



Attitudes toward abortion among students at the University of Cape Coast, Ghana



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ABSTRACT

Objectives: This study aimed to describe the attitudes toward abortion of Ghanaian University students and to determine factors which are associated with supporting a woman's right to an abortion.

Methods: This cross-sectional survey was administered to residential students at the University of Cape Coast. Participants were posed a series of 26 statements to determine to what extent they were supportive of abortion as a woman's right. An exploratory factor analysis was used to create a scale with the pertinent factors that relate to abortion attitudes and a multivariable linear regression model explored the relationships among significant variables noted during exploratory factor analysis.

Results: 1038 students completed the survey and these students had a generally negative view of abortion. Two factors emerged: (1) the *Abortion as a Right* scale consisted of five questions ($\alpha = .755$) and (2) the *Moral Objection to Abortion* scale consisted of three questions ($\alpha = .740$). In linear regression, being older ($\beta = 1.9$), sexually experienced ($\beta = 1.2$), having a boyfriend/girlfriend ($\beta = 1.4$), and knowing someone who has terminated a pregnancy ($\beta = 1.1$) were significantly associated with a more liberal view of a right to an abortion.

Discussion: This work supports the idea that students who have personal exposure to an abortion experience hold more liberal views on abortion than those who have not had a similar exposure.

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Background

Despite having a relatively liberal abortion law [1], complications from unsafe abortion continue to be a major component of Ghana's maternal mortality [2] and a large burden of disease in the country's emergency gynecology wards [3,4]. While the law was liberalized in 1985 allowing abortion for a few broad categories [5], and the Ghana Health Service and the Ministry of Health established protocols for the provision of safe abortion services in 2006, nearly half of abortions in the country remain unsafe [5].

The incidence of abortion and associated morbidity and mortality is considered to be highest (25%) among women aged 20–24 years [6], with a reported rate of 34 per 1000 among women in urban areas [7–9]. The situation in Ghana is further evidence that a liberal law is only effective at reducing mortality and morbidity associated with unsafe abortions if it is accompanied by appropri-

ate service provision [10] and women's willingness to seek such services [11–13].

Currently the Ghanaian law allows abortion if at least one of a few broad categories are met: (a) if the pregnancy is the result of rape or incest, (b) if there is gross fetal malformation, or (c) the continuation of the pregnancy endangers the life, or the mental or physical health of the mother [1]. This law is considered one of the most liberal in sub-Saharan Africa. Although a woman may have a right to a safe, clinic-based abortion in Ghana, negative attitudes toward the service from both providers and the general public may be one reason for the high numbers of women who seek services from outside the formal healthcare system [14].

Recent work in Ethiopia, which has a similar abortion law, has demonstrated that healthcare providers justified providing abortions in order to reduce maternal mortality, rather than in terms of a woman's right to control her body or to have an abortion [15]. Although the framing of the 1985 liberalization of abortion in Ghana has not been well documented, in 2006, the Ghana Health Service published a document, "Prevention and Management of Unsafe Abortion: Comprehensive Abortion Care Services Standards and Protocols" [16]. This document is written from a public health lens, stressing the importance to reduce barriers to unsafe abortion in order to

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prevent unnecessary death and disability. While the “General Principles” section of the document indicates that, among other things, “each client has the right to access the service, as an integral part of comprehensive integrated reproductive health service provision”, this is the only mention of a woman’s right to an abortion. Except for in South Africa, most of the justification for the change in abortion laws, where they have occurred, have been to reduce maternal mortality, rather than based on a woman’s rights [15]. This may undermine the ability of women to insist on this right, and may empower providers to refuse to provide services and stigmatize women who seek these services.

The abortion-rights movement in Ghana has been described as a constituency, “less than 10 persons consisting of medical doctors, lawyers and a handful of other interested parties” [17] and it is possible that the views of the nation on a whole are not represented in the liberal law. While it has been reported that Ghanaian society is deeply religious [18], and abortion stigma in Ghana can be linked to religious attitudes [19], general attitudes of University students – a population that falls within the age bracket with the highest incidence of abortion is scant in the country. Work in other settings such as South Africa has shown that cultural attitudes toward abortion correlate with conservative values in general [20].

