Perceptions of Senior High School Girls on Legalisation of Abortion

(A Case Study in the New Juaben Municipality, Ghana)

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Abstract: The study investigated the perception of Senior High School girls’ in the New Juaben Municipality on legalisation of abortion in Ghana. A descriptive survey study was conducted with four research questions posited to guide, using a combination of purposive, stratified and simple random sampling techniques to select the sample size of 455 girls from the Senior High schools in the municipality. A pre-tested, self administered questionnaire was used for data collection. Seven out of fifteen schools were purposively selected for inclusion in the study. The stratified sampling technique was used to select 65 students each from the selected schools while the simple random technique was used to select 16 students from each of the classes. The data were analysed using descriptive statistics of frequencies, percentages and tables. The study revealed that SHS girls had inappropriate knowledge of methods of abortion, but adequate knowledge of safety methods (mixture of sugar and Guinness, n = 235), venues (clinic, n = 408) and providers of abortion (medical doctor, n = 419). They resort to abortion to enable them continue with their education (n = 218). They considered abortion not to be a right and suggested that it should not be legalised but only provided at the government hospital (n = 272) without the NHIS covering it (n = 370). The students’ perception about legalisation of abortion is that abortion is not a right and should not be legalised. It is recommended that the Government through the National Commission for Civic Education should educate SHS students on the abortion law in Ghana so that individuals will know what is required of them on issues connected with abortion.

Keywords: Perception, Abortion, Legalisation, High School girls, Abortion laws, Health Education, Adolescent Reproductive Health

1. Introduction

Abortion is one of the most controversial issues of modern times because of its nature, process and consequences as well as the moral and ethical issues relating to it. So getting accurate data on abortion is difficult to come by in Ghana. Abortion is termination of pregnancy by the removal or expulsion of a
embryo from the uterus (Dutt, 1998). Again abortion is where a powerful suction tube with a sharp cutting edge is inserted in the womb through the cervix. This suction destroys the body of the developing baby and tears the placenta from the wall of the uterus, sucking blood and other tissues into a bottle (Ghana Celebrities, 2011). Abortion can occur spontaneously due to complications during pregnancy or induced in humans and other species. The context of human pregnancies, abortion induced to preserve the health of the gravida is termed therapeutic abortion, while an abortion induced for any reason is termed an elective abortion.

Abortion has low risk of maternal mortality except for abortions performed unsafely, which results in 75,000 deaths and 4.5 million disabilities per year globally (Shah & Ahman, 2009). Unsafe abortion is significant cause of morbidity and maternal mortality in the world. Most unsafe abortions occur where abortion is illegal (Rosenthal, 2007) or in developing countries where health care is at a generally low level (Chaudhuri, 2007). About one in eight pregnancy-related deaths worldwide have been associated with unsafe abortion (Maclean & Gaynor, 2005).

The World Health Organisation (WHO) reports that each year nearly 42 million women are faced with unintended pregnancies. They go ahead to have abortions, of which 20 million are unsafe (WHO, 2011; Rosenthal, 2007). According to WHO and Institute Guttmacher (2010), approximately 68,000 women die annually as a result of complications of unsafe abortion and between two million and seven million women each year survive unsafe abortion, but sustain long-term damage or disease such as incomplete abortion, infection (sepsis), haemorrhage, and injury to the internal organs (tearing of the uterus).

Glenn (1996) indicates that about 50 million self-induced abortions occur per year worldwide and half of these occur outside the health care system. Since most of the self-induced abortions are performed outside the health care system, the risks are higher for the girls. In order to reduce the risks and loss of lives, there are still struggles as to whether abortion should be legalised or not though it is illegal in Ghana now, Glenn concludes.

Research review by Yeboah and Kom (2003) states that between 10% and 15% of all pregnancies terminate as spontaneous abortion and about 10-60% are terminated by an induction either legally or illegally. About 80% occur in the first trimester that is within the first to the third months of pregnancy. This can lead to hazards such as pain, ill health, infertility as well as other long-term complications (Taylor & Ablordey, 1993).

Research conducted by Pathfinder International (2009), an international non-governmental organisation, revealed that the proportion of women aged 15-19 who had had an unsafe abortion in Africa, was higher than any other region in the world. Pathfinder International also reported that about 60% of worldwide unsafe abortions are performed on African women under the age of 25, causing danger to their reproductive health (Modern Ghana, 2008).

