**Appendix 1: Characteristics of sources of evidence 2015--2020**

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| **Caption** | **Citation** | **Aim/objective** | **method** | **Key findings** |
| **Theme 1: Access to safe abortion care in Ghana** | | | | |
| 1. Implementing safe abortion in Ghana: "We must tell our story and tell it well". | Chavkin, W., Baffoe, P., & Awoonor-Williams, K. (2018). Implementing safe abortion in Ghana: "We must tell our story and tell it well". *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*, *143 Suppl 4*(Suppl Suppl 4), 25–30. https://doi.org/10.1002/ijgo.12674 |  |  | In the first years of the new century, the Ministry of Health/Ghana Health Service determined to reduce abortion-associated morbidity and mortality by increasing access to safe care. This was accomplished by interpreting Ghana's restrictive law so that more women qualified for legal services; by framing this effort in public health terms; by bundling abortion together with contraception and post abortion care in a comprehensive package of services; and by training new cadres of health workers to provide manual vacuum aspiration and medical abortion. The Ministry of Health/Ghana Health Service convened medical and midwifery societies, nongovernmental organizations, and bilateral agencies to implement this plan, while retaining the leadership role. However, because of provider shortages, aggravated by conscientious objection, and because many still do not understand when abortion can be legally provided, some women still resort to unsafe care. Nonetheless, Ghana provides an example of the critical role of political will in redressing harms from unsafe abortion. |
| 1. Globalisation and Transitions in Abortion Care in Ghana | Aniteye, P., & Mayhew, S. H. (2019). Globalisation and transitions in abortion care in Ghana. *BMC health services research*, *19*(1), 185. https://doi.org/10.1186/s12913-019-4010-8 |  | Drawing on 58 in-depth key informant interviews and policy document analysis we describe the development of de jure law and policies on comprehensive abortion care in Ghana, de facto interpretation and implementation of those policies, and assess what role globalization played in the transition in abortion care in Ghana. |  |
| Disparities in Abortion Experience and Access to Safe Abortion Services in Ghana: Evidence from a Retrospective Survey | Ganle, J. K., Obeng, B., Yeboah, J. Y., Tagoe-Darko, E., & Mensah, C. M. (2016). Disparities in Abortion Experience and Access to Safe Abortion Services in Ghana: Evidence from a Retrospective Survey. *African journal of reproductive health*, *20*(2), 43–52. https://doi.org/10.29063/ajrh2016/v20i2.5 |  | Based on a retrospective survey of 1,370 women aged 15-49 years in two districts in Ghana, this paper examines disparities in women's experiences of abortion and access to safe abortion care. Disparities in rates of abortion experience and access to safe abortion care were assessed using absolute (the difference in rates between groups), relative (the ratio of rates between selected and reference groups), and mean measures. | Results suggest that 24% of women had at least one abortion in the five years preceding the survey. However, large gradients of socio-spatial disparities in abortion experience exist. The majority of abortions were also potentially unsafe: 53% of abortions occurred outside of any healthcare facility. Women themselves and medical doctors, respectively, performed 57% and 4% of all abortions. The majority of women also felt they could not get safe abortion even if they wanted one. Together, these results highlight the need for concerted multi-sectorial strategies, including legislative reform and provision of family planning services, to help transition from unsafe to safe abortions. |
| Predictors of Unsafe Induced Abortion among Women in Ghana | Boah, M., Bordotsiah, S., & Kuurdong, S. (2019). Predictors of Unsafe Induced Abortion among Women in Ghana. *Journal of pregnancy*, *2019*, 9253650. https://doi.org/10.1155/2019/9253650 | This study aimed to explore the predictors of unsafe induced abortion among women in Ghana. | The study used data from the 2017 Ghana Maternal Health Survey. The association between women's sociodemographic, obstetric characteristics, and unsafe induced abortion was explored using logistic regression. The analysis involved a weighted sample of 1880 women aged 15-49 years who induced abortion in the period 2012-2017. Analysis was carried out using STATA/IC version 15.0. Statistical significance was set at p <0.05. | Of the 1880 women, 64.1% (CI: 60.97-67.05) had an unsafe induced abortion. At the univariate level, older women (35-49 years) (odds ratio=0.50, 95% CI: 0.28-0.89) and married women (odds ratio=0.61, 95% CI:0.44-0.85) were less likely to have an unsafe induced abortion while women who did not pay for abortion service (odds ratio=4.44, 95% CI: 2.24-8.80), who had no correct knowledge of the fertile period (odds ratio =1.47, 95% CI: 1.10-1.95), who did not know the legal status of abortion in Ghana (odds ratio =2.50, 95% CI: 1.68-3.72) and who had no media exposure (odds ratio =1.34, 95% CI: 1.04-1.73) had increased odds for an unsafe induced abortion. At the multivariable level, woman's age, payment for abortion services, and knowledge of the legal status of abortion in Ghana were predictors of unsafe induced abortion. |
