ENSIGN GLOBAL COLLEGE, KPONG

EASTERN REGION, GHANA

FACULTY OF PUBLIC HEALTH

DEPARTMENT OF COMMUNITY HEALTH

FACTORS INFLUENCING HEALTH WORKERS' ATTITUDES AND PERCEPTIONS TOWARDS ABORTION: A CASE STUDY IN THE KETU SOUTH MUNICIPALITY IN THE VOLTA REGION OF GHANA

BY

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MASTER OF PUBLIC HEALTH DEGREE

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DECLARATION

I hereby declare that this thesis presented for the award of Master of Public Health degree is my work produced from research done under supervision and has not been presented for examination in any other institution. References used have been cited accordingly.

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DEDICATION

This work is dedicated to Mr. Degley Joseph and Mr. Dzramedo Kwasi.

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All glory be to God Almighty, the exalted and highest, for his mercies and protection throughout this thesis and his continued and endless guidance in my life. My biggest thanks and appreciation go to my dear supervisor, Dr. Stephen Manortey, for his love, patience, and guidance throughout my thesis work. You have been amazingly wonderful to me, and I'm most grateful. Your desire, love, patience, and untiring efforts make me fight to the very end.

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DEFINITION OF TERMS

Perception: Perception is merely a lens or mindset from which we view people, events, and things.

Attitudes: A manner of acting, feeling, or thinking that shows one's opinion.

Abortion: the deliberate termination of a human pregnancy, most often performed during the first 28 weeks of pregnancy.

Health Worker: a person working in a healthcare or social care setting, including healthcare students on clinical placement, frontline healthcare workers, and other healthcare workers not in direct patient contact.

ABBREVIATION / ACRONYMS

AOR	-	Adjusted Odds Ratio
CI	-	Confidence Interval
GBV	-	Gender Based Violence
IM PCP	-	Internal Medicine Primary Care Providers
KMO	-	Kaiser-Meyer-Olkin
KSDH	-	Ketu South District Health Directorate
KSDH	-	Ketu South District Health Directorate
MAB	-	Medical Abortion
PAC	-	Post Abortion Care
ROC	-	Receiver Operating Characteristic Curve
SGM	-	Sexual and Gender Minority
TOP	-	Termination of pregnancy
USA	-	United States of America
VTP	-	Voluntary Termination of pregnancy
WHO	-	World Health Organization

ABSTRACT

Background: An abortion is said to be safe if and only if it is carried out using a recommended method by WHO, appropriate to the pregnancy duration and by someone with the necessary skills. That rightly suggests that any abortion done in the absence of the above factors is unsafe (WHO, 2021). In view of that, 45% of all induced abortions globally are unsafe and a third of all unsafe abortions were carried out by untrained persons using dangerous and invasive methods. The Ghana Statistical Service discovered that 15% of all women in the reproductive age group (15-49 years) have practiced unsafe abortions (Atakro et al., 2019). One key category of external people whose actions, directly and indirectly, influence the rise of unsafe abortions is healthcare workers or providers (Loi et al., 2015).

Methodology: This study used a cross-sectional quantitative design. A sample size of 250 was derived from Yamane's formula, the systematic random sampling technique used in recruiting respondents from 13 health facilities, Data was sourced from questionnaires for the study. Data retrieved were analyzed using a statistical software tool, STATA. Descriptive statistical analyses were carried out to obtain summary tables and graphs containing the demographic characteristics of the study participants.

Results obtained were expressed as means, frequencies, and percentages, and then graphed. Univariate, bivariate, and multivariate logistic regression analysis were done to ascertain which factors influenced participants' perception and attitude towards abortion.

Results: The study found that the majority 161(64.27%) of health workers had a good perception of abortion and it was revealed that the majority 147(58.75%) of the health workers had an unfavorable attitude towards abortion. It was also revealed that the only factor found to influence the perception of the health workers on abortion was the marital

status of the respondents. Age and work duration were also found to significantly influence the attitude of the health workers.

Conclusion: Therefore, it is concluded that the health workers have a good perception of abortion but exhibited an unfavorable attitude towards abortion. It is recommended that health workers are trained and given the necessary tools to enable them to assist people in need of abortion services.

