non-use is 76.5 per cent while 50.4 present of married women had ever used any method.[19] In societies, where men make the decisions regarding the woman's reproductive health,[22, 23] it becomes essential to know men's contraceptive use habits. About 57 per cent of all men aged 15 to 59 stated they had used a male method at one time, the highest percentage being that of the male condom at 46.0 per cent. Among all men and married men, 98.9 per cent and 99.5 per cent knew of a contraceptive method, respectively. In terms of women's knowledge, 97.8 per cent of all women and 97.9 per cent of married women knew of any method of contraception. Therefore, knowledge about contraceptive methods, whether traditional or modern, among men and women in Ghana is high while use of any method is low.[19]

It has been established that the prevalence and effectiveness of contraception is important in predicting unintended pregnancy and the abortion rate[1]. Thus, use of effective contraceptive methods is essential in preventing unintended pregnancies that are later voluntarily terminated. However, recent data reveal that among women who experienced an induced abortion between 2002 and 2007, about 70 per cent failed to use a method prior to the terminated pregnancy. Twenty-eight per cent of women used a method but reported experiencing contraceptive failure.[15] This study sought to explore the contraceptive practices of a group of women with induced abortion experiences. In line with results from the 2007 Ghana Maternal Health Survey[15], it is expected that prior to their abortions the women did not use contraception, used it inconsistently, or experienced failure leading to their unintended pregnancies which they later aborted or attempted to abort.

Methods

Segmentation and Settings

Twenty-four[1] semi-structured individual interviews were conducted with female respondents who had experienced or attempted an induced abortion at Tema General Hospital (TGH, 16 respondents) and Korle Bu Teaching Hospital (KBTH, 8 respondents). The TGH interviews were conducted in February, 2008, while those at KBTH were conducted in July, 2008. The settings for the study were selected mainly because of the researcher's access to the facilities; however, both hospitals are the major public health facilities in their respective metropolitan areas.

Participants for the individual interviews were selected using the purposive non-probability sampling technique. At TGH and KBTH, various heads of departments granted permission for the study to be conducted in their health facility. Women who had been admitted to maternity and gynaecology wards were approached and respondents were deemed eligible for the study once they reported that they had ever attempted or experienced an induced abortion. Informed consent was then obtained from the respondents to demonstrate their voluntary participation. The semi-structured nature of the question guide resulted in each interview lasting for approximately 20 to 30 minutes. This data elicitation method was deemed appropriate since the interviews

[1] Unfortunately, one of the interviews conducted at TGH could not be used since the taped conversation was inaudible and notes taken were not adequate for analysis

were conducted in hospital wards, with women being admitted for reasons ranging from ectopic pregnancies and fibroid operations to the completion of incomplete induced abortions. Thus, these conditions were not suitable for narratives and prolonged interviews. Eighteen interviews out of the twenty-three interviews were tape recorded and later transcribed, while for five interviews participants' responses were noted down, due to the malfunction of the tape-recorder. The interviews were conducted in English, Fanti or Twi[2].

In addition, four semi-structured interviews were held with two experts at each hospital who had knowledge on abortion practices (gynaecologists/ obstetricians) and abortion counselling procedures at TGH and KBTH. Information gathered from the experts at TGH were tape recorded and later transcribed, while those conducted in KBTH were not due to the malfunction of the tape recorder.

Ethical Considerations and Other Contextual Factors

Ethical clearance had to be acquired before any interviews could be conducted. It was obtained through the Institutional Review Board (IRB) at the Noguchi Memorial Institute for Medical Research (NMIMR). They approved the protocol of the study in January, 2008 and also approved the modifications made to the study in July, 2008. An informed consent form was distributed to each participant (excluding the experts) before the interviews. All participants received a token of appreciation for taking part in the study.