In an interview on abortions by the Ghana News Agency (GNA) Mrs Hectorina Yebuah, Deputy Director of Nursing Services, Korle-Bu, indicated that the Department of Obstetrics and Gynaecology treats at least a case of unsafe abortion a day. She gave the monthly trend in 2005 as 91 cases in January; 99 in February; 100 cases in March; 103 cases in April and 75 cases in May. According to Ayiku (2007), the teenager saves at least 20 pesewas a day at a nearby “susu” kiosk so that when they are pregnant they can use that money for abortion, although they are aware of diseases, abstinence and condom use, but still cannot do without sex because, they earn a living through sex. Some also see sex as fun and a way of showing love to their boyfriends.

It cannot be said that the Senior High School (SHS) girls in the New Juaben Municipality are all unblemish, are innocent or do not engage in unsafe abortions on their own. Indeed, it is common knowledge that some of these school girls do engage in unsafe abortions using high doses of paracetamol, chloroquine, ergot, coffee, grounded bottle, alcoholic drinks, grounded ants, cockroaches, gun powder and herbal preparations inserted into the vagina or enemas (GNA, 2005).

Schep-Hughes and Lock (1987) identified three bodies: individual body-self, social body, and body politic. The authors described these three bodies as individual body-self is a biological body which is
obtained by birth. The social body is a socially defined and culturally constructed body; it is a body which is needed in order to live within a particular society and cultural group such as societal norms, values and perceptions which shape the perception and decisions of Senior High School girls to where, whether, how and when to undertake abortion. Body politic (abortion legislation) exerts a powerful control over all aspects of the individual body; its behaviour, in reproduction and sexuality, in work, in leisure and in other forms of deviance and human differences. The social aspects of the body and body politic are important concepts to explain the lived experience of the girls “contraceptive use and abortion. “Cultures are disciplines that provide codes and social scripts for the domestication of individual bodies in conformity with the needs of social and political order and that the stability of the body politic depends on its capability to control the social bodies and to discipline the individual bodies” (Schep-Hughes & Lock [as cited in Alemu, 2010]). The authors argue that the relationship between the individual and social body is about power and control of the body politic; the body politic has two main purposes; one is to shape the bodies according to the needs of the society, and the other is to control the external boundaries of the group to maintain a particular social order within the society. Abortion is highly debatable in Ghana where culture and religious values are widely practiced. Abortion is condemned by religions in Ghana. Moreover, wide presence of gender inequalities hindered women from deciding over their own bodies. Safe and unsafe abortions are performed on women’s body in which they are the primary beneficiaries as well as victims of physical, psychological and economic damages. Even though, women are the primary beneficiaries or victims, they cannot decide on the self-body because they should consider self-body position in the culture and society. Above all their decision is directly or indirectly influenced by the body politic, abortion law.

1.2 Statement of the problem

It is common knowledge that Senior High School (SHS) girls engage in unsafe abortions. Boseley (2009) reports that about 70,000 women die every year and many more suffer harm as a result of unsafe abortions in countries with restrictive laws on ending a pregnancy. The abortion law in Ghana, enacted in 1985, state that an abortion performed by a qualified medical practitioner is legal if the pregnancy is the result of rape, incest or defilement; if continuation of the pregnancy would risk the life of the woman or threaten her physical or mental health; or if there is a substantial risk that the child would suffer from a serious physical abnormality or disease. This leaves room for untrained personnel to engage in dangerous abortion procedures (Morhee & Morhee, 2006). Also the pregnant school girls who are afraid of talking to their parents about their pregnancy for fear of being beaten or thrown out of the house solicit help from their friends. These friends introduce them to traditional or crude methods of aborting their unwanted pregnancy by drinking grounded bottle, washing detergents “blue”, local gin, and inserting hot metal into their vagina, so that they can continue with their education. These methods cause infertility, sexually transmitted infections, miscarriages and death.

A report by Goldsmith on Wednesday, 10th January 2007 on BBC radio 4’s Crossing Continents indicated that thousands of women in Ghana are seeking dangerous illegal abortions every year with many ending in death or disability. According to her as many as two-thirds of all terminations are unsafe and large numbers of women are dying. In 2003, 1,356 cases of unsafe abortion was reported at the Komfo Anokye Teaching Hospital and 1,368 in 2004 which represents 29% and 32% of maternal death (GNA, 2005). On the other hand, Eastern Region recorded 3,867 abortion cases in 2005, 500 being students and 157 deaths (GNA, 2006).

Owing to these reports, it can be deduced that several young productive women who are the future of our nation are being lost through unsafe abortion related cases. Should abortion be legalised so that these teenagers can freely access safe abortions to forestall the high incidence of unsafe abortion-related deaths? It is therefore imperative to research into the perception of SHS girls on whether legalisation of abortion in Ghana, would help reduce its unsafe practices.
1.3 Purpose of the Study
The purpose of this study was to investigate the perceptions of Senior High School girls in the New Juaben Municipality on legalisation of abortion in Ghana in the light of the many reported cases of unsafe abortions and the numerous health problems associated with them.

