

The truth about health care and abortion in Ghana

A focus on abortion does nothing for maternal health

To address the problem of maternal mortality in Ghana, health officials and international non-governmental organizations have promoted and worked to expand access to abortion. This effort has been predictably unsuccessful. Worldwide evidence confirms that abortion promotion only leads to a greater number of abortions and does not solve the underlying health care problems that cause maternal deaths. Money and resources should be redirected from abortion advocacy to meeting the real health care needs of the Ghanaian people.

Abortion in Ghana

On Feb. 22, 1985, Law No. 102 “enlarge[d] the circumstances under which the performance of an abortion is permitted” in the Republic of Ghana, according to the United Nations Population Division.

Abortion is currently legal if the continuation of the pregnancy involves risk to the life or injury to the physical or mental health of the pregnant woman. Abortion is also legal if there is substantial risk that the child, if born, might suffer from or later develop a serious physical abnormality or disease. Finally, abortion is legal if the pregnancy results from rape, incest or the defilement of a mentally handicapped woman.¹

The Guttmacher Institute, an advocate of legalized abortion, calls this a “moderately liberal abortion law” and says that Ghana is “one of the few countries in Sub-Saharan Africa where abortion is available on broad grounds.”² As *WeNews* notes, “If a pregnancy will cause physical or mental stress on the woman, she can request an abortion from a government-recognized medical practitioner. Exactly how the stress would manifest isn’t spelled out and there is nothing in the law that requires a woman to prove the potential stress.”³ One 1987 study indicates that abortion is often used as a method of birth control.⁴ Only about five percent of women seeking abortions cite “health” reasons, according to the 2007 Ghana Maternal Health Survey.⁵

Despite its legality, most Ghanaians oppose abortion, and the practice has not been widely accepted in the culture.⁶ Speaking more generally, President Jerry John Rawling discussed his nation’s skepticism of foreign values in 1994:

[I]n countries such as ours in Africa, there has been a drive from developed countries to push population control programmes very vigorously. ... Some of [our people's] suspicions emanate from the fact that we do not worry about their needs first and improve their conditions. Also they are frequently suspicious about the drugs, methods and technology being promoted. ... Sometimes they feel they are guinea pigs for new drugs.⁷

Ghanaians' resistance to abortion is well-founded in the principle—affirmed by the United Nations Universal Declaration of Human Rights⁸—that all human beings, including the unborn and their mothers, are equal in fundamental dignity and ought to be respected and protected.

Maternal health is a 'national emergency'

Legalized abortion has not bettered the health of the Ghanaian people. Indeed, 26 years after abortion was legalized, "Improving maternal health and reducing maternal and neonatal mortality is the Ministry of Health's first priority," explains the World Health Organization (WHO).⁹

Ghana remains off-target for achieving the health-related Millennium Development Goals. Communicable diseases such as malaria, HIV/AIDS, tuberculosis and vaccine-preventable diseases remain the main causes of child mortality. The country remains prone to outbreaks of meningitis, cholera and guinea worm. Maternal mortality has recently been declared a national emergency and is currently a major priority for government and development partners. Health system weaknesses such as insufficient human resources, especially in rural areas with vulnerable populations, poor access to essential medicines and health technology, and insufficient financing all constrain our collective efforts to achieve MDGs 4, 5 and 6.¹⁰

Maternal mortality estimates in Ghana vary significantly. The 2007 Ghana Maternal Health Survey provides two estimates of Ghana's maternal mortality rate: 378 and 580 deaths per 100,000 live births.¹¹ In 1993, the Ghana Demographic and Health Survey showed a rate of 214; in 2007, a WHO/UNICEF/UNFPA/World Bank study showed a rate of 560.¹² Ghana is far short of meeting the United Nations goal of maternal death reduction.

Ghanaians' resistance to abortion is well-founded.

More abortion has failed

In response to Ghana's maternal mortality crisis, health officials and international non-governmental organizations have vigorously worked to make abortion more accessible and "safe." This approach is clearly failing to help the women of Ghana.

In 2003 the Ghana Health Service developed a strategic plan for the provision of abortion with the goal of reducing maternal deaths. In 2006 that plan was fully implemented. Ipas, an international abortion advocacy organization, explains:

In June 2006, the Ghana Health Service and Ministry of Health adopted safe abortion guidelines prepared with technical assistance from Ipas, the World Health Organization, international experts and medical professionals from the West African nation.

The standards and protocols detailed in the guidelines outline the principles of comprehensive abortion care (CAC) and translate policy into specific instructions for facilities and providers.¹³

Further programs to reduce maternal mortality by ensuring access to abortion have followed. Yet more than four years after the 2006 guidelines were adopted, *DailyGuideGhana.com* reported, “The country’s stringent efforts at reducing [the] maternal mortality rate seem to be failing miserably, as reports indicate that the rate is soaring across the country.”¹⁴ Maternal mortality was declared a national emergency *after* the recent efforts to promote abortion.

