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UNSAFE ABORTION: THE EXPERIENCES OF SELECTED YOUNG WOMEN IN THE CAPE COAST METROPOLIS OF GHANA

PATIENCE PENSANG ADOWAA

2022

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UNSAFE ABORTION: THE EXPERIENCES OF SELECTED YOUNG WOMEN IN THE CAPE COAST METROPOLIS OF GHANA

BY

PATIENCE PENSANG ADOWAA

Thesis submitted to the Department of Sociology and Anthropology of the Faculty of Social Sciences, College of Humanities and Legal Studies, University of Cape Coast, in partial fulfilment of the requirements for the award of Master of Philosophy degree in Sociology

JULY, 2022

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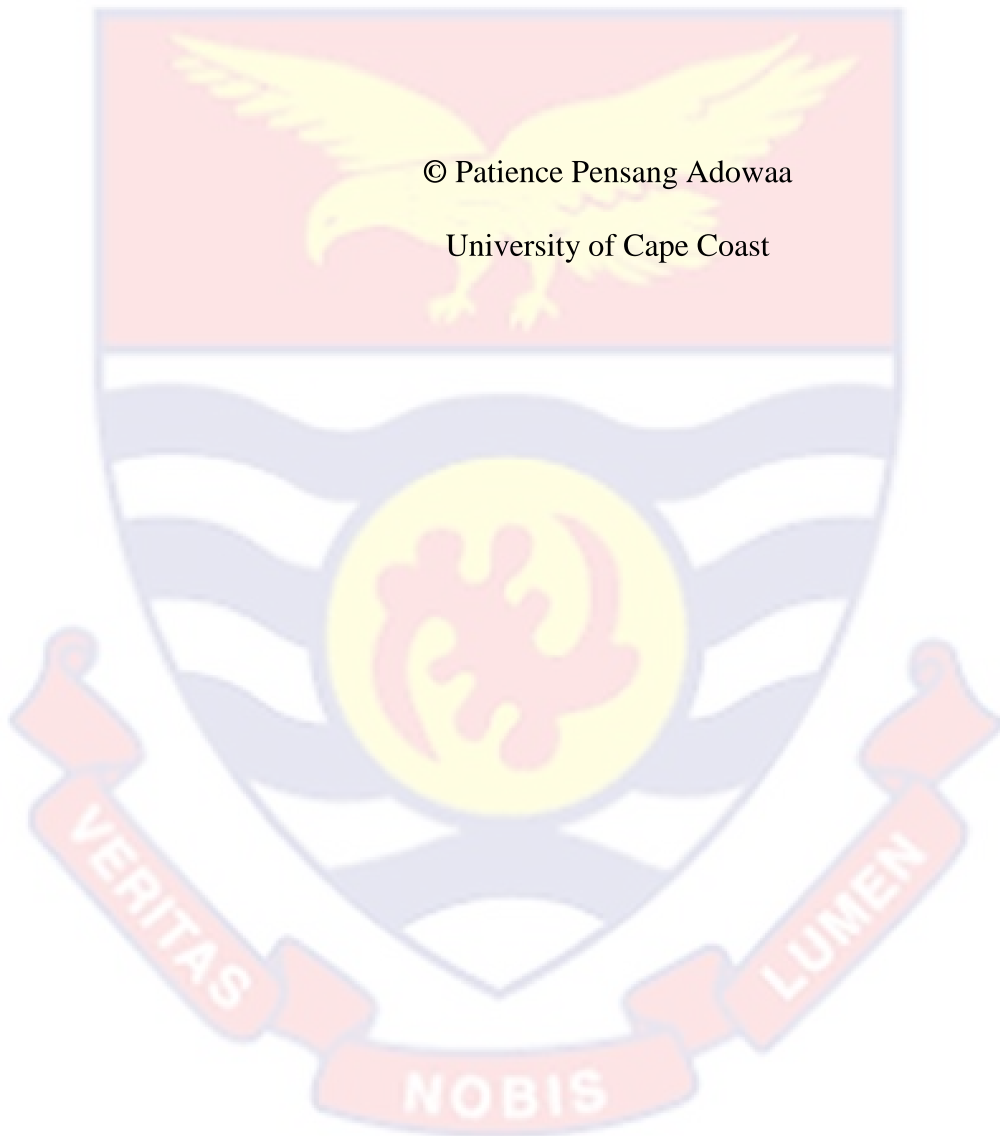

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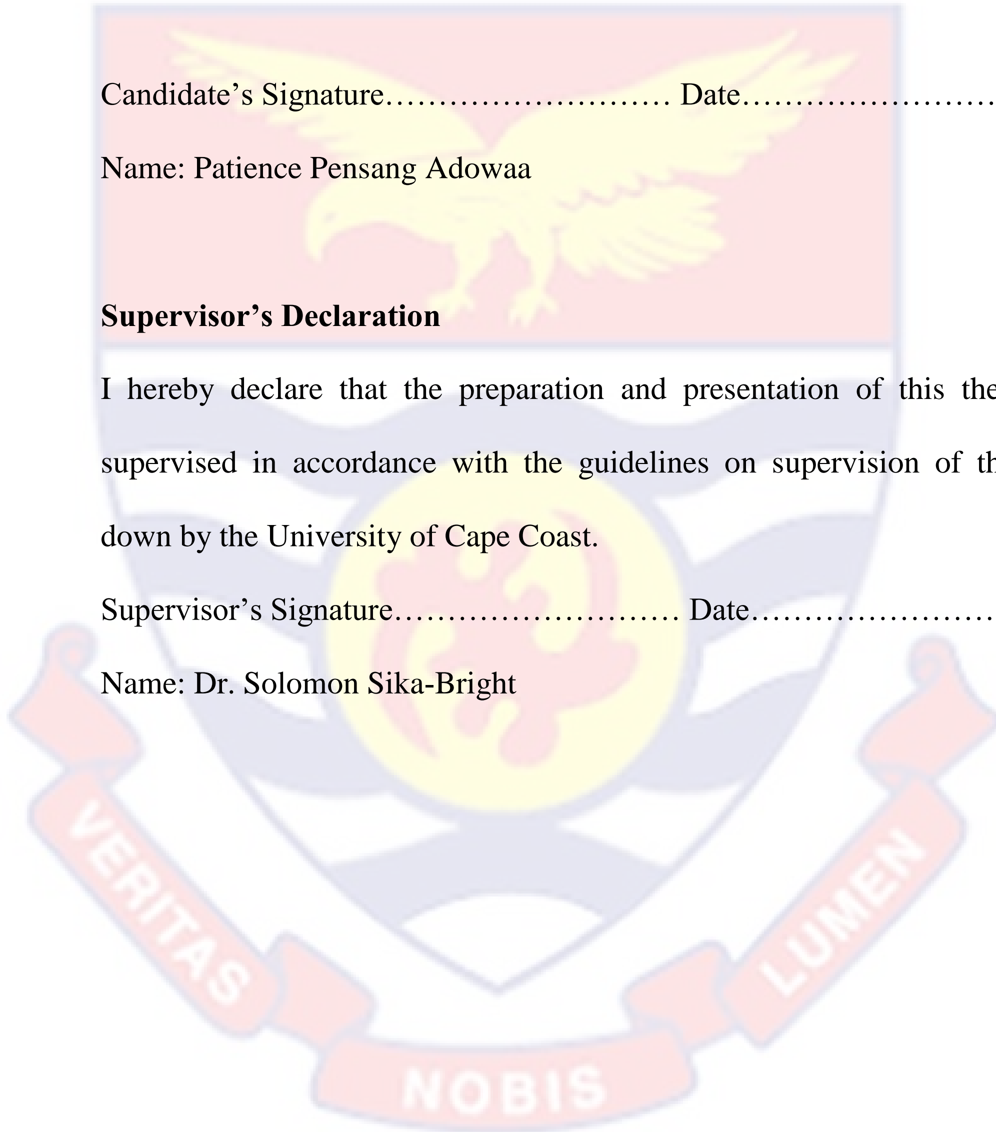
DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.



Candidate's Signature………………………. Date…………………………….

Name: Patience Pensang Adowaa

Supervisor's Declaration

I hereby declare that the preparation and presentation of this thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Supervisor's Signature………………………. Date…………………………….

Name: Dr. Solomon Sika-Bright

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ABSTRACT

Unsafe abortion is considered to be a widely underestimated issue in reproductive health care, and it poses a significant danger to the health of young women. The study sought to explore unsafe abortion: The experiences of young women in the Cape Coast Metropolis of Ghana. The theory of planned behaviour served as foundational guide for the study. The philosophical underpinning was interpretivism. The study employed the qualitative research approach and data was collected from 21 participants with an interview guide or through in-depth interviews. The study revealed, aborters had little knowledge on safe abortion given that the first point of contact were their sexual partners, friends and guardians who ultimately influenced their decision to engage in unsafe abortion. The study discovered that young women chose risky abortion methods because of issues such as the need to further their education, find marriage partners, and avoid being stigmatized by their families and society. Finally, the study revealed that financial losses, psychological traumas continuous bleeding, vaginal infections, infertility and sometimes removal of their foetus were among the challenges of unsafe abortion. The study recommended the need to intensify awareness creation on the negative effects of unsafe abortion by Health professionals at PPAG and interberton.

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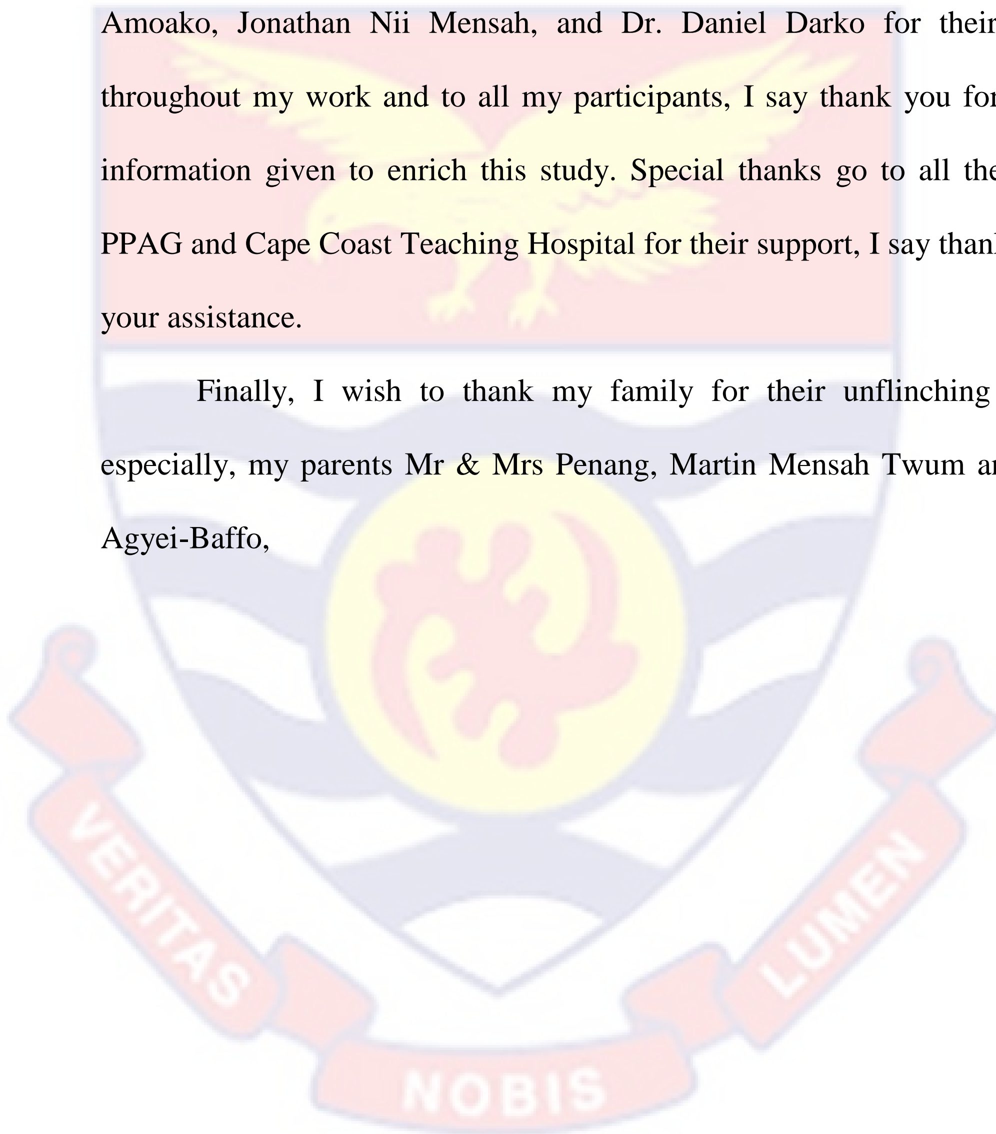
Finally, I wish to thank my family for their unflinching support, especially, my parents Mr & Mrs Penang, Martin Mensah Twum and Evans Agyei-Baffo,



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DEDICATION

To my parents Mr. S.B. Pensang & Mrs. Hanna Pensang.

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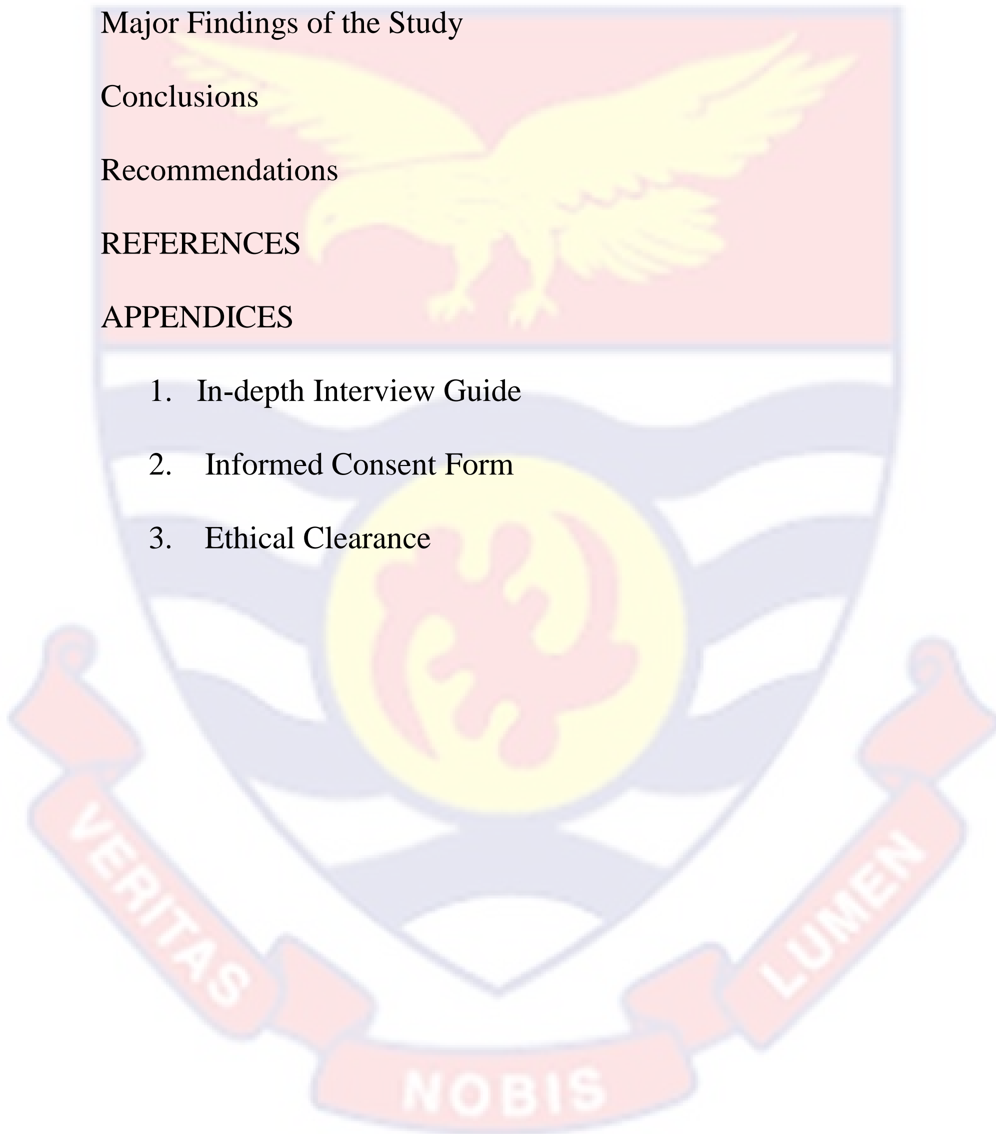

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LIST OF ACRONYMS

Acronym	Definition
AIDS	Acquired Immunodeficiency Syndrome
GHS	Ghana Health Service
HIV	Human Immunodeficiency Virus
SRH	Sexual Reproductive Health
WHO	World Health Organization
PPAG	Planned Parenthood Association
D&C	Dilation and Curettage
GHS	Ghana Health Service
Ipas	International Pregnancy Advisory service

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CHAPTER ONE INTRODUCTION

Background to the Study

Unsafe abortion is a reproductive health care issue that poses a danger to the health of women globally (Donkoh, 2013). This is because complications from unsafe abortion can lead to maternal death and morbidity (Singh, Wulf, Hussain, Bankole & Sedgh, 2009; Akinlusi, Rabiu, Adewunmi, Imosemi, Ottun, & Badmus, 2018).

In Africa, for example, 17.9 percent of maternal deaths among young women were attributed to unsafe abortion (Chou, Gemmill, Tunçalp, Moller & Daniels, 2014). Sedgh (2016) also reported that, 97 percent of abortion, in Africa were either conducted by unqualified providers or in an unsafe condition. As a result of these, more than 26,000 African women die from inadequate implementation of healthy and safe abortion procedures every year (Yegon, Kabanya, Echoka & Osur, 2016).

Young women may resort to unsafe abortion due to several reasons. To begin with, teens and women below 25 years with the possibility of developing high blood pressure and anemia during pregnancy may opt for unsafe abortion. (Rahman, Nasrin, Mostofa, Jesmin & Buchnan, 2019). Thus, young women may see unsafe abortion as the best alternative upon medical advice that being pregnant may suffer a lot of health problems.

According to the World Health Organization, 33 percent of all women seeking medical attention for problems associated with unsafe abortions are under the age of 20 in Africa, at least (Shah & Åhman, 2010; Sedgh, Singh,

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Shah, Ahman, Henshaw & Bankole, 2012; Chae, Sophia, Kayembe, Philbin, Mabika & Bankole, 2017).

Secondly, young women engage in unsafe abortion due to social and cultural pressures in many African societies, unintended pregnancies are a source of many family issues, (Zenebe & Haukanes, 2019). For young ladies who frequently become pregnant outside of marriage, the circumstance could be dire. They appear to think that having an abortion is the best course of action to shield themselves from parental disapproval, social stigma, and punishment. Many of these young women also consider probability of dropping out of school before taking the decision to engage in unsafe abortion.