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CHAPTER ONE

INTRODUCTION

1.1 Background Information

Each year, over 70 million induced abortions are performed throughout the world. Thirty percent of all pregnancies and sixty percent of all unplanned pregnancies result in an induced abortion (WHO, 2021). In Ghana, the estimated pregnancy rate for women aged 15 to 49 was 194 pregnancies per 1,000, while the estimated rate for unwanted pregnancies was just a little over 100 per 1,000 (Keogh *et al.*, 2020). There are 30 to 61 abortions for every 1,000 women aged 15 to 49 in the United States, according to three estimation techniques that are thought to be internally reliable and valid. The national abortion rate is 44 when these rates are averaged. This equates to more than 327,600 abortions each year in Ghana (Keogh *et al.*, 2020).

With that established, it is worth noting, that generally, abortions can either be safe or unsafe. An abortion is only deemed safe if it is performed using an approved procedure by the WHO, appropriate for the stage of pregnancy, and by a competent professional in the proper setting. That rightly suggests that any abortion done in the absence of the above factors is unsafe (WHO, 2021). As a result, a little less than half of all induced abortions performed worldwide are unsafe, and a third of these were performed by untrained individuals utilizing risky and invasive techniques. Asia, especially South and Central Asia, is the region where over 50% of all unsafe abortions take place (Agula *et al.*, 2021).

About 3 out of 4 abortions are unsafe in Latin America and Africa. Close to 50% of all abortions in Africa take place in the riskiest settings. The Ghana Statistical Service found that 15% of all women in the reproductive age range (15-49 years) have engaged in unsafe

abortions in Ghana, despite the country's legal ban on abortion and its policy favouring safe abortion (Atakro *et al.*, 2019).

Many researchers and stakeholders have identified several reasons why many people opt for unsafe abortion. The WHO (2021) states that persons who become pregnant unintentionally frequently turn to unsafe abortion techniques because they encounter barriers to obtaining a safe, quick, inexpensive, geographically accessible, respectful, and non-discriminatory abortion. In Ghana, however, recent studies discovered that the reasons behind abortion decisions transcend the above circumstances. For instance, Atakro et al. (2019) discovered that ignorance of safe abortion services, low socioeconomic status, cultural and religious beliefs, the stigma associated with unplanned pregnancies, a desire to have children only after marriage, an attempt to look good in the eyes of parents/guardians, and a wish to further one's education are some of the causes of unsafe abortions by pregnant people. A careful examination of these causes of unsafe abortion reveals that while some pregnant women decide to do unsafe abortion for reasons caused by the pregnant women themselves, the majority of them also do it for reasons or inconveniences caused by external people or factors. One key category of external people whose actions, directly and indirectly, influence the rise of unsafe abortions is healthcare workers or providers (Loi *et al.*, 2015).

Abortion is now legal in Ghana under Section 58 of The Criminal Code (Amendment) Act, 2003 (Act 646), provided it is performed by licensed medical professionals in licensed facilities and when a pregnancy is the result of rape, incest, or if continuing the pregnancy would endanger the physical or mental health of the mother, or the foetus has a significant risk of a serious abnormality (Ghana Publishing Corporation, 2003). Comparing Ghana's abortion law to that of other African nations like Nigeria, Côte d'Ivoire, and Mali, it has been noted that it is becoming increasingly permissive (Aniteye and Mayhew, 2013).

However, when compared to other countries like Canada, the USA, and Uruguay, it is limited (Wood *et al.*, 2016; Atakro *et al.*, 2019).

Healthcare providers have a duty of care to women, girls, and pregnant persons who seek an abortion in nations like Ghana where safe abortion is legal, and they must not permit their personal beliefs to prevent access to abortion care. However, some of these healthcare professionals refuse to deliver their professional duties to pregnant women for various reasons.

Previous studies revealed that healthcare personnel in nations like Mexico and Bolivia prevented pregnant women from accessing safe and legal abortion services due to their ignorance of abortion-related regulations and concern for potential legal issues when providing abortion services (Küng *et al.*, 2021). In Ghana, despite the existence of a safe abortion law that permits pregnant persons to obtain undeniable access to timely and affordable abortion care if they wish to, the attitudes and mindsets of some healthcare workers have made the implementation of this law difficult.

The perception of abortion as a sin seems to prevail among many Ghanaian healthcare workers and therefore the unwillingness to compromise their religious and moral values (Atakro *et al.*, 2019). Although the attitudes and perceptions of these healthcare workers towards abortion have been identified by a handful of past researchers to have a direct hand in contributing to the increasing menace of unsafe abortion, the factors that influence these attitudes and perceptions seem to be unclear. This study will employ a cross-sectional quantitative approach to explore the factors that influence the attitudes and perceptions of healthcare workers towards abortion in Ghana.

