

Estimating abortion incidence in Ghana (2017) using the Abortion Incidence Complications Methodology

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Background

- Abortion, while legally permitted in Ghana for specific indications, is highly stigmatized and access to safe abortion services is limited. Knowledge of the abortion law is poor among the public and medical professionals.
- Thus, people continue to seek illegal abortions, contributing to Ghana's high maternal mortality ratio of 310 per 100,000 live births.^A
- All prior nationally-representative abortion incidence estimates in Ghana have been based on self-report, which are likely underestimates.
- As a part of a study comparing five methodologies, we used an indirect estimation approach – the Abortion Incidence Complications Methodology (AICM) – to estimate abortion incidence in Ghana nationally and in each of the country's three ecological zones (Northern, Middle, Coastal) for 2017.

Methods

Data collection and sample

The AICM requires collection of two surveys:

Health Facility Survey (HFS): Nationally representative survey of facilities with potential to provide post-abortion care (PAC) and/or abortion. Collects annual caseloads of PAC and induced abortions.

- Stratified two-stage sampling design with four strata.
- 2758 facilities in universe, 608 sampled, 554 eligible, 539 interviewed.

Knowledgeable Informants Survey (KIS): Purposive sample of people knowledgeable about abortion in Ghana, including clinicians and non-clinicians, in each of Ghana's 10 regions. Data used to estimate percent of induced abortions with a complication for which treatment in a facility is received (separately for legal & illegal abortions).

- 146 respondents interviewed.
- Averaged 44 years old with 12 years in current occupation; 41% were doctors, nurses, or midwives; 65% were female.

