**Contraception and abortion decision-making in Accra, Ghana: The lesser of two evils.**

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**Background:** Ghana is currently experiencing a decline in modern contraceptive prevalence—from 19% in 2003 to 17% in 2008. Concurrent with this decline is an anecdotally-reported increase in abortion rates, although longitudinal data do not exist to confirm this. An increase in Ghana's abortion rate is not inherently negative, but the contrasting trends do point to the need to explore whether women are 'trading off' contraceptive use for abortion. This question is all the more pressing given recent pharmacy-based work in the Greater Accra region that highlighted the increased accessibility of misoprostol, a common off-label abortifacient.

**Main questions:** The purpose of this study was two-fold: 1) To identify the key reasons why urban Ghanaian women choose *not* to contracept and *not* to abort and 2) To examine the hypothesis that women's contraceptive decisions are influenced by the perceived accessibility of abortion.

**Methodology**: 259 women were recruited from antenatal and postnatal clinics at a district hospital in Accra, Ghana, between October and November of 2010. Participants were selected by systematic random sampling, using the clinic's daily registration log. Women completed an interviewer-administered survey that included demographic and reproductive health history questions as well as a vignette-based card-sorting exercise. In the card-sorting exercise, women were randomized to hear a vignette about one of two female characters with distinct demographic and reproductive profiles. Through a series of randomized card pairings, women were asked to select the reasons why the characters were *not* using contraception or were *not* seeking an abortion when faced with an unintended pregnancy. With each card pairing, women selected the most compelling rationale for contraception or abortion *non-use*, ultimately narrowing the list from twelve possible reasons to three. Women then rank-ordered these three reasons and were ultimately forced to select a preference for future contraceptive use or potential abortion. The possible reasons for contraception and abortion non-use that were provided in the card-sorting exercise were all determined by formative focus group discussions.

**Results:** The sample averaged 26.4 years of age and half the respondents (49.8%) had experienced an induced abortion. Among those women who had undergone an induced abortion, the average was 1.6 abortions per woman. Slightly more than half of women (52.5%) had ever used contraception. The majority of the sample was pregnant at the time of recruitment, therefore current contraceptive use is not reported here.

Nearly one-third of respondents felt that young, nulliparous women were most likely deterred from using contraception because of the perceived likelihood of infertility. In contrast, respondents felt that older, multiparous women were most likely deterred from using contraception because their partners disapproved of its use (14%) and because they do not like putting "unnatural" [hormonal] products in their bodies (14%). The *least* common reasons cited for non-use were contraceptive costs and the availability of abortion. Fewer than 4% of all respondents cited the relative ease of accessing abortion as one of the top *three* reasons why Ghanaian women may be avoiding contraceptive use.

Forty-three percent of respondents felt that young, nulliparous women chose not to seek abortions, including both medication and surgical methods, because of a high perception of "likelihood of death." Another 21% of women cited infertility concerns. The *least* cited reasons for not aborting an unintended pregnancy pertained to abortion costs and knowledge of an abortion facility/provider. Abortion rationales were similar when evaluating older, multiparous women; over half of respondents (54%) identified the risk of dying as the primary reason for not seeking an abortion. There appears to be no association between women's rankings for both contraception and abortion non-use and their own history of induced abortion or ever-use of contraception.

**Conclusion:** Infertility concerns dictate contraceptive non-use among women with "unproven" fertility, while rationales for contraceptive non-use were less clear for older women. The risk of dying and repercussions associated with death were the primary reasons for avoiding abortion among all types of women.

**Knowledge contribution:** This study is programmatically valuable because it identifies the most salient concerns guiding women's non-use of contraception in Ghana. It also provides detailed information about how reproductive and demographic characteristics alter those primary contraceptive concerns. Although Demographic and Health Surveys have included questions pertaining to "reasons for contraceptive non-use," this survey methodology provides respondents with a greater range of options and allows women to depict the more complex process that takes place regarding fertility-related decision-making. This study also provides supplementary information about women's perceptions of abortion safety and accessibility—timely information to have given the increased availability of abortion within the capital region of Accra. Lastly, this study demonstrates that—with sufficient administrator training and survey time allotment—a card-sorting methodology can be successfully implemented in a mixed-literacy population.