1.2 Problem Statement

In many nations of Southeast Asia and sub-Saharan Africa, induced abortions are permitted for a variety of reasons. Instead of acknowledging that abortion is legal in their country, medical professionals in these nations frequently continue to see induced abortion as base (Loi *et al.*, 2015). The Ghana Medical Association estimates that unsafe abortion is the country's second-leading cause of maternal mortality, accounting for 540 deaths per 100,000 live births (Voetagbe *et al.*, 2010).

A previous study discovered that 41% of all admissions at Ghana's largest Teaching Hospital (Korle Bu Teaching Hospital) were related to abortion complications (Srofenyoh and Lassey, 2003). For a country like Ghana that has legalized the practice of safe abortion, it is quite alarming that unsafe abortion practices and their aftermaths are not only prevalent but on the rise. Previous studies have identified a number of factors, including ignorance of safe abortion options, poor socioeconomic conditions, cultural and religious beliefs, the stigma associated with unplanned pregnancies, a desire to delay having children until after marriage, an effort to avoid disappointing or annoying parents or guardians, and a desire to further one's education, as causes for the majority of pregnant women in Ghana to choose unsafe abortion (Atakro *et al.*, 2019).

The attitudes of healthcare providers toward abortion are also one of the key contributors to unsafe abortions. As a matter of fact, some providers of abortion services in Ghana failed to offer the service due to the religious beliefs of some of their staff members. For example, midwives were more prone to denounce abortion as sinful (Aniteye and Mayhew, 2013; Oppong-Darko, Amponsa-Achiano and Darj, 2017; Atakro *et al.*, 2019). Despite the enormous significance of healthcare workers' attitudes to the prevalence of unsafe abortion in the country, there seems to be limited literature on this topic.

In sub-Saharan Africa and Southeastern Asia, Loi et al (2015) reported that the healthcare professionals are opposed to induced abortion for moral, social, and gendered reasons. Is this the same situation in Ghana? Though the topic of abortion is not new in the Ghanaian research space, not many of past literature focused on the Volta Region and the few which did, focused on the pregnant persons; reasons why they engage in unsafe abortion, the effects of their decisions and related literature (Mote, Otupiri and Hindin, 2010; Eyi Klutsey and Ankomah, 2014).

This study, therefore, sought to fill that literature gap by exploring the factors influencing the attitudes and perceptions of healthcare workers towards abortion in Ghana: a case study of selected hospitals in the Ketu South Municipality in the Volta Region.

1.3 Rationale of the Study

This study primarily aimed at exploring the factors that influence the perception and attitudes of healthcare providers toward abortion in the Ketu South Municipality. It is critical to note that removing obstacles to abortion services is a critical tool for empowering residents to access quality healthcare services that is paramount to the survival of the population. This study also makes suggestions on policies that can be implemented to improve healthcare accessibility and availability in the Ketu South Municipality.

The findings of this research, in theory, would add to a growing body of literature while also providing a comprehensive contextual municipal perspective on how perception and attitude of healthcare staff towards abortion serves as a facilitator of health care accessibility and universal health coverage.

The findings of the study can be useful for the following perspectives: add up to the store of empirical findings about abortion care services, the report also will serve as a reference

document that will be available to stakeholder usage globally in reference point in time, provision of recommendations to policy makers within the study area, both Government and local authority or centralize and decentralize levels of decision-making towards improving clinical care in Ghana.