In Ghana, many women pursue unsafe abortion (Aniteye & Mayhew, 2013). In Ghana in 2017, there were 310 maternal fatalities per 100,000 live births because of unsafe abortion (Aniteye & Mayhew, 2019). Sepsis, bleeding, bowel or uterine perforation, tetanus, pelvic infections or abscesses, chronic pelvic inflammatory disease, secondary infertility and cervical or vaginal lacerations are further risks. Also, Donkor (2013) revealed that fear of societal stigma, shame and rejection by partners constituted some of the pre and post-abortion experiences of young women.

Despite the provision of safe, constitutionally liberal allowable abortion in Ghana, there is still a high incidence of morbidity and mortality from unsafe abortion (Aniteye et al., 2019). This is due to the murky nature of the abortion law. According to Ghana's abortion law, which is outlined in the criminal offense law governed by Act 29, Section 58 of the Criminal Code of 1960, as amended by PNDCL 102 of 1985, abortion is permitted in cases where the pregnant woman's life or physical or mental health would be at risk if the pregnancy were to continue. Medical and legal professionals are left in

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confusion by the law's many unanswered questions. Every pregnancy carries some hazards for the woman's life and health. Then, one questions what critical threshold of danger is being discussed in the Act by which such a significant choice to end a pregnancy may be made. The termination of pregnancy for medico-social reasons is not, however, easily available at the nation's national health facilities, as specified in the law as it is.

Also, many females in Ghana do not recognize their legal rights to safe abortion as a result of illiteracy and social inequality (Atakro, Addo, Aboagye, Menlah, Garti, Amoa-Gyarteng & Boni, 2019). There is also a social stigma against abortion and legal abortion as cost-prohibitive for many since the procedure was left in the care of a few private practitioners who demand exorbitant fees (Moore, Poss, Coast, Lattof & Rodgers, 2021). Legal abortion is also only affordable to affluent and educated women (Moore et al., 2021). Thus, while the law criminalizes abortion but has provided reasonably liberal reasons for legalizing 'certain' abortion, unsafe abortion in Ghana remains a major cause of maternal morbidity and mortality.

Statement of the Problem

Issues of unsafe abortion have become a key concern to both developed and developing countries (Paluku, Kalisoke, Wandabwa & Kiondo, 2013; Harden, Purcell & Rowa-Dewar, 2015). In recent times most women around the world pursue unsafe abortion, because their right to terminate a pregnancy lawfully differs significantly based on where they live (Donkor, 2013). In many developed countries such as the United States and Uruguay, abortion services

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are offered by the government free of charge and they are accessible near their homes, while in developing countries such as Ghana, Nigeria, and Niger, among many others, providers may face criminal fines for providing safe abortion services (Asiamani, 2013). Where abortion is constitutionally prohibited, young women are more likely, under unsanitary circumstances, to turn to untrained practitioners or undergo the procedure themselves causing high rates of unsafe abortion (Boland & Katzive, 2008)

Unsafe abortion is likely to harm women's well-being, reduce their chances of childbearing in the future and also contribute to maternal morbidities and deaths (World Health Organization [WHO], 2015). The high rate of maternal mortality and morbidity in Ghana is substantially driven by unsafe abortion (Aniteye, O'Brien & Mayhew, 2016). Hence, unsafe abortion complications contributing 22 to 30 percent of all maternal deaths (Payne et al., 2013) thus making unsafe abortion the highest contributor to maternal mortality in Ghana. Some of these short-term and long-term medical complications such as virginal lacerations, hemorrhage, infertility, perforation of the uterus and death. Hence, diverting the limited health resources available which could be used for other purposes (Asamani, 2013).

Few studies have focused on issues like obstacles to safe abortion services, consequences of unsafe abortion, methods of unsafe abortion, definitions, and measurements in Ghana despite the numerous issues associated with unsafe abortion being widely discussed by scholars (Nyarko, Adohinzin, RamaRao, Tapsoba & Ajayi, 2008; Rominski, Nakua, Ageyi-Baffour, Gyakobo & Lori, 2012; Boah, Bordotsiah & Kuurdong, 2019)

Researchers have paid little attention to unsafe abortion (Atakro, 2019). Common reasons given were that in addition to the existence of limited data on

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unsafe abortions, the issue is very sensitive (Atakro et al,2019), which is a great addition to knowledge. Nonetheless, have not looked at what the aborters go through, how they felt before, during and after they engaged in unsafe abortion, which will make the gathered knowledge on unsafe abortion whole. It is of great concern in Ghana, with many health workers and facilities do not see the urgency for safe abortion implementation because the concept of abortion is seen as sin by seekers and providers; hence, often stigmatized. Even to the point where, health providers are arrested because the police thought that all abortions is illegal and those who provide service were seen as criminals (Asamani, 2013).

As a result, Atakro et al. (2019) also suggested that information about women's experiences and motivations for using risky methods be gathered from them. By examining unsafe abortion: -The experiences of young women in Ghana's Cape Coast Metropolis, the current study aimed to close this gap.

Objectives of the Study

The general objective of this study was to explore the experiences of young women who have engaged in unsafe abortion in the Cape Coast Metropolis of Ghana.

Specifically, this study sought to:

a. assess participants knowledge and attitudes towards abortion.

b. explore the reasons behind unsafe abortion.

c. discuss unsafe methods used by the aborters.

d. explore the consequences of unsafe abortion on the lives of the aborters.

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Research Questions

The study was based on the following research questions: -

1. What are participants knowledge and attitudes towards abortion?
2. Why do aborters engage in unsafe abortion?
3. Which unsafe methods do the aborters use in unsafe abortions?
4. How do aborters feel during and after engaging in unsafe abortion?

Significance of the Study

The study may be important to individuals, organizations, institutions, and the government. First, findings from the study will help the Ghana Health Service and Population Council of Ghana to develop policies that would address reproductive health issues of the youth, especially those who live in the Cape Coast Metropolis.

In addition, the study may help the Ministry of Education and Ghana education services to include reproductive health issues, particularly knowledge on clandestine abortion practices as a topic under sexual reproductive health in the curriculum. Again, the research is in line with meeting Sustainable Development Goals 3 and 4 (SDG 3 & 4) if recommendations from the study are implemented, to ensure good health and the well-being as well as ensuring inclusive and equitable quality education and promote lifelong learning opportunities for all.

Also, the study will in no doubt contribute to the theoretical knowledge relevant to the field of medical. Lastly, this study may serve as a baseline document for other researchers interested in youth reproductive health issues, especially, issues concerning unsafe abortion.

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Organization of the Study

There are five chapters in the study. The study's overview is covered in Chapter 1. In addition to the study's organization, this section covers the study's history, problem statement, aims, research questions, and importance. The conceptual review, empirical review, and theoretical review of the study are all covered in Chapter Two's review of pertinent literature. As for the research methods, see Chapter 3. It involves the research's design, population under study, sampling methods, sample size, data sources, tools and methods for gathering data, data processing and analysis, as well as the core ethical principles that guided the study. Chapter Four focuses on the discussion of findings, using thematic areas, namely knowledge and attitudes of abortion, reasons for unsafe abortion, methods of unsafe abortion, outcomes of unsafe abortion, and interventions to curb unsafe abortion. The last chapter, which is the Chapter Five highlights the summary of the research findings, conclusion, and recommendations. The next chapter addresses related literature of the study.

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CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

A review of the relevant abortion-related literature is presented in this chapter. The conceptual, empirical, and theoretical reviews are the three sections. The conceptual study examines the idea of abortion, different sorts of hazardous abortion, and individuals who have been granted permission to have an abortion by society and the state. The part on empirical review examines the reasons behind unsafe abortion, the procedures employed by the abortionists, the reasons behind hazardous abortion, and the effects of unsafe abortion on the lives of the abortionists. The Theory of Planned Behavior and the study's underlying assumptions served as the study's theoretical framework.

Conceptual Overview

Abortion

Rao, Belogolovkin, Yankowitz, and Spinnato (2012) defined abortion as the premature removal of the fetal organs (the placenta, fetal membranes, and fetus) from the uterus. It only refers to the loss of a pregnancy and not the circumstances surrounding it. However, when it happens spontaneously, abortion is known as miscarriage (Carp, 2015). Recurrent pregnancy loss or habitual abortion are terms used to describe this miscarriage when it occurs in three or more consecutive pregnancies (Popescu, Jaslow & Kutteh, 2018).

In terms of medicine, stopping a pregnancy before the fetus is able to survive outside of the uterus is referred to as both miscarriage and abortion (Popescu et al., 2018). Despite these distinctions, Aschengrau and Seage

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(2013) argued that the term "abortion" is more frequently used to refer to induced abortion, the intentional termination of pregnancy.

Also, abortion can be described as the removal of pregnant tissue, semen, or the embryo, as well as the placenta (afterbirth) from the uterus after eight weeks of pregnancy (Sellmyer, Desser, Maturen, Jeffrey & Kamaya, 2013). The tissue generated by the fusion of an egg and sperm before the age of eight weeks is referred to as pregnancy tissue and products of "the termination of an embryo until it becomes viable," according to the definition of abortion (Adams & Mikesell, 2017). That is, when someone else causes the abortion (a doctor, the woman herself, or a layperson). Prior to the invention of current abortion methods, this also included inserting foreign items into the uterus, such as catheters, in order to damage the placenta and embryo (or fetus), and cause an abortion (Skop, 2019). Abortion can be in many forms, but this study focused on the two main types of abortion; safe and unsafe abortion.

Types of Abortion

Abortion can be classified into two types: safe and unsafe. Safe abortion is performed by a specialist with the necessary expertise or in facilities that meet the necessary standards, whereas unsafe abortion is performed by persons who do not meet the minimal requirements or who are not supervised by a professional.

Unsafe Abortion

Unsafe abortion is defined as the termination of an unplanned pregnancy by someone who lacks the necessary knowledge, in a facility that doesn't meet the basic medical standards, or both (Boah, Bordotsiah &

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Kuurdong, 2019). While the definition of an unsafe abortion appears to be related to the procedure, the features of an unsafe abortion cover unsuitable conditions before, during, or after an abortion. Among other characteristics of unsafe abortion, abortion is caused by an inexperienced provider, frequently takes place in unsanitary settings, or is performed by a health professional outside of authorized/adequate health facilities. Abortion is also self-induced by consumption of conventional medicine or potentially harmful chemicals (Castillo-Bueno, Moreno-Pina, Castao-Molina, González-Sánchez, & Garca-Arsac, 2016).

Unsafe abortion is defined as the termination of an unplanned pregnancy by someone who lacks the necessary knowledge, in a facility that doesn't meet the basic medical standards, or both (Boah, Bordotsiah & Kuurdong, 2019). While the definition of an unsafe abortion appears to be related to the procedure, the features of an unsafe abortion cover unsuitable conditions before, during, or after an abortion. Among other characteristics of unsafe abortion, abortion is caused by an inexperienced provider, frequently takes place in unsanitary settings, or is performed by a health professional outside of authorized/adequate health facilities. Abortion is also self-induced by consumption of conventional medicine or potentially harmful chemicals (Castillo-Bueno, Moreno-Pina, Castao-Molina, González-Sánchez, & Garca-Arsac, 2016).

Safe Abortion

Abortion is deemed safe when health systems have technological and policy guidelines. The WHO guidelines for guideline development were followed throughout the process, which included identifying priority questions

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and outcomes, retrieving, assessing, and synthesizing evidence, formulating recommendations, and planning for dissemination, implementation, impact evaluation, and updating (Boah et al., 2019). The term safe should be defined following current WHO technical and policy guidelines. The risk is lowest when an evidence-based approach is used to terminate early pregnancy at a health institution; it is highest when a risky method is used clandestinely to terminate an advanced pregnancy, such as the use of caustic chemicals or the insertion of sticks into the uterus (Ganatra, Tuncalp, Johnston, Johnson Jr, Gulmezoglu & Temmerman, 2014). The technique used by professionals to perform safe abortion is a referred as medical abortion.

Medical Abortion

Medical abortion is defined by Dzuba, Winikoff and Pea (2013) as the use of pharmacological substances to end a pregnancy by professionally educated health care professionals in a specified medical standard-setting with adequate equipment and methods. The anti-progestin mifepristone and the prostaglandin analog misoprostol are the most often utilized compounds. Medical or safe abortion is legal in Ghana because the PNDC Law 102, 1985, Criminal Code, 1960, Act 29, Section 58 (3) authorizes this method of abortion (Ghana Health Service, 2012).

The Abortion Law of Ghana

The Criminal Code of 1960 controlled abortion in Ghana (Act 29, sections 58-59 and 67). Anyone who causes or attempts to cause an abortion, whether or not the woman is pregnant, might be fined and/or imprisoned for up

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to ten years. However, if the abortion was performed in good faith and without carelessness to give medical or surgical treatment to the pregnant lady, it was lawful. On numerous occasions, the 1960 law was insufficiently explicit. It did not imply who was competent to conduct abortions, if the woman's (or guardian's) consent was necessary, what the gestational limitations were, or where a legal abortion might be done. Furthermore, it made no distinction between medicinal and surgical therapy. Two research undertaken among physicians and attorneys in the early 1970s, according to Hesse and Samba (2006), proved that the legislation was so ambiguous that various people had varied interpretations of it. According to the surveys, the vast majority of doctors in Ghana favor the creation of a clearer and more liberal abortion law. As a result of these gaps, a new abortion law was enacted in 1985 (PNDC Law102 of 22 February).

Regardless of whether the lady is pregnant or has given her agreement, it is against the law to provide any poison or other noxious material to her or use any tools or other methods with the intention of inducing an abortion. Offenders are also subject to a sentence of up to five years in jail. Any individual who attempts to cause an abortion, helps a woman cause one, or induces a woman to have one may also face a maximum sentence of five years in prison. The same punishment applies to anyone who provides or obtains a drug, instrument, or any other item with knowledge that it will be used to perform an abortion.

The new law does, however, expand the circumstances under which an abortion may be performed. Currently, it is lawful to have an abortion if there is proof that the mother's bodily or mental health will suffer if the pregnancy is allowed to continue. If there is a significant chance that the unborn child may

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experience or later develop a serious physical defect or disease, abortion is also permitted.

Finally, if the pregnancy was caused by rape, incest, or the defilement of a mentally disabled woman, abortion is permitted. Prior to performing this legal abortion, the certified medical practitioner consults with the specific pregnant patient. The woman's guardian or next of kin must approve if the woman is unable to do so. According to the Act of 1958 (No. 9), the abortion must be carried out at a government hospital, a private hospital, a clinic that is registered under the Private Hospitals and Maternity Homes, or in a location that has been authorized by law.

Illegal abortion is still a significant public health concern and a substantial contributor to maternal fatalities in Ghana, despite the fact that the country's abortion law was changed in 1985 to expand the scope of legal abortion (Sedgh, 2010; Atakro et al 2019). Additionally, it has a significant morbidity rate among females who are fertile. It is important to emphasize that translating laws into programs include allowing for policy creation and enforcement, both of which are highly reliant on the clarity of the laws. The claim is that Ghana's new abortion rules are difficult to administer and allow untrained individuals to carry out risky abortion procedures, showing that the law needs to be changed immediately (Donkoh, 2013).

Empirical Review

This section concentrates on the objectives of existing literature and the gaps that needed to be addressed. It reviews works according to the objectives of the current study. The empirical review covers motivations of unsafe abortion, knowledge and attitudes on unsafe abortion among the youth,

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reasons for unsafe abortion, the methods of and the consequences of unsafe abortion.

Motivations for Unsafe Abortion

Young women participate in unsafe abortion for a variety of reasons, including ethnicity or religious beliefs, financial conditions, a lack of awareness of safe abortion providers, parental disappointment and anger, and desire to further their education. These are discussed in detail below;

Culture/ Religious Beliefs

Culture and religious beliefs are linked to a wide range of social and cultural ideas in various countries. In Ghana, the majority of abortion seekers follow one of these three religions: Christianity, Islam, and Traditional religion. These are Ghana's three major religions, and almost everyone adheres to one of them. The Bible and the Quran, according to religious authorities (pastors and imams), forbid abortion. There is discussion as to whether religion, rather than culture and conventions, impacts Ghanaians' moral behavior. While some scholars argued that religious beliefs define Ghanaian spiritual qualities, others argued otherwise. Foreign cultures, according to some academics, are displacing Ghanaian cultural norms that prohibit immoral sexual behavior, increasing unwed pregnancies and unsafe abortions (Adjei & Mpiani, 2020). Furthermore, many Ghanaian nurses and doctors feel that providing abortion care violates their religious and cultural beliefs (Aniteye, O'Brien & Mayhew, 2016). This is as a result of the lack of awareness of Ghanaian abortion laws and safe abortion methods.

In Sub-Saharan Africa, socio-cultural hurdles hinder women's access to safe abortion treatment (Geleto, Chojenta, Musa & Loxton, 2018). WHO

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found that a lack of societal support and physicians' unfavorable views were obstacles to safe abortion in less developed countries (Ostrach & Cheyney,2014). According to studies, abortion is considered a taboo in Ghanaian culture, individual religious and cultural beliefs impact abortion opinions, which in turn determine safe or unsafe abortion option (Aladago, 2016).

Socio-Economic Status

Young women may be influenced by their socioeconomic status, such as financial troubles, unemployment, and a lack of financial assistance, to engage in unsafe abortion procedures (Dickson, Adde & Ahinkorah, 2018). Many of these women are still in school and unprepared to become mothers. Women who are most prone to unsafe abortions are generally younger, poorer and lack partner support, according to Atakro, Addo, Aboagye, Menlah, Garti, Amoa-Gyarteng and Boni (2019). Safe abortion may become a privilege reserved for the wealthy, while poor women are forced to rely on hazardous providers, resulting in fatalities and morbidities that fall under the social and financial responsibility of the public health system (Aborigo, Moyer, Sekwo, Kuwolamo, Kumaga, Oduro & Awoonor-Williams, 2020).

Lack of Awareness of Safe Abortion Options

According to Atakro et al. (2019), the majority of research in Ghana has revealed a lack of understanding about safe abortion policies and services. Many individuals in Ghana, including patients, nurses, religious leaders, and medical authorities, lack or have little knowledge of the country's safe abortion policies and services (Atakro et al., 2019). Women who had unexpected pregnancies

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used unsafe abortion methods due to a lack of awareness about safe abortion options (Chemlal & Russo, 2019). Many patients could identify unsafe abortion-related consequences such as bleeding, mortality, uterine damage,infertility, stomach damage and infections, with many of them explaining that, they did so because they were unaware of the safe abortion alternative (Chemlal & Russo, 2019).

Although there is a reproductive health policy in Ghana that specifies the need for safe abortion services in Ghanaian health facilities, many health tutors and providers are unaware of the policy, according to research by Voetagbe, Yellu, Mills, Mitchell, Adu- Amankwah, Jehu-Appiah, and Nyante (2010). As part of their care for women's reproductive health, many health professionals, particularly nurses, fail to notify women about abortion procedures available in Ghanaian medical facilities (Mannava, Durrant, Fisher, Chersich & Luchters, 2015).

Furthermore, according to Atakro et al. (2019), medical practitioners are ignorant about the nation's relatively lax abortion laws. The public, especially women who are supposed to be aware of and use these services, may not grasp the legality of abortion services. Only 4% of women in Ghana knew it was legal to have a safe abortion in 2007, according to the Ghana Maternal Health Survey. In 2019 (Boah, Bordotsiah, & Kuurdong), In Ghana, most women still believe that safe abortion is prohibited, which typically leads them to perform unsafe abortions.