1.4 Research Questions
The following research questions were posed to guide the study;

a. What is the knowledge level of SHS girls on abortion practices?
b. Why do SHS girls seek abortion when they are pregnant?
c. What is the knowledge level of SHS girls on abortion law?
d. What is the perception of SHS girls on legalisation of abortion in Ghana?

1.5 Significance of the Study
The stakeholders such as health educators, parents, teachers, and students will find this study useful. It will help to increase the understanding and knowledge of issues bothering on unsafe abortion and its health complications to the general public so that they will support the legalisation of abortion. To law makers and government, these can serve as formative feedback for law review. It will provide policy makers with ideas about actual competencies relevant to unsafe abortion among the school girls for establishment of a competency based education in the future.

2. Research Method
The research was a descriptive survey with four research questions which assessed the perceptions of SHS girls on legalisation of abortion. The purpose of such a design is to provide an explicit description of the phenomenon explored so that it can be addressed in the main issue (Burns & Grove, 2005).

2.1 Sample
A combination of the purposive stratified and simple random sampling techniques were used to conduct the study. Purposive random sampling technique was used for the selection of the seven SHSs in the Municipality. Each school was considered as a stratum. This sampling technique was used because the issue under discussion which was abortion involved girls. A random sample of 455 out of 9,100 SHS girls in New Juaben Municipality was used for the research. This sample size was used based on Bouma and Atkinson’s study (as cited in Agyedu, Donkor & Obeng, 2007) on determination of the sample size to use for research. The authors indicated that:

a. If statistics are to be used in the analysis and the interpretation of the data, there are usually requirements for sample size. Some statistics demand that the sample size must be large whilst others do not.
b. The more accurately we accept the data to reflect the total population, the larger will be the sample size and the more reliable and valid the results based on it will become.
c. The more questions asked, the more controls introduced, and the greater the details of analysis of the data, the larger the size will have to be in order to provide sufficient data for the analysis.

Nwana’s study (as cited in Agyedu, Donkor & Obeng, 2007) stipulates that if the population is few hundreds a 40% or more sample size will do; if several hundreds a 20% sample size will do; if a few thousands a 10% sample will do; and if several thousands 5% or less sample will do. However, this scheme can help only when it is viewed in relation to the three issues raised by Bouma and Atkinson. Based on the fact that the accessible population for this study could be described as several thousands (9,100), I used 5% to derive the sample; thus 5/100 x 9,100 equals 455. This comprised 65 respondents from each of the seven SHS. A table of random numbers was used to generate at least 16 respondents from each year group in each school using random numbers generated from the computer. In this regard, data that were obtained from this sample was the one from which generalisations or inferences about the entire population were made.
2.2 Data collection

A researcher-developed questionnaire was the main instrument used for the study. Nworgu (1991) stated that with questionnaire, “we can obtain data on the feelings and perceptions of a group of people toward certain things such as their attitudinal disposition” (p. 19). The questionnaire was favoured because it requires little time from the respondent, allows for broad geographic sampling, cost of distribution and return is low. This was in line with the guidelines suggested by Nwana (as cited in Nworgu, 1991). The questionnaire consisted of five sections, namely data on views section A sought for demographic data of the respondents. Only a single question was asked here, section B was made up of 19 modified four-point Likert scale questions of strongly agree (SA), agree (A), disagree (D), strongly disagree (SD) on students’ knowledge of legalisation of abortion. Next was knowledge on the law on abortion (13 items). Section D was on knowledge on awareness of abortion methods (9 items), abortion venues (2 items), abortion providers (2 items) and source of information on abortion (1 item). The final section E was reasons for abortion (2 items). This yielded a total of 48 questionnaire items. On the reasons for abortion, respondents could choose more than one option. The totals and percentages were calculated on the number of options chosen by the respondents. Question 34-45 were used to answer research question one. Question 46 and 47 answered research question two, question 21-33 answered research question three while research question four was answered with questions 2-20. To ensure the validity and reliability of the instrument, draft copies were submitted to some students of the HPER department to read thoroughly for their suggestions. Next the expert views of the supervisors were taken into consideration to improve on wording and ambiguity. A pilot study of the instrument was then carried out on a total of 40 students from four SHSs in the Lower Manya District of the Eastern Region. These students were purposively chosen. The pilot was carried out to test the suitability of the instrument for the study in line with Polit and Beck’s (2004) exposition on biasness and offer of information. The Cronbach alpha coefficient, a measure of internal consistency, was used to determine the reliability. An internal consistency reliability coefficient of 0.68 was realised. This coefficient was found to be equivalent to the 0.70 that Fraenkel and Wallen (2000) stipulated to be the minimum acceptable figure for statistical analysis.