1.4 Conceptual Framework

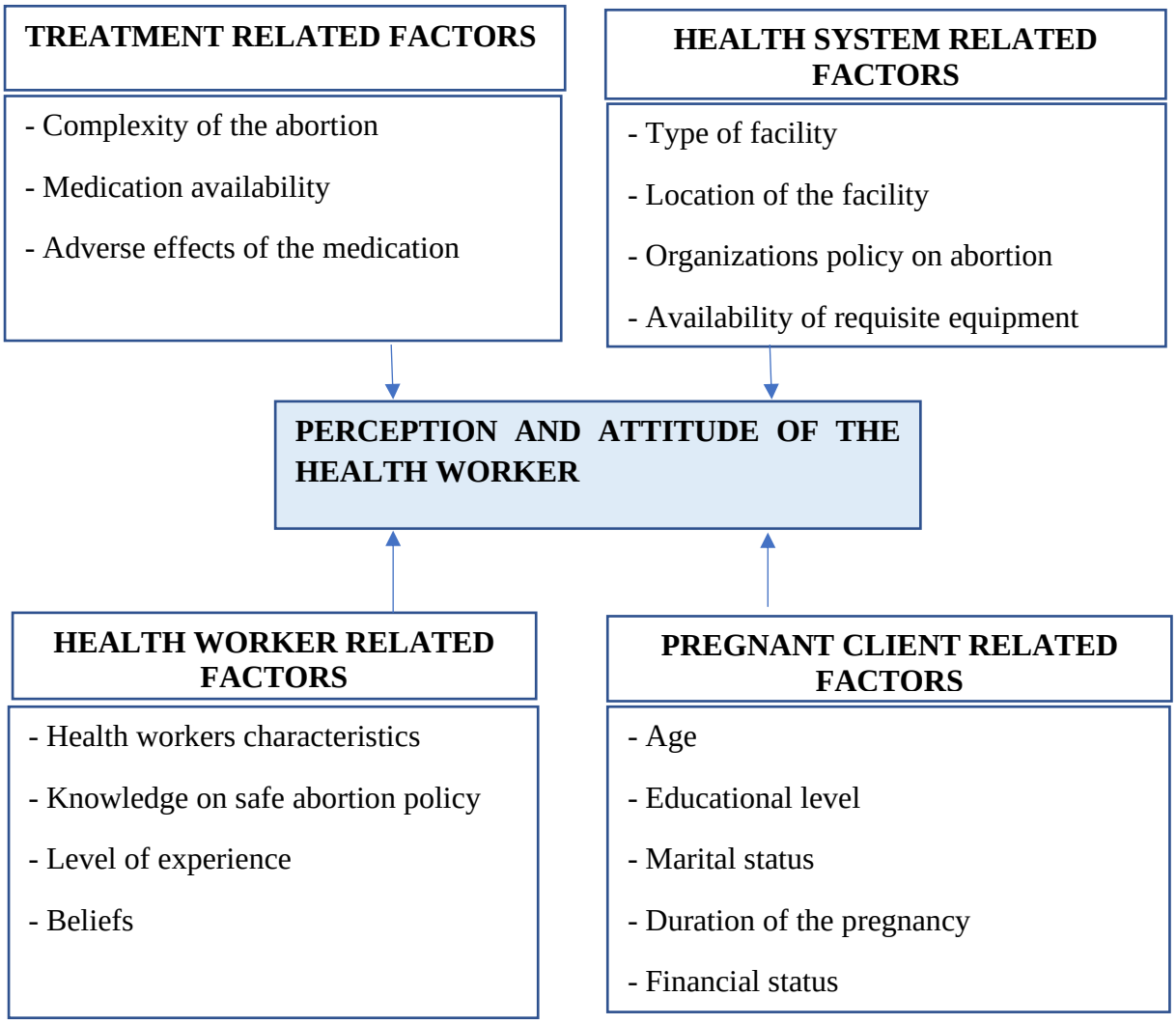

Figure 1.1: Conceptual framework

Source: Modified Construct (Jaam *et al.*, 2018)

Humans are complex beings and attempting to understand the factors influencing human attitudes and perceptions could be quite complex. This conceptual framework attempts to

examine the various factors influencing health workers' perceptions and attitudes towards abortion using the socio-ecological model as a guide.

The ecological model recognizes several levels of influence on health behavior (Boatemaa, Badasu and De-Graft Aikins, 2018). These factors could be categorized into individual (intra and interpersonal), health system, treatment-related, condition-related and socio-economic factors.

Personal factors play a crucial role in health workers' attitudes and perceptions formation. In relation to this study, the personal factors refer to characteristics peculiar to each health worker and how that could distinguish the attitude and perception of one healthcare worker from the other. These factors include the health worker's age, gender, marital and financial status, level of education, religious belief, work experience and knowledge on the safe abortion policy.

Additionally, this study wanted to explore health System-related factors (structural factors) that could affect health workers' perceptions and attitudes towards abortion. These factors include the type of hospital, location of the facility, availability of skilled personnel, organization's policy on abortion and waiting time.

Pregnant client-related factors that affect health workers' perceptions and attitudes towards abortion include the demographics of the pregnant patient, duration of pregnancy, quality of doctor-patient relationship and availability of requisite equipment or tools.

Treatment-related factors that could also influence the health workers' attitudes and perceptions formation are the complexity of abortion medication availability, medication accessibility and adverse effects.