| Self-managed abortion: A systematic scoping review | Moseson, H., Herold, S., Filippa, S., Barr-Walker, J., Baum, S. E., & Gerdts, C. (2020). Self-managed abortion: a systematic scoping review. *Best Practice & Research Clinical Obstetrics & Gynaecology*, *63*, 87-110. |  | To provide a comprehensive synthesis of the available literature on self-managed abortion, we conducted a systematic search for peer-reviewed research in April 2019 in PubMed, Embase, Web of Science, Popline, PsycINFO, Google Scholar, Scielo, and Redalyc. We included studies that had a research question focused on self-managed abortion; and were published in English or Spanish. The combined search returned 7167 studies; after screening, 99 studies were included in the analysis. Included studies reported on methods, procurement, characteristics of those who self-managed, effectiveness, safety, reasons for self-managed abortion, and emotional and physical experiences. | Numerous abortion methods were reported, most frequently abortion with pills and herbs. Studies reporting on self-managed medication abortion reported high-levels of effectiveness. We identify gaps in the research, and make recommendations to address those gaps. |
| To Keep or Not to Keep? Decision Making in Adolescent Pregnancies in Jamestown, Ghana | Engelbert Bain, L., Zweekhorst, M., Amoakoh-Coleman, M., Muftugil-Yalcin, S., Omolade, A. I., Becquet, R., & de Cock Buning, T. (2019). To keep or not to keep? Decision making in adolescent pregnancies in Jamestown, Ghana. *PloS one*, *14*(9), e0221789. https://doi.org/10.1371/journal.pone.0221789 | We sought to understand the decision (to keep or terminate) factors and experiences surrounding adolescent pregnancies. | Thirty semi-structured in-depth interviews were carried out among adolescents (aged 13-19 years) who had been pregnant at least once. Half of these were adolescent mothers and the other half had at least one past experience of induced abortion. A pretested and validated questionnaire to assess the awareness and use of contraception in adolescent participants was also administered. To aid social contextualization, semi-structured in depth interviews were carried out among 23 purposively selected stakeholders. | The main role players in decision making included family, friends, school teachers and the partner, with pregnant adolescents playing the most prominent role. Adolescents showed a high degree of certainty in deciding to either abort or carry pregnancies to term. Interestingly, religious considerations were rarely taken into account. Although almost all adolescents (96.1%) were aware of contraception, none was using any prior to getting pregnant. Of the 15 adolescents who had had abortion experiences, 13 (87.0%) were carried out under unsafe circumstances. The main barriers to accessing safe abortion services included poor awareness of the fairly liberal nature of the Ghanaian abortion law, stigma, high cost and non-harmonization of safe abortion service fees, negative abortion experiences (death and bleeding), and distrust in the health care providers. Adolescents who chose to continue their pregnancies to term were motivated by personal and sociocultural factors. |
| Implementing and Expanding Safe Abortion Care: An International Comparative Case Study of Six Countries | Chavkin, W., Stifani, B. M., Bridgman-Packer, D., Greenberg, J., & Favier, M. (2018). Implementing and expanding safe abortion care: An international comparative case study of six countries. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*, *143 Suppl 4*, 3–11. https://doi.org/10.1002/ijgo.12671 |  | We selected geographically diverse countries from across the human development index if they had implemented new abortion laws, or changed interpretations of existing laws or policies, within the past 15 years (Colombia, Ethiopia, Ghana, Portugal, South Africa, and Uruguay). | Factors facilitating the expansion of services include use of a public health frame, situating abortion as one component of a comprehensive reproductive health package, and including country-based health and women's rights organizations, medical and other professional societies, and international agencies and nongovernment organizations in the design and rollout of services. Task sharing and the use of techniques that do not require much infrastructure, such as manual vacuum aspiration and medical abortion, are important for rapid establishment of services, especially in low-resource settings. Political will emerged as the key factor in establishing or expanding access to safe abortion services. |
