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Health Workers and Managers' Perspectives on Implementing Comprehensive Abortion Care in Ghana

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Introduction and Purpose/Objective(s): Ghana is expanding legal abortion services to the limit of the law. Policy makers have enacted evidence-based standards and guidelines. Key professional associations have lent their support and resources have been availed. The perceptions of health workers and management are understudied, but vital to the effort.

Data-Collection Methods: Authors queried health workers and managers likely to be involved in Comprehensive Abortion Care (CAC) services to identify their motives, hesitatations, expectations, and preferences. In total, 513 clinicians and 132 managers from 90 public facilities were recruited by quota sampling to complete anonymous, self-administered questionnaires in July-September, 2006. Crude frequencies were calculated in SPSS 14.

Summary of Results: Hospital managers were largely supportive (80.1%) of implementing menstrual regulation services, safe abortion care up to 12 weeks (69.2%), and safe abortion for adolescents with consent (54.4%). Less support was voiced for misoprostol up to 9 weeks (34.4%) and abortion care over 12 weeks (29.5%). Most health workers were also favorable with 65.2% asserting that clinicians who offer legal CAC deserve respect for their work. Given adequate training and support, Ghanaian clinicians reported comfort with rendering menstrual regulation (81.4%) and nonjudgmental counseling (77.8%). Less than half would feel comfortable offering MVA up to 12 weeks (42.8%), safe abortion for adolescents with consent (42.0%), or misoprostol up to 9 weeks (32.4%). Almost a quarter (23.4%) was undecided. Main motivators to offer CAC were: the desire to reduce maternal death and disability (75.6%), desire to restore women's physical and emotional health following forced sex, rape, or incest (65.4%), desire to render comprehensive patient care (59.8%), and belief in women's right to make their own moral choices (49.6%). Those who were willing and those who were unwilling to offer comprehensive abortion care reported the same average number of concerns and hesitations. However, the specific concerns were distinct in the two groups. Those unwilling to offer were more likely to be concerned that the practice would be contrary to their religious beliefs (0.4 CI.23-.61). Whereas those who were willing to offer were more likely to be concerned with lack of support from hospital administration (3.0 CI 1.8-5.1) and lacking a clear understanding of the specific legal and policy context under which services could be rendered (2.1 CI 1.3-3.3). Less than 1 in 5 health workers were aware of all legal indications. Although 62.7% reported that unwanted pregnancy could cause psychological distress, almost half (49.3%) felt pregnant women would assert false mental health claims to access safe abortion. Similarly, a majority (65.2%) reported that pregnant women would falsely claim to be raped in order to qualify. Midwives' role in CAC provision was contentious with 75% of health workers supportive compared with only 19% of management supportive.

Conclusions: The study highlights the need for training in legal and liability issues, pregnancy psychology, care of survivors of sexual violence, values clarification, and faith perspectives of abortion. Sensitivity to issues of terminology, framing and power are critical. Advocacy for midwives is paramount. Routine clinical skills training alone will not address the main barriers to performance in Ghana.

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