1.5 Research Questions

1. What is the perception of health workers towards abortion in the Ketu South Municipality?
2. What are the attitudes of health workers towards abortion in the Ketu South Municipality?
3. What are the factors influencing the perception of health workers towards abortion in Ketu South Municipality?
4. What are the factors that influence the attitudes of health workers towards abortion in the Ketu South Municipality?

1.6 General objective

The project sought to assess the factors influencing health workers' attitudes and perceptions towards abortion in the Ketu South Municipality in the Volta Region of Ghana.

1.7 Specific Objectives

1. To assess the perception of health workers towards abortion in the Ketu South Municipality
2. To explore the attitudes of health workers towards abortion in the Ketu South Municipality.
3. To examine the factors influencing the perception of health workers towards abortion in the Ketu South Municipality.
4. To determine the factors that influence the attitudes of health workers towards abortion in the Ketu South Municipality.

1.8 Profile of the Study Area

All over the years, Ketu South Municipal Health Directorate of the Ghana Health Service was actively involved in series of activities and programs to provide quality health services to its people and neighboring countries as they share a border with Togo. Even though the Municipality was challenged with a lot of issues ranging from the late release of limited funds, erratic supply of some logistics and shortage of some critical staff, and broken-down motorbikes and vehicles, the Municipality was able to work in all the service delivery areas during 2021. Some of the service areas were Maternal and Child Health Services, Disease Surveillance and Response, Clinical and Specialist Services, Nutritional Services, Reproductive and Adolescent Health Services, Administrative and Transport, Mental Health, Mortuary Services, Port Health, Financial Services and Health Promotion.

Boundaries: One of the Volta Region's 25 administrative districts/municipalities is Ketu South Municipal. Ghana's South-Eastern Corridor is where the Municipal is situated.

The Muncipality is surrounded by the Gulf of Guinea (Atlantic Ocean) in the south, the Republic of Togo in the east, Ketu North District in the north and northwest, Keta Municipal in the south-west, and the Republic of Togo in the northeast.

Occupation: There are a small number of government workers among the fisherman, fishmongers, small-time traders, and Kente weavers that live there.

Religion: Most of the inhabitants of the Municipality are traditional worshipers followed by Christians of various denominations and a few Muslims.

Table 1.1 Distribution of Health Facilities in Ketu South Municipality.

Health Facility Type	Number in District
Hospitals (Government)	1
Hospitals (Private)	4
Clinics (Private)	5
Health Centers	8
CHPS Compounds	17
Family Health Units	1
Total	**36**

Source: Ketu South Municipal Health Directorate

Table 1.2 Distribution of Human Resource in Ketu South Municipality

Profession	Number	Profession	Number
Professional Nurses	203	Mortuary Attendants	6
Enrolled Nurses	143	Pharmacists	6
Midwives	95	Sonographers	6
Community Health Nurse	67	Technical Officers -Lab	6
Orderlies	25	Drivers	5
Dispensing Assistants	13	Health Service Administrators	5
Health Assistants	15	Laboratory Assistants	5
Biostatistics Assistants	11	Storekeepers	5
Security Guards	10	Human Resource Managers	4
Biomedical Scientists	13	Laborers	4
Artisans	7	Launderer	4
Physician Assistants	15	Pharmacy Technicians	4
Medical Officers	9	Medical Officer-House Officers	3
Accountants	7	Opticians	3
Technical Officers -HI	3	Technical Officers - X-Ray	2
Watchmen	3	Auditor	1
Accounts Officers	2	Blood Bleeder	1

Biostatistics Officers	2	IT Manager	1
Blood Donor Organizers	2	Medical Director	1
Catering Officers	2	Physiotherapist	1
Estate Managers	2	Radiographer	1
Field Technicians	2	Receptionists/Telephonists	1
Medical Superintendents	2	Revenue Collectors	1
Optometrists	2	Supply Officer	1
Private Secretaries	2	Technical Officer -CDC.	1
Procurement Managers	2	Technical Officer-Nutrition	1
Records Officers	2	Technologist-Clinical Engineering	1
Statisticians	2	Technologist-Mechanical Engineering	1
Technical Officers -Bio	2		