Respondents' Background Characteristics

Table 1 displays the various background characteristics of the respondents for the individual interviews. The background characteristics correspond with those of abortion seekers in the literature. Studies suggest that young, never married, nulliparous women with some amount of education, who live in urban centres are the people more likely to undergo induced abortions.[6,8,12]

The respondents current ages ranged between 16 and 57, with an average age of 28 years. The largest percentage of the respondents had their first abortion between ages 15 and 19. Their ages at first abortion ranged between 13 and 35, with an average age of 21 years. Most of the participants had terminated only one pregnancy. A third of the respondents were unable to complete Junior High School (JHS), while the same percentage completed JHS. Only one respondent had completed senior high school (SHS) and one other had gone on to obtain her teacher's certificate.

Also, the per cent distribution of the respondents' current occupations revealed that a majority of the respondents described their occupation as traders since they sold a variety of goods. The remaining women were either unemployed or worked in the service industry as seamstresses and teachers or were food vendors. Most of the women were not married before the abortion, while half were married at the time of the interview. Lastly, just over two-thirds of the women had no children prior to their first abortion, but at the time of the interview less than one-fifth had no children.

Coding and Analysis

A coding frame was developed both deductively and inductively. This coding frame provided the codes used to select various existing themes through the 23 individual interview transcripts. It was informed primarily by the research objectives and question guides. New codes were then generated after the transcripts were read through.

A matrix was set up on an Excel spreadsheet with the column heading consisting of the various codes from the coding frame (i.e. knowledge about contraception, reasons for contraceptive non-use). The rows comprised of a list of the 23 participants. Interviewees' responses were placed in the matrix under the corresponding codes. The data were then analysed manually as responses fell into particular categories representing themes that were either in consensus or conflicted with each other. Certain unique responses that were discovered as well as expected themes that were absent from the transcripts were also noted. The various themes were highlighted with different colours and the major existing themes through the transcripts were then discussed. The transcripts from the expert interviews were also analysed using the same generated codes. Statements in line with the identified themes from the individual interviews were included to support the information garnered from those interviews.

Results

Interviews with women who had induced an abortion at one time in their lives revealed that respondents could be placed in three categories: (1) those who knew about contraception and had used a modern method, but experienced contraceptive failure and hence became pregnant; (2) those who knew about a method prior to the abortion but failed to use any contraception; and (3) those who mentioned they had no knowledge of contraception and hence failed to use it prior to the termination of their pregnancies. Each of these categories will be considered in turn.

Contraceptive Knowledge and Use

Two participants had previous knowledge of a method and had used it prior to the abortion. However, they mentioned that these modern methods, the condom and the pill, failed them as they became pregnant and later sought abortions.

[2] Fanti and Twi are local dialects of the Akan ethnic group spoken by a majority of Ghanaians living in Accra

Table 1: Demographic and socio-economic background characteristics of respondents for individual interviews

Background Characteristics	Number	Percentage (%)
Current ages of respondents		
15-19	2	8.7
20-24	8	34.8
25-29	3	13.0
30+	10	43.5
Age at first abortion		
<15	1	4.3
15-19	12	52.2
20-24	5	21.7
25-29	3	13.0
30+	2	8.7
Number of abortions*		
1	16	76.2
2	0	0.0
3	3	14.3
4	2	9.5
Number of children prior to first abortion		
0	15	65.2
1	4	17.4
2	1	4.3
3+	3	13.0
Current number of children		
0	4	17.4
1	6	26.1
2	6	26.1
3+	7	30.4
Marital status prior to abortion		
Not Married	18	78.3
Married	3	13.0
Separated/Divorced/Widowed	2	8.7
Current marital status		
Not Married	9	39.1
Married	12	52.2
Separated/Divorced/Widowed	2	8.7
Highest educational attainment		
No Education	3	13.0
Primary	2	8.7
JHS	16	69.6
SHS/Higher	2	8.7
Occupation		
Unemployed	4	17.4
Trader	12	52.2
Food vendor	1	4.3
Seamstress/apprentice	4	17.4
Teacher	2	8.7
Total	23	100.0

**Number of actual abortions are 21, with 2 attempted abortions*

Interviewer: OK, so, at that time that you had the abortion, were you using family planning or anything?
P8: No, only the protection.
Interviewer: Which one?
P8: Condom.
Interviewer: But you were still able to get pregnant using the condom?
P8: Mmm, it was a mistake, it was a mistake.
(Participant 8, TGH, 18 years, 1 child)