| Experience from a Multi-Country Initiative to Improve the Monitoring of Selected Reproductive Health Indicators in Africa | Barreix, M., Tunçalp, Ö., Mutombo, N., Adegboyega, A. A., Say, L., & Reproductive Health Indicators Group (2017). Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*, *137*(2), 205–212. https://doi.org/10.1002/ijgo.12105 |  | The country teams updated monitoring and evaluation frameworks, and attempted to build recording/reporting capacity in selected pilot areas. Barriers to implementing the initiative that were encountered included restrictive induced-abortion laws, staff turn-over, and administrative delays, including low capacity among healthcare staff and competing priorities for staff time. | The areas identified for further improvement were up-scaling programs to a national level, creating scorecards to record data, increasing collaborations with the private sector, conducting related costing exercises, and performing ex-post evaluations. |
| Attitudes towards Abortion and Decision-Making Capacity of Pregnant Adolescents: Perspectives of Medicine, Midwifery and Law Students in Accra, Ghana | Engelbert Bain L, Amoakoh-Coleman M, Tiendrebeogo KT, Zweekhorst MBM, de Cock Buning T, Becquet R. Attitudes towards abortion and decision-making capacity of pregnant adolescents: perspectives of medicine, midwifery and law students in Accra, Ghana. *Eur J Contracept Reprod Health Care*. 2020; 25(2):151-158. doi:10.1080/13625187.2020.1730792 | Because medical, midwifery and law students in Ghana constitute the next generation of health care and legal practitioners, this study aimed to evaluate their attitudes towards abortion and their perceptions of the decision-making capacity of pregnant adolescents | We conducted a cross-sectional survey among 340 medical, midwifery and law students. A pretested and validated questionnaire was used to collect relevant data on respondents' sociodemographic characteristics, attitudes towards abortion and the perceived capacity and rationality of pregnant adolescents' decisions. The χ2 test of independency and Fischer's exact test were used where appropriate. | We retained 331 completed questionnaires for analysis. Respondents' mean age was 21.0 ± 2.9 years and the majority (95.5%) were of the Christian faith. Women made up 77.9% (*n* = 258) of the sample. Most students (70.1%) were strongly in favour of abortion if it was for health reasons. More than three-quarters (78.0%) of the students strongly disagreed on the use of abortion for the purposes of sex selection. Most respondents (89.0%) were not in favour of legislation to make abortion available on request for pregnant adolescents, with medical students expressing a more negative attitude compared with law and midwifery students (*p* < 0.001). Over half of the midwifery students (52.6%) believed that adolescents should have full decision-making capacity regarding their pregnancy outcome, compared with law and medical students (*p* < 0.001) |
| Profile of Abortion Seekers and Their Views on Financial Cost of Induced Abortions: Implications for Preventing Unsafe Abortions among Young People in Accra, Ghana | Gbagbo F. Y. (2020). Profile of abortion seekers and their views on financial cost of induced abortions: implications for preventing unsafe abortions among young people in Accra, Ghana. *Public health*, *183*, 112–117. https://doi.org/10.1016/j.puhe.2020.04.008 | Despite liberal abortion laws, unsafe abortions remain a public health challenge in Ghana. This study examines implications of financial cost of abortion in assessing safer services for young people in Ghana. | Questionnaires (401) and in-depth interviews (21) were used to collect data from women seeking elective abortions (320) and those treated for post abortion complications (81) in 6 health facilities comprising non-governmental organizations (2) and public (2) and private (2) hospitals from January to December 2018 in Accra. | Results suggest high hospital abortion charges as major barriers to accessing safe abortion care in Accra as the surgical procedures cost three times more than that of other methods because of cost of anesthetics and antibiotics |