According to Aniteye, O'Brien, and Mayhew (2016), additional changes to the abortion law have been suggested by certain lawyers to better promote secure abortion services in Ghana. This is since, contrary to the World Health Organization's recommendation, Ghana's productive health strategy has mostly

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concentrated on encouraging family planning, contraception, and post-abortion care over the years (WHO). Furthermore, when a woman decides to terminate an undesirable pregnancy, she will frequently go to great lengths to do it, regardless of whether the operation is safe or legal. Although numerous studies demonstrate that a lack of awareness of abortion policy and legislation leads to unsafe abortion practices, education and policy implementation of safe abortion policy and services in all health institutions in Ghana are critical (Aniteye et al., 2013; Atakro et al., 2019).

The Intention to Have Children only After Marriage

Pregnancy before marriage is frowned upon by the Ghanaian culture (Atakro et al., 2019). As a result, women who become pregnant before marriage are frequently stigmatized in their communities. Many people believe that, women should be engaged and married before becoming pregnant. Women who get pregnant outside of marriage or wedlock may choose to terminate their infants using unsafe ways to avoid humiliation. They also want to marry before having children. This urge is fueled by the attention and respect accorded to those who marry before having children. Although some women become pregnant without ever marrying, they feel their chances of finding someone to marry are better if they avoid unintended pregnancies (Atakro et al., 2019). The rate of unplanned pregnancies in Ghana shows inadequate accessibility of reproductive health services by women (Payne, Debbink, Steele, Buck, Martin, Hassinger & Harris, 2013).

Parental Dissatisfaction and Resentment

Some young pregnant women choose unsafe abortion to avoid their

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parents' or guardians' condemnation and fury as a result of their undesired pregnancy (Atakro et al., 2019). Because many of them live under their parents' or guardians' supervision, they wish to maintain positive relationships with their parents. In Ghana, most parents think that their girls would remain virgins before marrying, hence they do not see the need to address sexuality issues with them (Biney & Atiglo, 2017). Parents have a responsibility to teach their underage children how to deal with sexual difficulties that they may be confronted with teaching them how to avoid dangerous and risky sexual behaviors. Parents in Africa, on the other hand, may put their trust in their children's instructors to discuss abstinence and contraception at school (Boah et al., 2019). Because the church is seen as a sacred space in Ghana, sexual issues are not discussed there. Consequencly, they only hear from their friends or partners, which often leads to premarital sex with little or no understanding of safety precautions and subsequent ramifications, as well as the most unsafe abortions to avoid upsetting or embarrassing their parents (Vondee, 2018).

Desire to Further Their Studies

Young girls at Ghana's senior high schools and tertiary institutions may be motivated to participate in unsafe abortion procedures by a desire to further their education. A girl child who gets pregnant while in junior or senior high school in Ghana is more likely to drop out (Adam, Adom & Bediako, 2016). Maternity, instability, pregnancy, and poverty have been listed as causes to the region's high dropout rate by several academics that studied the dropout rate in Northern Ghana (Bariham, Saviour & Edmond, 2017). In today's world, many women's desire to obtain an education is a factor that contributes to unsafe abortions in Ghanaian communities (Hakansson, Oguttu, Gemzell-Danielsson

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& Makenzius, 2018). That is, virtually, all young women who had unsafe abortions were at various stages of their schooling and do not want their studies to be disrupted by unplanned pregnancies.

In addition, some students attempt to terminate their pregnancies to continue their education, with some succeeding and others failing. Most of these students opt for unsafe abortion procedures to avoid the stigma associated with it (Adam, Adom & Bediako, 2016). These young women are likely hoping to find work after graduation and did not want an unplanned pregnancy to derail their plans, even if it meant using unsafe methods, in order to stay in school. This is common since these young women's future is generally gloomy without schooling. Many civil society organizations have called for educational institutions to allow pregnant women stay in school if their circumstances allow it, but there have been no improvements in this regard (Akazili, Kanmiki, Anaseba, Govender, Danhoundo & Koduah, 2020).

Knowledge and Attitudes on Unsafe Abortion Among the Youth

Omo-Aghoja, Okonofua, Aghebo, Umueri, Otayohwo, and Esume (2009) conducted a study in Nigeria's Niger-Delta area on rural people's views and attitudes toward abortion. Through the use of focus group discussions (FGDs) and in-depth Interviews (IDIs) data was collected. The findings revealed that, unplanned pregnancy was fairly prevalent among women of reproductive age, and constituted a serious societal problem. In the hands of quacks, abortion was a common therapeutic choice for undesired pregnancies. It was also discovered that abortion was against community custom, nevertheless, it was frequently practiced in the group owing to the stigma associated with an undesired pregnancy.

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In addition, participants acknowledged that there were challenges and risks (many of which were considerable), such as population-wide abortion-related deaths. Also the absence of education on contraceptives and their usage was widely known. Lack of education, lack of marriage acceptance, socio-cultural taboos, and misunderstandings, as well as economic considerations, were all plausible explanations for one to engage in a risky abortion. It was recommended that establishing strong family values in children's homes, as well as the government taking advantage of the population's socioeconomic condition, would go a long way toward reversing the trend of unsafe abortion.

The findings from the study acknowledged that, even though abortion was against the community’s customs, it was still prevalent and seen to be the point of resort for unwanted pregnancies and was accompanied by some challenges. This study, therefore, seems to be largely focused on society’s broader view of abortion and therefore, affects the ability to have a better understanding of the issues of abortion from the perspective of those who engage in it, in terms of the reasons that motivated young women to engage in abortion and its associated experiences.

Moore and Kibombo's (2014) study on Uganda’s opinion-leaders' knowledge and perceptions of unsafe abortion discovered that, while Ugandan abortion regulations appear to be confusing, the most common interpretation is that abortion is only permitted to save a woman's life. This study revealed one of the very important grounds on which abortion is done. However, it failed to acknowledge other factors beyond the safety of a pregnant woman that could also affect individual’s decision to engage in abortion.

However, in the quest to explore the knowledge and perceptions of policymakers, traditional leaders, local politicians and healthcare leaders on

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unsafe abortion and the potential for policy to address the issue, Moore et al., (2014) revealed that, only half of the participants of the research were aware of Uganda's current abortion laws. The consequences of existing abortion restrictions included long-term health issues, unwanted children and maternal mortality.

In addition, Moore et al., (2014) also postulated that the increased availability of safe abortion has some negative outcomes, including overuse of abortion, marital conflicts, and decreased reliance on preventative behavior. The biggest support for legalizing abortion is in situations of rape, where the offender is unknown came from opinion leaders. Understanding opinion leaders' opinions on this politically charged issue of safe abortion gives insight into the policy background of abortion legislation, the reasons for maintaining the status quo, the strategies to enhance abortion provisions under the law, such as increasing provider and opinion leader education. However, their views on negative outcomes of it does not provide substantive grounds for a holistic understanding of abortion and its related issues, since no attention was given to individuals who engage in abortion, healthcare professionals, and other stakeholders whose views will be very useful in policy formulation on abortion.

In a similar vein, a study by Okonofua et al., (2009) on policymakers' perceptions of unsafe abortion and maternal mortality in Nigeria asserted that, abortion is only permitted in Nigeria to save a woman’s life. However, unsafe abortion is common and a leading cause of maternal death, but politicians have done nothing to address the problem. The study conducted in-depth interviews with 49 Nigerian politicians and officials to assess their understanding issues regarding illegal abortion and the impact it has on

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maternal mortality, as well as their expectation of the policies and actions needed to address these concerns.

The findings revealed that, the participants lacked understanding about Nigeria's abortion law, as well as the number of abortions and abortion-related fatalities, and that many knew of women who had died or were on the verge of dying as a result of illegal abortion. They postulated that, the perceptions of policymakers on abortion-related issues are influenced by moral and theological factors, rather than evidence-based methods. One-third of the respondents said that abortion should not be permitted in all circumstances, one-fifth supported liberalization on medical grounds, and a similar number felt that abortion should be permissible in situations of rape and incest. It is worth pointing out that while this study brought some important additions to awareness, it failed to provide data on illegal abortion along with convincing personal accounts that would possibly resonate with lawmakers and lead to an active national discussion on abortion law.

In providing an understanding of why Nigerian adolescents seek an abortion, Otoide, Oronsaye, and Okonofua (2001) postulated that, Nigerian teenagers utilize contraception at a low rate, but they rely heavily on unsafe abortion, and this leads to a slew of abortion-related problems. In assessing adolescent's views on the dangers of contraception versus induced abortion, it was observed that, the fear of future infertility was the most important factor in teenagers' decisions to use self-induced abortion rather than contraception. Many participants regarded abortion as a quick and painless way to end an unwanted pregnancy, with limited detrimental influence on future fertility. Even though this finding is useful to understanding motivations behind adolescents' preference for self-induced abortion, it fails to touch on other

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factors that influence engagement in abortion and does not also consider some health implications of self-induced abortion which could also affect the reproductive health of adolescents, now and the future. Again, other cultural, religious, and socio-economic factors that can affect adolescents' decisions to engage in induced abortion were not adequately explored in this study, as important as these factors are.

With a descriptive cross-sectional research approach, Oyefabi, Nmadu and Yusuf (2016) looked at the prevalence, understanding, and consequences of induced abortion among students at the Kaduna State University in Northwestern Nigeria. The study revealed that, abortion should be legal in the country. While 32.4 percent admitted that, a pregnant woman should be free to choose whether to have an abortion 25 percent believed otherwise. There was a significant relationship between respondents' age, religion, faculty and education level and the rate of induced abortion. The most common post-oral consequence was vaginal hemorrhage. The study also indicated a high desire among respondents for pregnant women to be free to make abortion decisions without any discrimination. However, because the issue is sensitive, the study did not acknowledge the use of a mixed method, where some qualitative data would have provided a piece of in-depth information to validate the quantitative results and provide a better understanding of the issues.

Reasons for Unsafe Abortion

Through a comprehensive assessment of qualitative literature on abortions in the informal sector in countries where abortion is legal, Chemlal and Russo (2019) investigated why people accept risks. The study searched PubMed, Web of Science, ScienceDirect, and Google Scholar using PRISMA

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standards. It was observed that, abortions outside of legal health institutions were observed to be a prevalent and normalized practice in nations where legal abortion is not available. Fear of abuse by personnel, long waiting lines, high prices and failure to comply with laws, privacy issues, as well as lack of information about the legality of abortion or where to obtain a safe and legal abortion were among the reasons for abortion in the informal sector. The authors discussed unsafe abortion not just from the standpoint of medical and physical safety, but also the standpoint of social and economic stability.

There are few drawbacks to this review. First, two studies that met their criteria were not included, and the study only looked at publications in English and French, thus potentially creating a linguistic bias. The removal of grey literature, such as reports and conference abstracts, might have added a publishing bias aspect. In addition, words such as "self-abortion" and "self-managed abortion" were not defined. Finally, the heterogeneity in the abortion laws and regulations used in the review, varied from country to country, legislation, and requirements governing the conduct. These make it much difficult to categorize countries based on their abortion laws (Russo BMC Women's Health, 2019). Some countries may appear to have few abortion restrictions, based on their formal regulations, especially when exceptions are made to safeguard women's mental health yet, women's access to abortion services in the country is severely constrained in practice.

Furthermore, Biney and Atiglo (2017) investigated the link between induced abortion motive and safety techniques among Ghanaian women. One

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major cause of abortion, according to a systematic assessment of the survey findings was the spacing or delaying of births. Another, the major reason for abortion was financial constraints; hence women were more likely to terminate a hazardous pregnancy. Unsafe abortion, particularly among rural women, positively correlated with financial reasons. These results indicated that, hardship was a reason for women to turn to unsafe abortion practices.

Motivations for "Quasi-Legal" Abortion Services in a Sub-Saharan Setting, a study conducted by Agadjanian (1998). While a substantial number of women seeking "quasi-legal" abortions were younger than 30 years (74 percent), not married (58 percent), and in school (36 percent), the proportion of women who were older, married and employed much outweighed those who sought clandestine abortions in sub-Saharan Africa. The most prevalent reasons for women seeking unsafe abortion were financial difficulties and the need to complete their education. Several women with children, on the other hand, chose to undergo an abortion to either delay or stop having children. Few women had experienced contraceptive failure or conflict between work and motherhood as a reason for abortion. However, the study was skewed to a certain age group, providing richer and wider information on them.

Vallely, Homiehombo, Kelly-Hanku and Whittaker (2015) conducted research in the Eastern Highlands of Papua New Guinea on unsafe abortions necessitating hospital admission. The desire to continue studies, interpersonal issues, and socio-cultural variables were among the reasons for the induction of unsafe abortion.

Further, Auka, Muku and Mbithi (2015) conducted a study at Kangundo District Hospital on the factors that contributed to unsafe abortions among females in reproductive age. The mixed-method study focused on 30 women of

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reproductive age who underwent an induced abortion at the Kangundo District Hospital Gynecology Centre. The number of respondents (46.6%) noted that their main reason for unsafe abortion was the lack of information or misunderstanding of family planning strategies. Post-abortal pelvic infection was the most common problem reported by 48.4 percent. Lack of awareness about family planning activities, as well as poor economic conditions were the major reason for unintended pregnancy.

Based on the findings of the studies cited above, it can be argued that, the fear of abuse by personnel, long waiting lines, high prices of safe abortion, failure to comply with laws, privacy issues, and lack of information about the legality of abortion or where to obtain a safe and legal abortion were among the reasons for which people engage in unsafe abortion in the informal sector. In addition to these, other factors such as the quest to delay births, financial constraints, the desire to complete education, conflict between work and motherhood, and the lack of information or misunderstanding of family planning strategies also serve as motivating factors for engaging in unsafe abortion.

Methods of Unsafe Abortion

Women are routinely compelled to abort unplanned pregnancies, and they will go to any length to do it. They are therefore likely to employ many methods so far as they will help them to achieve the desired result of aborting pregnancies (Atakro et al., 2019).

Women who used public-sector abortion facilities in the Western Cape Province of South Africa during the second quarter suffered unsafe abortions, according to exploratory research by Constant, Grossman, Lince, and Harries

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(2014). 34 women (17.5 percent; 95 percent conviction interval 12.7-23.4) reported a failed attempt to self-induce abortion during the current pregnancy prior to visiting an abortion clinic in the second quarter. Other strategies involved taking tablets bought from unlicensed suppliers and using more herbal remedies. They also used methods that involved taking pills purchased from unlicensed providers and using additional herbal remedies. Given the increased number of unprotected self-termination abortions, it is comparatively high in the Western Cape.

Rasch (2011) did a similar study on unsafe abortion and post-abortion care. According to his research, 40 percent of the world's women live in countries with strict abortion laws that prohibited abortion or only allowed it to save a woman's life or physical or mental health. Women may turn to clandestine techniques to stop an undesired pregnancy in nations where abortion is banned. As a result, unsafe abortion rates have grown, particularly in sub-Saharan Africa, where unsafe abortion rates range from 18–39 per 1,000 women. Depending on the traditional techniques specified and the types of providers accessible, the circumstances in which women have an unsafe abortion vary.

The emphasis of this study was on unsafe abortion, and it looked at how strict rules were linked to the frequency of unsafe abortion. Unsafe abortion was linked to the educational experience of the practitioners, according to the research. Traditional providers in Tanzania, for example, have been documented making herbs and roots from local water-soaked plants to be drunk in one or more doses (Blystad, Haukanes, Tadele, Haaland, Sambaiga, Zulu & Moland, 2019). Sticking a cassava stick in the cervix is another frequent method

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used by traditional healers to induce abortion. Similarly, research in Ghana found that herbs are a common technique used by traditional practitioners to terminate unwanted pregnancies (Ballu, 2019). Unsafe abortion procedures, such as a catheter or tone, are most commonly used by practitioners who perform illegal abortions. Misoprostol has been a method increasingly utilized to produce abortion clandestinely in comparison to traditional methods and instrumental and surgical treatments (Donkoh, 2013).

The fundamental flaw with this method is that, it excludes women who had unsafe abortions in secret, but do not seek care for complications, as well as women who have abnormalities but do not seek treatment. In contrast, the majority of the research focused on a set of clinical standards that defined unlawful abortion as the presence of a sickness trauma coupled with an undesired pregnancy argument (Ballu, 2019). Pregnant women with convulsive illnesses such as malaria, as well as concurrent, unintended abortions, maybe misclassified for this reason. An alternative and maybe more reliable option are to categorize women using an empathic interview, which has been demonstrated to be a step forward in the therapeutic approach.

Rasch and Kipingili (2009) carried out a study on “Unsafe abortion in urban and rural Tanzania: Technique, providers, and outcomes”. A cross-sectional sample of women hospitalized with a miscarriage suspicion was used. There were 62 percent of rural Tanzanians and 63 percent of urban Tanzanians who indicated they had an unsafely induced abortion. Induction herbs and roots were utilized by 42 percent of rural women and 54 percent of urban women. The procedure most frequently linked to abortion problems was catheter or roots, whereas the method most frequently linked to issues was the use of herbs. As a result, the study employed a hybrid process approach,

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that is, in-depth interviews that were conducted first and subsequently converted into predictive research codes, were not included in the report.

Moreover, Rasch, Srensen, Wang, Tibazarwa and Jäger (2014) conducted a research on unsafe abortion in rural Tanzania and the use of traditional medicines from the patient and provider perspectives. In rural Tanzania, women frequently seek abortions from traditional practitioners who utilize plant species as contraceptives. The application and potential impact of these plants are unknown. According to the findings, 67 percent of women who admitted to having done abortions had done so illegally. Around half of those who had illegal abortions had access to traditional abortion providers, and plant species were also employed as abortion therapies in these cases. There were 21 plant species identified as potential abortion treatments and investigated; while 16 of the species were shown to have a uterine contractive impact.

Additionally, qualitative research on the experiences of victims of illegal medical abortions among university students in Chile was carried out by Manrquez, Standen, Carimoney, and Richards (2018). The researchers interviewed 30 young women who underwent illegal abortions in-depth. The results demonstrated that medical abortion did not occur entirely outside of the healthcare system for these students, even with assistance and support from contacts, partners, and friends.

The risky procedure induced doubt and worry, which took control of every step of the process, from locating and buying the pills to confusion regarding the recommended dosages and whether the abortion would be successful. Because they were worried that the procedure would fail and cause difficulties, many of them sought post-abortion care (Ganatra & Visaria, 2020). However, because of their secret, they were subject to the prospect of

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conventional, unkind judgments while receiving post-abortion treatment (Singh, Remez, Sedgh, Kwok & Onda, 2018). Only by making abortion accessible and legal can the experience's overwhelming sense of uncertainty, fear, and danger diminish.

Consequences of Unsafe Abortion

Unintended pregnancy is still a concern in some cultures, according to Shahbazi (2012), who conducted a qualitative study on the consequences of unsafe abortion. The purpose of this research was to determine the consequences of unsafe abortions on Iranian women. The study revealed, four consequences of women's perceptions of unlawful abortion, namely physical, social, socio-political, and judicial. Only married women who had illegal abortions were asked about the legal repercussions, which limits the scope of this study.

