Pathfinder INTERNATIONAL
GHANA

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Increasing Access to Safe, Comprehensive Abortion Care Services in Northern and Upper East Regions of Ghana:

The Pathfinder International Community Approach

Prior to launching the outreach component of the Comprehensive Abortion Care Project, Pathfinder conducted a community survey to gain an understanding of the knowledge, values, and beliefs related to abortion. A total of 994 women and 102 men of reproductive age were surveyed. Pathfinder drew on this research to develop messages for the project and approaches that address major public concerns. (See *Improving Abortion and Post-Abortion Care Services...*, Feb. 2009, www.pathfind.org.)

Unlike most sub-Saharan countries, abortion in Ghana is less restricted and available under certain circumstances.[1] Nevertheless, maternal deaths and serious illness as a result of unsafe abortion remain a major public health challenge. Ghana Health Services (GHS) records report that unsafe abortions account for approximately 30 percent of all maternal deaths in their leading hospitals.[2] The total number of cases is not documented, as many women and girls in rural areas never reach professional care, and their deaths are not reported.

More than 63 percent of Ghanaians live in rural areas, where access to professional healthcare is significantly lower than in urban areas.[3] Young women under the age of 24 are particularly vulnerable, comprising 60 percent of maternal deaths caused by unsafe abortion.

Despite the law, women (especially the youth) fear being judged and condemned should they go to a health facility for an abortion, due to widespread religious and cultural beliefs that abortion under any circumstances is wrong. Many doctors and nurses will not go against their own consciences, and they refuse to perform the procedure. Finally, significant costs pose a serious barrier to the use of services—especially for youth.

[1] Abortion is legal under the following circumstances: 1) the pregnancy is the result of rape, defilement of a mentally handicapped woman, or incest; 2) continuation of the pregnancy involves risk to the woman's life or injury to her physical or mental health; and 3) there is substantial risk that the child would suffer from or later develop a serious physical abnormality or disease if the pregnancy were carried to term. Most women are able to access abortion under the mental health criterion.

[2] Ghana Health Service, Prevention and Management of Unsafe Abortion: Comprehensive Abortion Care Service, Standards and Protocols, 2006.

[3] Maternal and Neonatal Program Index: (http://pdf.usaid.gov/pdf_docs/PNACQ310.pd)

The Pathfinder Program

In 2006, Pathfinder International collaborated with authorities of the Tamale Teaching Hospital in the Northern Region to launch the Comprehensive Abortion Care (CAC)[4] Project in the Hospital. In early 2007, upon request from the Regional Health Directorate in Upper East Region, the CAC Project was extended to three facilities in that region. In July 2007, additional funding from International Planned Parenthood Federation's (IPPF) Safe Abortion Action Fund (SAAF) supported new services in both Upper East and Northern Regions, reaching a total of 10 hospitals (9 government hospitals and 1 private facility). Work at these sites focuses on reducing maternal mortality and morbidity due to unsafe abortion within a total population of 910,403 women of reproductive age in Northern Region and 460,000 in Upper East Region. Four additional hospitals in the Upper West Region will soon make safe abortion services available in all three northern regions of Ghana.

The participation of village leaders at the durbars reinforces the importance and validity of the messages being delivered.

PHOTO: Ellen Israel/Pathfinder International

Project goals are achieved by improving facilities and provider skills, and through effective community advocacy and training designed to reduce negative attitudes against abortion. Pathfinder's decades of work in underserved and conservative communities led the project team to pursue a three-pronged approach including:

1. Comprehensive advocacy to engage communities in discussion and analysis of health problems, creating an environment open to accepting safe abortion;
2. Training of providers at all levels to provide quality services using modern methods and equipment (such as the Manual Vacuum Aspirator-MVA); and
3. Renovating and upgrading facilities to ensure the delivery of quality services.

COMMUNITY VALUES: CHANGING CENTURIES OF BELIEFS AND ATTITUDES

Pathfinder set a comprehensive program in place to inform and mobilize entire communities to accept the idea that some women legitimately need a safe abortion, and they have a legal right to obtain one. Attitude change had to begin with doctors and nurses. Deeply-held beliefs cannot be successfully challenged by strangers, and Pathfinder followed its traditional approach by training local community health nurses (CHNs), community health officers (CHOs), and public health nurses, as well as staff from Pathfinder's partners, Integrated Social Development Centre (ISODEC) and the Red Cross Mothers Clubs, to conduct community education sensitive to local traditions and cultural taboos.

Trained advocacy workers introduce and discuss four abortion-related topics: 1) Ghanaian abortion law and women's right to have abortions; 2) the dangers of obtaining unsafe abortions and where to find safe providers; 3) the importance of seeking an abortion within the first eight weeks of pregnancy (up to a maximum of 12 weeks); and 4) the importance of adopting contraception to prevent unwanted pregnancies. Their discussions cover abortion procedures and prevention of sexually transmitted infections (STIs), HIV, AIDS, and— most importantly—work to change widely-held beliefs that abortion is evil and eliminate prejudice against women who might obtain one.

Trainees were trained in the application of values clarification and attitude change to facilitate the examination and evaluation of their own—and then their communities'—beliefs and prejudices. Initial community meetings informed more than 700 concerned leaders about RH and the devastating personal and community consequences of unsafe abortions. As these trainings continue, individuals are encouraged to analyze their biases and their resistance to acknowledging the legitimate needs many women have for an abortion.