| 1. The context of informal abortions in rural Ghana | Hill, Z. E., Tawiah-Agyemang, C., & Kirkwood, B. (2009). The context of informal abortions in rural Ghana. *Journal of Women's health*, *18*(12), 2017-2022. | This qualitative study explores the context of unsafe abortion in rural Ghana with the aim of identifying areas that should be considered when operationalizing abortion-related reproductive health strategies. | Data come from eleven narratives about planned or attempted abortions and seven narratives of abortion-related deaths. These individual data are supplemented by data from ten focus group discussions. | Communities describe abortions as dangerous and, if they become public knowledge, shameful. Despite this, abortions were understood as necessary for some women in some situations, but secrecy was paramount. Women carefully chose their confidants based on the anticipated reaction and did so for advice about cheap and effective methods or for financial assistance. Complications were usually managed at home. When complications were taken to the health facility, the abortion was often not disclosed. Women reported trying sequential abortion methods, starting with cheaper milder methods and, if these attempts failed, resorting to harsher more expensive methods. Access to pharmaceuticals and finances also determined the method used. Financial hardship, interruption of education, and being unmarried were the most frequently cited reasons for abortions. |
| **Theme 2: Cost of abortion services in Ghana** | | | | |
| To Keep or Not to Keep? Decision Making in Adolescent Pregnancies in Jamestown, Ghana | Engelbert Bain, L., Zweekhorst, M., Amoakoh-Coleman, M., Muftugil-Yalcin, S., Omolade, A. I., Becquet, R., & de Cock Buning, T. (2019). To keep or not to keep? Decision making in adolescent pregnancies in Jamestown, Ghana. *PloS one*, *14*(9), e0221789. https://doi.org/10.1371/journal.pone.0221789 | We sought to understand the decision (to keep or terminate) factors and experiences surrounding adolescent pregnancies. | Thirty semi-structured indepth interviews were carried out among adolescents (aged 13-19 years) who had been pregnant at least once. Half of these were adolescent mothers and the other half had at least one past experience of induced abortion. A pretested and validated questionnaire to assess the awareness and use of contraception in adolescent participants was also administered. To aid social contextualization, semi-structured in depth interviews were carried out among 23 purposively selected stakeholders. | The main role players in decision making included family, friends, school teachers and the partner, with pregnant adolescents playing the most prominent role. Adolescents showed a high degree of certainty in deciding to either abort or carry pregnancies to term. Interestingly, religious considerations were rarely taken into account. Although almost all adolescents (96.1%) were aware of contraception, none was using any prior to getting pregnant. Of the 15 adolescents who had had abortion experiences, 13 (87.0%) were carried out under unsafe circumstances. The main barriers to accessing safe abortion services included poor awareness of the fairly liberal nature of the Ghanaian abortion law, stigma, high cost and non-harmonization of safe abortion service fees, negative abortion experiences (death and bleeding), and distrust in the health care providers. Adolescents who chose to continue their pregnancies to term were motivated by personal and sociocultural factors. |
| Unpacking the Barriers to Reproductive Health Services in Ghana: HIV/STI Testing, Abortion and Contraception | Thatte, N., Bingenheimer, J. B., Ndiaye, K., & Rimal, R. N. (2016). Unpacking the Barriers to Reproductive Health Services in Ghana: HIV/STI Testing, Abortion and Contraception. *African journal of reproductive health*, *20*(2), 53–61. https://doi.org/10.29063/ajrh2016/v20i2.6 |  | 1203 Ghanaian youth were interviewed. Data was analyzed to identify barriers by service type, demographics, and between high and low HIV prevalence communities. | Being embarrassed or shy was the most commonly reported barrier across services. Overall being embarrassed or shy, fear of safety, fear of family finding out and cost were the most reported barriers across all services. Further analysis by service indicated that being embarrassed was a significantly greater barrier for HIV/STI testing and contraception when compared with abortion (p<0.001) and safety concerns and cost were significantly greater barriers for abortion and contraception compared with HIV/STI testing (p<0.001). |
| Medical Abortions among University Students in Ghana: Implications for Reproductive Health Education and Management | Appiah-Agyekum N. N. (2018). Medical abortions among university students in Ghana: implications for reproductive health education and management. *International journal of women's health*, *10*, 515–522. https://doi.org/10.2147/IJWH.S160297 | This study explores the abortion experiences of Ghanaian university students with particular reference to pharmaceutical drugs to fill the knowledge gap and enrich the evidence base for reproductive health education, policies, and interventions on abortions among students. | Undergraduate students from the University of Ghana were randomly selected and interviewed. The interviews was recorded, transcribed, and analyzed thematically using the framework analysis. | Students were aware of safe medical abortion services but were reluctant to use them because of cost, stigma, and proximity. Generally, medical abortions were more likely to be self-induced among students with misoprostol-based drugs administered orally or vaginally. However, students also used various over-the-counter drugs, contraceptives, and prescription drugs singly, in series, or in combinations to induce abortion. Yet students had relatively little knowledge on the inherent risks and long-term implications of unsafe medical abortions and were more likely to have repeat abortions through unsafe medical methods. |