Furthermore, Abortion among Adolescents in Africa: A review of practices, consequences, and control strategies was done by Atuhaire (2019). Teenagers secretly take self-prescribed medicines or beverages, inject sharps in their buttocks, and visit orthodox service organizations more frequently. Sepsis, severe anemia, incapacity, and, in extreme circumstances, miscarriage and death can all occur because of unsafe abortion. Improved cost and accessibility of contraception for youth, advocacy, and comprehensive sexual education and counseling can all help to control such behaviors.

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Henderson, Puri, Blum, Harper, Rana, Gurung and Darney (2013) conducted a study on effects of abortion legalization in Nepal. The objective of the study was to determine if legalization contributed to a decrease in the most serious maternal health consequences of unsafe abortion. The authors documented 23,493 cases of abortion complications. Over the latter implementation period, there was a significant drop in the proportion of severe diseases, fractures, and systemic problems, as well as a decrease in the risk of catastrophic consequences.

Similarly, Levandowski, KalilaniPhiri, Kachale, Awah, Kangaude and Mhango (2012) investigated the social implications of unplanned pregnancy and unsafe abortion in Malawi: The impact of stigma. Unwanted pregnancy and illegal abortion have societal implications for Malawian. When young women continue to have sexual encounters without using condoms, unintended pregnancies occur, forcing them to get an unsafe abortion to escape embarrassment and disgrace in the presence of their families. Pre-marital and adulterous pregnancy have both been stigmatized in the past. The study revealed that, there was an immerse stigma associated with unsafe abortion. A significant portion of these young women faced difficulties, necessitating both physical and health complications. These young women and their families, however, frequently hesitated to report unsafe abortions due to their sensitive condition.

Bhutta, Aziz and Korejo (2003) conducted a study on surgical complications in an unsafe abortion. The goal of the investigation was to determine the severity of the dangers associated with illegal abortion and the best ways to address them. Most of the women respondents (51%) were married women between the ages of 26 and 35 years. Septicemia, intestinal

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damage and hemorrhagic shock were the most serious consequences, with a ten percent death rate. Only women with significant issues because of unsafe abortions were expected to be admitted to hospitals, ignoring the population of women who were feverish but refused to seek treatment in a regulated health facility. Frequently, all unsafe abortions were more likely to result in problems such as incomplete evacuation and hemorrhage. The next chapter looks at the theoretical framework and how it under the study

Theoretical Review

The theory reviewed under this section is the theory of planned behavior.

The Theory of Planned Behavior (TPB)

Ajzen (1991) propounded the Theory of Planned Behavior (TPB) enhance comprehension of comportment determinants. The hypothesis of whether or not to perform a behavior based on one's intension reveals the degree to which individuals can try and make their attempts to fulfill the behavior as the most significant determinant of their behavior. The purpose of behavior is influenced by the approach of the human being to behavior, the external pressure that she perceives as subjective standard, and the behavioral regulation perceived.

Application of the Theory

Attitude is the first determinant of behavioral intention. It is the extent to which the person has a favorable or unfavorable evaluation of the behavior to be performed. That is, the choice of a person to partake in abortion in the first place would be affected by his or her views on the effects of abortion. So the feelings of the person on the effects of the acts are what will determine the

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choice of the person to partake in unsafe or safe abortion and culture has little impact.

The second component, the subjective norm, is composed of human normative beliefs and social pressure toward the behavior. The focus is on the behavior and opinions of the people around the person regarding abortion. What are the views of people about abortion and what kind of burden is put on a young girl who gets pregnant and how does social pressure influence the person to indulge in abortion.

Behavioral control is the third component. This is the degree to which an individual feels that he or she has volitional control over whether or not to undertake a behavior. Even if they have good opinions toward the behavior, people are less inclined to engage in it if they think they lack the resources to do so. It is made up of human assumptions about the ability to regulate one's conduct. The individual is assessing herself to see if she is ready to take action. So, how confident is the woman in her right to have an abortion, and how much power does she have over the decision. The latter is inextricably linked to the behavior. Applying the TPB to identify which theoretical constructs predict unsafe abortion and maternal consequences among the youth, is advisable since intention seems to be a valid representation measure for behavior.

Critique of the Theory

In extreme circumstances, previous behavior is the sole reliable indicator of future behavior (Norman & Smith, 1995). Therefore, there is no question that considering past conduct enhances the ability to forecast future behavior. It is likely more useful to explain behavior so that interventions can be created, and behavior changed, as Sutton (1998) pointed out, as the

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prediction has minimal utility in an applied situation.Summary

This study looked at relevant literature on the subject at hand. There were three sections to the chapter: conceptual, empirical, and theoretical reviews. The next chapter deals with the methodology used to inform the study.

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CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

The study's research techniques are presented in this chapter. It addresses the research methodology, study design, study area profile, target population, sample and sampling technique, data sources, and data collection techniques. It also covers the methods used for gathering data, how data was processed and analyzed, ethical issues, and the study's limitations.

Research Philosophy

The interpretivist, or anti-positivist, school of thinking informs the research. Instead of focusing on how and when things occur, as does positivism, the interpretive school examines why things occur (Crotty, 2020). This idea is used because humans frequently alter their opinions of the world and the objects in it (Mertens, 2005; Creswell, 2007). According to interpretivists, individuals can express reality in a language they can grasp (subjectively), as opposed to what they believe may be the case (objectively). Creswell (2007) asserts that interpretive researchers primarily rely on participant perceptions of the situation under investigation. The strategy, known as naturalistic inquiry, collects primarily qualitative data in a natural setting. Positivism is substantially more limited than interpretivism in that it does not place the researcher in the respondents' position (Hesse-Biber & Leavy, 2004). This study therefore focuses on the interpretive philosophy, which is consistent with the qualitative research methodology.

It seems that qualitative research seeks out comprehensive data, typically described and narrated by a participant. This approach's main goal is to

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educate academics about social or cultural issues (Draper, 2004; Williams, 2007). Additionally, qualitative research uses a mix of observations, document reviews, and interviews while being conducted in natural situations. Case study, focus group, phenomenology, ethnography, grounded theory, and historical research perspectives are only a few of the qualitative research techniques based on interpretivism that are described (Williams, 2007). The phenomenology research technique was the appropriate one to use because the current study examined the actual experiences of abortionists. That is, it had the advantage for capturing the lived occurrences of the women who have engaged in unsafe abortion. However, the qualitative research method was used because it helps to understand the phenomenon from the participant's perspective.

Study Design

A design for exploratory research was used in the study. When there are few or no prior studies to which to refer to forecast the outcome of a research problem, exploratory research is used (Crotty, 2020). The study design does not aim to provide definitive answers but rather aims to investigate the research issues (Crotty, 2020). This study's main goal was to learn more about how young people from various socioeconomic backgrounds felt about abortion and having access to abortion services. With the use of this study's design, the researcher was able to learn more about how young women in Ghana's Cape Coast Metropolis regarded and understood unsafe abortion.

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Study Area

The Cape Coast Metropolis in Ghana's Central Region served as the study's location. Accra and Cape Coast are separated by 165 kilometers. The Gulf of Guinea, the Komenda Edina Eguafo Abrem Municipality, the Abura, Asebu, and Kwamankese Districts, as well as the Twifo/Heman/Lower Denkyira District, form its southern, western, eastern, and northern borders, respectively (Ghana Statistical Service, 2014). Asante, Gas, Ewes, and other ethnic groups are mixed at Cape Coast, among others. Cape Coast is composed of various communities: Akotokyire, Abura, Ola, Nkanfoa, Pedu, Kotokoraba, Bakaano, Amamoma, Apewosika, Kwawpro, Essuekyir, and Ayensu, just to mention a few. It is one of the communities that share a boundary with the University of Cape Coast (Ghana Statistical Service, 2014).

Further, the area's closeness to the sea makes the fishing business a dominant source of livelihood of the inhabitants. They also engage in trading. Cape Coast was suitable for this research because of the presence of many young women dropouts, the rise teenage pregnancy (Rominski, Darteh, Dickson & Munro- Kramer, 2017) as well as the presence of Planned Parenthood Association Ghana (PPAG) whose work encompasses provision of comprehensive abortion (Donkoh, 2013). PPAG and the Cape Coast Teaching Hospital (CCTH) because that is where women in Cape Coast seek post abortion care services. I also recorded 10 from PPAG and CCTH 45 at the time. Twenty (20) were available to me, and only six of the twenty young ladies agreed to participate in the study. I obtained an additional sixteen (16) people through the six volunteers, bringing the total number of participants for the research to twenty. This category of women was very useful for the study because the

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nature of the women who were exposed to various experiences of unsafe abortion. Interviewing them gave me detailed information on the questions asked for the study.

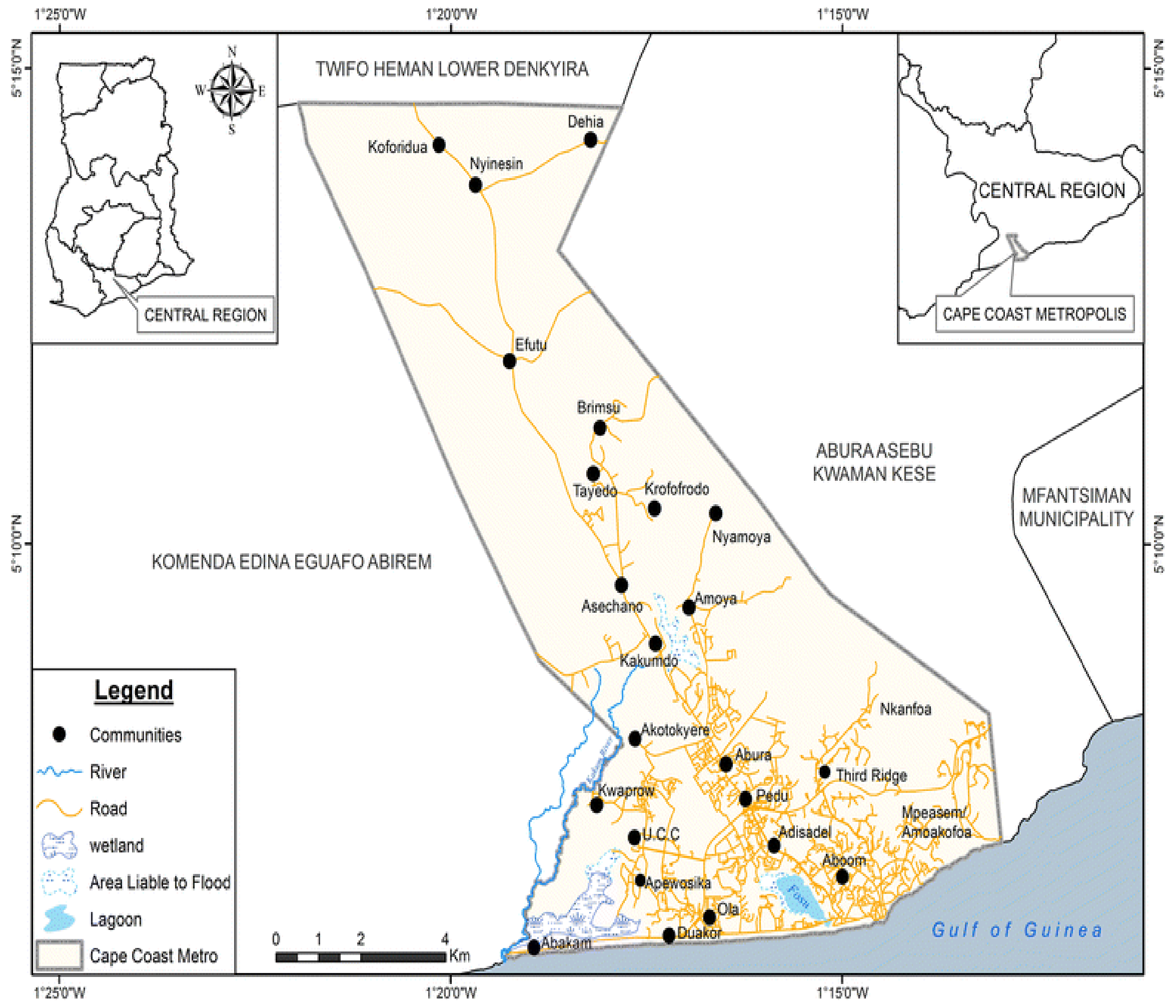

Figure 1: Map of Cape Metropolis
(Source: GIS Unit, UCC)

Target Population

The participants in this study were young women who had unsafe abortions in the Cape Coast Metropolitan Area, as well as the staff members of Cape Coast Teaching Hospital (CCTH) and Planned Parenthood Association of Ghana (PPAG), who are directly involved in decisions regarding complications from unsafe abortions in the Cape Coast Metropolitan Area. Young women who had undergone unsafe abortions and who lived in Cape

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Coast Metropolis and were willing to take part in the study made up the demographic of interest.

Sample and Sampling Procedure

To choose aborters, the study used the snowballing and purposive selection techniques. The purposive sampling approach looks for situations or people that fit requirements (Sarantakos, 1998; Palys, 2008). Purposive sampling, according to Sarantakos (1998), is a useful strategy that enables researchers to specifically select respondents who they believe to be more relevant to the research issue. Key representatives from the Cape Coast Teaching Hospital and the Planned Parenthood Association of Ghana (PPAG) were purposefully sampled, as well as young women who had undergone unsafe abortions in Cape Coast Metropolis. This is so that choices that have an impact on the health of young women in the Cape Coast Metropolis can be made directly including the employees of both institutions.

In addition, the study employed snowball sampling to identify other interviewees who were willing to participate in the study. The first six interviewees introduced me to other persons or participants who could contribute to the study. This technique was appropriate since it was difficult to reach participants due to the sensitive nature of the study which enhanced the population's distribution to include the study’s desired characteristics it sought to find.

However, the size of the sample pool for the participants' was based on saturation (Baker & Edwards, 2012). This means that, the sample size could be expanded as long as new information was obtained. The study involved twenty-one (21) participants which constituted; firstly, one Health Specialist from

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PPAG, six aborters from Cape Coast Teaching (Interberton) Hospital and PPAG were purposively selected. These were aborters who had complications from unsafe abortion procedures and were referred to the above hospitals to seek medical attention; and through these six young women snowballs was used to select fourteen young women who had engaged in unsafe abortion in Cape Coast, due to the sensitive nature of the topic and participants being difficult to attain.

Research Instrument

The main tool utilized to gather data for the study was an interview guide. For the data collection, an in-depth interview guide was created using the study objectives as a guide. There were five primary sections to the interview guide. Background information on the study participants was covered in the first section. This information includes the participants' age, level of education, occupation, religion, ethnicity, marital status, and number of children. The second part of the discussion centered on the participants' attitudes and knowledge of unsafe abortion, including their knowledge of it, their awareness of it, whether they believe it to be good or bad, their first point of contact, the locations where they can get unsafe abortion services, and the types of people who use them.

Finally, section three was concerned with perceived reasons for engaging in unsafe abortion; the need for education, lack of marriage for ‘born one’ mothers, stigma, parent’s reaction, boyfriend’s decision, poverty, and high cost of safe abortion, lack of accurate information, defilement, or rape. The fourth section was comprised unsafe abortion; herbal, alcohol, drugs, soda, and sweets as well as quack. The fifth section was made up of questions on unsafe

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abortion-related challenges; before, during, and after the process.

The subtopic below is how I ensured trustworthiness in the current study.

Validity and Reliabity

I made sure that the study's qualitative component could be trusted. As a result, I used a triangulation of information from several data sources, member verification, and expert evaluation. Member checking was used to examine the difficulties that other participants had in trying to terminate their pregnancies and how those challenges affected their financial, physical, and social well-being. The quality of the researcher's interpretation improved as a result.

Also, expert assessment was a key method to enhance the data's quality and assist it in addressing the study objectives (Simon, 2011). I sent a detailed interview guide to research professionals, including the researcher's supervisors, for review and counsel to improve the instrument's content. This is due to Amin's (2005) assertion that expert judgment determines the content and construct validity. To guarantee systematic replies, the interview questions were also developed in relation to each study purpose. Before using the instruments in the field, this helped mold them and raised their quality.

Reliability, on the other hand, reflects consistency over time. In this study, ensuring the reliability in my qualitative data was equally important to observe the validity of the instruments. In the current study, the researcher made sure that the number of questions on the interview guide was moderate to prevent fatigue and boredom which could affect the consistency of accurate responses from respondents.

To get a clear and correct understanding of what the participants stated,

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the researcher again assured dependability by listening to the audio recordings frequently and reading the notes numerous times. To ensure uniformity, field notes and transcriptions from all the interviewees' audio recordings were translated from the Akan language to English and back again. To assure correctness, trustworthiness, and reliability, the researcher returned with the transcripts to the participants for confirmation of the veracity of the data and narrative reports.

Data Collection Method

The study used in-depth interviews to gather qualitative data (Mack, Woodsong, MacQueen, Guest & Namey, 2005). The in-depth interviews with the study participants were more like casual talks. The researcher was able to learn the participants' opinions of the phenomenon under inquiry by using this strategy. The study lasted for four months, started on 3rd july through to 15th October 2021. The study took place in participants' convenience, some at their homes, while others chose eatery places and places out of sight from any passerby. Interviews lasted between 1 hour 45 minutes and 2 hours at length.

However, this data collection method had strength and weaknesses. Although in-depth interviews (IDIs), were time-consuming, it allowed the researcher to further understand events and actions of participants. For instance, in cases where the participants were somewhat unwilling or uncomfortable to share information, it took a long probing for them to open up. The IDIs were therefore employed for the present study because of its strengths. The data collection method allowed the use of tape recorders (audio), field notes, and documents among others (Taylor-Powell & Renner, 2003). Interviews were recorded and later transcribed.

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Data Processing and Analysis

The words, phrases, declarations, and/or unsaid words that the researcher witnessed made up the qualitative data that was acquired. These were gathered through thorough interviews. The interviews, as previously noted, were taped and later verbatim transcribed. Written versions of the interviews were created and used for the transcription. The original responses were not altered during any of the transcripts' editing processes. Data analysis in qualitative research entails condensing the information gathered and communicating the key findings through the results presentation (Crotty, 2020). The material provided by the interviewees during the writing process was generated as a written text. The transcribed information was manually reported and debated while being typed. Under each study question and purpose, different themes or thematic areas were developed using the findings.

