Contraception and Abortion Decision-making in Accra, Ghana: The Lesser of Two Evils

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Background

- Total CPR* in Ghana: 23.5%
- Modern CPR in Ghana: 16.6%
- Modern CPR in Greater Accra: 22.2%
- Total Fertility Rate in Ghana: 4.0
- Total Fertility Rate in Greater Accra: 2.5

*CPR=Contraceptive prevalence rate among married women, 2008 DHS
Study Objectives

- To identify the key reasons why urban Ghanaian women choose *not* to contracept and *not* to abort when faced with an unintended pregnancy.

- To examine the belief that women’s contraceptive decisions are influenced by the perceived availability of abortion.
Methods

- 259 women recruited
  - Antenatal & postnatal care attendees
  - Systematic random sampling using clinic log

- Interviewer-administered survey
  - Demographic questions
  - Reproductive history
  - Vignette-based “card sorting” game

- Rank-order, scoring-system, and regression analyses
Vignettes

- **Abena**
  - 16 years old
  - Secondary school student
  - Nulliparous
  - Has boyfriend

- **Esi**
  - 35 years old
  - Married
  - 4 children
  - Seamstress under financial strain
Card sorting game

- Random selection of vignette and *first* card game
  - Listened to Abena OR Esi vignette
  - Played contraception AND abortion card games

- One-on-one card pairings and repetition used for mixed-literacy population

- 12 rationales provided for each game
  - Based on formative work

- Objective of each game round
  - Select the primary reason why the character is *not* using contraception or *not* seeking an abortion
Card sorting example:
Abena, Contraception

She is not having sex very often, so it is not worth it.

Contraception costs too much money.

Round One, Pair One
Card sorting example: Abena, Contraception

She does not like to put unnatural things in her body.

Round One, Pair Two

She does not want to purchase it, because then people will know she is having sex.
Card sorting example: Abena, Contraception

She is not having sex very often, so it is not worth it.

Round Two, Pair One

She does not want to purchase it, because then people will know she is having sex.
## Results: Sample Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Number (N)</th>
<th>Percentage (%)</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td>249</td>
<td></td>
<td>26.4</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Formally married</td>
<td>129</td>
<td>52.0 %</td>
<td></td>
</tr>
<tr>
<td>- Cohabiting</td>
<td>89</td>
<td>35.9 %</td>
<td></td>
</tr>
<tr>
<td>- Single</td>
<td>30</td>
<td>12.1 %</td>
<td></td>
</tr>
<tr>
<td><strong>Contraceptive knowledge</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes, at least one modern</td>
<td>211</td>
<td>84.7 %</td>
<td></td>
</tr>
<tr>
<td>- Yes, traditional only</td>
<td>3</td>
<td>1.2 %</td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td>35</td>
<td>14.1 %</td>
<td></td>
</tr>
<tr>
<td><strong>Ever use of contraception</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes, at least one modern</td>
<td>118</td>
<td>47.4 %</td>
<td></td>
</tr>
<tr>
<td>- Yes, traditional only</td>
<td>11</td>
<td>4.4 %</td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td>120</td>
<td>48.2 %</td>
<td></td>
</tr>
<tr>
<td><strong>Induced abortion experience</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>123</td>
<td>49.8 %</td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td>123</td>
<td>49.8 %</td>
<td></td>
</tr>
<tr>
<td>- Don’t Know</td>
<td>1</td>
<td>0.4 %</td>
<td></td>
</tr>
</tbody>
</table>
### Results: Contraceptive Game

**Abena: Young Nullipara**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Rationale</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Likely to make her infertile</td>
<td>30.1%</td>
</tr>
<tr>
<td>2</td>
<td>Likely to fail her</td>
<td>11.4%</td>
</tr>
<tr>
<td>3</td>
<td>Too difficult to remember to take</td>
<td>9.8%</td>
</tr>
<tr>
<td>10</td>
<td>Can easily have an abortion or find a way to ‘bring back her period’ if she gets pregnant</td>
<td>4.9%</td>
</tr>
<tr>
<td>11</td>
<td>Does not like to put unnatural things in her body</td>
<td>3.3%</td>
</tr>
<tr>
<td>12</td>
<td>Costs too much money</td>
<td>2.4%</td>
</tr>
</tbody>
</table>
## Results: Contraceptive Game

**Esi: Older Multipara**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Rationale</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Husband would not like it if she used FP</td>
<td>14.3%</td>
</tr>
<tr>
<td>1</td>
<td>Does not like to put unnatural things in body</td>
<td>14.3%</td>
</tr>
<tr>
<td>3</td>
<td>Likely to make her infertile</td>
<td>13.5%</td>
</tr>
<tr>
<td>12</td>
<td>Can easily have an abortion or find a way to ‘bring back her period’ if she gets pregnant</td>
<td>2.4%</td>
</tr>
</tbody>
</table>
### Results: Abortion Game