Interviewer: At the time you got pregnant, were you using contraception, any family planning or anything?
P13: OK, I did use this tablet, Secure.
Interviewer: So, were you using it at that time?
P13: Yes, I was using it and you know these kinds of drugs, they fail us sometimes…
(Participant 13, TGH, 22 years, 0 children)

A few of the respondents had never heard of the term contraception (or family planning, as women refer to it in this study), until they were admitted to the Chenard wards at KBTH, obstetrics and gynaecology unit.

Interviewer: So, at that time you didn't know anything about it [contraception]. Right now what do you know about it?
PK3: They [the nurses] came here and told me something about contraception, but I didn't know anything about it. They told me that when I'm going I should come and do it before I leave.
Interviewer: OK, so the family planning they told you about it?
PK3: Yes
Interviewer: OK, so what did they tell you?
PK3: They said they have the 3 months one there [injectables], they have the one they put inside your body [implants] and they have some they put in (points to vagina) [IUD].
(Participant 3, KBTH, 22 years, 1 child)

Regarding this issue, another respondent stated:
"I didn't know about it so I didn't use it. I didn't know about family planning until I came to Korle Bu and the doctor told me about it."
(Participant 4, KBTH, 16 years, 0 children)

It is important to note that a number of the respondents who had their first abortion earlier had since gained knowledge and utilized at least one method. However, some stated that they failed to use it consistently because of side-effects and for other personal reasons, to be discussed later.

In summary, concerning contraceptive knowledge and use, the results show that women with knowledge of a method prior to the abortion who in turn used a modern method (the condom and the pill) reported contraceptive failure, resulting in unintended pregnancies. Most respondents mentioned that prior to the abortion they had no knowledge of contraception but have since gained knowledge about family planning methods. Finally, those that knew of contraceptive methods prior to the abortion failed to use for a variety of reasons which are discussed in the next section.

Reasons for Contraceptive Non-use

Respondents were asked about their reasons for not using contraception prior to the termination of the pregnancy. The reasons they gave included: no knowledge of contraception prior to the abortion, fear of side effects, and a general dislike for it leading to the personal decision not to use it.

A major reason women cited for not using contraceptives prior to the abortion was they had not been informed about family planning services or they did not fully understand its usefulness at the time. Eight respondents fell in this category.

At that time I didn't know about it and I came from Togo and my friend told me about it and I started using it. (Participant 6, TGH, 26 yrs, 2 children)

At that time I didn't understand it (Participant 2, KBTH, 38 yrs, 4 children)

I didn't know about family planning and I got pregnant, so after I aborted the pregnancy then I went to get the injection. (Participant 9, TGH, 21 yrs, 2 children)

Another reason for non-use was indicated by a participant whose first sexual encounter occurred when she was raped by her boyfriend and hence the issue of contraceptive use was not even considered. Such experiences were reported in other studies, such as Henry and Fayorsey's,[10] who discovered that many of the young girls interviewed were first introduced to sex when their current boyfriends or husbands tricked, pressured or raped them. The respondent described her experience as follows:

Interviewer: Were you using contraception at the time?
P4: No
Interviewer: Who in the relationship made the decision not to use contraception?
P4: It's a long story, but I'll say it. The thing is that he was my first boy, the one that breaked me [took my virginity]. So I decided to marry him, but the way he was doing things I decided to stop.
Interviewer: So, you both decided not to use contraception?
P4: Even, it was a rape, he forced me, he forced me and I didn't want to, that was my first time.
(Participant 4, TGH, 30 years, 1 child)

It must be stated that the respondent may not have become pregnant the first time she was raped by her boyfriend. However, her response to why she failed to use contraception prior to her abortion suggests that she may not have had the opportunity to negotiate the use of contraception in the relationship.