Ethical Consideration

In this study, ethical approval was obtained from the University of Cape Coast Ethical Review Board. Institutional approval was also sought from the Cape Coast teaching hospital. The researcher ensured anonymity, informed consent, and confidentiality. Informed consent was also sought from the participants to ensure their willingness to participate in the study. The topic was thoroughly presented to participants in order to obtain their permission, and only those who were willing to participate in the study were allowed to participate. Also, the researcher ensured participants names remained anonymous and their views confidential. That is, the study did not mention the names of the participants in the report. As such, the identities of the study participants were

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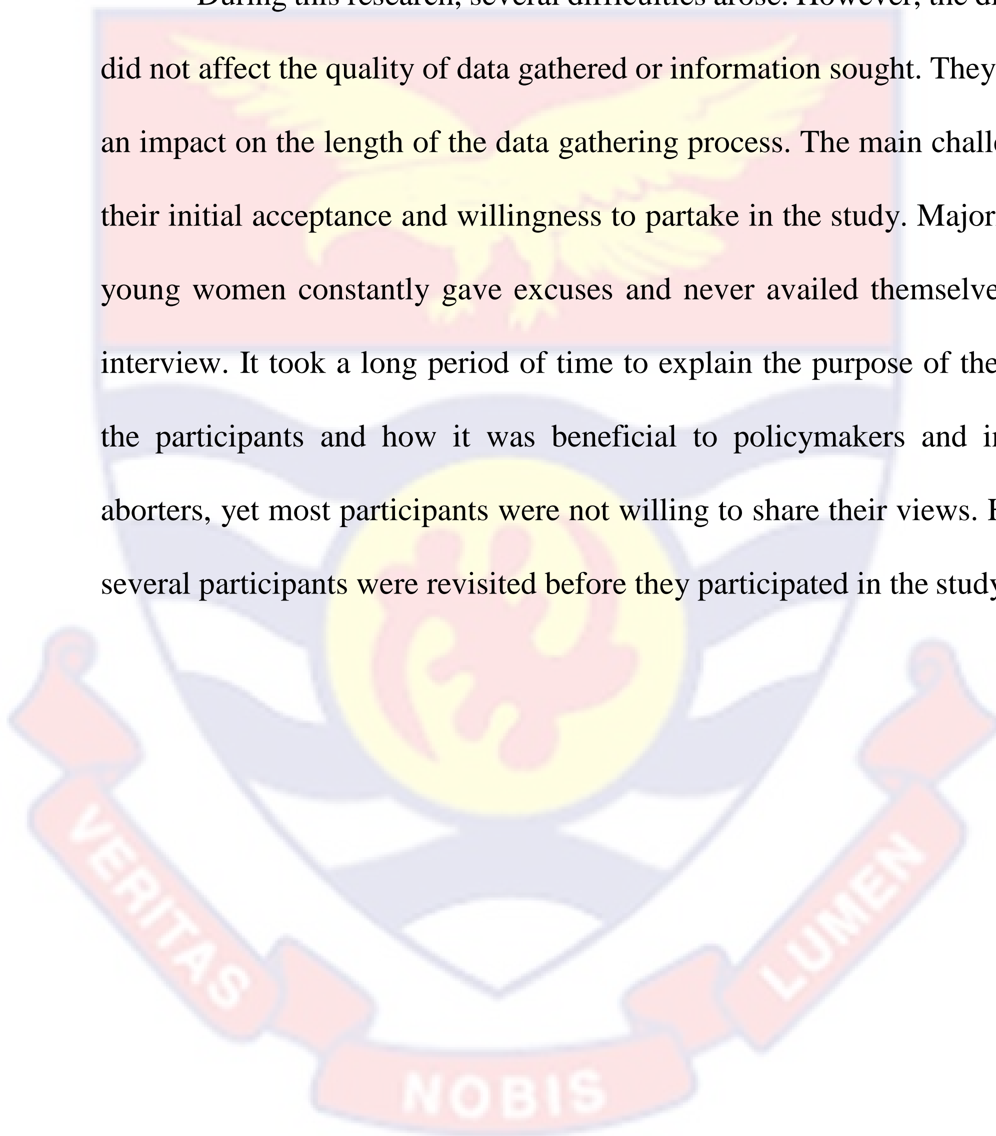
not disclosed. Data collected was stored on a laptop which is secured with a password to prevent people from having access to information gathered for the study.

Limitations of the Study



During this research, several difficulties arose. However, the difficulties did not affect the quality of data gathered or information sought. They only had an impact on the length of the data gathering process. The main challenge was their initial acceptance and willingness to partake in the study. Majority of the young women constantly gave excuses and never availed themselves for the interview. It took a long period of time to explain the purpose of the study to the participants and how it was beneficial to policymakers and individual aborters, yet most participants were not willing to share their views. However, several participants were revisited before they participated in the study.

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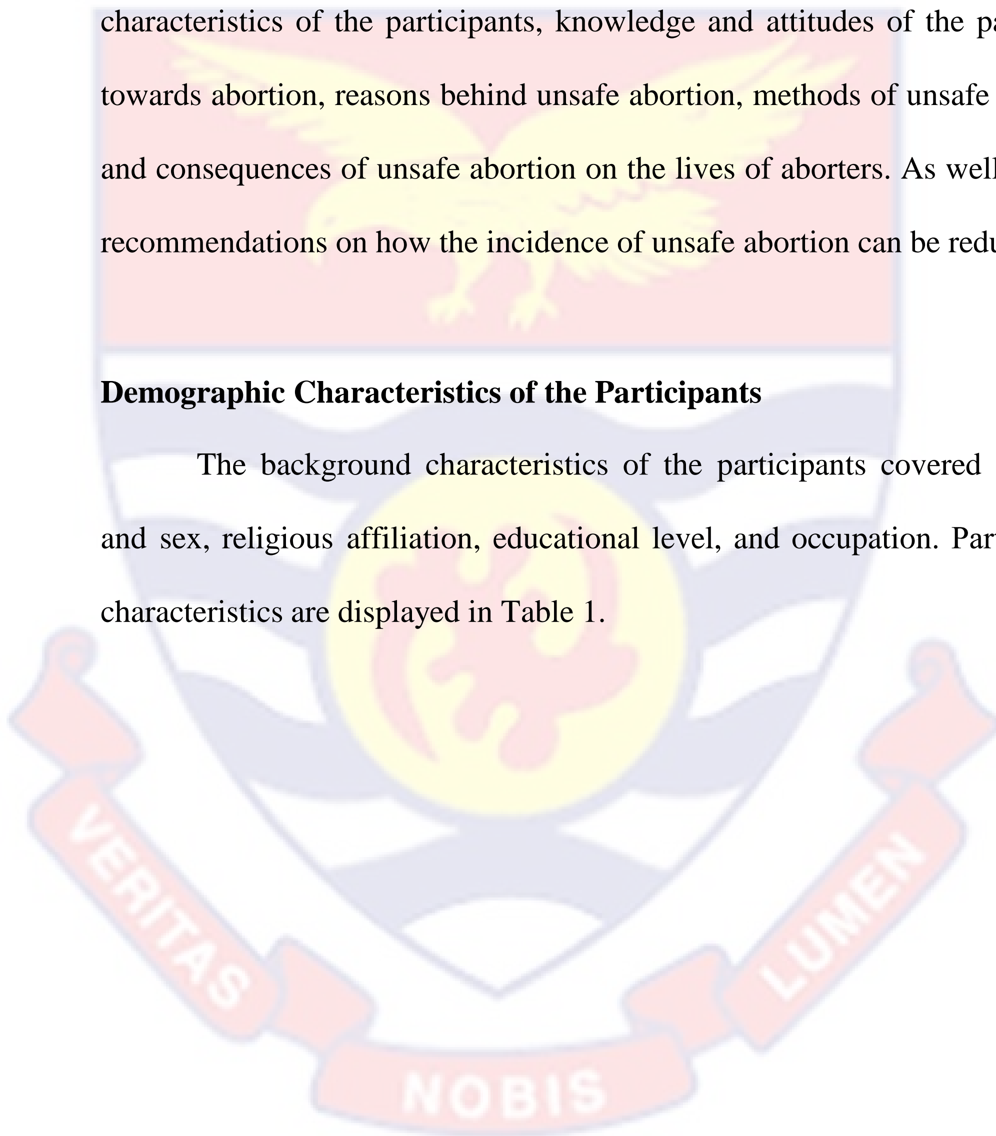
CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents the results and discussion of the study findings. The results are presented under the following headings: Demographic characteristics of the participants, knowledge and attitudes of the participant towards abortion, reasons behind unsafe abortion, methods of unsafe abortion, and consequences of unsafe abortion on the lives of aborters. As well as some recommendations on how the incidence of unsafe abortion can be reduced.



Demographic Characteristics of the Participants

The background characteristics of the participants covered their age and sex, religious affiliation, educational level, and occupation. Participant's characteristics are displayed in Table 1.

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Characteristics	Issues	Frequency	Percentage %
Age	13-15	3	14.3
	16-19	8	38.1
	20-23	6	28.6
	24-27	3	14.3
	30-33	1	4.8
Sex	Female	20	95.2
	Male	1	4.8
Religion	Christianity	17	81
	Islamic	4	19
Occupation	Working	2	9.5
	Not working	19	90.5
Educational level	Primary	1	4.8
	Junior high	7	33.3
	Senior high	10	47.6
	Tertiary	2	9.5
	Above tertiary	1	4.8
Number of children	One child	1	4.8
	Children	1	4.8
	No child	19	90.5

Table 1; ***Background characteristics of participants***
Source: Field Data (2022).

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Many studies have shown that the age, education, religious and marital status of women could affect the decision to abort pregnancies especially those unintended (Atakro, Addo, Aboagye, Menlah, Garti, Amoa-Gyarteng, & Boni, 2019). The study comprised 20 women and one health specialist. The participants' age ranged from fourteen 13 to 33 years. The majority of the participants 8 (38.1%) were within the ages of 16 and 19 years accounting for 38.1 percent. Out of the twenty-one (21) participants, seventeen 17(81%) identified themselves as Christians while the remaining four 4 (19%) identified themselves as Muslims. Also, only one participant was a trader. Regarding their educational level, the majority were still in junior and senior high school, and two of them were in the tertiary level. Finally, two of the individuals were parents, one with two children and the other with one child, but none of them were married.

Knowledge and Attitudes of Participants towards Unsafe Abortion

The majority of studies in Ghana have found out that, there is lack of knowledge regarding safe abortion legislation and services (Atakro et al., 2019). As a result, women who become pregnant unexpectedly resort to risky abortion techniques (Chemlal & Russo, 2019).

Within this context, the first objective of the study was to find out from the participants their knowledge on unsafe abortion since many people define and perceive unsafe abortion differently. The responses are discussed under the following themes; understanding of abortion, awareness of unsafe abortion, the first point of contact, a place to acquire unsafe abortion services, and the categories of people who engage in unsafe abortion.

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Understanding of Abortion

Many scholars have given diverse interpretations of abortion as a concept (Adams, Adom & Bediako, 2016; Adams & Mikesell, 2017; Aborigo et al., 2020). It was, therefore, necessary to assess the study participants' knowledge on abortion. One participant stated:

> *Ermm, abortion is when you get rid of an unplanned pregnancy out of wedlock, when you kill the baby in your womb.* (Abenaa, 19 years, Amisano)

It is evident from the above statement that abortion occurs when unmarried women are confronted with unexpected pregnancies. This has made possible by destroying the foetus in the womb of the mother. This validates Singh, Remez, Sedgh, Kwok, and Onda’s (2018) as well as O'Brien’s (2020) claim that abortion is a medical or surgical procedure that deals with the sudden removal of the products of conception (the foetus, fetal membranes, and placenta) from the uterus. Hence, licensed healthcare practitioners must carry out such procedures. In conclusion, abortion can be viewed as simply the intentional termination of a human pregnancy (Katz, 2012; Sellmyer et al., 2013).

Awareness of Unsafe Abortion

Unsafe abortion continues to be a major threat to maternal health across the world, particularly for women in developing countries. Unsafe abortion appears to be more prevalent in nations where it is restricted or forbidden than in countries where it is allowed; hence, the majority of illegal abortions occur in low

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developed countries with low socioeconomic levels (Atakro et al., 2019).

When asked how the participants see unsafe abortion, the majority of the participants stated that unsafe abortion occurs when people attempt to terminate their pregnancies by any methods available. For instance, this is what one participant expressed:

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

While participants perceived unsafe abortion as the termination of unwanted pregnancy, their perceptions were different from the health specialist's point of view. The health specialist first explained abortion to be the loss of the foetus; involving the absence of deliberate medical or surgical procedures to terminate the pregnancy, and pregnancy loss at fewer than 20 weeks gestation is referred to as spontaneous abortion. He added that unsafe abortion is intentional and without the supervision of a qualified doctor. He narrated that:

> *Unsafe Abortion is the intentional loss of pregnancy before the foetus is viable outside the womb or before the foetus survived outside the womb through unorthodox means or without the supervision of a qualified doctor.* (Health Specialist, PPAG, 33 years)

It is clear from the preceding narrative that unsafe abortion is carried out by unqualified individuals using unconventional methods. This notion lends credence to the findings of extant studies (Ganatra et al., 2017; Atakro et al., 2019; O'Brien, 2020). For instance, Ganatra et al. (2017), as well as Atakro et al.

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(2019), described unsafe abortion as the termination of an unintended pregnancy either by individuals without the required expertise or in an environment lacking the minimum medical requirements, or both.

In a nut shell, it is important to know that, abortion is considered a taboo in some regions of Africa, particularly in the Ghanaian society. As a result, religious and cultural values influence abortion opinions, that is, whether the individual opts for safe or unsafe abortion procedures (Aladago, 2016). To avoid public ridicule and humiliation, some unmarried young women seek advice and treatment from unqualified individuals rather than qualified health professionals.

Unsafe Abortion being good or bad

The majority of young women, according to the findings, are uninformed of the difference between safe and unsafe abortion, as well as the terrible consequences that come with it. Participants believed they were just getting rid of an unwanted pregnancy, and the method by which it would be removed was unimportant until they encountered issues during and after the treatment. Some of the participants claimed that it was only after the procedure that they realized whether unsafe abortion was an acceptable or awful way to end a pregnancy.

Further, some participants thought it was awful, while others thought it was not as bad as everyone assumed. Aside the health problems associated with the procedure, some of the participants felt it was terrible because of their religious beliefs; they were concerned about the predicted consequences of their conduct, such as divine retribution. Others thought it was the best decision they could have made at the moment. When asked whether unsafe abortion was good

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or bad, the following are some of the comments of those who believed it was wrong:

> *Hmmm, I would not say is a good practice, because I remember the what the guy told us that, there is an inscription on the box "result; safe/death. It got me very scared because anything can happen after taking the drug. What would God have said to me if I had died? So for me it is a no no and never again. I would never advise anybody to do an abortion, it is not worth experiencing.* (Ama, 16 years, Efuttu)

> *Herh Abortion! With what I have been through I would not advice anyone to do abortion. Is a bad experience for anybody to go through it, the pain can kill if you are not lucky. It would be better to protect yourself to avoid having to choose between abortion and giving birth.* (Akosua, 22 years, Abura)

The health risks associated with unsafe abortion procedures are described in the preceding narratives. If not performed appropriately or by trained health personnel, this could result in loss of lives. This emphasizes why young women die or are severely injured as a result of unsafe abortion procedures (Skop, 2019). Still on the subject of unpleasant experiences, it is worth emphasizing that unsafe abortion can result in a variety of problems. According to Atuhaire (2019) and Bhutta, Aziz, and Korejo (2003), unsafe abortion can result in sepsis, severe anemia, disability, incomplete evacuation, bleeding, and life - threatening situations.

Furthermore, some study participants were more worried about divine

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retribution. This was because the activity goes against their religious, cultural, and traditional beliefs, hence they considered it to be harmful. This supports the claims of Aladago (2016), O'Brien (2020), Bell et al. (2020), Dhaka et al. (2019), and Atakro et al. (2019) that moral convictions impact numerous African laws and way of life within a society. They further said that unsafe abortion was still regularly practiced due to the stigma attached pregnancy out of wedlock.

Other participants also stated that, it was beneficial depending on their circumstances. The following are some of their expressions:

> *Oh, abortion is not that bad, especially considering the situation I found yourself in. Hmm, nobody can condemn me, because I'm not lucky like other girls who are in good homes with parents who provide for them and can afford safe abortion for them, some of us have to fend for ourselves and we do what we can to survive.* (Ama, 21 years, Anto Essuekyir)

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

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Mempeasem)

Some participants believed their actions were justifiable and that they had no choice, but to choose an unsafe method to end their pregnancy. They also believed that, their religious selves would understand why they went through with the procedure despite their religious, cultural, and traditional objections. Furthermore, some women cited social and financial pressures brought on themselves by an unintended pregnancy as justification for an unsafe abortion. This emphasizes the fact that they were unable to care for the pregnancy. This validates Biney and Atiglo's (2017) claim that, if the primary reason for abortion was financial constraints resulting from life's hardships, women were more inclined to terminate their pregnancy by unsafe or unconventional methods.

Initial Point of Contact

The majority of people who engage in unsafe abortions are introduced by a third party rather than acting on their own (Sedgh, 2016; Munakampe, Zulu & Michelo, 2018; Atakro et al., 2019). Such an introduction is required since people who are considering having an abortion for the first time may be unfamiliar with the procedures involved, especially, since most of these unsafe abortions are performed by unqualified individuals rather than experts. Such abortions require the use of a combination of herbs, medicines, or routines (Donkoh, 2013). In such situations, a new person may not know what to do and may consult an experienced person.

