Family Planning and Abortion Services in Ghana: An Exploration into the Thoughts and Perceptions of Reproductive Healthcare Providers

Findings: Thoughts and Perceptions

Family Planning is Beneficial

“It is a good service that is helping a lot of women. It is helping with maternal mortality and infant mortality by reducing unsafe abortions.” (Provider participant #4)

“Family planning is good for women to space child birth. It helps if the woman is in school and wants to work hard and keep her family. It helps couples make good decisions about family. It helps in government because there are less people and we can use the resources we have. It also allows couples to enjoy their sex life without worrying about getting pregnant.” (Provider participant #1)

The Need for More Education

“There are more people outside. If you haven’t come here you don’t get the message, and you don’t know. More women need to be reached.” (Provider participant #2)

“There are more people that don’t have access or don’t have information. There are a lot of women who try to do abortions themselves. If abortion was legalized a woman could just walk into the clinic and get it. There is a lot of stigmatization because people think it is a crime. There is a need for education. People don’t know where to go and feel they have no one to talk to. A lot of women die from trying to do abortions themselves. They take herbs. They grind up glass bottles and swallow them. They think that this goes into the intestine and cuts the baby out. They take concentrated coffee which they believe helps to start contractions. They come in with uncontrollable bleeding.” (Provider participant #4)

“They need more education on family planning on the radio, in community centers, churches, in the community. There are no programs in schools.” (Provider participant #3)

Intrinsic Reward

“It is interesting at times. It’s an issue of giving them time to decide on their own health. You need to give them all the issues and counseling. The experience is filled with joy giving all that I can.” (Provider participant #1)

“More students should come so I can teach them. I want more students passing through my hands so I can send the message out side.” (Provider participant #2)

Barriers to Access of Care

“A lot of women want family planning but access in some areas is a big problem. They get referred here. Our rate is not very high compared to the number of reproductive aged women in this country, so we have to work harder.” (Provider participant #1)

“Women are not coming because they are afraid of side effects, financial problems, transportation problems, and men not allowing them to come. Some side effects women are afraid of are with the IUD. They think it can travel to the heart and stomach, or that amenorrhea can cause fibroids. We counseled them on misconceptions. We have to travel where they are, but because of a shortage and workload we can’t. We need to talk to males to. They don’t allow women to come. Women sneak. More male involvement would improve family planning. Once a week we go to churches in the community, but if we were many we could go twice a week.” (Provider participant #3)

Recommendations

- Education in the community in the form of structured programs in schools, community centers, and churches.
- Public health announcements regarding availability of family planning and abortion services on the radio and television.
- Special outreach programs set up by hospitals and clinics, specifically to send nurses and midwives out into the community to educate men and women that are unable to come to hospitals and clinics.
- Counseling programs in hospitals and clinics regarding empowerment of women, supporting and educating them about how to make their own health decisions.

Conclusions

• Nurses play a significant role in advocating for women’s health choices in Ghana.
• Nurses gain a sense of reward from providing family planning services to women.
• Many social and cultural factors pose as barriers to access to family planning and abortion services in Ghana.
• Although nurses felt that family planning is extremely beneficial, they feel that education surrounding these services would help improve women’s health.

References

Acknowledgements
This research was funded by a generous grant from the University of New Hampshire’s International Research Opportunities Program, a division of the Division of International Research and Education.

I would like to thank my mentor, Dr. Carolyn Tobin, and the Department of Nursing Honors Program Coordinator, Dr. Carol Williams-Barnard, for their continued support.

I would like to thank Dr. Cheryl Jemmott, my foreign partner, and all of the staff in the Nursing and Midwifery Training College in Kumasi, Ghana.