I wrote a permission note to the various school heads to use their students for the study and also give out some teachers to assist in collecting data. In the note that was given out, the purpose or reason for the study was well stated. At each school, I gave a brief talk on the relevance of the study to prepare respondents’ minds for the task ahead. Data collection took one month. Two weeks for four schools and two weeks for the other three schools. The questionnaire was distributed to school girls through the teachers selected by the heads to assist. Questionnaires were administered either immediately after school, or during break-time and each participant was required to complete the form offhand in the classroom. They were asked not to write their names on the questionnaire to ensure confidentiality. The students were asked to sit alone, to avoid influencing others. Also envelopes were given out to the respondents to put completed questionnaires in. Completed forms were then collected by the teachers who gave them out, thus ensuring a 100% recovery rate.

2.3 Data analysis and interpretation process

The completed questionnaires were numbered, the items coded separately and frequency counts administered through the Statistical Package for Service Solutions (SPSS) Windows 16.0 software. Descriptive statistics of percentages, tables and ranges were then used to discuss the results. For research questions one and two, respondents chose more than one option. The totals and percentages were calculated on the number of respondents that chose the option. The 13 items on the laws of abortion (research question 3) were marked over 13 and the scores were grouped into a frequency distribution. Those who scored 10-13 were classified as having adequate knowledge; 5-9 were those with moderate knowledge and 0-4 as inadequate knowledge on the law on abortion. Research question four (4) was analysed using frequencies and percentages. The strongly agree and agree were fused to be agree and strongly disagree and disagree were also fused to be disagree for analysis.
3. Results

Research Question 1: What is the Knowledge Level of SHS Girls on Abortion Practices? This question was asked to find out the knowledge level of SHS girls on abortion practices. The outcome of the responses given are presented in Tables 1-3, representing students’ level of awareness of abortion methods and its safety, abortion venues, abortion service providers and extent of the safety of abortion services, respectively. Table 1 shows students’ level of awareness of abortion methods the responses and the top three most popular methods of abortion among the students were sugar with Guinness (52%, n = 235), broken bottles (51%, n = 230) and concoctions (47%, n = 216). The most unpopular method was bicycle spokes (20%, n = 92). And out of this level of awareness, the top three methods most students indicated to be safe were sugar with Guinness (91%, n = 214), concoctions (93%, n = 201) and cytotec (63%, n = 112).

Broken bottle (87%, n = 201) and paracetamol with alcohol (71%, n = 145) were those indicated to be the top two most unsafe methods of abortion. It is worthy of note that although D & C is the only recommended method of abortion, only 40% (n = 184) knew about it, ranking fifth out of the nine methods. Worse still, of those who were aware of it, only 40% (n = 74) said D & C was safe, ranking fourth among the nine methods. The most popular venue for abortion as shown in Table 2 is the clinic (90%, n = 408). Although 35% (n = 157) of the students mentioned doctor’s house as a venue for abortion, making it the least popular, 38% (n = 174) also mentioned the home as a venue for abortion.

Table 1: Students’ Views on Safety of Methods of Abortion and Awareness Methods of Abortion

<table>
<thead>
<tr>
<th>Methods</th>
<th>Safe</th>
<th>Not safe</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sugar with Guinness</td>
<td>214</td>
<td>21</td>
<td>235</td>
</tr>
<tr>
<td>Concoctions</td>
<td>201</td>
<td>15</td>
<td>216</td>
</tr>
<tr>
<td>Cytotec</td>
<td>112</td>
<td>65</td>
<td>177</td>
</tr>
<tr>
<td>Dilation &amp; Curettage</td>
<td>74</td>
<td>110</td>
<td>184</td>
</tr>
<tr>
<td>Paracetamol tablets ground up with alcohol</td>
<td>59</td>
<td>145</td>
<td>204</td>
</tr>
<tr>
<td>Alcohol and lime</td>
<td>53</td>
<td>108</td>
<td>161</td>
</tr>
<tr>
<td>Boiled Guinness</td>
<td>47</td>
<td>103</td>
<td>150</td>
</tr>
<tr>
<td>Bicycle spoke or coat hanger</td>
<td>33</td>
<td>59</td>
<td>92</td>
</tr>
<tr>
<td>Broken bottle ground up with seawater, blue and detergent</td>
<td>29</td>
<td>201</td>
<td>230</td>
</tr>
</tbody>
</table>
Table 2: Students’ Knowledge on Venues for Abortion

