

BARRIERS TO INTERPRETATION AND IMPLEMENTATION OF THE ABORTION LAW IN GHANA

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BACKGROUND

- HISTORY:-Gained independence from British rule on 6 March, 1957. (50years post independence)
- POPULATION:-Recent population estimates about 22.0 million (World Bank. World Development Report 2007)
- HEALTH/ MATERNAL HEALTH:- Laudable Health Policies; Introduction of Reproductive Health Service Policy in 1997; Maternal mortality ratio- 214/100,000;540/100,000
- Poised to achieve MDG 5



GHANA'S ABORTION LAW & POLICY

The Law: 1960, amended 1985

- Derived from British law
- 1985 amendment allows abortion in cases of:
rape, incest, foetal impairment and “***physical + mental ill health of mother***”

The Policy: 1997, 2003

- 1997 Reproductive Health Policy and Standards (RHPS) document does not include abortion
- 2003 RHPS revised to include abortion, but no standards and protocols for implementation

THE LAW: Ambiguous law open to interpretation

“well, I think...the law in this country is too wide. There are no safeguards to the clauses. Rape; there is no provision in the law that requires that the woman must have reported the rape three months before ... The woman comes to me that she was raped three months ago; where is the proof? Do I just accept what the patient is saying? That is a flaw. I don't know but the worst part of our law is the period of gestation. There is no limit... as far as the woman has not delivered, you can terminate the pregnancy. ... Where in the world do you get this type of law? The law in this country needs a very serious review.”

Quote from an Obstetrician/gynaecologist

THE CULTURE: Moral and religious objection

“Human life is very, very precious, not only to man but also to God because in the bible God says that before you were born I knew you...we don't create how do we destroy?”

No, no I don't agree, I'll never support.

Africans and Ghanaians for that matter, value life very, very much that is why in African context a marriage without a child is like a curse and you do everything to have a child.....I mean, in the African context, it's a curse; to abort? Jesus Christ!! No!”

Quote from a Clergyman

PROVIDER BARRIERS: Conscientious objection

“...I would have done my part but I will never lead her to any doctor. No! No! One day, a sister of mine came to me and said that she was pregnant and that she wanted me to refer her to one gynaecologist; I said no.... I won't do it, I won't do it; if it was for any other ailment I will, but not for this, I won't do it. Yes; and I told her my reasons, I am a Christian, I will never do any such thing, yeah, so she went away. ... liberalising it, giving people the latitude to decide that they want to have an abortion so they go in and have it. I am totally against it for various reasons. Yes. I will never, ever refer anybody to any doctor for an abortion”

Quote from a medical officer

THE WAY FORWARD

- **Most stakeholders (Health Providers and non-providers) call for an extensive dissemination of law through:**
 - **Incorporation in curricula of medical & nursing schools**
 - **Public discussions of issues related to abortion and the law in print & electronic media by journalists, doctors & Lawyers**
- **Massive education :- Civic, moral & religious education in homes, churches, schools & youth organizations recommended by all stakeholders, especially the clergy, obstetricians and midwives.**
- **“ Values clarification”:-A process of building understanding among stakeholders. This could be done through workshops by trained health providers and “The converted”.**