| Profile of Abortion Seekers and Their Views on Financial Cost of Induced Abortions: Implications for Preventing Unsafe Abortions among Young People in Accra, Ghana | Gbagbo F. Y. (2020). Profile of abortion seekers and their views on financial cost of induced abortions: implications for preventing unsafe abortions among young people in Accra, Ghana. *Public health*, *183*, 112–117. https://doi.org/10.1016/j.puhe.2020.04.008 | Despite liberal abortion laws, unsafe abortions remain a public health challenge in Ghana. This study examines implications of financial cost of abortion in assessing safer services for young people in Ghana. | Questionnaires (401) and in-depth interviews (21) were used to collect data from women seeking elective abortions (320) and those treated for post abortion complications (81) in 6 health facilities comprising non-governmental organizations (2) and public (2) and private (2) hospitals from January to December 2018 in Accra. | Results suggest high hospital abortion charges as major barriers to accessing safe abortion care in Accra as the surgical procedures cost three times more than that of other methods because of cost of anesthetics and antibiotics |
| Equity in Maternal Health Outcomes in a Middle-Income Urban Setting: A Cohort Study | De Groot, A., Van de Munt, L., Boateng, D., Savitri, A. I., Antwi, E., Bolten, N., Klipstein-Grobusch, K., Uiterwaal, C., & Browne, J. L. (2019). Equity in maternal health outcomes in a middle-income urban setting: a cohort study. *Reproductive health*, *16*(1), 84. https://doi.org/10.1186/s12978-019-0736-3 | We assessed the association between parental SES and adverse maternal and perinatal outcomes of Ghanaian women during pregnancy, delivery and the postpartum period. | A prospective cohort study of 1010 women of two public hospitals in Accra, Ghana (2012-2014). SES was proxied by maternal and paternal education, wealth and employment status. The association of SES with maternal and perinatal outcomes was analyzed with multivariable logistic and linear regression. | The analysis included 790 women with information on pregnancy outcomes. Average age was 28.2 years (standard deviation, SD 5.0). Over a third (n = 292, 37.0%) had low SES, 176 (22.3%) were classified to have high SES using the assets index. Nearly half (n = 374, 47.3%) of women had lower secondary school or vocational training as highest education level. Compared to women with middle assets SES, women with low assets SES were at higher risk for miscarriage (odds ratio, OR 1.61, 95% CI 1.06 to 2.45) and instrumental delivery (OR 1.74, 95% CI 1.03 to 2.94), but this association was not observed for the other SES proxies. For any of the maternal or perinatal outcomes and SES proxies, no other statistically significant differences were found. |
| **Theme 3: Safety of self-managed induced abortions in Ghana** | | | | |
| **No study done so far 2015-2020** |  |  |  |  |
| **Theme 4: Decision-making for induced abortion in Ghana** | | | | |
| To Keep or Not to Keep? Decision Making in Adolescent Pregnancies in Jamestown, Ghana | Engelbert Bain, L., Zweekhorst, M., Amoakoh-Coleman, M., Muftugil-Yalcin, S., Omolade, A. I., Becquet, R., & de Cock Buning, T. (2019). To keep or not to keep? Decision making in adolescent pregnancies in Jamestown, Ghana. *PloS one*, *14*(9), e0221789. https://doi.org/10.1371/journal.pone.0221789 | We sought to understand the decision (to keep or terminate) factors and experiences surrounding adolescent pregnancies. | Thirty semi-structured in-depth interviews were carried out among adolescents (aged 13-19 years) who had been pregnant at least once. Half of these were adolescent mothers and the other half had at least one past experience of induced abortion. A pretested and validated questionnaire to assess the awareness and use of contraception in adolescent participants was also administered. To aid social contextualization, semi-structured in depth interviews were carried out among 23 purposively selected stakeholders. | The main role players in decision making included family, friends, school teachers and the partner, with pregnant adolescents playing the most prominent role. Adolescents showed a high degree of certainty in deciding to either abort or carry pregnancies to term. Interestingly, religious considerations were rarely taken into account. Although almost all adolescents (96.1%) were aware of contraception, none was using any prior to getting pregnant. Of the 15 adolescents who had had abortion experiences, 13 (87.0%) were carried out under unsafe circumstances. The main barriers to accessing safe abortion services included poor awareness of the fairly liberal nature of the Ghanaian abortion law, stigma, high cost and non-harmonization of safe abortion service fees, negative abortion experiences (death and bleeding), and distrust in the health care providers. Adolescents who chose to continue their pregnancies to term were motivated by personal and sociocultural factors. |