<table>
<thead>
<tr>
<th>Place</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>At home</td>
<td>174</td>
<td>38</td>
</tr>
<tr>
<td>A chemist shop</td>
<td>345</td>
<td>76</td>
</tr>
<tr>
<td>Doctor’s house</td>
<td>157</td>
<td>35</td>
</tr>
<tr>
<td>At clinic</td>
<td>408</td>
<td>90</td>
</tr>
</tbody>
</table>

Table 3: Students’ Knowledge on Providers of Abortion

<table>
<thead>
<tr>
<th>Providers</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Self</td>
<td>203</td>
<td>45</td>
</tr>
<tr>
<td>Medical doctor</td>
<td>419</td>
<td>92</td>
</tr>
<tr>
<td>Friends</td>
<td>154</td>
<td>34</td>
</tr>
<tr>
<td>Nurse</td>
<td>314</td>
<td>69</td>
</tr>
</tbody>
</table>

From Table 3, the medical doctor is the most popular provider of abortion as indicated by 92% (n = 419) of the students. Although friends were mentioned as the least popular providers of abortion (34%, n = 154), 45% (n = 203) of the girls said that abortion is provided by self.

The result affirmed that of Dzissah (2010) which indicated that 70% of respondents in a study were aware of mixing sugar with Guinness for termination of pregnancy. However, Guttmacher Institute (2010) had a contrary view. The institute showed that D & C and cytotec were the preferred methods used for abortion. The response revealed that inserting objects, herbs or other substances in the vagina; receiving an injection and drinking herbal concoctions were the least methods employed in a population study. The results indicate that females generally do not have adequate knowledge of abortion methods. The implication is that they will engage in rampant heterosexuality and go ahead to abort pregnancies if they become pregnant using unorthodox or crude means, including seeing quack doctors. Once they have knowledge of the safe ones which do not cost much, they will employ them.

Again, among the listed methods of abortion, only 20% mentioned the use of bicycle spokes or coat hanger. The remaining 80% had no knowledge of that method. How safe a method of abortion is depends on how it has helped the individual to achieve results without regard for the long term effects. On the perceived safety of the methods used in abortion, majority of the SHS girls said that the safest method of abortion is a mixture of sugar and Guinness followed by concoctions. Accounting for this might be the high cost of accessing D & C, since the doctors charge exorbitant fees for the service, the least amount ranging between GH¢ 200.00-300.00.

In line with the study result the Ghana Statistical Service (2007) reiterates that adolescents seek abortion in all sorts of places such as hospital, at home, chemist shop, and doctor's house. This is not different from what pertains at the New Juaben Municipality. This knowledge of abortion venues will force teenagers to go to places of their choice be they safe or otherwise to seek abortion with the majority settling for the clinic.

When students are educated on the good methods of abortion and given adequate information, maternal mortality due to unsafe abortion related cases could be a thing of the past. Mote, et al. (2010)

affirmed this study showing that majority of the respondents in a study preferred the medical doctor as the best abortion provider to oneself, friends and nurses. A finding by the Ghana Statistical Service (2007) contradicts this study. The service indicates that more than two-thirds of women who sought an abortion turned to an untrained provider or induced the abortion on their own. Could it be a case of inadequate funds to enable one see the specialist, or the belief and trust in the provider?

In corroboration with the finding three most popular sources of information for the girls on abortion were hospitals (86%, n = 392), family planning centre (71%, n = 325) and guidance and counselling unit (68%, n = 309). The most unpopular source of information was church (36%, n = 165). Palukuu, et al. (2010) indicated that 80% of school girls in a study had their information from friends with the least from the church. IRIN (2011) also affirmed the study result by indicating that majority of girls receive information about abortion from hospitals, schools, family planning centres and friends.

It was found from a study in Korea that the mass media had informed the public about several sexual problems facing that country, including early sexual intercourse among the youth, unwanted pregnancies and increased rate of induced abortions (Kang, 1990). This was supported by a study done in Kenya on the knowledge and perceptions of abortion among adolescents (Mutungi, et al., 1999). The study demonstrated that churches, youth clubs and guidance and counselling units provide little knowledge on abortion to girls. Parents were also found to play a minor role in delivering information on abortion to adolescents in studies done in Kenya (Castro & Palomar, 1991) and Zambia (Pillai & Yates, 1993). This could be due to the fact that talking about sex is often regarded as a taboo in many African societies including Ghana.