Following the decision to abort, the participants' responses suggested that close or best friends are often the first point of contact. According to the

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participants' parents or guardians and the media were also major points of contact. They went on to say that, they chose their friends because they would keep their secrets to themselves, so they confided in them, particularly those who had similar experiences, and they were especially trusted because they believed that whatever method they proposed would work because of their experience. Others claimed that, they only told their partners (in this example, their boyfriends) because they are responsible for their pregnancy. A participant shared her experience:

> *Okay, I first told my boyfriend about the pregnancy since he is the reason I was in this situation in the first place, and he suggested we do abortion as an option for us to be free of the pregnancy. None of us wanted to have it anyway and he suggested the method to use.* (Obibiniba, 23 years, Abura)

Others also informed their parents or guardians and not the person who got them pregnant to get rid of it. In cases like that, they just followed instructions from them and had no say in what method to use. Some participants stated:

> *I did not have my period when it was supposed to come, and I told my uncle about it. We went to the hospital to do a test and I was 3 weeks pregnant. He then took me to a man who claims to be a doctor at Duakor who aborted it for me.* (Fosuaa #1, 14 years, Anto Essuekyir)

> *Well, I do not have much knowledge of safe abortion practices. Errm, so I asked a friend of mine then I tried what she had tried before, and the methods I had heard which now*

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> *was unsafe but at the time, I had no option since I stay with my parents so I would rather get rid of it through any means before they found out. Hmm, I was in so much hurry and fear that I forgot about my safety.* (Akosua, 22 years, Abura)

Several participants also expressed regret for not going to a qualified specialist or a facility that satisfied the standards for safe abortion services. They were discouraged from performing a safe abortion because of the responses they received from health workers in various institutions. Pharmacy shops were cited by a few participants as their first point of contact. Participants claimed that Abortion medications were available over the counter. It is worth noting that some aborters preferred over the counter drug stores to hospitals to avoid paying exorbitant prices for medications, while stigmatization and harsh treatment from medical personnel are distressing. A participant lamented:

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

Those whose initial point of contact was medicinal agents from television or radio stations said they learned all of the tactics or processes from adverts on various television and radio stations. They said that some medicinal adverts strongly discourage pregnant women from taking it, hence thought can be used to

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terminate a pregnancy. The participants indicated that, once the addresses of the advertised people are known, they go to them to help terminate their pregnancy. A participant said:

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

Another participant mentioned that:

> *Drugs store or herbalists are for us the poor. Rich people will go to the hospital. I know a woman who did it at the hospital because she could afford the safe method. Yeah, she can pay for all the lab tests and the cost of the procedure. They will check all the needed things before and they will counsel you too which makes it more expensive.* (Obibiniba, 23 years, Abura)

It can be inferred from the above narratives that the, rich mostly seek treatment from the hospital, whereas the poor are more likely to seek treatment from herbalists. This corresponds to the subjective norm, the second component of Ajzen's (1991) Theory of Planned Behavior, which focuses on the behavior and opinions of others in the person's immediate environment towards abortion. As a result, the pregnant young girl is led to feel that because she is impoverished, she must resort to unconventional abortion procedures

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Places to Obtain Unsafe Abortion Services

The decision to have an unsafe abortion goes through series of processes, starting with who to ask for help, to where to abort it. Regarding where to obtain the services, participants had various responses. Most of the participants mentioned that, where one terminates her abortion was influenced by the first point of contact. That is the one who introduced them to the method. They stated that because the process is not usually done openly, a trustworthy individual must always accompany the aborter to the service providers who perform it behind closed doors, particularly the herbalist. These herbalists usually conduct such abortion procedures in their most private areas, primarily their bedrooms and you would not know unless someone takes you there. They mentioned that the herbalists do that for their safety because they may not know who is coming for the abortion and the aborter could be working with the police to apprehend them. A participant said:

> *A lot of people do it, especially the elderly herbalists. Yeah, secretly in their rooms, but it would depend on who introduces you to them. You would have to know who to speak to in the area to direct you to them, and if they agree then they do it for you because they know it is risky, and they would not do it if it is not someone they trust that brought you. What if you are working with the police or media to expose them.* (Amina, 17 years, Mempeasem)

> *The so-called doctor did it in a secret room, I remember he*

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> *did it in a small room at the corner of his bedroom, the whole room is covered with curtains so you may think is just the bedroom until he pushed the bed to the other side and opened the other door behind.* (Abiba, 18 years, Ankaful)

It is clear from the preceding narratives that herbalists and some quack doctors who perform unsafe abortions do so in hidden chambers. However, reponses from participants suggested that, they had no idea if the services offered were legal or not. Some of the participants also mentioned unsafe abortion was usually done in small clinics and they knew individuals go to some unrecognized clinics to abort their pregnancies. A participant said:

> *Yes, there is a clinic up the hill where abortion is carried out, and I know people go there a lot and I heard is illegal, or else why is it not as open as PPAG at Abura. Pregnant women go there secretly and to abort. There are terms to use, when you go there and just mention you want to abort, no one will mind you.* (Kukuaa, 15 years, Efuttu)

In addition, there were some groups of individuals who aborted their own pregnancies by themselves at home. They purchased their medications from drug stores or pharmacy shops and some add these drugs to their prepared their concoctions at home. Such individuals believed that they had witnessed the worst things in life and were unconcerned about the consequences of the procedures used. They contended that, the worst that could happen to them was heavy bleeding. Some people also believed that, going to the drugstore and buying medications was always cheaper than going to the hospital. A participant said:

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I did it at home, I thought it was just a tablet for 120 cedis and I could do it myself. After all, what is the worst that could happen aside from me bleeding. (Abenaa, 19 years, Amisano)

Similarly, some participants preferred the drug stores over hospitals because it was easy to access, and were less expensive over hospitals. A participant said:

Oh, an easy place is the drug store, when you go there and explain to them they would give you some drugs to use, ernn, it is not that expensive, yeah 60 to 120 cedis. Yes, it is easy to get these drugs, there used to be these guys who came from Kumasi selling all kinds of abortion drugs for as cheap as 20 to 50cedis. Oh, thewould shout, "One time, pashew" then you know they are in the area. (Efuah, 26 years, Aggrey)

Others acknowledged herbal centers as a places to get pregnancies terminated. This is what some participants narrated:

There is a woman at Apewosika who prepares herbal medicine. She does it for an SHS girls, the woman believes if she does not perform the procedure for us we would become a burden to the whole society. Oh, she did some mixture for me and in about four days and i started bleeding and lastest one week I went back to school. (Fosuaa 1, 14 years, Anto Essuekyir)

I know a woman who sells all kinds of herbal drugs, I have heard that, people buy abortion drugs from her. But, she talks too much so if you buy from her, everybody in the area would

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know about it. (Aya, 16 years, Amamoma)

While literature says herbs are used to cure complications from unsafe abortion, this study rather found that, herbs were used to commit unsafe abortion. in support of this, research such as those conducted by Rasch and Kipingili (2009), and Srensen et al. (2014), have indicated that women use herbal therapies to end unwanted pregnancies.

Categories of People who Engage in Unsafe Abortion

The majority of the participants believed that young women had more unsafe abortions than mature and married women. This is in line with Mirembe, Karanja, Hassan, & Faúndes, (2010) assertion that, single young women are responsible for the majority of unsafe abortions. This could be due to the fact that most young women are not self- sufficient because they live with their parents and are not married. As a result, their socioe-conomic position, such as financial difficulties, unemployment and lack of financial help, may lead them to engage in unsafe abortion procedures (Dickson, Adde & Ahinkorah, 2018). As one participant puts it:

Mostly girls within the ages of 15 and 25 years do unsafe abortions more than the matured women because when you are grown you do not answer to anyone, you become more experienced and likely to have the money to abort by a specialist at a hospital. Erh, and if the woman is mature and married she would rather keep the baby and even if she is not married, she would keep it since she can take care of the

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baby. For someone like me, I want to finish and school at least, get a job before I marry and have kids. (Akosua, 22 years, Abura)

In the study, the women aged 16–23 had the highest rates of unsafe abortions. Participants with, at least, some elementary or secondary education had the greatest rates of unsafe abortions, whereas those with tertiary degrees were less likely to do so and this supports the claim of Bankole et al., (2015) that, unsafe abortion primarily is done by women with low educational and economic prospects. Similarly, these findings appeared to be in agreement with the fact that, unsafe abortion is linked to a low educational, social and economic status. Findings from the study reveals that, participants who lived in deprived areas in Cape Coast seemed to be more likely to indulge in unsafe abortions.

Data gathered on wealth and education revealed that, most unsafe abortion rates were equal across categories, but were highest among the poor and poorest (Atakro et al., 2019; Bell et al., 2020). While old age was associated with a decreased risk of these young women having an unsafe abortion, this was only true for women under the age of 27. Although women with higher education and from a wealthy background were less likely to indulge in unsafe abortion than women with lower level of education and poor background, there was no obvious pattern in terms of abortion safety by degree, or affluence (Sedgh et al., 2006; Bell et al., 2020).

It was realized from the data gathered that, young women and unmarried women without supportive partners mostly engage in unsafe abortion because they cannot afford to pay for safe abortion services. Further, it was evident from

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their responses that, it does not always matter whether married or single, rich or poor, the absence of trust or help from the partner warrants the thinking of aborting the foetus because the pregnancy becomes unwanted. A participant narrated:

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

Irrespective of their stand, some participants were of the view that unsafe abortion was very rare among the married ones and the rich as compared to the poor. They explained that because the rich have the means to pay for safe abortion services, they would resort to the hospitals to do so. For the married ones, unsafe abortion seemed very rare, even if they are poor. A 15-year-old participant said:

> *Oh, as for married couples they give birth and try all means to provide for the child even if they are poor which makes it rare to hear of them taking part in unsafe abortions, unlike myself and my peers who are more often than not seen committing unsafe abortion.* (Kukuaa, 15 years, Efuttu)

The health specialist also mentioned that empirical research done by the PPAG with the help of their Clinical Management Information system (CMIs), runs a background check of their clients. It was found that, there was no significant difference between illiterates and literates who engaged in abortion. Likewise, there was no significant difference between unemployed and the

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employed, as well as the youth and the adult in relation to engaging in unsafe abortion. He explained:

> *We would expect people who have higher educational qualifications to understand abortion better, but that has not been the case. About 50% were those who were illiterates or who have not had basic education and 50% were those who have a tertiary level of education so there was a balance and also a balance in terms of the unemployed and the salary workers. Hence, abortion is not skewed towards just one side. (Health Specialist, PPAG)*

Given the context of the involvement of more young women in unsafe abortion, the notion affirms Atuhaire's (2019) claimed that, 98 percent of unsafe abortions occur in underdeveloped countries, with 41 percent occurring in women between the ages of 15 and 25. Furthermore, 70 percent of females under the age of 20 years were admitted to hospitals as a result of unsafe abortion. Consistently, Ahman and Shah (2011) maintained that in many African nations, women under the age of 28 account for up to 70 percent of those treated for unsafe abortion complications. As a result, the majority of women under the age of 30 have unsafe abortions. Single, young, and junior high school women account for the majority of all unsafe abortions (Mirembe et al., 2010).

Reasons for Engaging in Unsafe Abortion.

A variety of factors often influence people to engage in unsafe abortions.

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This section looks at some of the factors that influenced the participants of this study to engage in unsafe abortions. The study discovered that factors such as education, stigma, parental reaction, socio-economic conditions, ignorance, rape and defilement play a vital role in participants' decision to engage in unsafe abortion.

Desire to Further Education

One of the most mentioned reasons from the findings for some pregnant women undergoing unsafe abortion process was education. The desire to climb the academic ladder and become someone great in future influenced the decision of some pregnant young women to choose unsafe abortion. One participant said:

> *I was 21 when it happened. Hmm, my parents have spent so much money on my education. First I did not pass WASSCE and paid 5000 cedis to enroll me in a private remedial school before I could continue and paid almost 7000 cedis for nursing training. All my mom wants is to see her daughter become a nurse so I could not disappoint them just in my first year.* (Abuborokosua, 21 years, Mempeasem)

Similarly, another participant lamented:

> *I was still in school, I am the girl's prefect of my school and I am supposed to be an example to all the other girls. How then could I have dropped out of school because I was pregnant. The whole school would laugh at me.* (Kukuaa, 15 years, Efuttu)

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The preceding highlights the importance of education in making the decision to have an unsafe abortion. A girl who becomes pregnant while in school, particularly in junior or senior high school, has a higher likelihood of dropping out, according to the participants. The majority of people who had unsafe abortions to continue their education, according to the study's findings, were junior and senior high school students. This supports Adam, Adom, and Bediako's (2016) claim that a young woman's willingness to advance her education influenced her decision to have an unsafe abortion.

Stigma Associated with Pregnancy

The majority of the women indicated that societal stigma influenced their decision to engage in unsafe abortion. They were afraid of being stigmatized by their families, society, and some health care providers. This made it extremely difficult to access safe medical care. The socio-cultural and religious beliefs in the African society have also frown at the practice of abortion, considering the act as murder (Atakro, 2019). Some of the participants expressed their feelings on how being young and pregnant allowed others to throw insults and call them names. They claimed that, being pregnant makes one a disgrace to one’s family and peers and that it would be preferable to get rid of their pregnancies as soon as possible to prevent public humiliation. Another participant lamented:

> *Oh no, imagine what would be said of me. People would start calling me names such as “that is pastor’s daughter “droppi” who could not close her legs and had to drop out and give birth to a baby whose father is denying it and unmarried.* (Ama, 23 years, Akotokyire)

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A participant also said:

> *See, they would have laughed at me and my dad, my dad prides himself with me a lot. He thinks I am still a virgin and being among the few girls at my age without a kid makes him so happy. He always says "I am so proud of you, continue to put my enemies to shame, I know you will never fail me. I cannot wait to walk you down the aisle with my head high up" hmm, how am I supposed to bring a pregnancy to a man such as my dad. It would destroy him, and the whole society would mock me and my dad. He might get a heart attack.* (Kukuaa, 15 years, Efuttu).

The participants revealed that, the stigma associated with pregnancy outside of marriage has forced many young women to utilize hazardous and prohibited methods of aborting their pregnancies. That is, the fear of their church members finding out they could not uphold their Christian values, and stay chaste until marriage was a mental struggle. They went on to say that dropping out of school to bear a child and experience mockery from their peers would have been terrible. This affirms Adjei and Mpiani's (2020) claim that, Ghanaians religious groups may have a role in their unfavorable attitudes about out-of-wedlock pregnancies and abortions.

Furthermore, this findings also validates O'Brien (2020), Bell et al. (2020), Dhaka et al. (2019), as well as Atakro et al.'s (2019) belief that many African laws and policies are influenced by moral convictions. Hence, abortion is considered a taboo in many Ghanaian cultures which forces women to find

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alternative solutions to their unwanted pregnancies. These women are considered immoral and are thought to be the perpetrators of this revolting act.

Additionally, some societal stigmas manifest themselves in the difficulty of finding a husband for 'born one' mothers. Some unintended pregnancies are associated with shame, since having children is only ideal after marriage. Pregnancy before marriage is frowned upon in the Ghanaian culture. Some participants responded that, they would want to marry before having children, while others believed that they needed to get rid of their pregnancies by any means possible. Similarly, Atakro et al. (2019) discovered that, young women want to have children only after marriage, and the desire to have children only after marriage are the major determinants in their decision to undergo an unsafe abortion. As one participant put it:

> *I thought about aborting it when I felt maybe he might not marry me later, and having a 'born one' when I am not done with the school will not help me. Yeah, after school I want to work, make some money and then marry before having a baby. If I have a child before marriage the man will not respect and value me as wife material.* (Akosua, 22 years. Abura)

> *I am still very young and unmarried so it is okay I chose abortion over giving birth, I cannot disgrace my parents. Also I need a job, and money to take care of any child if I bring to earth and a husband before I would consider giving birth. (Ama, 23 years, Akotokyire)*

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According to the above findings the, women who become pregnant before marrying are typically shunned by their societies. Many people believe that women should be engaged and married before having children. This could be for moral or religious reasons. As a result, mothers who become pregnant outside of marriage or wedlock may choose to abort their children using unsafe ways to avoid embarrassment (Dhaka & Musese, 2019; Atakro et al., 2019). They also want to be married before starting a family. The attention and respect extended to individuals who got married before having children reinforces this desire. Consequently, women who become pregnant without first marrying find it harder to find spouses in future. As a result, they believed that eliminating their unintended pregnancies would increase their chances of finding someone to marry.

Parents' Unfavorable Reaction

The majority of the participants indicated that, they feared how their parents' would react if they found out they were pregnant before marriage. Some of the participants narrated that, their parents would have disowned them due to the disappointment and disgrace they would have brought to their families. The participants narrated the following:

> *I knew it was unsafe abortion, but I stay with my parents so I would rather get rid of it myself before they find out. Hmm, I was in so much hurry and fear that I forgot about my safety. I was a bit scared about the outcome, but I was more worried about disgracing my family and dropping out of schoolto give birth.* (Aya, 16 years, Amamoma)

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> *First of all, I did not want to disappoint my uncle just as I disappointed my parents who have now disowned me, it would be a blow to him because he vouched for me that I would be great and my parents would regret kicking me out.* (Abiba, 18 years, Ankaful)

> *I have very strict parents, my dad is the headmaster and the caretaker of our church; my mom is the women's fellowship president; and I am also a Sunday school teacher at church they would have killed me if they knew I got pregnant. How could I have dropped out of school because I am pregnant.*(Kukuaa, 15 years, Efuttu).

Individuals chose unsafe abortion to escape their parents' or guardians' is pleasure, according to the findings. This is in line with Atakro et al's (2019) claim that, some pregnant young women choose to terminate their unintended pregnancies to avoid their parents' or guardians' disapproval and anger. As many of them are now living under their parents or guardians' supervision, this indicates that they would like to maintain their current amicable relationships with them. As a result, the next best option was to have an abortion as soon as possible.

According to Donkoh (2013), Singh et al. (2018) and Skop (2019), young women have been proven to abort their pregnancies to escape being punished by their parents due to parental moral obligation and intimidation, as well as fear of their reaction to pregnancy. African parents appear to put their trust in their children's school tutors to explain celibacy and contraception at school, according to Atakro et al. (2019), and Baku et al. (2018). Moreover, the churches in Ghana is regarded as a

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sacred space, sexual problems are rarely discussed there. As a result, they only hear from their friends or partners, as well as the media, leading to premarital sex with little or no awareness of the risks and consequences, as well as unsafe abortions procedures to avoid (Atakro et al., 2019).

Socio-economic Conditions

According to the findings of the study, socio-economic factors such as financial hardships, unemployment, and insufficient economic support may lead pregnant women to engage in unsafe abortion methods. The cost of safe abortion services was also a significant factor. The participants appeared to want to go to the hospitals to have the procedure done by a professional, but they could not even afford to pay for the cost. Some also blamed their behavior patterns on their partners' disinterest and financial difficulties. If the primary reason for abortion was financial constraints resulting from life's difficulties, then women were more likely to terminate their pregnancy through dangerous or unconventional treatments (Biney & Atiglo, 2017). The majority of them argued as follows:

> *Truth be told, I know it is unsafe oo but, it is very expensive at the hospital, and at the time my boyfriend did not have money, he had just lost his job. Meanwhile, I know one or two ways to get rid of it fast yet very cheap.* (Akosua, 22 years, Abura)

> *I chose what I could afford since abortion at the hospital is very expensive, ernn, they would have charged about 700-800 cedis for two to three months old pregnancy.* (Abenaa, 19

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years, Amisano)

I wanted to do everything quietly without raising any alarm but when I went to the hospital it was very expensive, even one month was 600 cedis on the chart so you can imagine me being three to four-month and I could not afford it. I know of a friend who paid 800 Ghana Cedis for abortion of 2months old pregnancy at the hospital. (Kukuaa, 15 years, Efuttu).

The preceding narratives suggest that the high cost of abortions in hospitals was a disincentive to seeking abortion services from licensed health facilities. For a number of reasons, women select unsafe abortion method. Having a safe abortion through a health facility was more expensive than obtaining an abortion through alternate means. Abortions were also thought to be solely available in hospitals for women in life-threatening situations, according to the findings. Close proximity and geographical accessibility to treatment centers were also highlighted as a barriers to safe abortion services. As a result, women who were faced with unplanned pregnancies only saw unsafe abortion methods as a way out, regardless of how damaging or prohibited the treatment was.

Furthermore, the women who were most vulnerable to unsafe abortions were younger, poorer, and had no support from their spouses. Poor women were compelled to rely on unsafe abortion providers, resulting in deaths and morbidities (Donkoh, 2013).

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Lack of Accurate Information

Ignorance about safe abortion options is another problem. Participants had no knowledge of abortion kinds, and the majority were also ignorant of safe abortion options. Because the end goal is to terminate a pregnancy, the participants believed that all abortions were the same. Some individuals who purchased medications from drug stores stated that, drug stores and the hospitals were the same, but hospitals are in for large profit. As a participant put it:

> *Oh, my friends say abortion processes at the hospital are scary, that they will open your vagina and insert scalpels to bring out the baby. This makes me very scared and I do not see it as being safe as they say it is. I am too young to have my womb damaged, what if a mistake happens and they have to take out my womb. Meanwhile, you can just buy drugs and swallow it, and this is safer.* (Abuburokosua, 21 years, Mempeasem)

Peers and family members were also mentioned as informal abortion information sources in the narrative above, however, participants were unaware that some of the information gained from these sources could be inaccurate or harmful. Women in the study area were unsure about the legal implication of abortion, and the perceived illegality of abortion was a major factor in some women's failure to seek abortion services at health facilities. This is in accordance with the findings of Atakro et al. (2019), who suggested that, women who had unexpected pregnancies used unsafe abortion procedures due to lack of information regarding safe abortion alternatives. This is due to the fact that many

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Ghanaians, including patients, nurses, religious leaders and medical personnel, are unaware of the country's safe abortion legislation and services.

