Male Support in Accessing Abortion Services in Ghana: Does knowledge of the law on abortion matter?

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Abstract

Ghana has a liberal and progressive law on abortion, however unsafe abortion remains unacceptably high contributing to 11% of maternal deaths, and even higher in the Upper East and Upper West regions where this study is focused, averaging 30%. Though critical role players, very little is known on how men are involved in this pregnancy outcome. Using a sample of 745 men, we assess how knowledge of the law influence male support for abortion. Specifically we ask the question whether knowledge of the legal status of abortion plays a significant role in determining male support. Knowledge of the law on abortion is significantly associated with men's support for abortion [p<0.001]. Those who had knowledge of the law were more than twice more likely to show support for their partners as compared to those who had no knowledge. In all the models, age emerged a prominent determinant for men's support for abortion services, where older men were more likely to show support than younger men. Education on the law on abortion is needed and this should primarily target the youth.

Introduction

Unsafe abortion remains a major cause of maternal mortality accounting for 11% of deaths, with rates even much higher in the northern part of the country recording about 30% (Ghana Statistical Service, 2009). The Upper East and Upper West regions in Northern Ghana where this study is focused records some of the poorest reproductive health outcomes. According to the 2010 National Population Census, the maternal mortality rate was estimated at 485 per 100,000 live births, with the Upper East and Upper West Region reporting 802 and 406 deaths per 100,000 live births, respectively.

The poor knowledge of the abortion law contributes to the staggering high rates of unsafe abortion in the country. According to the Ghana Maternal and Health Survey (2007), only 4% of women knew that abortion is legal in Ghana. Similarly in another smaller study conducted among physicians, it revealed that only 54% were aware that abortion is legal and only when it threatens the life of the woman (Morhee et al; 2007).

Until 1985, abortion was listed under the Criminal code of 1960 where anyone causing or attempting to cause an abortion could be fined or face a jail term of up to 10 years. The law as it stood then was shrouded in ambiguity and equivocation in its interpretation. For example, the law did not clarify who was qualified to perform the procedure, whose consent is required, the gestational limit within which abortion could be provided and where it can be performed. Bearing on this lack of clarity, a new law was enacted in 1985

which clearly outlined the grounds on which abortion could be provided and by whom and where it can be carried out. Under this law, a woman can seek termination if continuation of the pregnancy involves risk to the life or injury to the physical or mental health of the pregnant woman, if there is substantial risk that the child if born might suffer from or later develop serious physical abnormality or disease, if pregnancy results from rape, incest or defilement of a mentally handicapped woman (Provisional National Defence Council, 1985). It goes further to outline that for abortion to be considered legal and safe, it must be provided by a registered medical practitioner with the consent of the woman. In instance where the woman lacks the capacity to give consent as in the case of a minor or imbecile, the consent of her next of kin is accepted. The abortion must be performed in a government hospital or a private hospital or clinic registered under the Private Hospitals and Maternity Homes Act of 1958 (no. 9) or in a place approved for the purpose by law.

There has been the apparent conjecture that the knowledge that abortion can be procured on liberal grounds can influence women to go in for abortions for the most flimsy of reasons. There is however no evidence to support this allegation. On the contrary countries that have favourable laws on abortion have lower incidence of unsafe abortion as compared to countries with restrictive laws. In developing countries where we have the most restrictive abortion laws, 56% of all abortions are unsafe, compared to 6% in the developed regions where laws are less restrictive (Sedgh et al, 2012).

Research shows that several social and cultural factors contribute to a woman's decisions regarding her abortion. Among these reasons are stigma, lack of money to take care of the child or desire to continue education, poor knowledge of the legal status of abortion and lack of support or involvement of partners (Aniteye and Mayhew, 2013; Adanu and Tweneboah, 2004; Aboagye et al; 2007).   All these drive women to resort to clandestine and most often dangerous means in terminating their pregnancies.

The ICPD Plan of Action called on governments to encourage equal participation of women and men in responsible reproductive behavior. However very little has been done towards getting men involved in improving reproductive health care for women particularly in the area of abortion which is largely regarded as a taboo in a highly stigmatized society. Need to say that Northern Ghana which is essentially male dominated with lineages being strictly patrilineal is characterized with men as key role players in decision making.

The abortion law clearly spells out the conditions under which abortion can be provided and who can provide the services. Knowledge on the conditions under which abortion can be provided and where to seek services is key in averting complications or any deaths associated with unsafe methods. Against this backdrop, we specifically ask the question whether knowledge of the legal status of abortion plays a significant role in determining male support.