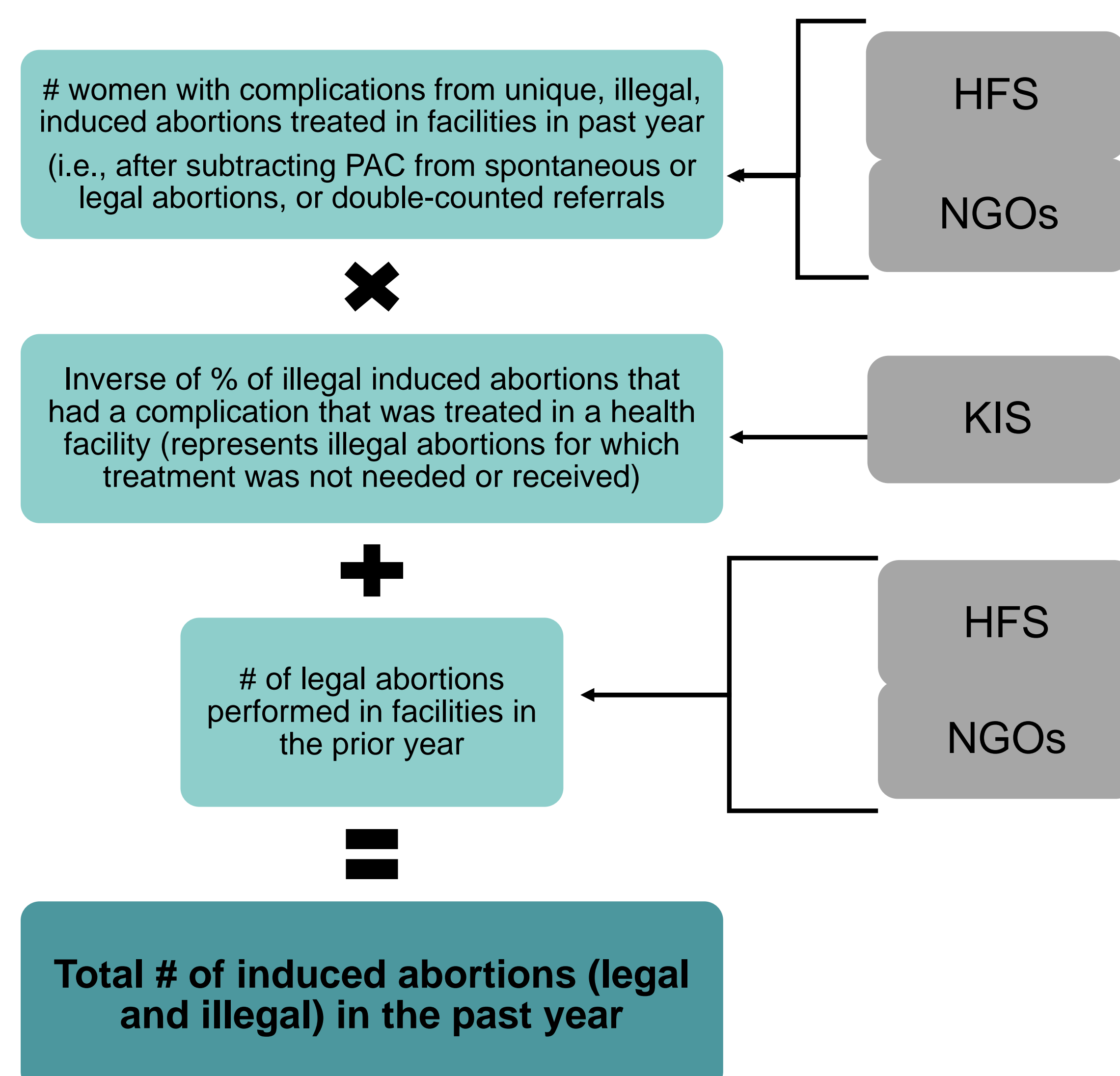
HFS facilities

Facility Type	# facilities interviewed	% providing PAC	% providing abortion in the last year
Teaching/national hospital	4	100%	100%
Regional hospital	10	100%	90%
District or university hospital/polyclinic	56	93%	52%
Other hospital	66	86%	20%
Health center	217	61%	14%
Clinic	139	41%	8%
Midwife/maternity	47	51%	13%
TOTAL	539	63%	19%

NGO data

Instead of randomly sampling NGOs, we obtained and used PAC and abortion caseloads directly from all 21 eligible NGOs in the country.