Abortion advocacy organizations claim that women must be better educated about the availability of legal abortion. The Guttmacher Institute asserts, “Many women likely turn to unsafe providers or do not obtain adequate postabortion care when it is needed because they are unaware that abortion is legal on fairly broad grounds in Ghana.”¹⁵ But public education regarding abortion has been included in the recent, unsuccessful efforts to reduce maternal mortality. Moreover, one survey indicates that nine of 10 Ghanaian women are already aware of abortion.¹⁶

Abortion promotion has diverted attention and resources from improving health care.

Health care has been neglected

Efforts to promote abortion focus disproportionately on the cause of a small percentage of maternal deaths. “Unsafe abortion” accounts for only 11 percent of maternal deaths in Ghana, according to the 2007 Ghana Maternal Health Survey.¹⁷ Even if abortion-related deaths decline as a result of abortion promotion, the vast majority of maternal deaths remain unaddressed.

Abortion promotion has diverted attention and resources from improving actual health care. “[L]ess than one in two women receive all three maternity care components (antenatal care, delivery care, and postnatal care) from a skilled provider. Clearly, Ghana has a long way to go towards achieving the MDG-5 target,” notes the 2007 Survey.¹⁸ African countries have committed to allocating at least 15 percent of their domestic budgets to health in order to achieve the United Nations’ health-related Millennium Development Goals. Yet data from 2010 show that Ghana spends only 4.4 percent of its budget on health.¹⁹

The KOMFO Anokye Teaching Hospital in Ghana models a more effective approach. The hospital has reduced maternal mortality by strategically investing in better medical care.²⁰

Global evidence shows health care is key

The failure of abortion promotion in Ghana to stem maternal mortality follows a global pattern. Evidence shows that a country’s maternal mortality rate is determined to a much greater extent by the overall quality of maternal care than by the legal status or availability of abortion. The only predictable result of abortion legalization or promotion is an increase in the number of abortions that are performed.²¹

The solution

Ghana health officials and international non-governmental organizations have spent millions of dollars educating the women of Ghana about legal abortion with the goal of reducing the maternal mortality rate. But maternal mortality has not improved. Rather, the underlying health care deficiencies have been neglected, and many women continue to die. Only a focus on the real health care needs of women—not abortion—will save lives.

Endnotes

1. United Nations, *Abortion Policies: A Global Review* (New York: United Nations, 2002), Sales No. E.01.XIII.18, 29.
2. Gilda Sedgh, "Abortion in Ghana," *In Brief* (New York: Guttmacher Institute, 2010), No. 2.
3. Emily Bowers, "Ghana's Queen Moms Hold Court on Abortion," *WeNews* 9 March 2008.
4. United Nations, *Abortion Policies: A Global Review*, 29.
5. Ghana Statistical Service (GSS), Ghana Health Service (GHS), and Macro International, *Ghana Maternal Health Survey 2007* (Calverton, Maryland, USA: GSS, GHS, and Macro International, 2009).
6. According to a survey, "Around half of [health care] providers reported having concerns about providing abortion services because of their religious beliefs." *Ibid.*, 4.
7. United Nations Population Division, "Statement of Ghana, H.E. Flt-Lt. Jerry John Rawlings," 7 September 1994, <<http://www.un.org/popin/icpd/conference/gov/940910160700.html>> (19 February 2011).
8. The Declaration states, "Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world." It also says, "Everyone has the right to life, liberty and security of person."
9. World Health Organization, *WHO Country Cooperation Strategy 2008-2011, Ghana* (World Health Organization, 2009), 23.
10. *Ibid.*, ix.
11. Ghana Statistical Service (GSS), Ghana Health Service (GHS), and Macro International, *Ghana Maternal Health Survey 2007* (Calverton, Maryland, USA: GSS, GHS, and Macro International, 2009), 39.
12. *Ibid.*, 1.
13. "Ghana moving forward to ensure safe, legal abortion care," *Ipas*, 5 February 2007, <http://ipas.org/Library/News/News_Items/Ghana_moving_forward_to_ensure_safe_legal_abortion_care.aspx> (7 September 2010).
14. "Maternal Mortality Shoots Up," *Daily Guide Ghana*, 1 September 2010.
15. Gilda Sedgh, "Abortion in Ghana"
16. Ghana Statistical Service (GSS), Ghana Health Service (GHS), and Macro International, *Ghana Maternal Health Survey 2007*.
17. *Ibid.*
18. *Ibid.*
19. Africa Public Health Information Service, *2010 Africa Health Financing Scorecard* (Africa Public Health Information Service, 2010).
20. Issah Alhassan, "Ghana: KATH Records Decline in Maternal Mortality," *The Ghanaian Chronicle*, 4 February 2001, <<http://allafrica.com/stories/201102040799.html>> (14 February 2001).
21. See, for example, Minnesota Citizens Concerned for Life Global Outreach, *Does legalizing abortion protect women's health? Assessing the argument for expanded abortion access around the globe* (Minneapolis: MCCL, 2009). Available at <http://www.mccl-go.org>.



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