A number of the respondents who had their first abortion many years ago had since gained knowledge and utilized at least one method. Whether they were informed about contraception prior to the abortion or after, some just still preferred not to use it. Some interviewees stated that they failed to use it at all or used it inconsistently because of experienced side-effects, negative rumours or a general dislike for contraception. One respondent who

was in the hospital for inducing an incomplete abortion, a few days before the interview, reported:

P15: I got injected with some of the family planning but every week I got my period so I went to tell them and they said I should have patience with it so after the date passed ahaa…
Interviewer: So, you haven't done it again after you did it? (Participant 15, TGH, 26 years, 3 children)

A conversation with a widow of three years, who was at the hospital for accidentally inducing an abortion, gave insight into two reasons why she chose not to use contraception. She mentioned side effects and a comment from a friend as deterrents to her contraceptive use.

Interviewer: Do you currently use or have you ever used family planning?
PK8: Yes, I used some last year, but I stopped because my heart was beating, it hurt my heart so I stopped.
Interviewer: Which methods were you using?
PK8: I was using Paninden injections for 3 months.
Interviewer: Were you using it before you got pregnant and had the abortion?
PK8: No
Interviewer: What made you not to use it before getting pregnant?
PK8: I had stopped because it hurt my heart, my heart was beating fast so I stopped using it.
Interviewer: Who in the relationship decided not to use it?
PK8: I made up my own mind to go and use family planning, no one else told me to use the family planning. My mother told me to go back and use it but my friend said I shouldn't use it.
(Participant 8, KBTH, 35 years, 5 children)

During an interview with a participant at KBTH, a 22 year old woman who had aborted her first pregnancy at the age of 19 stated that she had never used contraception and did not intend to ever use it.

AB: Do you currently use contraception?
PK5: No, I have never used it before and I don't want to use it.
AB: Why not?
PK5: Someone said something about it so I am scared to use it. I heard that when I get pregnant it will affect me negatively.
(Participant 5, KBTH, 22yrs, 0 children)

One respondent even speculated that the recent loss of her child could have been due to her use of a contraceptive method.

Interviewer: At the time you wanted to abort the pregnancy, did you use family planning or something like that?
P10: No I didn't use it.
Interviewer: Did you ever use family planning any time after?
P10: The child that I lost right now, at the time after I had the first child he wasn't old enough so I went to use family planning, so I don't know if that is what affected me for my child to die. (Participant 10, TGH, 22 years, 1 child)

A short dialogue with a respondent, who induced a safe abortion after the birth of her first child, brought insight into the issue of married women using both abortion and contraception as methods of spacing children.

Interviewer: During the period in which you were not using family planning who told you not to use it?
PK1: No one told me not to use it. After I gave birth to my second born I wanted to use family planning because I wanted him to grow older before having the next child. This is because after I gave birth to my first child he was one year old when I became pregnant the second time. When the pregnancy was 3 months old I aborted it and went to use family planning. So, after I gave birth to the second born I also went to do family planning.
Interviewer: OK and why, after you gave birth to the first born, why didn't you use family planning?
PK1: At that time (laughter) I didn't like it.
Interviewer: You didn't like it, why didn't you like it?
PK1: They say when you're going to give birth it will bother you....so, I didn't like it but after I gave birth to my second child my husband said I should do it.
(Participant 1, KBTH, 30 years, 2 children)

This participant heard rumours of the negative side effects of modern contraceptives and so failed to use and hence got pregnant. She then used an induced abortion as a method of birth control to space her first two children. Later, after the birth of her second child, and with support from her husband, she started using a modern method of contraception. Unfortunately, after stopping contraception, in order to give birth, she suffered a miscarriage. Further on in the discussion, the participant mentioned the following about the miscarriage and her contraceptive use:

Interviewer: Do you think that anything that is currently affecting your health negatively is because of the abortion that you underwent?
PK1: No, nothing is happening to me now because of the abortion. What is happening to me now is because of the family planning that I was injected with... that is what is bothering me right now.
Interviewer: OK, so, now concerning the family planning, you stopped and got pregnant and the child miscarried, OK, and did you ever think that, "I wish I hadn't had the abortion?"
PK1: I wish I hadn't used the family planning.
Interviewer: Oh, but have you ever regretted undergoing the abortion?
PK1: No, I have never regretted it, no.
(Participant 1, KBTH, 30 years, 2 children)