Advocacy groups reach hundreds of people through *durbars*—large traditional community gatherings that promote public information and discussion. These all-day programs open up widespread discussion of

[4] Comprehensive Abortion Care includes provision of safe abortion as well as treatment for complications from unsafe abortion or miscarriage.

RESULTS FROM CAC PROJECT: MAY 2006 – SEPT 2008

SERVICE STATISTICS

# women received abortion care < age 25	1,164
# women received abortion care age 25+	1,026
# women received abortion care by curettage	160
# women received abortion care by MVA	2,009
# women received medical abortion	21
# women received postabortion counseling on contraception (FP)	727
# women who accepted postabortion contraception: condoms/other	188/179
% clients accepted postabortion contraception	19

TRAINING STATISTICS

Service providers trained in CAC	Basic	Refresher
Medical officers/Doctors	6	—
Nursing officers	7	—
Midwives	87	14
Op room nurses (theatre nurses)	5	1
Nurse-anaesthetists	5	2
Medical assistants		3
# facility staff given orientation on CAC		387
# CHOs/CHNs trained		302
# other advocacy groups trained (Red Cross Mothers Club, ISODEC)		
Opinion/community leaders sensitized		717
Other community members sensitized		79,748

FACILITY IMPROVEMENT STATISTICS

# facilities providing CAC services	10
# sites renovated/remodeled	10
# and type of equipment supplied	30 MVA kits 5 procedure beds

safe abortion, increasing knowledge of abortion law and how/where to access safe abortion. Nearly 80,000 community members were reached in the first two years of the program. Information is also delivered through dramas, dance, and music. To reach adolescents, CHNs conduct discussions in junior and senior high schools, encouraging parents to join the conversation and expand their own knowledge of the issues. Most parents are very concerned about adolescent sexuality, although they rarely have an opportunity to discuss it or learn more about it.

TRAINING

In 1985 Ghana lessened restrictions on abortion under certain circumstances and the GHS developed a policy document on CAC. But few providers were trained in modern procedures using Manual Vacuum Aspiration (MVA) before 2007, and there had been no effort to instruct or encourage providers to develop a positive, supportive attitude toward clients seeking abortions. Pathfinder continues to encounter doctors and nurses who simply leave abortions to someone else in the facility, as it goes against their values.

These midwives are enthusiastic about changing attitudes about abortion. They are even willing to wear shirts that announce their support of safe abortions, which requires enormous courage in their conservative communities.

PHOTO: Ellen Israel/Pathfinder International

To extend services to more women, Pathfinder has addressed the custom that allows only doctors to perform abortions. (The stipend is a physician's privilege.) In addition to training nurses to perform procedures, Pathfinder promotes their capacity to take initiative rather than waiting for a doctor's availability. All providers are trained in abortion law, in values clarification and attitude change, in STI/HIV/AIDS prevention, and in linking contraception counseling and methods with avoiding unwanted pregnancy. They also all learn to respect and meet the special needs of young women facing unwanted pregnancies. (Refresher trainings have had to reiterate the importance of providing contraception in the same venue and at the same time as an abortion, rather than making a referral to another part of the hospital.) Over the course of the first three years, 6 doctors and 107 midwives and nurses were trained.

FACILITY IMPROVEMENTS AND MANAGEMENT

Following initial facility assessments, grant funds were allocated for minor renovations and related activities at ten sites. Five MVA kits were given to each of six new facilities and three given to each of two old facilities. Five facilities were each provided with a procedure bed to ensure patient comfort. Pathfinder has emphasized improvement of linkages between CAC services at the projects and other RH services, especially to improve women's acceptance of postabortion contraception. Although postabortion contraceptive uptake of 19 percent needs improvement, it is still higher than the national average of 15.3 percent.[5] Consistency in this effort still needs attention. The improved sites are designed to provide contraception counseling immediately before releasing a woman after abortion care and to maintain a steady supply of commodities in procedure and counseling rooms. This has proven to be an area that providers tend to neglect and requires consistent and diligent follow-up.

Looking Ahead

The significant challenges posed by traditional opposition to abortion and general lack of knowledge about safe abortion, the law, and the importance of family planning remain among the greatest ongoing challenges. Some providers passively continue to refuse to perform abortions for women who need them; some continue to judge and condemn their clients as well as their colleagues who perform the service. Most hospitals charge fees far out of reach of the poorest of their catchment areas.

Recognizing the serious issue of costs in these facilities, one district hospital has moved to include CAC in the government's free maternity care service. The project is promoting this as a model for other project districts to emulate and anticipates that CAC will be recognized and included nation-wide in the government's free maternity service to benefit the majority of women.

Picking up on existing successes, Pathfinder will continue to focus effort on building a community environment tolerant and supportive of safe abortion. Orientation on CAC is planned for all health coordinators in junior and senior high schools in project districts. Behavior change communication outreach efforts are using jingles and discussions on radio in both English and local languages. Overall community advocacy efforts will be intensified, drawing especially on the enormous enthusiasm and dedication to the effort that has built up among the CHNs. Because CHNs have direct contact with women faced with the challenges of unwanted pregnancies and or complications of unsafe abortion, they are particularly conscious of the stress and misery brought on by condemnation and discrimination.

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[5] Macro International Inc, 2009. MEASURE DHS STATcompiler. http://www.measuredhs.com, January 23 2009.

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