Situation analysis of unsafe abortion practices and family planning availability in a legal setting (Ghana).

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Background/Significance

• Despite a wide range of Family Planning (FP) services and the legality of abortion in Ghana, women still practice unsafe abortion.

• In 2010, 763 women came to Marie Stopes International Ghana (MSIG) clinics and Social Franchise outlets for Post Abortion Care Cases (PACC) following unsafe abortion attempts.
Pharmacies and chemical shops in Ghana are among the primary health care providers.

They sell drugs and medicines.

In addition they have a clinical services role, reviewing medications for safety and efficacy, and providing drug information for clients.
Abortion Law In Ghana

Until 1985, when the criminal code was amended, Ghanaian law prohibited induced abortion except when a woman's life was endangered by her pregnancy.

The law now says that abortion is not an offense if it is “caused by a medical practitioner specializing in gynecology or other registered practitioner in a government hospital or registered private hospital or clinic" when the pregnancy is the result of rape, "defilement of a female idiot" or incest; when continuation of the pregnancy would involve risk to the life of the pregnant woman or injury to her physical or mental health; or where there is substantial risk that if the pregnancy were carried to term the child would suffer from or later develop a serious physical abnormality or disease”.

Link between FP and Maternal Mortality

- Lack of information and access to FP
- Unintended pregnancies
- Unsafe abortion
- Maternal mortality
Research Question

This study investigates current practices regarding unsafe abortion and Family Planning availability in Ghana.
Specific research questions:

- How available is cytotec (misoprostol) as an abortifacient in pharmacy and chemical shops?
- What are the conditions under which cytotec is dispensed as an abortifacient in these shops?
- Do these shops have any FP methods to offer to these clients in case they request?
Methodology

The first stage of this study was an analysis of current unsafe abortion practices and family planning availability in pharmacies and chemical shops in Accra, Tema and Ashaiman.

- Ten mystery clients were recruited and trained.
- 300 randomly selected pharmacies and chemical shops interviewed for two weeks.
- Each interviewer sampled 30 of these shops in the above mentioned locations.
- The interviewers pose as potential clients who request the purchase of cytotec (misoprostol) as an abortifacient from these shops and availability of any FP method.
Results: Abortion Services

Availability of Cytotec as an abortifacent

- Yes: 56%
- No: 44%
Results: Abortion Services cont’

Request for prescription for Sale of Cytotec?

- Yes: 23%
- No: 75%
- N/A: 2%
Results: Services cont’

Enquiry on Gestation

No

28%

Yes

72%
Results: Abortions Services cont’

• Only 0.8% of the shops having Misoprostol prescribed the correct dosage.

• In 44% of all shops/pharmacies sampled, other medications and concoctions were mentioned to these clients as a way of terminating their unwanted pregnancies, these are; Ergometrine, Gynaecocide, Mestrogen, Primolut N and other local herbal medicines.

• In the absence of medication for abortion, only about 3% referred these clients to a safe place where this service could be provided.
Results: FP Services

- 82% of the shops that had Misoprostol in stock as an abortifacient had no FP service available.
- 62% of all shops that did not have Misoprostol had no FP services in the form of pills and condom.
Conclusion: Role of Pharmacy & Chemical Shops

Current

- Most shops are providing medical abortion in an unsafe manner.
- These shops do not provide information on access to FP methods or FP services.

Potential

- Strengthen & expand the reach of FP
- Information on FP within their communities