Furthermore, lack of understanding about the legality of abortion services may spread to the general public, especially among women who are supposed to be aware of and use such services. Most women in Ghana still believe that safe abortion is prohibited, and this makes them to use unsafe abortion procedures (Oppong-Darko, Amponsa-Achiano & Darj, 2017). As a result, if a woman wants to abort an unwanted pregnancy, she will utilize whatever means she has at her disposal, regardless of whether they are safe or legal. As a result, a lack of knowledge regarding abortion legislation and legality contributes to risky abortion procedures (Aniteye et al., 2013; Atokro et al., 2019). That is, there is a lack of understanding and policy implementation of safe abortion policy across all Ghanaian health institutions.

Rape or Defilement

Some young women engaged in unsafe abortions because they were raped or defiled. A participant lamented:

> *My uncle's wife sent me to collect her money from one customer, when I got there I was dizzy and not of myself, the man took me to the room, took off my clothes and raped me. I felt helpless. When he was done he gave me 50 cedis to give to my uncle's wife. I was just 14 years. I told my uncle when he came back, he immediately gave me "abibiduro" to drink and hot water to wash my vagina to prevent infection.*

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Hmmm, I did not have my period when it was supposed to come. We later went to the hospital to do a test and I was 3 weeks pregnant. He then took me to a doctor at Duakor to remove it. (Fosuaa #2, 14 years, Anto Essuekyir)

According to the narrative above, some women experience the pain and trauma of being raped. As a result, there seems to be a high chance that unintended pregnancies will result in abortion, hence unsafe if proper measures are not taken.

Finally, the data in this part demonstrated that there are a variety of motivations for performing unsafe abortions. Participants in this study cited socio-economic conditions, cultural and religious views, the shame of unexpected pregnancy, a wish to bear children only after marriage, avoiding parental disappointment and resentment, and a desire to continue education as some of the reasons for performing unsafe abortions.

Methods of Unsafe Abortion

There have been several unsafe abortion processes found throughout the years, with new ones being discovered every day. The procedures used vary from one country to the other. Similarly, the participants mentioned they used a variety of methods to get rid of their pregnancies. The study compiled a list of seven prevalent ways based on the replies; some of the participants used only one method, while the majority utilized a combination of two or more to end their pregnancies. These mixtures include two or more of the following ingredients: Malt, sugar, 'washing powder, Guinness, liquor, 'Agbeve', sugar, powdered broken bottles or

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glasses and herbs, among many others The following statements confirmed the above. This section is separated into roughly seven segments, each of which employs a different approach. Herbal, alcohol, café, malt and sugar, medicines or pills, needles or scissors, and stem were all materials utilized in unsafe abortions.

Herbal Method to Terminate a Pregnancy

This section discusses herbal approach of unsafe abortion. Some participants stated that they mixed concoctions while others used already made herbal tonics to terminate their pregnancy such as 'Prostacure' or 'Agbeve Tonic' and the rest to terminate their pregnancies. They maintained that, some have it aborted successfully while others have incomplete abortions. Such narratives were found in this study. These findings are in agreement with Rasch, Sørensen, Tibazarwa, and Jäger's (2014) claim that patients who had an unsafe abortion had access to traditional providers, and that plant species were also employed as abortion therapies in these cases. Some participants gave the following responses:

> *I boiled the roots of menyinemyine (yellow oleander) and drank it, then I called a friend of mine and told her what I was going through, in the evening she brought me some pills and more herbs which I took. It did not even cross my mind to ask for the name, all that I could think of, was getting it out. So, at 11 pm I felt some sharp cramp and I knew it was coming, so I checked to confirm and there was blood.* (Efuah, 26 years, Aggrey)

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I boiled a lot of Prekese (Aidan fruit) and squeezed the juice out and boiled again until it became very thick, then I added canfer (mothballs), and about half thin of milo. I did the same thing for 3 days, and I started to bleed. (Aya, 16 years, Amamoma)

Several studies, such as those conducted by Rasch and Kipingili (2009) and Srensen et al. (2014), indicated that women use herbal medicines to end unwanted pregnancies, as seen in the aforementioned responses. Furthermore, this supports Srensen, Wang, Tibazarwa, and Jäger's (2014) assertion that patients who had an unsafe abortion had access to traditional practitioners and that plant species were used as abortion remedies in these circumstances. This study also showed that some women employ a hybrid technique, which means they use herbs in combination with other substances such as soda and mothballs, among other things.

Use of alcohol to end an unplanned pregnancy

Several women used alcohol with additional substances such as coffee and washing powder to end their pregnancies. The women believed that, they needed to get up very early in order for the alcohol to function. Some folks had to drink lots of alcohol for days before seeing any blood, while others immediately started bleeding. Some participants believed that, the procedure would be faster if the alcohol is stronger and the pregnancy is young or within the early stages. The following are the responses of women who drank alcohol to end their pregnancies:

For me, I drank alcohol, caffeine, omo solution and until it

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worked. I took Akpeteshie early morning and thick coffee then later I took omo solution in the evening that was just for the first day. I took the coffee and apketeshie for four days then I started to bleed. Oh, it was barely two months then. (Akosua, 22 years, Abura)

Oh, I drank a big bottle of Kasapreko bitters at dawn. I got drunk and slept when I woke up it was just droplets of blood then later a friend went to get me some drug and I took it at 6 pm. (Ama, 23 years, Akotokyire)

Hmm, my boyfriend mixed dry gin and a lot of lime for me to drink, he said since it is not old this would work. The next day he gave me guinness around 5 am and at 10 am, he mixed coffee and about 2 cups of sugar until it looked like honey and gave it to me to drink. Then later in the afternoon he gave me another big cup of dry gin and lime. I started bleeding the third day evening. (Fosuaa #2, 20 years, Anto Essuekyir)

The narratives above show that alcohol is frequently used to end unplanned pregnancies. If not taken in moderation, this could lead to a variety of complications for the mother. This supports Windham et al.'s (1992) claims that taking one or more alcoholic drinks per day during pregnancy is linked to an increased chance of spontaneous abortion.

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Use of Unauthorized Medications

Some participants alluded to unsupervised used of various drugs purchased from drug stores without knowing the effects of the drugs on them. These are some responses to the particular method. The participants mentioned that, they use all kinds of pills such as 'Cytotec 'medabon' without proper supervision while some had no idea of what drugs they were administering to themselves so far as it was getting rid of their unwanted pregnancy. These are some responses:

> *I took pills, I take them all the time, whenever I feel I am pregnant or when my period delays. I take "Cytotec", I took about 12, and still it did not come, oh I first took four pills before sleeping and when I did not see any blood, and the next morning, I swallowed five pills and inserted three in my vagina and added 'abibiduro'. Few droplets of blood came and in the afternoon I was bleed like an open tap.* (Efuah, 26 years, Aggrey)

> *I went with a friend to buy 'medabon' at the pharmacy, I swallowed two pills and also inserted two. It was just 80 Ghana Cedis. Ermm, I had severe cramps for the first 30 minutes which was very painful,l but I admitted that, that was the price I had to pay since I did not want to disappoint my parents. So about 2 hours I saw clotted blood coming out, but not everything came out.* (Abuburokosua, 21 years, Mempeasem)

Responses given above show that young women use different

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unsupervised pills to terminate their pregnancies, and this makes it unsafe. This resonates with Grossman, Lince, and Harries’ (2014) study which revealed that, the methods of unsafe abortion included taking pills purchased from unlicensed sources and the use of additional herbal remedies.

Use of Soda and Sweets

Sugary foodstuffs (malt and sugar) aided in the termination of certain participants' pregnancies. They knew others who had used this approach and found it to be effective in getting rid of their pregnancy. A respondent the fllowing:

> *First off, my friend made me take a bottle of malt mixed with 2 cups of sugar because we thought it could work. Yeah, she took the same thing to abort hers which she also learnt from a friend and it worked for her. I bled for three days.* (Kukuaa, 15 years, Efuttu)

From the data gathered, one of the harsher methods of unsafe abortion is the intake of melted sugar and sweetened soda. The participants stated that, their desire to end their undesired pregnancy exceeded their need for safety, and as a result, they did whatever was required to end.

Quack Doctors Method of Terminating a Pregnancies

Some individuals mentioned that, people who call themselves doctors but lacked the essential qualifications and facilities perform abortions in secret places. Some women had little choice but to follow the instructions of their guardians or parents at the time. However the procedure used to end their pregnancies was not

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chosen by them. The study revealed that, these doctors utilized harsh procedures and hazardous equipment on them. A participant said:

> *My uncle took me to a doctor at Duakor. He asked me to lay on the bed and open my legs. He inserted long metallic needles and scissors into my vagina and he used something like a spoon to scoop blood out. It was very painful and scary. Oh, it was in one of the rooms in his house.* (Fosuaa #1, 14 years, Anto Essuekyir)

The study also showed that in terminating a pregnancy without the required expertise made some providers use cruel objects such as sticks to perform the procedure. Some women mentioned that they got rid of their undesired pregnancies by inserting foreign objects into their uterus. Sticks such as 'jatrofa' tree stems are examples of such materials. The following statement from a participant references some of these materials:

> *My uncle took me to a man in our area. He asked me to sleep on a bed and open my legs wide. He then dipped the 'jatrofa' stem into the pot of herbs and inserted it into my vagina several times. This is difficult, you have reminded me of some awful experience of mine. It was very uncomfortable, and he did that for over 30 minutes, and felt as if he is mashing up the foetus in my womb.* (Frema, 17 years, Mempeasem)

From their responses, it was evident that women were frequently forced to abort unexpected pregnancies, and this led them to engage in unsafe abortion. Through assistance from partners, parents/guardians, and friends, the study

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revealed that, these women had unsafe abortions outside the hospital. Medical physicians who conduct the operation outside the appropriate facilities were noted by participants. Some providers utilize crude techniques to terminate the pregnancy, such as inserting objects into the participants' uterus. This is consistent with Rasch's (2011) claim that, the insertion of a cassava stick into the cervix of a woman is another common procedure used by traditional healers to induce abortion.

Unsafe methods include the use of concoctions, such as herbal medicines. The insertion of foreign objects into the uterus, can cause injury to the abdomen or uterus. These methods of terminating pregnancies have been around since the 1980s, however, their popularity is waning, with misoprostol easily purchased drug over the counter (Donkoh, 2013). Also, women often consume herbal medications such as 'mighty Coffee,' 'Agbeve Tonic,' and 'Taabea Herbal Mixture'.

Unsafe Abortion-related Challenges

This section is categorized into three sub-sections. The first part examines the financial difficulties that come with performing an unsafe abortion. The second section examines the health complications that result from an unsafe abortion procedure, while the third section examines the social challenges that result from an unsafe abortion procedure. Women are the ones who die or get injured as a result of unsafe abortion complications, with Africa accounting for 43% of the 68,000 women who die each year (Skop, 2019). Women in public health facilities with issues related to unsafe abortion revealed the astounding cost of unsafe abortion in recent research, which Starrs et al. (2018) describes as a public health

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crisis, a social injustice, and a violation of women's human rights and dignity.

Financial Challenges of Unsafe Abortion

According to the research, there are various challenges that develop before the abortion procedure begins. When asked about the challenges they had before undergoing the unsafe abortion procedure, the majority of the participants responded that, the safe abortion process was too expensive for them to afford. One participant explained:

> *I encountered many struggles. I could not pay for an abortion at the hospital because the charges were costly, and finding an alternative place and means for the abortion that would guarantee my safety became another headache.* (Efuah, 22, Abura)

> *Let me tell you this, I thought it was going to be cheap but I have wasted more money than what I would have paid if I'd done it at the hospital, the hospital bills and drugs cost more than 1000 cedis.* (Abenaa, 19 years, Amisano)

Some of the participants believed that, they could suffer some mental condition. The Health Specialist also opined that cost is a challenge even though as a country, the Ministry of Health and Ghana Health Service per their protocols and policies, permit comprehensive abortion, there is no uniform cost. He mentioned that, if ten different facilities are visited, you would find ten different charges. Therefore, there is no uniformity in abortion charges, and this makes many people

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not go to the required hospital facility.

Furthermore, some of the participants discussed how the financial implications of unsafe abortion had affected them. The participants opined that, they thought they were taking the easest way out by aborting an undesirable pregnancy without recognizing that the consequence can often be more expensive than if they had selected a safer approach.

Health Challenges of Unsafe Abortion

Among the challenges associated with post unsafe abortion is that of health, the participants mentioned infections, death and infertility, among many others. Here are some of the responses. One participant said that:

> *I went to the hospital at Moree to check if I was in any danger. I was told I was okay and that there was nothing wrong with me. I came home but the following week, I started feeling feverish. I went to the hospital again only to be told that, there was something dead inside me, meanwhile, they did a test the other time and told me I was okay. Eii! hmm, I was afraid that I would die, I have suffered oo, I remember the time the midwife started shouting at me angrily. The doctor put something like a tube in my vagina and brought out heavy clots of blood.* (Akosua, 22 years, Ankaful)

> *There was this smelly water dripping out of my vagina for more than a month. Hmm, it was embarrassing because it*

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would wet my dress and people could smell it but I would make excuses such as maybe someone farted and they would forget about it or use the smelly gutters of the school pantry, since it was at the back of our class. I thought God was trying to punish me by shaming me this way. I was relieved when it stopped after a month. Later, even when it stopped my vaginal discharge was very smelly and I had to take some drugs to cure the infection. (Frema, 17 years, Mempeasem)

Hmm, I thought the hard part was over and I am finally free, but the next 3weeks ahead were unbearable. I felt severe cramps in my vagina and abdomen, also feeling dizzy all the time. Hmm, I would just walk from my room to the washroom and I will just pass out. (Abiba, 18 years, Ankaful)

Furthermore, it was discovered through observation and field data that many researchers had overlooked a large portion of their experiences during unsafe abortion procedures. As a result, the participants were questioned on some of the challenges they had during the abortion procedure. Almost everyone who took part in the study said that, it was a near-death experience. They were terribly uncomfortable and also felt inconvenient, according to the majority of participants. Another worrying finding was the possibility that the individual performing the surgery would take advantage of their vulnerabilities. As one participant put it,

It was very scary! I suddenly grew lean overnight. I was

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> *bleeding at the same time and in so much pain, I could not stand on my feet and had to crawl on the floor. I wanted to keep it to myself and endure but it got out of hand. I could not endure, anymore then I started screaming for help, my mom and cousin rushed me to the hospital. When we arrived my dress was soaked with blood. I was taken to the emergency care unit and the doctor gave me shots of injection and later a drip which eased the pains but did not stop the bleeding. I heard him tell my mom that, I neede a D&C (dilation and curettage) to take out the rest of the baby. I bled for 3 to 4 days after but it was not a heavy flow. It was a light flow as ending my menstrual period. Errm, I was almost three and half months at the time.* (Abenaa, 19 years, Amisano)

The Health Specialist had this to say on the likely challenge a person is likely to face during the abortion process:

> *There have been instances where the providers act unprofessional and some take advantage of the clients. For instance, medications that is inserted in their vagina, and we know of instances where these herbalist and drugstore attendants tell these vulnerable clients that they would need to have sex with them so that they can push it further. Oh yeah, whatever that is supposed to mean they are the only ones that can explain. Hmm, some die during the procedure, I remember a girl was rushed in here, but she was already*

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dead and per all indications and interrogation we realized that she tried to abort a pregnancy of 6 months with some concoction. (Health specialist, 33 years, PPAG)

In addition, he stated:

There is an element of truth to it. Abortion is in two forms: the safe and unsafe. Since the person did it herself or used any kind of instrument or visited a false doctor, or someone who is not professional. So, the possibility for her uterus or the cervix or any of the reproductive organs being damage is very high. Some people insert sticks into the vagina or the uterus. Others also use grinder bottles or herbs and these are unsafe methods. (Health specialist, 33 years, PPAG)

Safe abortion is done by a trained and certified service provider to prevent all these unsafe abortion complications. He further elaborated that some of the drug stores that offer drugs for abortion also create problems in the system because some people will miss their periods not because they are pregnant yet the drug store attendants sell abortion drugs to them. Other related abortion problems he stated were how to locate a place to go and start the process, and also the stigma associated or attached to abortion.

Finally, in terms of health complications, the narratives above support Levandowski et al.'s (2012) claim that, a considerable number of these young women suffer difficulties, necessitating both their physical and health complications. Due to their vulnerable situation, these young women and their families typically hesitate to report unsafe abortions. Further, all the statements

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above are in line with Atuhaire (2019) and Bhutta, Aziz, and Korejo's (2003) assertion that unsafe abortion can lead to many complications such as sepsis, severe anemia, disability, incomplete evacuation, hemorrhage and in extreme circumstances, death.

Social Challenges of Unsafe Abortion

Because pregnancy by an unmarried young lady is frowned upon in the Ghanaian society, young women who become victims face a lifetime of neglect and disgrace. Cultural negligence and condemnation, therefore, were some of the challenges of unsafe abortion. This is what some participants had to share:

> *I do not know if my friend that gave me the drug told our other friends about it because now, they are behaving like I am a bad person and their mothers also react differently towards me now as if their children are holy but they are worse than I am.* (Akosua, 22 years, Abura)

> *When my mom found out, she got so angry and disappointed with me. So my uncle had to explain to her what was going on. She had no option, but to pray for me not to die. After the foetus had come out, she told me that she could not live with me anymore and that I should not mention her name as my mom again. It is just recently that she started talking to me again.* (Frema, 17 years, Mempeasem)

The preceding statements emphasize the stigma or disgrace that is linked to

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people who indulge in unsafe abortion. In other circumstances, these people are viewed as bad or deviants, and they are treated in a harsh manner by not just friends, but also family members. This generates insecurity for them because they do not feel like they belong in their respective societies. This supports Donkor's (2013) argument that fear of societal stigma, shame and rejection were part of young women's pre- abortion and post-abortion experiences. This also aligns with the subjective norm, which is the second component of Ajzen's (1991) Theory of Planned Behavior, and focuses on the behavior and opinions of others in the person's present environment about abortion.

Suggestions to Solving Unsafe Abortion and Related Problems

This section sought to get the views of participants on how to solve the problem of unsafe abortion. When the participants were asked to suggest some measures to curtail unsafe abortion, all the participants urged that the leaders in the various communities should advise the youth on unsafe abortion, especially the dangerous consequences that come with the procedure. Doctors and nurses should periodically create awareness of this phenomenon; thus, they should be more accommodating to these young girls that visit their facilities with teenage pregnancies.