In summary, these women mentioned a variety of reasons for their contraceptive non-use leading to their unintended pregnancies. They reported no knowledge of contraception at the time, rumours they heard about side effects which were mentioned to them by people they knew, as well as a personal dislike for contraception. One respondent's unintended pregnancy was a result of rape and hence was unable to negotiate the use of contraception at the time. A few respondents also attributed certain unfortunate circumstances, including miscarriages and stillbirths that had occurred after their use of contraception, suggesting their reluctance to continue its use.

The issue of Low Contraceptive Prevalence among Women

An expert with knowledge on abortion practices at KBTH mentioned that women were granted abortions at the hospital after a method that had been prescribed to them failed. Therefore, women were able to resort to induced abortion after contraceptive failure. However, many women were still sexually active without using a method; some had even stated that they planned not to use any method of contraception. Thus, it seems as though they reverted to the abortion as the solution to dealing with the pregnancy.

One expert on abortion practices, interviewed at TGH, mentioned that contraceptive habits of his patients were poor. He also mentioned that women did seem to be using induced abortions as a form of birth control. He stated that:

> *[Um], usually for, as part of when a patient comes and you're taking her data, as part of it you ask about their contraception [contraceptive practices], so what methods they used.... and so it's part of the routine questioning that we question patients, so if the patient doesn't tell you then (pause). And I must say, many women are not using any contraceptive method and I think many people think abortion is a form of contraception, so they don't prevent pregnancy but when the pregnancy comes they are very quick to go for an abortion.* (Expert 1, TGH) – underlined for emphasis

When asked about the counselling procedures for patients at hospitals in Ghana, an expert in this field at TGH mentioned that in their facility they conducted both pre and post abortion counselling. However, the post abortion counselling usually involved informing the women about the various methods of contraception as well as dispelling the myths and rumours about contraception before placing them on a family planning regime.

> *E2: We just give them general counselling, you know. In abortion, prevention is always better than cure, so we ask the women, why did you undergo that abortion, if they have ever heard of a family planning method before. If not, then we counsel them on all the methods that we have. If they have heard of it before maybe because of all the misconceptions they do not want to do it, so you dispel all the misconceptions and you give them counselling on all the methods that we have and they choose from that. Yes, and then again you tell them of all the complications, the future effects, yes, what it could cause on them, blockage of the tubes and all that, we tell them. If the advantages dis-weigh the disadvantages then they pick a method and then carry it out.*
> *Interviewer: So you don't force them to choose a method?*
> *E2: No, we don't force them at all, we don't force them. In family planning you don't force, you counsel, then they choose the method themselves.* (Expert 2, TGH) - underlined for emphasis

An abortion counselling expert working at KBTH mentioned that they also counselled abortion patients by encouraging them to adopt family planning methods.

> *Interviewer: What types of counselling services does your facility provide?*
> *E3: We provide family planning counselling services.*
> *Interviewer: How do you get the patients you counsel?*
> *E3: From the various wards; ante and post natal clinics, etc. We go to the various wards to motivate and recruit clients. Also, the nurses that assist in implementing the abortion later provide free counselling to the women and then they encourage them to come to the family planning clinic where we continue the counselling and provide them with the services.* (Expert 3, KBTH)

Abortion counselling services in these two hospitals specifically offer family planning advice and services. They do not seem to offer any psychological counselling services to these women. Also, they do not force family planning methods on the women but inform them, refute any misconceptions, and warn them about risks that could incur while using the various contraceptive methods. One expert on abortion procedures at TGH mentioned that the country is making strides to undertake the issue of unsafe abortion in Ghana. The main solution the country has employed is to adopt a new policy targeted at ensuring women undergo safe abortions and more importantly adopt family planning methods.

