Research Summary

Coping with Pregnancy: Experiences of Adolescents in Ga Mashie, Accra, Ghana

BACKGROUND

The 1998 Ghana Demographic and Health Survey (GDHS) found early pregnancy loss among girls age 15 to 19, especially those residing in urban areas, to be approximately twice as high as among other women. This study of the strategies used by adolescent girls living in urban Accra, Ghana, to cope with unintended pregnancies was conducted in 2002 to improve the understanding of the sociocultural dynamics of teenage abortion in urban Ghana. It examines the processes leading to pregnancy and compares and contrasts the strategies of terminating the pregnancy and carrying the child to term. Case studies based on serial, in-depth interviews with 29 girls who had experienced at least one pregnancy during their teenage years were collected. These included boyfriend, pregnancy, birth, and abortion histories and other related aspects of life history. Half of the participants were between 15 and 19 and half between 20 and 24 at the time of interview. Collectively among the participants, 64 pregnancies were experienced; approximately half resulted in abortions and half in births. School teachers and administrators, and health providers working in the community were also interviewed.

FINDINGS

The average grade completed by study participants was first level junior secondary school. Most girls dropped out not because of pregnancy, but rather because their parents and guardians were not able to financially support schooling. Most girls aspired to vocational and trading pursuits.

Girls generally had their first sexual experience after dropping out of school. They became sexually involved with boys their own age or within 10 years of their age with a few exceptions and tended to practice serial monogamy. Force and deception by boyfriends and others led many girls to begin having sex before they wanted to. Most were currently in long-term relationships with a first or second sexual partner.

At first menstruation, girls were routinely instructed by their parents and guardians that they could now get pregnant.

Periodic abstinence was the contraceptive method most commonly used by the study participants, but it was practiced according to the idea that one can become pregnant during or immediately before or after menstruation rather than at mid-cycle. There is evidence that these ideas were taught and the practice reinforced by some parents and teachers.

About half of the participants said they had tried condoms at some point, though only about a third said they had ever used them regularly due to decrease in enjoyment by either themselves or their partner. Girls were hesitant to use any other modern contraceptive method before they had had children.

All of the participants, whether they were in long-term relationships or not, said their first pregnancies and most subsequent ones were accidents or mistimed.

Girls' awareness of their menstrual cycle generally led to early knowledge of pregnancy. This allowed them time to negotiate with boyfriends, parents, and others about how to handle the pregnancy and to seek information about abortion services from friends and others if necessary.

The decision about whether to terminate or continue a pregnancy was made in any of several ways, depending on the social circumstances and people involved.

- Most commonly, girls and their boyfriends made the decision together as to whether to terminate or continue the pregnancy. In a significant number of cases they decided to continue the pregnancy and the boyfriend then acknowledged paternity by doing a public "knocking" or similar rite. This was the first step toward a long-term union and implied that the male involved would provide money and other support, though the couple often did not live together. The other common decision was to have an abortion, in which case the boyfriend often supplied the girl with money to have the procedure. This decision did not necessarily cause the relationship to end. The reasons study participants gave for aborting were mainly financial.
- In situations where the adolescent girl was dependent on her parents or guardians or when the couple did not agree on a plan of action, parents and guardians made the decision as to whether the girl would terminate or continue the pregnancy. In about a third of the cases they opted for abortion and in two-thirds for birth, and they generally supplied financial support for the birth or abortion procedure and contributed to the child's upkeep.
- A significant minority of girls' boyfriends denied responsibility for the pregnancy. When this occurred, the responsibility for terminating the pregnancy fell to the girl. In these situations, the girls usually used their own resources entirely or borrowed money on a pretext for terminating the pregnancy rather than obtaining the necessary funds from their boyfriends.

Among participants who had abortions, the majority had first trimester abortions. Various abortion services are available in the community (though some are expensive), and girls easily obtained information about options from a network of friends. Clinical abortions were most commonly used. One herbal option, *aatsoo,* or "Auntie Mercy," was used effectively by some girls as well. Few complications were reported, none serious.

Little or no postabortion counseling was received at public or private clinics.

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CONCLUSIONS AND RECOMMENDATIONS

These girls' experiences of adolescent pregnancy challenge some of the basic assumptions about teenage pregnancy and abortion. Girls drop out of school because of family financial problems rather than pregnancy and subsequently get pregnant with boyfriends rather than sugar daddies or men who are much older than them. Forced sex is a common first sexual experience with boyfriends. Girls are generally instructed at puberty and have good awareness of their menstrual cycle but do not use family planning methods effectively. Often with the help of boyfriends, girls were able to raise fees for abortions, generally had first trimester clinic abortions and suffered few complications.

Pregnancy and forced sex prevention efforts are clearly needed and should focus on male and female out-of-school as well as in-school adolescents and youth. The following strategies might be used to reach these groups:

- Build on existing puberty practices of parents and other caretakers by encouraging inclusion of information on the biological fertile period, modern methods of contraception, and the dynamics of forced sex. An example of messages aimed at boys is "When a girl says no to sex it means no." For girls, "It is important to say no both verbally and non-verbally, through body language."
- Many girls who have recently migrated to Accra from other areas of Ghana might be reached with pregnancy prevention and sexual violence education through their "madam" for whom they sell food items and with whom they live. Others might be contacted through local "susu collectors" or mobile bankers, since many save their money this way.
- Train teachers about the biological fertile period during pre-service training and in-service training on holidays and encourage routine teaching of pregnancy prevention, including modern contraception in the classroom. Encourage teacher-parent dialogue about the curriculum related to reproductive health in the schools at PTA meetings in the schools so parents are aware and can reinforce learning.
- Encourage family planning, postnatal and abortion providers to promote biological understandings of the fertile period and modern methods of birth control. Postnatal and abortion clinic visits are particularly good opportunities for reaching adolescents and youth with information about modern contraception.
- Expose the public to the dynamics of teenage sexual practices and use of abortion. For example, include information on how and where forced sex generally occurs so parents, caretakers and adolescents can be alert to prevent opportunities for sexual violence.

The decision to terminate or continue a pregnancy cannot be separated from the process of forming stable child-rearing unions in the community or from the need for women to keep or establish stable independent means of financial support. In this community, getting pregnant often is the first step in a longer process of union formation, and abortion is used to delay or space births to enable potential parents to develop means of financial support.

- Since some pregnant girls are more vulnerable (those without supportive boyfriends or involved in a family conflict over whether or not to abort), social service and abortion service providers should be informed of these differences and how to assess girls' vulnerability and provide support accordingly.

The circumstances leading to marriage vary. It can take years to complete the process in some cases, and the living arrangements and pooling of resources after marriage vary.

- Therefore, characteristics such as "married" versus "unmarried," "broken home," or "single-parent family" must be defined and measured carefully according to local practices, and these may vary from region to region; it may not be possible to measure them by asking one question on a survey questionnaire.

The differences between the findings of this study of adolescent abortion and those of studies conducted among other groups, such as street youth or middle-class youth, suggest that local studies are important for program planning and implementation.

- Implement local studies of adolescent pregnancy and abortion and adapt behavior change programs according to local practices.

These recommendations were developed with input from an interdisciplinary group organized by NPC and the USAID mission in Ghana.

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