| Examining the Association between Motivations for Induced Abortion and Method Safety among Women in Ghana | Biney, A., & Atiglo, D. Y. (2017). Examining the association between motivations for induced abortion and method safety among women in Ghana. *Women & health*, *57*(9), 1044–1060. https://doi.org/10.1080/03630242.2016.1235076 |  | This article draws on data from 552 women interviewed in the 2007 Ghana Maternal Health Survey to examine the association between motivations for women's pregnancy terminations and the safety of methods used. | Analysis of survey data pointed to spacing/delaying births as the main reason for abortion. Furthermore, women were more likely to terminate pregnancies unsafely if their main motivation for abortion was financial constraints. Especially among rural women, abortions for any reason were more likely associated with safe methods than if for financial reasons. These findings suggest a theme of vulnerability, resulting from poverty, as the motivations for women to resort to harmful abortion methods. |
| Pregnancy Options Counselling in Ghana: A Case Study of Women with Unintended Pregnancies in Kumasi Metropolis, Ghana | Agbeno, E. K., Gbagbo, F. Y., Morhe, E., Maltima, S. I., & Sarbeng, K. (2019). Pregnancy options counselling in Ghana: a case study of women with unintended pregnancies in Kumasi metropolis, Ghana. *BMC pregnancy and childbirth*, *19*(1), 446. https://doi.org/10.1186/s12884-019-2598-7 | This study examines options counselling for abortion seekers in health facilities in Ghana. | Analytical cross-sectional study design was done in selected specialized public and NGO health facilities within Kumasi Metropolis of Ghana, using self-administered structured questionnaires for data collection from 1st January to 30th April, 2014. Participants were 442 women with unintended pregnancies seeking abortion services. Data was analyzed using Epi-Info (7.1.1.14) and STATA 12 to generate descriptive statistics, Pearson chi-square and multivariable logistic regressions. The Kwame Nkrumah University of Science and Technology approved the study. | Respondents had divergent reproductive and socio-demographic profiles. Majority (about 58%) of them had been pregnant more than twice, but about 53% of this population had no biological children. (Although about 90% of respondents held perceptions that the index and previous pregnancies were mistimed/unintended, the majority (72%) had no induced abortion history. Induced abortion (208, 49%) and parenting (216, 51%) were mentioned as the only available options to unintended pregnancy in hospitals. Exposure to options counselling was observed to be significantly associated with parity (P = < 0.001), gestational age (P = < 0.001), previous induced abortions (P = < 0.001), perception of pregnancy at conception (P = < 0.001) and level of education (P = 0.002). The logistic regression analysis also shows that higher education has statistically significant effect on being exposed to options counselling (P = < 0.001). Majority of respondents (95%) were not aware that giving a child up for adoption is an option to abortion in Ghana. |
| Abortion Experience and Self-Efficacy: Exploring Socioeconomic Profiles of Ghanaian Women | Owoo, N. S., Lambon-Quayefio, M. P., & Onuoha, N. (2019). Abortion experience and self-efficacy: exploring socioeconomic profiles of GHANAIAN women. *Reproductive health*, *16*(1), 117. https://doi.org/10.1186/s12978-019-0775-9 | Given the noted consequences of (unsafe) abortions on women health, it is important to explore factors correlated with women's abortion decisions and why they opt for safe or unsafe methods. The study also examines determinants of over 6,000 Ghanaian women's self-efficacy in abortion decision-making, given that this is likely to affect the likelihood of future abortions. | Using cluster-level Geographic Information System data from the 2017 Ghana Maternal Health Survey, the study provides a hot spot analysis of the incidence of abortion in the country. The study also makes use of Probit multivariate analyses also show the correlates of abortion with socio-economic factors. | Results suggest that abortion among women is positively correlated with the absence of partners, low education levels, higher household wealth, lower parity and family size, polygyny and Christian religious background. |