In all, the result shows that the students had adequate knowledge of abortion practices. The data in lieu of the respondents’ awareness on safety of abortion methods, venue, and providers of abortion informed this decision. The only contradiction was the inadequate knowledge of the methods of abortion leading to a ratio of 2:1. In support Ayiku (2007) laments that students save 20 pesewas a day at “susu” shops towards abortion.

Research Question 2: Why do SHS Girls seek Abortion when they are Pregnant?

This question was asked to find out from SHS girls why students seek abortion when pregnant.

<table>
<thead>
<tr>
<th>Reasons for abortion</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>To continue my education</td>
<td>218</td>
<td>83</td>
</tr>
<tr>
<td>I don’t want people to know</td>
<td>194</td>
<td>107</td>
</tr>
<tr>
<td>Pregnancy after being raped</td>
<td>155</td>
<td>146</td>
</tr>
<tr>
<td>To save myself from shame</td>
<td>153</td>
<td>148</td>
</tr>
<tr>
<td>Pregnancy as a result of incest</td>
<td>120</td>
<td>181</td>
</tr>
<tr>
<td>Afraid of my parents</td>
<td>116</td>
<td>185</td>
</tr>
<tr>
<td>If my parents insist that I terminate it</td>
<td>104</td>
<td>197</td>
</tr>
<tr>
<td>Pregnancy that I don’t want</td>
<td>99</td>
<td>202</td>
</tr>
<tr>
<td>If my boyfriend supports it</td>
<td>95</td>
<td>206</td>
</tr>
</tbody>
</table>
From Table 4, the two most popular reasons the students gave for opting for abortion when pregnant were to continue their education 72% (n = 218), and not to be exposed (64%, n = 194). The last reason the students gave for opting for abortion was if boyfriend supports abortion (32%, n = 95) then they will opt for it.

The results imply that adolescents are not usually interested in carrying pregnancies to term at that tender age. Educational pursuits could account for this, but the question is why would they engage in sex if they are not interested in babies? Opting for abortion, according to the responses, is to enable students continue with their education. This outcome is in support with FMOH (as cited in Akinde, 2009) that adolescents seek abortion in view of the desire to continue a school education. If they relegate this option to the background their educational pursuits will come to a halt. They would also not want people to know that they are pregnant. This is in line with the exposition by FMOH (as cited in Akinde, 2009) that teenagers have different reasons why they abort pregnancies, including shame and stigma associated with unwanted pregnancy. One can thus infer that, even though most of the respondents were indecisive on reasons for seeking abortion as an option, those who opted for abortion cited their desire to continue their education as the overarching reason for opting for abortion.

Research Question 3: What is the Knowledge Level of SHS Girls on Abortion Law?

This question was asked to find out the knowledge the respondents have of the law on abortion in Ghana. It was to determine if they have adequate, moderate or inadequate knowledge of the laws on abortion. The level of adequacy was assessed in the different year groups and the collated data were put together and presented. The outcome of the responses given is presented in Table 6.

<table>
<thead>
<tr>
<th>Class</th>
<th>Inadequate</th>
<th>Moderate</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>SHS 1</td>
<td>31</td>
<td>7</td>
<td>29</td>
</tr>
<tr>
<td>SHS 2</td>
<td>85</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>SHS 3</td>
<td>84</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>SHS 4</td>
<td>88</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>TOTAL</td>
<td>288</td>
<td>63</td>
<td>71</td>
</tr>
</tbody>
</table>

Research Question 3 sought to find out students’ knowledge of the law on abortion in Ghana. From Table 5, the two most cited forms or classes with adequate knowledge was Senior High (SH) 1 students (11%, n = 52). The remaining classes had inadequate knowledge; SH 4 (19%, n = 88), SH 2 (19%, n = 85) and SH 3 (18%, n = 84).

This means that students cannot make informed decisions when it comes to matters relating to abortion, hence, indulging in illegal abortion. This finding is corroborated by Pathfinder International (2009) that knowledge on abortion law is minimal, with the vast majority thinking otherwise. Clowes (2010) revealed that because adolescents do not have enough knowledge on laws governing abortion they are likely to perform unsafe abortions. Similarly, the findings point to Ayiku (2007) observation that students save money each day for abortion which shows that the students do not know the abortion law that states that any woman who tries to abort her own pregnancy by any means is guilty of the law and will be punished. Again, Pathfinder International (2010) affirmed Ayiku’s observation when he stressed that most people do not know that when they do abortion by themselves, or helped by a friend to abort a foetus they will be punished by law. Ampofoah (2010) said though students are aware of going to hospital for specialists to do the abortion for them, they do not know that they have to see accredited medical doctors to do the abortion. They are also unaware that they have to check whether the hospital or clinic is registered. From the results it can be concluded that most of the respondents are not knowledgeable when it comes to abortion law in Ghana. The study contradicts what Morhe, et al. (2007) revealed. They
contended that knowledge of the country’s abortion law seems to be substantially higher, but not widespread among medical professionals.