Literature Review

In exploring the effects of social and cultural determinants of abortion, Wang and Bufallo (2004) revealed that education, gender-role attitudes, fundamentalist beliefs and childbearing motivations as influencers of attitudes towards abortion.

There are varying thoughts on whether or not to involve the man in issues of abortion. The man's role in maternal health is often met with differing most often conflicting views. Whereas some studies suggest that it is solely the woman's prerogative to determine the outcome of her pregnancy (Patel and Johns, 2009), in contrast, other discourse present the view that it is as much the man's right as it is the woman's to decide whether or not to have an abortion (Patel and Johns, 2009; Johansson et al; 1998).

In his thesis on male involvement in maternal health decision making conducted in the Nkwanta South District of Ghana, Mitchell (2012) discovered that barriers that hinder male involvement in maternal health included cultural beefs, socio-economic and poor health system.

Generally most of the studies acknowledged that evidence on male involvement in maternal health, even worse abortion is very low mainly because it is considered a woman's affair. This erroneous perception could have serious implications for programs geared towards achieving safe abortion access for women especially in an environment where men wield considerable power in household decision making, as is the case in our study sites.

In a setting where household arrangements are dictated by traditional stereotypes where men often play the dominant role in decision making, it is the man who decides when and where his partner can seek health services. In a study by Batawa et al, (2010) more than half of the women in a sample of 326, felt they must seek the consent of their husbands before they could visit a hospital. In a related study in Kano, 52% of the women reported that their husbands must grant permission before attending hospital (Adamu and Salihu, 2000).

In understanding level of male support from the woman's perspective, Jones et al. 2010 examined the perception of male knowledge and support for abortion according to three relationship characteristics; union status, length of relationship and exposure to intimate partner violence. Results emerged that married or women cohabiting with their partners as well as those in longer relationships perceived their partners to be supportive. However, those exposed to intimate partner violence had substantially reduced likelihood of their partners support for abortion.

A study conducted among 30 couples presenting for abortion services explored male involvement in abortion decision making. They discovered that women who were undecided at the time of pregnancy disclosure are more likely to seek input from their partners, however the rate of partner consultation was high even among those who had already decided to undergo an abortion. Nonetheless, out of the 60 participants, 68.3% felt the decision to terminate was made jointly (Dustin and Lamont, 2013).

The key roles partners play in the abortion decision making process cannot be ignored. In a study conducted among 401 abortion seekers in the Accra metropolis in Ghana, 54.36% required their partners' approval before seeking services (Kumi-Kyereme et al. 2014).

The legal context which determines the provision of abortion services could have a bearing on what kind of abortion services a woman would seek be it safe or unsafe. As has been clearly established, even though safe legal services may be available, women who are ignorant about these laws may resort to unsafe abortion because they do not know they are eligible and are oblivious to the legal conditions under which safe abortion can be obtained (Alan Guttmacher Institute, 1999).

Existing literature shows that men invariably play a role in the decision to terminate a pregnancy and give various degrees of support in that regard. However very little is known about the factors that influence this gesture of support, particularly in a society where abortion services are regulated by law. We therefore seek to understand whether the man's support for access to abortion services could be influenced by his knowledge of the abortion law.

Methods

Data was gathered from some selected communities in Upper East and Upper West Regions in the Northern part of Ghana. Probability proportional to size was used to sample respondents from two (2) districts per each region. A three-stage cluster sampling was used to stratify the sample by place of residence (urban/rural), cluster of enumeration areas (EAs) and random selection of households from the EAs. Men within the ages 18-59 were randomly selected for interviews. This yielded a sample size of 746 respondents.

A structured questionnaire which was pre-tested for validity and reliability was used in data collection. To guarantee data quality and adherence to ethical principles, interviewers recruited were university graduates who were given a two-day training on ethical considerations, informed consent and procedures in survey implementation. Field supervisors were also employed to ensure that interviewers complied with study protocols and procedures. In addition, the principal investigators visited the field periodically to monitor the progress and quality of data collection. Data collection spanned a period of two months. Among the demographic, socio-cultural and economic variables to be controlled for include the age, education, marital status, employment status, religion, availability of abortion services. Other variables considered include access to services, ability to pay for cost, exposure and current use of contraceptives. In measuring exposure we asked the respondents if they had worked or studied outside of their community in the last one year. Our main variable of interest is the respondents' knowledge on the legal status of abortion. In understanding male support we ask what the respondents reaction will be if their partners had abortions. Data analyses will be done using Stata 13. We

employ logistic regression to investigate the relationship between knowledge of the law and support for abortion.