> *Greater Accra, I think that I made [um] reference to the fact that we need to strengthen our family planning education. So that [um] young people do not get pregnant in the first place, so that they practice safe sex and use the various contraceptive methods that are available, so that they don't get [um] pregnant. But if they get pregnant [um] and they do not want the pregnancy then the Ghana Health Service has a Safe Abortion Policy, which I*

> *must say is not fully being implemented in this hospital, where patients are counselled on the need for contraception after terminating a pregnancy and then the dangers of terminating a pregnancy are told them and then the procedure is done for them. Then after the procedure, they accept family planning, so that they have family planning counselling and then they adopt a family planning method, so that they don't continue to use abortion as contraception.* (Expert 1, TGH)

A family planning counsellor at TGH also suggested that the youth be the targets of health education. This would make them recipients of information about safe abortion procedures and contraceptive methods.

> *Recommendations [ahh], maybe, the youth should be health educated about safe abortions and the prevention of abortions by going to schools, counselling them on the need for it. And then you should abstain, it's good, but if you can't abstain, you should come for a family planning method. Family planning is not meant for only married women and men, it is meant for everybody, because we are preventing pregnancies. So, if you are a youth and you cannot abstain, you'd better come here for it.* (Expert 2, TGH)

In summary, expert knowledge on the contraceptive practices of women in Ghana suggests that contraceptive use is low and hence women are using induced abortions to terminate unintended pregnancies that occur. These experts, made up of obstetricians/gynaecologists and family planning counsellors, who are also referred to as abortion counsellors, implied that contraceptive use was the main solution in preventing unintended pregnancies, eliminating the need for abortions. They stated that abortion patients and women who attended the hospitals for ante and post natal visits, were approached with information about contraception and were encouraged, but not forced, to adopt family planning methods.

Discussion

The information gathered from the interviews concerning contraceptive practices of women with induced abortion experiences seems to support Bleek's[9] observation, suggesting that women in Ghana are using induced abortions as a tool in "menstruation regulation". In his study, the vast amount of knowledge that women had about methods of aborting pregnancies revealed that the practice occurred widely in that culture. Information from this study shows that women are having sex, as early as age 13, and are doing so without using effective contraceptive methods. In addition, women in the early stages of their reproductive ages stated that they did not intend to ever use a method of contraception. Instances such as these imply that induced abortions could be the plausible solution in controlling births among some women in the two cities of Accra and Tema.

Bongaarts and Westoff [1] stated that low prevalence of contraception and effectiveness could lead to unintended pregnancies and induced abortion. Therefore, once there is no knowledge of, or a dislike for contraception, or use is inconsistent among sexually active women, the result will be an unintended pregnancy. The only other alternative in controlling births would be to terminate pregnancies as they occur. Results from the study seem to suggest this, and also that some of the interviewed women may have used induced abortion as a form of birth control. Firstly, some participants had no knowledge of contraception prior to the abortion; hence abortion was the only means they knew through which to control births. Secondly, those who mentioned they had used contraception prior to the abortion may have used it inconsistently resulting in the unwanted or mistimed pregnancy. Thirdly, after suffering a miscarriage, child death or physical ailments, respondents mentioned they had no regrets in undergoing their abortions but rather regretted ever using contraception, which may have caused those conditions. This suggests that these women saw contraception as more harmful to their health than inducing abortions. Lastly, experts from the two hospitals mentioned that contraceptive use and effectiveness is an important means through which women can prevent unintended pregnancies, however, women that attended these hospitals failed to use these methods. A key informant at KBTH mentioned that the contraceptive prevalence rate of his patients at the obstetrics and gynaecology unit resembled that of the information in the 2003 GDHS, suggesting low contraceptive prevalence. The instance of low contraceptive prevalence, mentioned in the 2003 GDHS, is also similarly reflected in this study.