Research Question 4: What is the Perceptions of SHS Girls about Legalisation of Abortion? This sought to find out from the respondents whether abortion should be legalised. The responses have been put into four sections except for the item that asked whether people should be free to decide to have an abortion or not.

Table 6: Students’ Views about Selective Legalisation of Abortion

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion should be legalised for married people</td>
<td>99</td>
<td>356</td>
</tr>
<tr>
<td>Abortion should be legalised for adults</td>
<td>80</td>
<td>375</td>
</tr>
<tr>
<td>Abortion should be legalised for girls below 18 years</td>
<td>44</td>
<td>411</td>
</tr>
<tr>
<td>Abortion should be legalised for school girls</td>
<td>58</td>
<td>397</td>
</tr>
<tr>
<td>Abortion should be legalised for victims of rape</td>
<td>217</td>
<td>238</td>
</tr>
</tbody>
</table>

Table 7: Students’ views about Abortion being a Right Issue

<table>
<thead>
<tr>
<th>Statements</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion is fair to unborn babies</td>
<td>55</td>
<td>400</td>
</tr>
<tr>
<td>Abortion is fair to fathers</td>
<td>49</td>
<td>406</td>
</tr>
<tr>
<td>Abortion is fair to mothers</td>
<td>77</td>
<td>378</td>
</tr>
<tr>
<td>It is okay to abort a pregnancy that is less than 3 months old</td>
<td>190</td>
<td>265</td>
</tr>
<tr>
<td>It is okay to abort a pregnancy that is more than 3 months old</td>
<td>59</td>
<td>396</td>
</tr>
<tr>
<td>Abortion is killing innocent babies</td>
<td>372</td>
<td>83</td>
</tr>
<tr>
<td>Abortion is murder</td>
<td>366</td>
<td>89</td>
</tr>
</tbody>
</table>

Research question 4 sought to find out students perceptions about legalisation of abortion. The result shows that majority of the students representing 64% (n = 293) responded that people should not be given the chance to decide on whether to have an abortion or not, while 36% (n = 162) agreed that people should be given the chance to decide to have an abortion when pregnant. From Table 6, the most popular views about legalisation of abortion among the students were that abortion should not be legalised for girls below 18 years (90%, n = 411), school girls (87%, n = 397) and adults (82%, n = 375). From Table 7, the top two most popular views about abortion being a right issue among the students indicated that abortions
were unfair to fathers (89%, n = 406) and to unborn babies (88%, n = 400), because the students viewed abortion as killing of innocent babies (82%, n = 372) and murder (80%, n = 366).

SHS girls in the Municipality prefer that abortion is not legalised. This decision could be the result of religious beliefs. Ehrlich (2006) commented that questions on legalisation of abortion have been perceived as controversial among many Ghanaians of late. Dzissah (2010) lamented that abortion should not be legalised for married women and girls below 18 years, but the law should make provision for school girls to do abortion for once depending on the situation. Dzissah had mixed reactions when he stated that the first pregnancy by school going girls is out of ignorance so they should be given the chance to do abortion by professional doctors. On the contrary, Ehrlich (2006) postulated that abortion should be legalised to rescue girls from detrimental emotional and physical trauma which affects girls who were unable to access professional help to induce the abortion. WHO (2006) also rooted for the legalisation of abortion and stated that abortion should be legalised at all costs because women have a right to make decisions involving their lives, careers, and social life. Donohue and Levitt (2001) made a case for abortion to be legalised for married people by saying “instead of presenting a serious case of infidelity to the husband, the women may opt to go for an abortion to avoid being caught in embarrassing situations” (p. 59). Alternatively, couples should be given a chance to terminate pregnancies when they realise that they have conceived again and they are incapable of providing for another baby. This difference came because Donohue and Levitt used married women as their sample. The authors defended their statement by saying, “that is the way poor families will be exempted from increased burdens being imposed on them” (p. 88). United Nations Population Division (2010) believes that legalising abortion is the only way to overcome unsafe abortion which comes with complications.

