

# ADVOCACY FOR SAFE ABORTION, INFORMATION DISSEMINATION, ANTI- ABORTION ACTIVITIES IN GHANA

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# DEFINITION OF ABORTION IN GHANA

- It is the 'premature expulsion or removal of conception from the uterus or womb before the period of gestation is completed'
- Section 58, Criminal Code 1960 (Act 29)

# DEFINITION OF ABORTION CONTINUED

- The Reproductive Health Policy of Ghana defines unsafe abortion as:
- ‘A procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimum medical standards or both’

# ABORTION IS LEGAL IN GHANA IN 3 CASES

1. *ABORTION IS LEGAL IN GHANA IN 3 CASES*
2. *RISK TO LIFE, INJURY TO PHYSICAL OR MENTAL HEALTH OF WOMAN*
3. *SUBSTANTIAL RISK THAT FOETUS SUFFERS, SERIOUS ABNORMALITY OR DISEASE*

# THE CONTEXT: PREVALENCE OF ABORTION IN GHANA

- There are no national statistics on the prevalence of abortion in Ghana, statistics can be obtained from hospital based and other research work on abortion.
- A Study on Contraception and Induced abortion in rural Ghana (Geelhoed et al 2002) found that 22.6% reported having induced abortion.

# PREVALENCE OF ABORTION IN GHANA CONTD

- In a Maternal Health Survey Project (Ahiadeke 2001) abortion ratios were 19 per 100 pregnancies ,27 abortions per 100 live births and induced abortions were 17 per 1000 women of reproductive age
- Abortions constituted 38.8% of admissions to the Gynae. ward of KATH in 1994 Hospital (Turpin et al 2002)

# PREVALENCE OF ABORTION CONTD.

- Hospital based studies at KBTH and KATH indicate that 22% and 30% respectively of maternal deaths are due to unsafe abortion (Wilson, Lassey 1998)

# IMPACT OF THE LAW IN ADDRESSING UNSAFE ABORTION

- Impact has been negligible, has not reduced numbers of induced or unsafe abortion or deterred women or health providers from performing abortions
- Ghanaian society still perceive abortion as illegal and procure it secretly
- Our liberalized law was neither publicized or debated in the public domain and this has resulted in low knowledge of the law



# RH POLICY ISSUES

- Absence of policy framework for implementing the law and ensuring that safe abortion services are available for legally permissible abortions (integrated in 2003 but has not been implemented)
- Unsafe abortion is major cause of maternal mortality but access to abortion services not listed as a key activity under Reproductive Maternal & Child Health section of the Second Health Sector Program of Work for 2002 to 2006.
- The Safe Motherhood Programme does not address prevention of unsafe abortion and provision of safe abortion as a means of reducing maternal mortality

# HOW ARE THESE INCONSISTENCIES BEING ADDRESSED?

- The Ghana Health Service adopted a Strategic Plan for abortion care services in August 2003.
- Goal is to reduce MM due to unsafe abortion
- Objectives are to:
  - Determine magnitude and determinants of abortion
  - Increase accessibility and quality of PAC services
  - Increase awareness of the law
  - Strengthen abortion care services as permitted by the law
  - Recommendations to influence policy on RH services

# CONSEQUENCES OF GAPS IN POLICIES

- Study of patients with complications of induced abortions found that 58% of abortions were performed outside legally designated health institutions (Lassey 1995)
- Over 95% of these cases were self referrals
- Patients with abortion complications represent a large proportion of gynae. admissions to hospitals (Turpin 2002, Taylor 2003)

# ABORTION ADVOCACY IN GHANA

- There is no coordinated , organised or systematically planned abortion advocacy in Ghana, there have been some activities that could be defined as advocacy activities, these include:
- Formation of the Reproductive Health Coalition out of the IPAS regional conference in March 2003 to draw an abortion advocacy strategy
- First ever workshop on strategic planning on advocacy on unsafe abortion in Ghana with WHP of Wits University, SA for parliamentarians, policy makers, activists, doctors
- Representation made at National Stakeholders Workshop to review Reproductive Health Policy, led to review of the policy to include legal abortion
- Ghana Medical Association/AWLA regional workshops for medical practitioners in Ghana to sensitise them on the law
- Some radio programmes on abortion in Ghana

# INFORMATION DISSEMINATION

- There is no systematic or organised programme to disseminate information on safe abortion in Ghana
- The new Strategic Plan for Abortion Care Services adopted by the Ghana Health Service focuses on increasing awareness of the law on abortion as one of its main five objectives.
- Publication of a handbook on the legal and policy framework for abortion in Ghana for healthcare providers is a single activity by AWLA
- Research conducted by medical practitioners

# INFORMATION DISSEMINATION OPPORTUNITIES

- National Population Policy 1994 calls for publicity campaigns on hazards of high fertility and high risk pregnancy
- Cannot call for education on hazards of high risk pregnancy without providing information to women on how to manage complications, women need to be told safe abortion is one of the available options.

# DISSEMINATION OPPORTUNITIES

- The guidelines for health education under the Safe Motherhood Programme do not include a provision on counselling and dissemination of information on legal abortion as an option to appropriate clients
- The ARH Policy provides no information on the link between gender based violence and provision of safe abortion services for adolescents (most vulnerable group), providing information about access to abortion should be included in the Policy

# DISSEMINATION OPPORTUNITIES

- The draft HIV/AIDS Policy does not address the provision of safe and legal abortion services to a pregnant woman with HIV/AIDS. They need to have information on abortion being a legal option for them if their pregnancy threatens their life or health



# LEGAL JUSTIFICATION FOR INFORMATION ON ABORTION

- Ghana has a legal obligation under article 21(1)(f) of the 1992 Constitution to provide information on healthcare, this duty is also consistent with its international obligations under the CRC and ICESCR

# BROADENING CONSTITUENCY

- The players have so far been doctors, lawyers, and journalists, (not more than 10) it is an informal group that has collaborated to organise some of the few advocacy initiatives
- There is a chance of broadening this group to include parliamentarians, policy makers media and more women activists
- No broad based planned out public discussion
- The challenge is the importance attached to abortion advocacy by the public or women groups, not generally a priority issue in Ghana presently.

# CASE STUDY THERESA AZIGLI

- 22 year old girl with three children, no fathers, fourth pregnancy, procured an abortion sentenced to ten years, imprisoned maximum sentence.
- Intervention by Prof Sai, print journalist, FIDA/African Youth Alliance Reproductive Rights Project; sentence quashed, discharged from prison
- Received extensive media coverage, issue was more of the injustice and harshness of the sentence

# DEALING WITH OPPOSITION

- No systematic or planned pro-choice lobby group dealing with anti-abortion activities
- No planned or systematic opposition group advocating against abortion in Ghana
- Individuals or organisations may make certain statements and these are picked up by the media, there is no rapid response pro-choice group to respond to some often misleading statements broadcast or published by the media

# CONCLUSION

COMPREHENSIVE HARMONISED LEGAL &  
POLICY FRAMEWORK

Plus

START ABORTION ADVOCACY

# RECOMMENDATIONS

- We need to strategise and form a pro-choice lobby group as a matter of urgency
- We need to be prepared when they start planned pro-life activity in Ghana!!!!