In the interviews, the major reason women failed to use contraception was because of lack of knowledge about it at the time. This reason would seem more plausible for those who performed the abortions years ago when family planning services were not widely available. However, a sixteen-year-old JHS graduate, who had recently terminated her pregnancy at home, stated that she had only been informed about family planning when a nurse discussed the subject with her the day before the interview. This implies that the present generation is not receiving adequate education about contraception. This situation may have arisen because adults, or specifically parents and teachers, fear that reproductive health education could lead to their children becoming more promiscuous. The subject of sex also tends to cause embarrassment for many parents, creating a trend where parents fail to educate their wards on the subject. Research suggests that parental – child communication as well as parents' views on sex can influence risky sexual behaviour among adolescents.[24-26] Therefore, Ghanaian parents should be encouraged and equipped with the knowledge to properly educate their children on sexual matters. To investigate this issue, a longitudinal study could be carried out in two Ghanaian communities to compare the sexual lifestyles of the youth

in one community, who are informed about sexual issues from adults, at an early age, to the youth in another community, who are educated by their peers at later ages, which tends to be the case among youth in Ghana. In addition, non-governmental organizations, schools, religious bodies and a variety of other community-based organizations in Ghana could ensure that reproductive health education is accessible to people in communities prone to unintended pregnancies and induced abortion. The fact that more than half of the interviewed women experienced their first abortion between ages 15 to 19 years, strongly suggests that adolescents must be targets of all forms of sex and reproductive health education.

In accordance with the recommendations from the experts' interviews, providing people with access to reproductive health education is a likely solution to increase the contraceptive prevalence rate in Ghana. This could also lead to a reduction in instances of unintended pregnancies and induced abortion cases. For the women who had heard of certain family planning methods, some chose not to use a method, or used it inconsistently. A few reasons were stated for this occurrence; the most important being past experiences of harmful side effects, along with negative rumours about the harmful effects of contraception on women. Also, negative experiences such as child loss and miscarriage were also linked to past use of contraception rather than to a previous abortion. A solution to this issue involves women with experienced side effects being counselled to choose the best method for them. There are a variety of methods that exist and each must be explored to ensure they use the method that is best for their physiological make-up. Therefore, those who despise the hormonal (oral, injectable) and the IUD methods must be taught to use barrier and natural methods, which are better alternatives than failing to use contraception. Also, women who choose to abort children for child spacing purposes must find a way to breastfeed exclusively for a long period to avoid this predicament. The misconceived notions about contraception that plague women must be addressed, whereby they are re-educated on this issue from trained family planning counsellors, thus dispelling rumours from their peers or any other sources of misinformation. Misconceptions about contraception must especially be seriously addressed among the youth who may spread rumours among their peers.

The effectiveness of contraception also determines whether women seek abortion or not. Two women in the study experienced contraceptive failure resulting in unintended pregnancies. One chose to abort it in order to continue with her educational aspirations. The other chose to keep it but ended up accidentally aborting the pregnancy after drinking an alcoholic beverage. The methods may have failed due to inconsistent or ineffective use on the part of the respondents. However, contraceptive methods are all not 100 per cent effective and have differing effectiveness rates. In order to avoid unintended pregnancies, women and men who are determined to use contraception consistently must have access to effective contraception. Until methods are improved upon to become 100 per cent effective, couples could be counselled to use two non-conflicting methods jointly. They must also be counselled to use methods consistently and effectively to prevent unintended pregnancies.

In their study, Baumeister et. al. also discovered that the reproductive health issue least discussed between Latina parents and their adolescents was birth control.[24] Yet, family planning services are an essential component of reproductive health. Hence, couples must be counselled and encouraged to use the most appropriate method for them. The issue of couples receiving counselling was stated because this unit should also be addressed. The study had initially intended to also conduct interviews with the partners of women who had terminated pregnancies. Unfortunately, this was not a possible feat, and thus produced a major limitation to the study. However, acknowledging men's perceptions of contraception and abortion, in a region (sub-Saharan Africa) where men do have a degree of power over women's reproductive rights, could aid in understanding the decision-making processes that go into, what seems like, deliberate contraceptive non-use of some of the respondents, resulting in unintended pregnancies and induced abortions.[22] Once all Ghanaians are adequately informed on issues concerning the components of reproductive health, they can make the necessary changes to become sexually healthier individuals, and this could consequently reduce rates of unintended pregnancies and abortion.

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