To Engelbrecht (2005), the decision to do abortion would have long term emotional, physical and spiritual effects on a girl and that she needs to be protected from such effects by requiring her to obtain parental consent, or at least requiring her to consult parents or guardians, receiving mandatory pre-and-post abortion counselling, having a period for reflection between the decision to have the abortion and the proceeding itself, and not considering a minor to be the same as an adult woman. According to Ehrlich (2006), legalising abortion will mean that few deaths will occur due to availability of professional medical care.

The influence is that abortion legalisation will not only increase productivity in building the country’s economy, but also make adolescents achieve their own goals for the advantage of the entire family. It will also prevent people from using unsafe methods of abortion.

The results indicate that abortion is unfair to unborn babies. To them abortion is murder or killing of innocent babies in line with the revelation by Sengupta (2010). Religious beliefs could greatly account for this stand. This exposition should deter any intention to abort pregnancies contrary to the earlier revelation which incites abortion rampanty. Life begins at conception and, therefore abortion ends life (Engelbrecht, 2005). The author laments that everyone has a right to life, and this should apply to the foetus. The foetus has constitutional rights, and the choice on termination of pregnancy act is thus contrary to the 1996 constitution (Mda, 1998; Morris & Williams, 1998; Ngwena, 1998).

The defendants in the case; Minister of Health of the Gauteng Provincial Government, the Reproductive Right Alliance and the Commission for Gender Equality argued that the foetus does not have constitutional right. Section 11 of the constitution does not rule out abortion as reflected by the choice on termination of pregnancy act. Furthermore, it was argued that the right to choose to have an abortion is supported by various provisions of the constitution. Judge McCreath found in favour of the defendants supporting the fact that the foetus does not have a legal persona under the 1996 constitution and therefore, that the choice on termination of pregnancy act does not breach section 11 of the 1996 constitution (Ngwena, 1998).

Also the results revealed that abortion services should be provided at government hospitals but should not be covered under the national health insurance scheme. This could throw a lot of pregnant minors to the health centres to seek or access the facility, since they would not be required to pay for the services. The implication is that this will create great repercussions on the economy since a lot of resources
will have to be channelled into satisfying these promiscuous youth at the detriment of national development. Anambane (2011) refuted the finding by saying that the National Health Insurance Scheme should be made to cover abortions because of financial constraints. This means abortion should also be allowed at the hospital as well.

In a proposal to American Medical Association, Halfmann (2003) (as cited in United Nation Population Division, 2010) indicated that abortion services should be made readily available and easily accessible to prevent herbal “abortifacients” and sharp tools used to terminate pregnancies. Also WHO (2006) supported by seeing it as a global public health concern due to the incidence and severity of complications such as haemorrhage, death and damaging of uterus leading to barrenness. The differences came as a result of settings of the study and age of respondents.

The majority also disagreed to the fact that legalising abortion will make people promiscuous. The contention is that once abortion is legalised the populace will desist from using other traditional and unsafe methods and rather go to the health centres to see specialists for the required abortion.

The WHO advocated for reproductive rights on family planning service, sex education and abortion. These recommendations concur with this study where 36% of the respondents have the right to abortion which is less than the 64% who reported that they do not have the right to decide on abortion (Akinde, 2009). This finding could be attributed to the restrictive abortion laws in Ghana on the one hand and respondents’ knowledge of their rights on the other hand.

From the foregone students’ perception about legalisation of abortion is that abortion is not a right because laws determine its accessibility otherwise innocent babies will continue to be killed. They also hold the view that abortion needs not be legalised and must not be covered by the NHIS.

4. Summary of findings
a. The study revealed that the students have knowledge about many inappropriate abortion practices.
b. The main reason for accessing abortion is to enable them continue with their education.
c. The students have inadequate knowledge of the abortion laws in Ghana.
d. The students’ perception about legalisation of abortion is that abortion is not a right and should not be legalised.

5. Conclusion

Based on the findings, it is concluded that since the students have knowledge about many inappropriate abortion practices to the extent that some perceive them to be the safest, these students will continue to engage themselves using the inappropriate abortion practices that they are aware of. When this happens the issue of unsafe abortion and the risk of maternal mortality will still be resolved. Since the results indicated that abortion should not be legalised, girls who become pregnant will quietly use inappropriate methods to abort the pregnancies to enable them continue with their education. Also, since they have inadequate knowledge of the abortion laws in Ghana, they can easily fall foul of the law on abortion.

6. Educational Implications of the research

When students are educated on the good methods of abortion and given adequate information, maternal mortality due to unsafe abortion related cases in the Senior High Schools could be reduced drastically. The students would also be abreast with the abortion law in the country which would serve as a reference point in their further studies.

7. References