Moreover, they also advocate for education which is in two folds, first for the parents to send their wards to school as well as constantly check on their progress, and second give them education on the dangers associated with clandestine abortion and the use of family planning methods. Parents should be open to their daughters on topics concerning their reproductive health such as sex,

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and the right time to engage in it, that is, when they are capable of having a fulfilling and safe sex life, as well as the ability to reproduce and the choice to choose if, when, and how have sex. These were some of the responses:

> *I would say if you get pregnant, you should give birth to the baby and later give it up for adoption, or better still use protection, such as condoms or abstain from sex. I also believe we should educate the youth, especially the girls aged between 13 and 24 since they are now growing into womanhood. If we begin there, we will consider and assess our alternatives before having sex. Finally, I believe that the elders and community leaders should provide an 00100avenue to teach the young people certain skills that would enable them to support themselves. This will divert their attention from having extramarital sex and place it on earning a living. Since most of us are idle, we indulge in these acts.*(Efuah, 26 years, Aggrey)

> *For me, I think the government should intervene and reduce the cost of safe abortion atthe hospitals or better still make it free for all girls under twenty-eight years to prevent all these deaths of my fellow young women who die from the use of concoctions* (Amina, 17 years, Mempeasem)

On the side of the Health Specialist, when he was asked in his view if abortion was good or bad? He explained that, if people were not using unsafe means of aborting pregnancies and were having complications after chewing

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bottles, inserting dangerous items in their vagina, unsupervised medications and concoctions among many others. The providers would not be legally providing the service because whether we provide it or not, the girls are still having sex and they are getting pregnant. This is what he had to say:

> *We have been providing comprehensive abortion service for a long time and received medical awards in Ghana, so if it is not good we would have been out of business and not sure we would have been public. Therefore, this facility here services the need of the people. If people were not loving sex or getting pregnant in an unplanned way, thus, when they are not ready for it we would not be providing the service.* (Health Specialist, 33 years, PPAG)

On the health specialist's suggestion to help solve the issue of unsafe abortion this is what he had to say:

> *If you go to the drug store to buy drugs for an abortion, your BP would not be checked to know how safe the abortion may be. But here, the maturity of the pregnancy will be checked in the hospital. So there are medications if you take, you would have an incomplete abortion where part of the fetus will come out, and part will remain when you administer drugs on your own. To avoid these problems, the ideal place for you to go for abortion is the health center or talk to a health service provider.* (Health specialist, 23 years, PPAG)

He added that, at the hospital, you are given options to give birth and if you

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can't take care of the baby, the baby will be given for adoption. And then as part of the service, you are given counseling on family planning methods which will help you not to repeat the mistake. There is a need for the youth to protect themselves with contraceptives such as pills if they decide to continue to have sex.

Summary

Finally, it may be concluded that participant responses show a high prevalence of abortion in Cape Coast Metropolis. It was also discovered that both married and single people, rich and poor, perform unsafe abortions depending on their circumstances. Participants' friends, and in some cases, guardians were the first to contact them about the decision to abort, and they said they would go to the drug stores, herbalist, and fake doctors first.

Education, family issues, peer pressure, financial problems, religion, age, and marriage are all factors that led these young women to perform unorthodox abortions, according to the study. Stigmatization, parental pressure, some women's lifestyles, were all factors that led to unsafe abortions. In terms of the issues associated with unsafe abortion, the study discovered that unsafe abortion causes financial, health, and societal problems.

Finally, the study recommended that more awareness be raised about the negative consequences of unsafe abortion, as well as education on safe abortion methods, parental involvement in their children's life, and sex education. When abstinence from sex becomes difficult, it is necessary to educate young people, particularly young women, about family planning methods, which would also help to reduce the influx of unsafe abortion. In addition, the government should lower

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the cost of safe abortion and make it mandatory in all licensed institutions so that everyone can afford it. Advice from the elderly, pastors, and other community leaders to the youth will go a long way toward reducing the abortion problem.

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CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

This chapter presents the summary of the research process, summary of major findings that emerged from the study. It also makes conclusion and makes recommendations to stakeholders and policymakers on how best they can help improve the reproductive health system of young women in the Cape Coast Metropolis.

Summary of the Research Process

The study examined unsafe abortion: experience of selected young women in the Cape Coast Metropolis. It addressed four specific objectives which were to, assess the knowledge and attitudes towards abortion, explore the reasons behind unsafe abortion, discuss methods of unsafe abortion among the aborters, and explore the consequences of unsafe abortion on the lives of aborters. The study employed qualitative research methods and data were collected from 21 participants which included twenty women who have engaged in clandestine abortion procedures and one health specialist.

Major Findings of the Study

The study showed that women between the ages 13 to 28 were mostly involved in unsafe abortion. Unsafe abortion was also common among married and unmarried, rich or poor depending on the circumstances upon which they find themselves. In many instances, guardians, friends and partners of aborters

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influenced their decision to engage in unsafe abortion. The study also showed aborters consulted pharmacists at the drug stores, herbalists, and quack doctors as the first place of contact.

Young women indicated that education, family issues, peer pressure, financial problems, religion, age, and marriage were the major reasons why they went for unorthodox abortion method. In addition, aborters stressed that they opted for unsafe abortion due to stigmatization from their families and communities, pressure from parents and to maintain their lifestyles.

With respect to the challenges related to unsafe abortion, their responses were categorized into three phases: Pre-abortion, abortion and post-abortion phases. In the pre-abortion phase, aborters incurred financial losses, had difficulties siting the place of abortion, suffered psychological traumas, the fear of infertility and in worst scenarios the possibility of death. During the abortion process, aborters suffered from continuous bleeding which can cause death. In the post abortion phase, some aborters endured vaginal infections, infertility while others had to remove their fetus at the hospitals.

Based on the challenges associated with unorthodox abortion in the Cape Coast Metropolis, the participants recommended the need to intensify awareness creation on the negative effects of unsafe abortion. Aborters reported that there should be education on safe abortion by health professionals at PPAG and interberton hospitals and parents should also monitor their children especially junior and senior high levels. Instances where abstinence from sex becomes difficult, there is the need to introduce the youth, particularly young women, to family planning methods, which could help curb the problem of illegal abortion.

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Also, participants also stated that the government should reduce the cost of safe abortion and make it unanimous in all authorized facilities so that everyone can afford it.

Conclusions

Based on the findings of the study, following conclusions were made:

1. The study concluded that aborters had little knowledge and understanding of abortion, safe and unsafe abortion. In many instances, guardians, friends and partners of aborters influenced their decision to engage in unsafe abortion.
2. The desire to further education and to avoid stigmatization stood out as major reasons why they opted for unsafe abortion methods.
3. Thirdly, the unsafe abortion process has repelling effects on victims.
4. Aborters experienced challenges which has been categorized under pre-abortion, during abortion and post-abortion.
5. Lastly, intensive public education for health workers and young women is required to help minimize the increased rate of unsafe abortion and in the long term curb the problem completely. The family which is the primary agent of socialization should inculcate the values of the society into the younger ones.

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Recommendations

Based on the findings and conclusions of the study the following recommendations were made:

1. First, Stakeholder institutions like PPAG, MoH, GoG as well as related NGO should widen the education on safe practices of abortion to the general populace.
2. Stakeholder institutions like PPAG, MoH, GoG as well as related NGO should widen the education on safe practices of abortion to the general populace.
3. Stakeholder institutions like PPAG, MoH, GoG as well as related NGO should widen the education on safe practices of abortion to the general populace.
4. Stakeholder institutions like PPAG, MoH, GoG as well as related NGO should widen the education on safe practices of abortion to the general populace.
5. To help solve the problem of illegal abortion in the Cape Coast municipality, a comprehensive and combined effort of community leaders, parents, religious leaders, PPAG officials, the staff of Cape Coast Teaching Hospital and the youth must join forces to fight the problem of unsafe abortions as it affects everyone in the community. Through engagements with young women which will center on the repercussions of unsafe abortion: this will be through broadcast messages from community information centers, periodic educational meetings at community centers.

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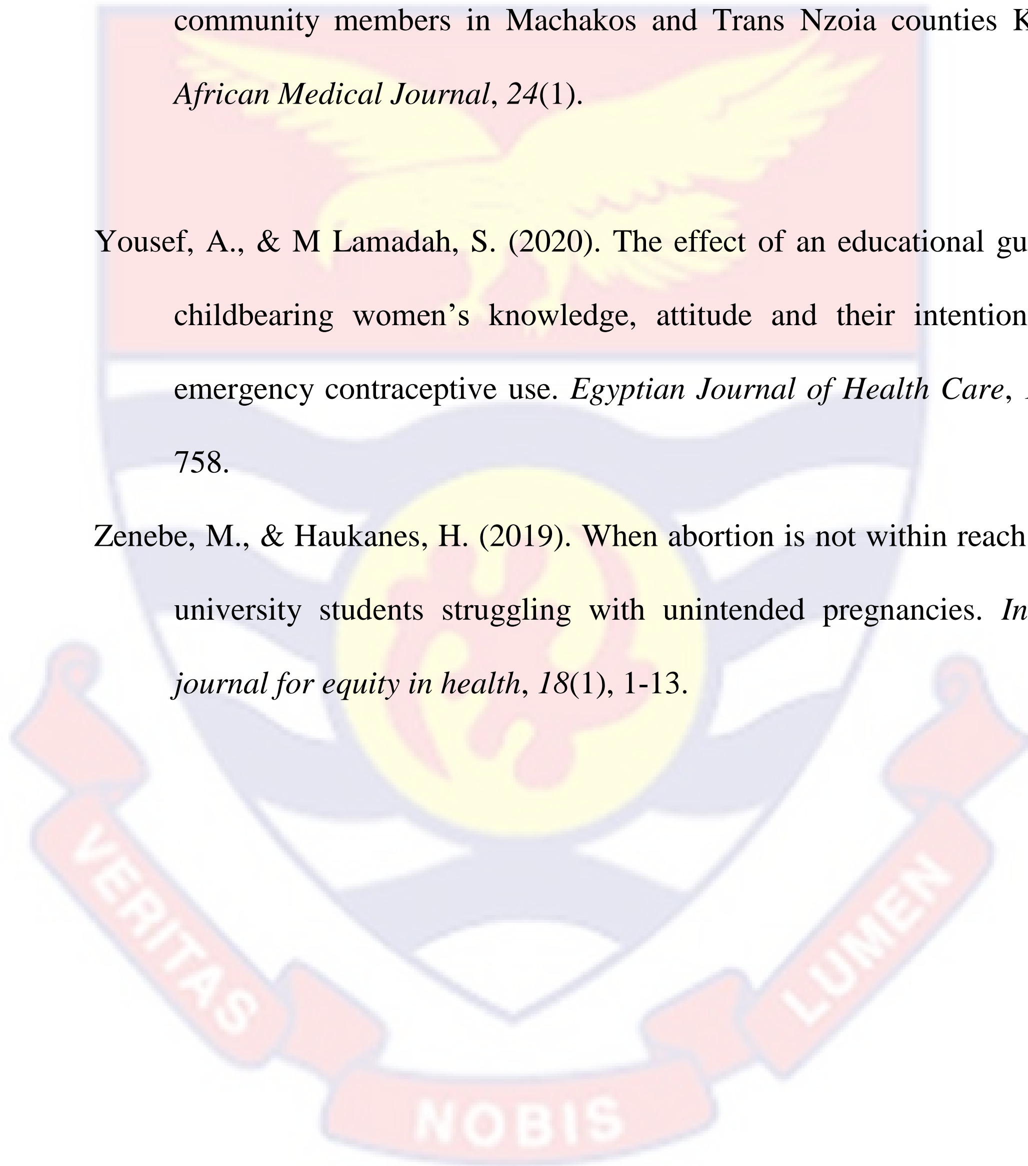

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Appendix 1

In-depth Interview Guide

University of Cape Coast

College of Humanities and Legal Studies

Department of sociology and anthropology

Research Topic: Unsafe Abortion: Experiences of Young Women in Cape Coast.

In-depth interview guide.

Introduction

This study is being conducted to examine the experiences of young women who have engaged in unsafe abortion at their reproductive age. Your contribution will help towards the success of this research work and your responses will be used only for academic purposes. Your participation is voluntary and information shared is confidential and anonymous. Therefore, to the best of your knowledge, kindly provide responses to the questions. If you have any question, do not hesitate to ask the researcher.

SECTION A: socio-demographic data

1. Age of participant , Educational status, Occupation, Religion, Marital status, Number of children …

SECTION B: Knowledge and perceptions on abortion.

1. Do you know what abortion is?

   Probe; explain what you know about abortion.

   a. Which group of people normally do abortion?

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b. Where do they abort their pregnancies?

c. How do they abort their pregnancies?

2. What do you think about abortion? (Probe)
3. What informs how you think about abortion?

([Probe: Religious beliefs, education, ideas from society etc.)

4. Do you know about the abortion law in Ghana?

SECTION C: Knowledge on unsafe abortion

5. What do you know about unsafe abortions?
6. Where are unsafe abortion services obtained from?
7. What factors affect access to unsafe abortion services?

(Information, money etc.)

8. What factors inform your knowledge about unsafe abortion?

(Religious beliefs, cultural factors, social factors etc.)

SECTION D: reasons behind unsafe abortion practices

9. Why did you choose unsafe abortions?
   a. Probe; cost, stigma, education, marriage…
10. Have you ever performed abortion before this current one? (if yes, Probe)
11. Why did you try aborting this pregnancy?
12. Did any financial difficulty influence your decision to terminate this pregnancy?

If yes, probe.

13. Describe your knowledge of safe abortion services in your community.
14. Describe reasons that prevented you from keeping your pregnancy.

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15. Describe any impact of your pregnancy for which you decided to have an unsafe abortion.
16. Describe any impact/influence of relationships with friends and family or society on your decision to have an unsafe abortion.
17. Describe any other social or economic issues that influenced yourdecision to have an unsafe abortion.

SECTION G: Methods of Unsafe Abortion.

18. How did you know about the method? (Probe: friends, media, etc…)
19. Where did you do it? (quack doctors)
20. Which unsafe abortion methods did you use in attempting to abort your pregnancy?

Probe. Herbs, needles etc…

SECTION H: Consequences of Unsafe abortion

21. Are there any health complications of unsafe abortions?
    a. Describe the complications you know.
22. How has unsafe abortion affected your social life?

(Relationship with family, friends etc.)

23. How did you feel after the procedure? Describe.
24. Do you have any other issues about abortion that you feel like sharing? Kindly describe

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Appendix 2

Informed consent form for participation in in-depth interview of Providers

Title: Unsafe Abortion: Experience of Selected Young Women, Cape Coast.

Principal Investigator: Name: Patience Pensang Adowaa

Address: Department of Sociology and Anthropology, University of Cape Coast, Ghana

Introduction

My name is Patience Pensang Adowaa and I am a master's student with the department of Sociology and Anthropology, University of Cape Coast Reading Masters of Philosophy in Sociology. I am conducting a research entitled Unsafe Abortion: Experience of Selected Young Women, Cape Coast. I am asking you to take part in this study because I am trying to learn more about your experiences with unsafe abortion and how it has affected you positively or negatively.

General Information about Research

The purpose of this study is to examine the experiences of selected young women who have engaged in unsafe abortion in Cape coast Metropolis. The study will gather socio-demographic information and some personal perspectives and experiences that these young women have gone through respectively as far as unsafe abortion is concerned. The study's findings will depend on interviews of young women have had complications from unsafe abortion and visited the

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selected Hospitals and people in some selected communities. This will be a one-on-one interview where the researcher will ask some questions from the participants pertaining to the objectives of the study.

Procedures

To find answers to the various questions asked based on the research objectives, you will be invited to participate in an interview which requires that you answer questions to the best of your knowledge, you kindly provide responses. Your contribution will help towards the success of this research project. If you do not wish to answer any of the questions posed during the interview, you may say so and the next question will be asked. The interview will take place in a conducive place at the Planned Parenthood Association center, Cape Coast Teaching Hospital, and any place of convenience of the participant with the presence of only the interviewer. Finally, to verify that covid-19 procedures are followed during the study's conduction. The participants would be provided with nose masks and hand sanitizers, as well as a one-meter distance between them and the research subject.

The interview will take about forty minutes to one hour (40-60 minutes). In order not to miss any relevant information in the course of the interview, audio tape recorder and notes will be used to record be taken respectively. Information provided will be between us and also be used strictly for academic purpose. Also, your identity will not be revealed. After the whole exercise, you will be invited to review the transcript to ensure that your view was correctly captured.

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Possible Risks and Discomforts

There are no envisioned possible risks but should there be any question that reminds you of any uncomfortable incidence with your experience, you may refuse to respond to it or choose to postpone or withdraw from the interview.

Possible Benefits

This study could help participants on the strategies on safe abortion and additional knowledge with regards to their reproductive health, especially young women. Also, the study will be useful for understanding and management of unsafe abortion in Ghana.

Confidentiality

No participant will be coerced to participate in the study and their privacy will also be ensured. Names will not be used in any part of the report so that responses are not traced to the participants. The recorded audios as well as the transcripts will be stored safely to prevent any third-party accessibility. These will be stored in 'my lock box' app on my personal computer while the field notebooks will also be kept in a safe/locker. Also, your name or identity will not be used in any part of the report that will be generated from this study.

Compensation

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There is no way we can compensate for your time spent to participate in this study, but to show gratitude, a gift of notepad will be given at the end of the interview. However, you have the option to forgo the gift.

Additional Cost

There will be no cost incurred on you as a result of your participation in this study except your time.

Voluntary Participation and Right to Leave the Research

Your participation in this study is completely voluntary, and you have every right to terminate your participation in this exercise at any point in time.

Contacts for Additional Information

In case you have any other question, suggestion, complaint and/or comment regarding this study, please contact the researcher, Adowaa Pensang Patience through mobile number 050-743-3406, or by e-mail through adowaapensangpatience1@gmail.com.

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of University of Cape Coast (UCCIRB). If you have any questions about your rights as a research participant you can contact the Administrator at the IRB Office between the hours of 8:00am and 4:30p.m. Through the phones lines 0558093143/0508878309/0244207814 or email address: irb@ucc.edu.gh.

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Appendix 3

UNIVERSITY OF CAPE COAST

INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0558093143 / 0508878309
E-MAIL: irb@ucc.edu.gh
OUR REF: UCC/IRB/A/2016/1182
YOUR REF:
OMB NO: 0990-0279
IORG #: IORG0009096

7TH DECEMBER 2021

Ms Patience Adowaa Pensang
Department of Sociology and Anthropology
University of Cape Coast

Dear Ms Pensang,

ETHICAL CLEARANCE – ID (UCCIRB/CHLS/2021/35)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted Provisional Approval for the implementation of your research titled ***Unsafe Abortion: Experience of Selected Young Women, Cape Coast.*** This approval is valid from 7th December, 2021 to 6th December, 2022. You may apply for a renewal subject to submission of all the required documents that will be prescribed by the UCCIRB.

Please note that any modification to the project must be submitted to the UCCIRB for review and approval before its implementation. You are required to submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

Samuel Aseidu Owusu, PhD
UCCIRB Administrator

ADMINISTRATOR
INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF CAPE COAST

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