Results

Descriptive Statistics

The sample had an age range of18 to 59 years with a mean age of 28 years. Sixty-seven (67%) of the sample is under the age of 25 years. Thirty nine (39%) of the respondents had no education, with approximately 36% and 25% having primary and sec/higher education respectively. Majority (60%) had no employment whereas only a little over half (52%) had travelled to work or study outside of their community in the last one year. A third were Muslims and approximately 23% and 25% identifying themselves as with no religion/traditionalist and Catholics respectively. Proportion of singles and married were evenly distributed (49% each) with the 2% being either divorced or widowed. Approximately, only 13% of the sample knew about the legal status of abortion.

In measuring support, we ask what the men's reaction would be if their wifes/partners had an abortion. The responses ranged from divorcing her, beat her up, disgrace her, support her and understand her. These were further recoded into support and non-support. Table 1 displays the distribution of support and non-support for abortion by the various independent variables. Approximately 59% of the respondents constituting 437 men indicated non-support for abortion for their partners. There are varying levels of support by the individual demographic and socio-economic characteristics.

Non support for abortion was higher among the younger men (under 25) at 67% as compared to the older men (above24 years). There results show a positive relationship between educational level and support for abortion. Fifty (50%) of those with secondary or higher education showed support whereas 38% and 39% of those with no education and some primary education respectively showed support. Higher proportion of those in employment (61%) indicated non-support for abortion than their counterparts who are not in employment, there was however very little variation in the proportions when it comes to wealth index. Non-support for abortion was notably much lower among singles (63%), as compared to those married or separated or divorced. The Islamics reported highest proportion of non-support for abortion as compared to the other religions. This was followed by Catholics (59%).

Apart from these basic demographic characteristics, we also opined that other factors may influence access to abortion services as dictated by men. It is interesting to note that for those who did not think that abortion was legal, 61% of them indicated non-support for abortion services as compared to their counterparts who thought abortion was legal

(41%). Utilization of available services is largely also dependent on whether or not the service is accessible and cost. We went on to ask if men in the community are able to access abortion services. A higher proportion of those who showed support for abortion (44%) were those who answered in the affirmative. Those who had a previous history of ever assisting a partner to have an abortion stated support as compared to 41% of those who had never assisted a partner in the past. A good proportion (65%) of those who are not able to pay for travel cost for their partners to access abortion showed no support as compared to 49% of those who are able to pay. Proportion for non-support is higher (62%) for those who were currently using contraceptives than for non-users, 58%.

Table 1: Proportion of Support and Non-Support by Independent Variables

Covariates	Non Support # (%)	Support # (%)	Total
Age			
Under 25	200 **(67)**	98**(33)**	298
Above 24	237**(53)**	210*(47)*	447
Education			
No Education	179**(62)**	113**(33)**	292
Primary	163**(61)**	103**(39)**	266
Secondary/Higher	94**(50)**	92**(50)**	186
Employment Status			
No	256**(57)**	192**(43)**	448
Yes	181**(61)**	116**(39)**	297
Marital Status			
Single	230**(63)**	135**(37)**	365
Married	198**(54)**	167**(46)**	365
Divorced/Separated/Widowed	9**(60)**	6**(40)**	15
Religion			
Catholic	109**(59)**	76**(41)**	185
Pentecost/Charismatic	66**(52)**	60**(48)**	126
Protestant	20**(56)**	16**(44)**	36
Muslim	147**(64)**	82**(36)**	229
Traditional/None	95**(56)**	74**(44)**	169
Knowledge of Legal status			
No	398**(61)**	251**(39)**	649
Yes	39**(41)**	57**(59)**	96
Access to Abortion Services			
No	280**(60)**	187**(40)**	467
Yes	157**(56)**	121**(44)**	278
Ever Assisted Partner*			
No	316**(59)**	223**(41)**	539

Yes	23**(44)**	35**(56)**	63
Pay for Cost			
No	288**(65)**	152**(35)**	440
Yes	149**(49)**	156**(51)**	305
Current Use of Contraceptives			
No	241**(58)**	178**(42)**	419
Yes	160**(62)**	98**(38)**	258