**Abena: Young Nullipara**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Rationale</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Likely to die having an abortion</td>
<td>43.1%</td>
</tr>
<tr>
<td>2</td>
<td>Likely to make her infertile</td>
<td>21.1%</td>
</tr>
<tr>
<td>3</td>
<td>Her religion is opposed to abortion</td>
<td>16.3%</td>
</tr>
<tr>
<td>12</td>
<td>She will get anxious waiting for abortion to be complete</td>
<td>0.8%</td>
</tr>
<tr>
<td>12</td>
<td>Costs too much money</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
## Results: Abortion Game

### Esi: Older Multipara

<table>
<thead>
<tr>
<th>Rank</th>
<th>Rationale</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Has four children at home and cannot risk dying</td>
<td>31.0%</td>
</tr>
<tr>
<td>2</td>
<td>Likely to die having an abortion</td>
<td>23.0%</td>
</tr>
<tr>
<td>3</td>
<td>Her religion is opposed to abortion</td>
<td>11.9%</td>
</tr>
<tr>
<td>12</td>
<td>Does not know of any place that could give her an abortion</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Conclusions

• Contraceptive non-use is driven by fertility concerns for young women with “unproven” fertility

• Reasons for contraceptive non-use are less clear for older, multiparous women

• Perceived abortion access is a minimal consideration in women’s non-use of contraception
Conclusions

• Dying and the repercussions of death are the most compelling factors in the non-use of abortion among all women

• Cost and abortion accessibility are minimal considerations in women’s non-use of abortion
Acknowledgments

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Card sorting game: Abena, Contraception

- Contraception costs too much money.
- She will be shy at the pharmacy when she goes to purchase it.
- She is not likely to get pregnant anyway.
- She is not having sex very often, so it is not worth it.
- Her boyfriend would not like it if she used contraceptives.
- She does not want to purchase it, because then people will know she is having sex.

- It is too difficult to remember to take a pill every day.
- She does not like to put unnatural things in her body.
- The contraception is likely to fail her.
- Contraception is likely to make her infertile.
- She can easily have an abortion or find a way to bring back her period if she gets pregnant.
### Card sorting game: Esi, Contraception

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraception costs too much money.</td>
<td>She would probably be okay with having another baby.</td>
</tr>
<tr>
<td>The nurses at the clinic may yell at her when she goes to get it.</td>
<td>She does not like to put unnatural things in her body.</td>
</tr>
<tr>
<td>She works and does not have enough time to go wait at the clinic.</td>
<td>The family planning is likely to fail her.</td>
</tr>
<tr>
<td>She is not likely to get pregnant anyway.</td>
<td>Family planning is likely to make her infertile.</td>
</tr>
<tr>
<td>She is not having sex very often, so it is not worth it.</td>
<td>Her religion does not permit her to use it.</td>
</tr>
<tr>
<td>Her husband would not like it if she used family planning.</td>
<td>She can easily have an abortion or find a way to bring back her period if she gets pregnant.</td>
</tr>
</tbody>
</table>
Card sorting game: Abena, Abortion

- She is fearful that abortion is illegal.
- It costs too much money and her boyfriend cannot help her.
- Her religion is opposed to abortion.
- She is likely to die having an abortion.
- The nurses or pharmacists may yell at her.
- She does not know of any place that could provide her with an abortion or with abortion medication.
- The abortion is likely to make her infertile.
- The abortion is likely to fail her and she will still be pregnant.
- It will cost more money to fix if the abortion does not go well.
- Her boyfriend may not want her to have an abortion.
- She will get anxious waiting for the abortion to be complete.
- She is likely to be discovered by her parents or others.
Card sorting game:
Esi, Abortion

- She is fearful that abortion is illegal.
- It costs too much money.
- Her religion is opposed to abortion.
- She is likely to die having an abortion.
- The nurses may yell at her at the clinic.
- She does not know of any place that could give her an abortion.
- The abortion is likely to make her infertile.
- The abortion is likely to fail her and she will still be pregnant.
- It will cost more money to fix if the abortion does not go well.
- Her boyfriend may not want her to have an abortion.
- She will get anxious waiting for the abortion to be complete.
- She is likely to be discovered by her parents or others.
Esi Contraception Rationales: Sorted by "4" Score

- Husband may oppose
- Unnatural
- Infertility likely
- Likely to fail
- Religion opposes
- Okay with another child
- Infrequent sex
- Nurses yell
- Not likely to get pregnant
- Costs too much
- Not enough time
- Can easily have abortion

[Bar chart showing percentages for each rationale]
Can't risk dying, 4 children
Likely to die
Religion opposes
Husband may oppose
Infertility likely
Fearful it's illegal
Likely to fail
Cost more to fix
Costs too much
Nurses yell
Not enough time
Knows no place
Esi Abortion Rationales: Sorted by "4" Score