Conceptual overview of AICM analysis

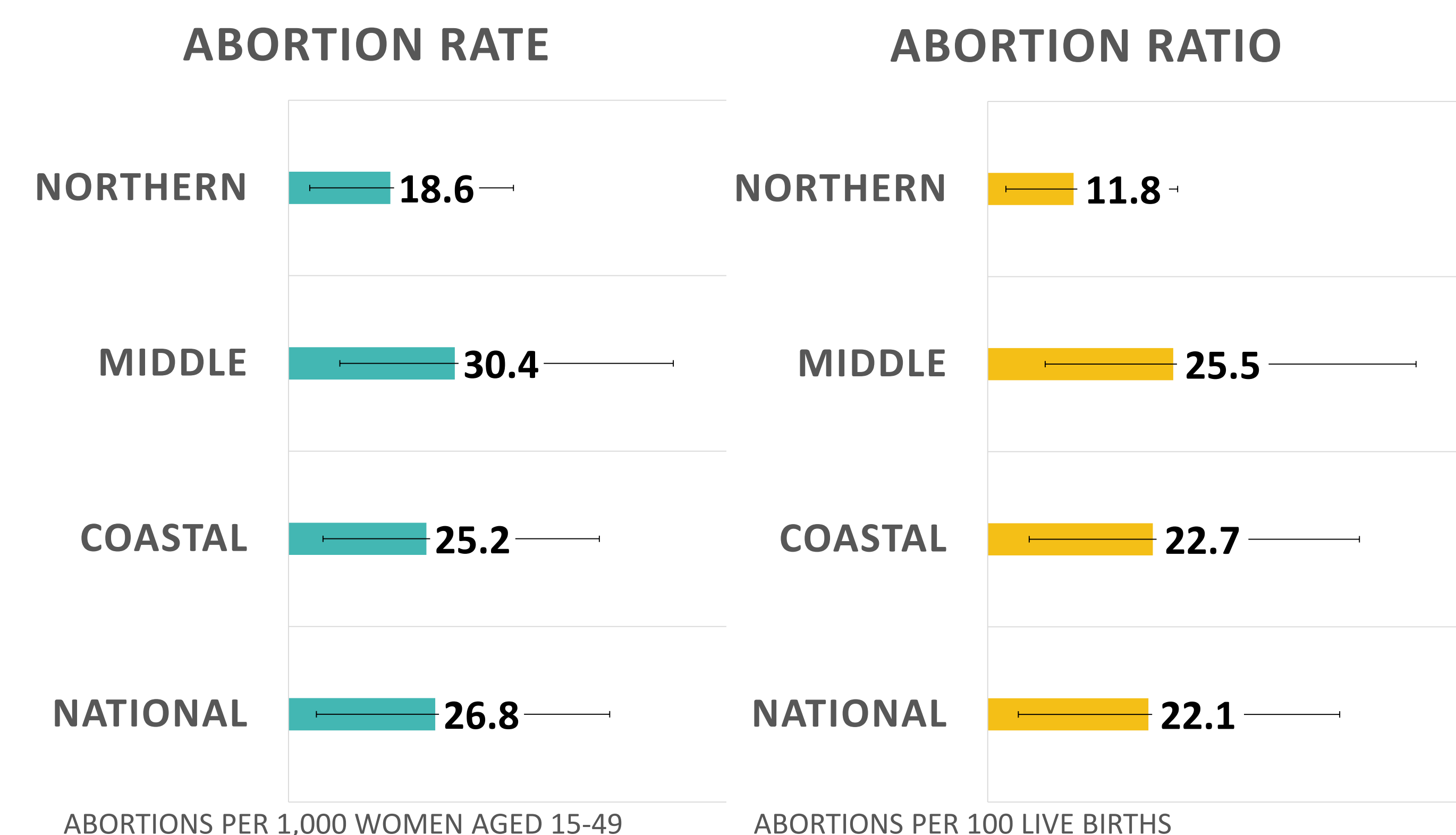


Results

Key findings:

- AICM approach estimated nearly 200,000 induced abortions in Ghana in 2017.**
- Of all abortions, 71% were illegal.**
- Abortion rate: 26.8 (95% CI: 21.7-31.9) abortions per 1,000 women aged 15-49.**
- Abortion ratio: 22.1 (95% CI: 17.9 - 26.3) abortions per 100 live births.**
- Middle zone had largest abortion rate, ratio, and percent of abortions that were illegal.**

Zone	Estimated total number of induced abortions (95% CI)	Estimated # of induced legal abortions (95% CI)	Estimated % of all abortions that are illegal
National	199,559 (161,495 – 237,622)	58,243 (47,501 – 68,984)	71%
Northern zone	18,045 (14,260 – 21,830)	5,010 (3,750 – 6,271)	72%
Middle zone	105,697 (72,934 – 138,460)	22,966 (18,382 – 27,550)	78%
Coastal zone	75,817 (56,787 – 94,848)	30,266 (20,634 – 39,899)	60%



Discussion & Conclusions

- The AICM estimated an abortion rate of 26.8 per 1,000 women aged 15-49, which is similar to the 2010-2014 model-based estimate (28) for West Africa.^B
- The AICM estimate is substantially higher than the self-reported estimate (13.4) from the recent Ghana Maternal Health Survey;^A this is unsurprising as abortion is often under-reported in surveys.^C
- Although abortion has been legal in Ghana for over 30 years and efforts have been made to increase safe abortion access, we estimate that 71% of abortions are still illegal. Stigma, lack of knowledge of the abortion law, and continued limited access to abortion services may drive people to seek illegal, and potentially unsafe abortions.
- The AICM approach has limitations (described more fully elsewhere^D), among them: the inability to provide information on the characteristics of individual women or severity of complications; the reliance on certain analytical assumptions; and the use of information which could be challenging for respondents to accurately provide.
- Future analyses will compare these AICM-based estimates to those from other abortion incidence estimation approaches. Ultimately, estimates will enable stakeholders to assess progress towards reducing unsafe abortion and decreasing maternal mortality, and highlight the importance of ensuring access to comprehensive reproductive health services including contraception, safe abortion, and post-abortion care.

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