*Question was asked to only those who had ever had sex

Multivariate Analysis

A logistic regression model was performed to examine the relationship between the predictor variables and men's support for access to abortion. Controlling for the demographic and socio-economic factors, it emerges that our main variable of interest ie. Knowledge of the law on abortion is significantly associated with men's support for abortion [p<0.001]. Those who had knowledge of the law were more than twice more likely to show support for their partners as compared to those who had no knowledge. Other variables that showed statistical significance were age of the respondents [p<0.05], exposure [p<0.05], religion [p<0.05]and ability to pay for travel cost for abortion services [p<0.001]. Men above the age of 24 were 81% more likely to show support as compared to their counterparts below 24. Men who work or school outside of their community, presumably have received some level of exposure and were 52% more likely to support their spouses for abortion as compared to those who did not work/school outside. Whether or not the man will pay for travel cost for abortion is important in determining his support. As shown in table 3, men who were willing to pay for travel cost were 78% more likely to show support for partners as compared those not willing to pay. Muslims were 65% less likely to support their spouses as compared to the catholics/protestants. Education, marital status, ability to access abortion services, current use of contraceptives were not statistically significant factors in determining men's support for abortion. Though education was not statistically significant, it was interesting to find that the higher one's education, the more likely he is to show support.

Table 2: Regression model to examine relationship between predictor variables and men's support for abortion

Variable	Odds Ratio	Std. Error	P[z]
Knowledge of the Law			
No*	1.000		
Yes	2.2516	0.5593	0.001
Age Group			
<25*	1.000		

25+	1.8144	0.3692	0.003
Education Level			
No Education*	1.000		
Primary	1.2223	0.2442	0.315
Sec/Higher	1.5242	0.3562	0.071
Religion			
Catholic/Protestant*	1.000		
Pentecost/Charismatic	1.2773	0.3047	0.305
Islam	0.6538	0.1406	0.048
Traditional/None	0.9897	0.2278	0.964
Exposure			
No*	1.000		
Yes	1.5269	0.2546	0.011
Employment Status			
No*	1.000		
Yes	0.7559	0.1283	0.099
Marital Status			
Single*	1.000		
Married	1.2402	0.2605	0.305
Divorced/Separated/Widowed	1.0332	0.5977	0.955
Able to Access Abortion			
No*	1.000		
Yes	1.0688	0.1827	0.697
Pay for travel cost			
No*	1.000		
Yes	1.7805	0.2911	0.000
Current Use of Contraceptives			
No*	1.000		
Yes	0.7813	0.1392	0.166
Constant	0.2648	0.0703	0.000

*Reference Category

Number of Obs =   744, Prob> chi2= 0.000, Pseudo R2=0.0688

Table 3 shows results of interaction between education and law. This is to further understand the isolated effect of knowledge of the law on men's support for abortion. For example given respondents of the same religious background we want to examine whether or not their knowledge of the law makes a difference in offering support for their partners to seek abortion services. From the table we can conclude that Muslims with knowledge of the law were more than twice more likely to support their spouses than Muslims who had no knowledge of the law. They were also twice more likely to show support than their counterparts who were catholics/protestants and had no knowledge of the law. Even where respondents were traditionalist or had no had no religion and knew the law, they

were more than twice more likely to show support than catholics/protestants without knowledge of the law.

Table 3: Bivariate logistic regression showing interaction between religion and law and support for abortion

Mens Support	Odds Ratio	Std. Error	P>[z]
Religion & Knowledge of Law			
Catholic&Protestant/No Knowledge*	1.000		
Pentecost&Charismatic/No Knowledge	1.3431	0.3155	0.209
Muslim&No Knowledge	0.6783	0.1468	0.073
Traditional& No Religion/No Knowledge	1.0839	0.239	0.715
Catholic&Protestant/Have Knowledge	2.3931	1.0800	0.053
Muslim/Have Knowledge	2.000	0.6621	0.036
Pentecost&Charismatic /Have Knowledge	2.5641	1.9093	0.206
Traditional& No Religion/Have Knowledge	2.6373	1.3116	0.051
Constant	0.65	0.9453	0.003

*Reference Category

Similarly Table 4 also shows interaction between education and law and its association with support for abortion. From the table we can gather that those with secondary or higher education and have some knowledge were about twice more likely to support their spouses than those with the same level of education and no knowledge of the law and this odds are even higher at almost three times more likely than those with no education and no knowledge of the law.