| 1. Determinants of unsafe abortion among women of reproductive age group in Ghana, evidenced from maternal health survey 2017 data | Robert Obulejo Ballu (2019) master of public health thesis, school of public health, university of Ghana. ( unpublished thesis) | The objective of the study was to identify determinants of induced abortion among women of reproductive age group in Ghana as evidenced from Ghana maternal health survey 2017 data. | Data of 6,896 women of reproductive age group who had done something to end unwanted pregnancies from 2012 to 2017 was extracted from the Ghana maternal health survey 2017 data. Analysis was done using STATA version 15 (STATACORP LP, college station, tx). Chi-squared test and logistic regression models were used to measure association and strength of association between unsafe abortion and some independent variables at significance level of p-value | The study found 59.1% safe induced abortion and 40.9% unsafe abortion carried out from 2012 to 2017 by women of reproductive age (15-49 years). Women aged 20-24 years who were not married, living in urban areas, Christian by religion, educated with junior high certificate, belonging to fourth wealth index quintile category, history of one parity and were living in Ashanti region formed the largest proportion of the women who had carried out induced abortion. 80.5% women were not using contraceptives by the time they became pregnant thus exposing themselves to unwanted pregnancies while 19.5% of the women were using contraceptives but reported some failures of the contraceptive methods like pills and injectables to protect them against unwanted pregnancy that led them to have induced abortion. Majority, 92.0% of the induced abortions were initiated in environment that do not meet minimum medical standards for sterile procedures by pharmacists/drug shop sellers (40.4%) and later ended up at health facilities as incomplete, missed or septic abortions. Consequently, 95.4% women had gone to health facility as last place to end university of Ghana http://ugspace.ug.edu.gh xiii unwanted pregnancy, however, only 59.1% of them successfully had safe induced abortion at health facility where mostly medical doctor 35.4% and nurses/midwife only 7.4% respectively provided abortion services at health facilities. Public health facilities 54.1% mostly preferred for the abortion related services compared to private health facilities. Unplanned pregnancy, non-contraceptive use, failure of contraceptive, history of previous induced abortion, poor post abortion care services, cadre of the health workers, age at first sexual intercourse ( early sexual debut), partners living with the respondents, attitude of the partners towards to having induced abortion, late health problems due to induced abortion, place of treatment for complications due to induced abortion, payment and the year of the induced abortions were significant proximate determinants that influenced induced abortion. While pregnancy before or out of marriage, age at first marital union (early marriage), polygamy though not commonly practiced 13.3% but had strong association with induced abortions and improper knowledge on safe, legal abortion by women were significant distal determinants that influenced induced abortion among women of reproductive age group in Ghana. |
| Why do they take the risk? A systematic review of the qualitative literature on informal sector abortions in settings where abortion is legal | Chemlal, S., & Russo, G. (2019). Why do they take the risk? A systematic review of the qualitative literature on informal sector abortions in settings where abortion is legal. *BMC women's health*, *19*(1), 1-11. | This work provides a systematic review of the qualitative literature on informal sector abortion in setting where abortion is legal. | We used the PRISMA guidelines to search Pubmed, Web of Science, Science direct and Google Scholar databases between January and February 2018. 2794 documents in English and French were screened for eligibility against pre-determined inclusion and exclusion criteria. Articles investigating women’s reasons for aborting in the informal sector in settings where abortion is legal were included. In total, sixteen articles were identified as eligible for this review. Findings were reported following the PRISMA guidelines. | The review highlights the diverse reasons women turn to the informal sector, as abortions outside of legal health facilities were reported to be a widespread and normalized practice in countries where legal abortion is provided. Women cited a range of reasons for aborting in the informal sector; these included fear of mistreatment by staff, long waiting lists, high costs, inability to fulfil regulations, privacy concerns and lack of awareness about the legality of abortion or where to procure a safe and legal abortion. Not only was unsafe abortion spoken of in terms of medical and physical safety, but also in terms of social and economic security. |
| **Theme 5: Critic of the Legal and policy environment for induced abortion in Ghana** | | | | |
| **No study done so far 2015-2020** |  |  |  |  |
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