Importantly, the safe abortion guidelines established in 2006 specifically encourage research and dissemination of information pertaining to abortion to students and other high risk groups [21]. Recent work has explored the determinants of decision-making among Ghanaian university students [21] and students’ knowledge about abortion in Ethiopia [22]. This work has found that students’ decision-making and knowledge are impacted by their education, religion, and relationship status [21]. However, the attitudes and views of sub-Saharan university students toward abortion have been largely unexplored. There is therefore a gap in the literature on Ghanaian University students’ attitudes toward abortion. As attitudes generally underpin laws and policies, it is important to understand the public’s attitudes and views toward an issue, especially one that can be politically charged, such as abortion. This information could provide the framework for future educational endeavors of students and policy changes [23]. The current study therefore sought to examine the attitudes of Ghanaian university students toward abortion.

Methods

Setting

Data for the study were collected from a survey of residential students at the University of Cape Coast. The University of Cape Coast is one of the eight public (State-owned) universities in Ghana. It has a total population of about 24,000 pursuing various academic programs. The University has 8 official Halls of residence and hostels, which accommodate more than 6000 residential students. The University operates a residential policy where all freshmen are accommodated in the traditional halls of residence while continuing students make their own arrangements for accommodation.

Instrument

The questionnaire was developed and pilot tested among similar-aged students ($n = 20$) who studied at the Cape Coast polytechnic, a tertiary-level institution located in the same city. Some slight modifications were made to the survey based on these pilot tests. The survey was self-administered on tablet computers using DroidSurvey software.

The instrument had four sections: (a) background, (b) knowledge and attitude of sexual and reproductive health, (c) sexual and reproductive health risk perception, and (d) abortion experience and

attitudes. The subset of questions regarding abortion experiences and attitudes are reported here.

Sampling

A quota was assigned to each hall based on the population of each hall of residence in order to make the sample as representative of the residential students as possible. Due to the exploratory nature of this study there were no a priori hypotheses that necessitated a power analysis. A list of room numbers for each hall was generated, and rooms to include in the survey were randomly selected via a random number generator. Research assistants approached each room and explained the study to the first resident they encountered. Most rooms house two students, although this varies some by hall. If the original student refused participation, the RAs invited a student from the next room. Those students who agreed to participate were handed the tablets hosting the survey. To ensure privacy and confidentiality, the respondents were encouraged to respond to the survey in private. Each survey took about 30 minutes. A total of 1042 residential students were successfully interviewed.

Ethical considerations

The survey received ethical clearance from the Institutional Review Board of the University of Michigan and was approved by the University of Cape Coast. Five field assistants were trained in the objectives of the survey and were available if any of the respondents had questions while they completed the survey. The field assistants could not view the responses of the participants and no identifying information was collected.

Measures

Similar to Snegroff [24], Shellenberg et al. [25], and Sorhaindo and colleagues [26], participants were posed a series of 26 declarative statements to determine to what extent they were supportive of abortion as a woman’s right. Participants were asked to respond to these statements on a 5-point Likert scale from Strongly Disagree to Strongly Agree. These statements were developed by the authors based on their experience working in the arena of abortion research in Ghana and based on extant literature.

Analyses

All data were transferred from the DroidSurvey platform to Excel and then imported into IBM SPSS version 22 (SPSS, Inc., Chicago, IL). First, descriptive statistics were used to explore the data. Then, an exploratory factor analysis was used for data reduction in order to create the outcome variable, a scale with the pertinent factors that relate to abortion attitudes [27]. Finally, a multivariable linear regression was run with variables that were found to be associated with the outcome variable created during exploratory factor analysis.

Results

Characteristics of the sample

Due to the small number of missing responses, it was determined a priori that those participants who had omitted questions would be excluded from data analyses. This resulted in complete data from 1038 (99.6%) students for the regression analyses. Slightly less than half the sample was female ($n = 480$, 46.2%). A majority (71.9%, $n = 746$) has ever had a boyfriend or girlfriend. Of those, 476

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