Table 4: Bivariate logistic regression showing interaction between education and law and support for abortion

Men's Support	Odds Ratio	Std. Error	P>[z]
Education & Knowledge of the Law			
No Education & No Knowledge*	1.000		
No Education & Have Knowledge	1.1863	0.2114	0.338
Sec/Higher & No Knowledge	1.3872	0.2982	0.128
Primary & Have Knowledge	1.3671	0.5769	0.459
Sec/Higher & Have Knowledge	2.871	0.8897	0.001
Constant	**0.5747**	**0.0721**	**0.000**

Number of obs =744, Prob>chi2=0.0128, Pseudo R2=0.0126

In table 5, we estimate the relationship between knowledge of the law and support for abortion after controlling for the background characteristics. In this model, we dropped knowledge of the law, education, religion and ability to pay for travel cost due to the multicollinearity effect these may have on the model. After controlling for socio-economic and demographic characteristics, education and knowledge of the law and religion and knowledge of the law as interactive terms did not show any statistical significance. However, results show a positive correlation between religion and knowledge of the law and support for abortion. Irrespective of the respondents' religious affiliation, their knowledge of the legal status of the law increases their likelihood of supporting their spouses. As evidenced from the data, catholics/protestants who knew the law were three times more likely to show support as compared catholics/protestants who had no knowledge of the law. Also, those 25 years or older had increased odds [1.79; p<0.05] of showing support as compared to their younger counterparts.

Table 5: Multivariate regression of knowledge of the law and support for abortion, controlling for background characteristics

Men's Support	Odds Ratio	Std. Error	P>[z]
Education & Law			
No Education & No Knowledge*	1.000		
No Education & Have Knowledge	1.4566	0.2998	0.068
Sec/Higher & No Knowledge	1.7882	0.4426	0.019
Primary & Have Knowledge	0.4826	0.3489	0.314
High Education & Have Knowledge	1.1763	0.7851	0.808
Religion & Knowledge of Law			
Catholic&Protestant/No Knowledge*	1.000		
Pentecost&Charismatic/No Knowledge	1.3820	0.3356	0.183
Muslim&No Knowledge	0.6815	0.1563	0.095
Traditional&No Religion/No Knowledge	1.0388	0.2484	0.873
Catholic&Protestant/Have Knowledge	3.0121	2.1164	0.117
Muslim/Have Knowledge	2.8898	1.8112	0.09
Pentecost&Charismatic/Have	4.6226	4.5521	0.12

Knowledge			
Traditional/Have Knowledge	3.2776	2.3131	0.093
Age Group			
<25*	1.000		
25+	1.7977	0.3633	0.004
Marital Status			
Single*	1.000		
Married	1.2827	0.2674	0.232
Divorced/Separated/Widowed	1.0071	0.5728	0.99
Employment Status			
No*	1.000		
Yes	0.8446	0.1380	0.302
Able to Access Abortion			
No*	1.000		
Yes	1.2308	0.2083	0.22
Current Use of Contraceptives			
No*	1.000		
Yes	0.7831	0.1385	0.167
Constant	**0.3275**	**0.0853**	0.000

*Reference Category

Number of obs =744, Prob>chi2=0.000 Pseudo R2=0.0536

Discussion and Conclusion

Unsafe abortion in Ghana is a major contributor to maternal deaths and remains a huge public health concern. One of the reasons for this is women donot know the legal requirements under which abortion can be provided and are therefore driven to use clandestine means to terminate their unwanted pregnancies.

Lack of knowledge of the legal status of abortion was common among a staggering majority of the respondents. This mirrors the national estimates of generally poor knowledge of the existence of abortion law in the country and the conditions under which abortion can be provided (Ghana Maternal Health Survey, 2007). A detailed probing of the data showed that education had a positive association with knowledge of the law (table not shown).

Knowledge of the law is an important determining factor in influencing support for access to abortion (table 3), however the statistical significance of this association diminished when combined with interactive variables education and religion (table 5).

Most religious sects portray termination of unwanted pregnancy as an immoral act or taboo which overtly or covertly drives the stigma associated with abortion. Knowing the prominent role religion plays in the decision to terminate a pregnancy, we interacted the religion with knowledge of the law to be able to explore some of the nuances these

variables could produce in support for abortion. From the results irrespective of one's religious affiliation, knowledge of the law played a determining role in support for abortion.

In all the models, age emerged a prominent determinant for men's support for abortion services, where older men were more likely to show support than younger men. A plausible explanation behind this observation could be that these group of older men could be most likely married or in more stable relationships, have completed some higher level of education and more economically stable and have gained exposure outside of their communities. With such predisposing factors, it is easier for this group to navigate the negative attitudes and stigma faced in seeking abortions compared to their colleagues who are younger and vulnerable. This assertion is somewhat consistent with Ouedraogo and Sundby's study in 2014 where they established that personal circumstances and resources such as financial resources, level of compliance to social norms, educational level, social network determines the individual's degree of vulnerability and ultimately affects the type of abortion one will have.

We conclude that when men have knowledge of the law that exists on abortion, they are more likely to offer support for access to abortion for their partners. However this association cannot be isolated from the effects of religion and education. Education on the law on abortion is needed and this should primarily target the youth.

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