Source: Ketu South Municipal Health Directorate

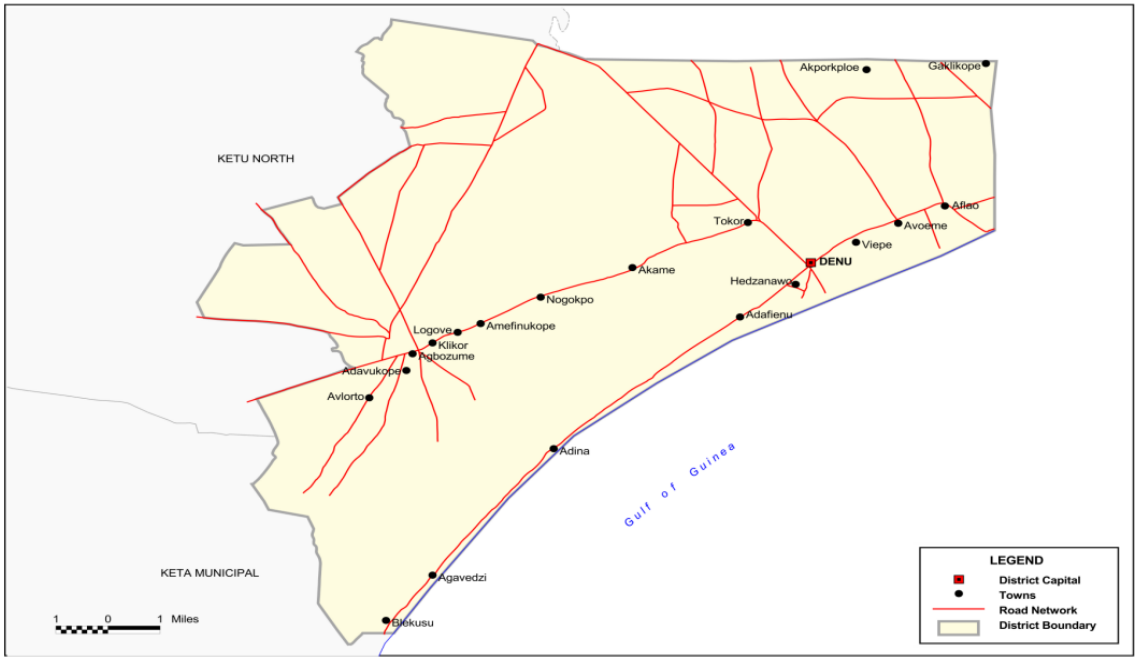

Figure 1.2: District Map of Ketu South

Source: Ghana Statistical Service (2021)

This study was conducted among health workers in thirteen (13) selected health facilities in the Ketu South Municipality in the Volta Region of Ghana.

1.9 Scope of the Study

There are many studies of the attitude and perception of health workers towards abortion in Ghana and beyond. This study also sought to focus on the thirteen facilities in the Ketu south municipality, however all cadre of health workers in the facility are inclusive.

1.10 Organization of Report

The backdrop of the study, the problem description, the justification for the investigation, the conceptual framework, the research questions, and the objectives are all included in the introduction, which is presented in Chapter One. The literature review in Chapter Two includes the selection and evaluation of all published publications on the subject at hand. Chapter Three discusses the methods that were used, and Chapter Four summarizes the results in accordance with the goals of the study. The results employing the body of literature already in existence are discussed in Chapter Five. Finally, Chapter Six presents conclusions and recommendations.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 What is Abortion?

The term "abortion" refers to the removal or evacuation of an embryo or fetus in order to end a pregnancy (Bearak *et al.*, 2020). It can be classified into two (2) types - unintended or spontaneous abortion and induced abortion. Unintended or spontaneous abortion is the non-induced death of an embryo, fetus, or other reproductive product before 20 weeks of pregnancy. The immediate happening or sign for spontaneous abortion (miscarriage) to occur is called threatened abortion (see Fig. 2.1). When this is observed, then it means a pregnancy is susceptible to undergoing a spontaneous abortion (Shrestha, 2012). The use of artificial methods to terminate pregnancy is known as an induced abortion. There are benefits and drawbacks to abortion as well. Abortion has the benefit of avoiding physical harm, but a disadvantage is that it encourages a culture in which life is disposable (Bento *et al.*, 2020).

A number of obstacles have also been noted that negatively impact the abortion process. These obstacles broadly include the socioeconomic status, legal, and regulatory frameworks that determine whether abortion is safe or hazardous. Others include stigmatising those seeking care; unfavourable attitudes of providers; subpar services; ineffective implementation and ignorance of abortion laws; refusal of care due to providers' conscientious objections; lack of access to information regarding regulatory frameworks and processes of abortion; requirement for third-party authorization outside

of the patient and provider; and unnecessary medical tests that cause delays (Kortsmit *et al.*, 2020; FIGO, 2021).

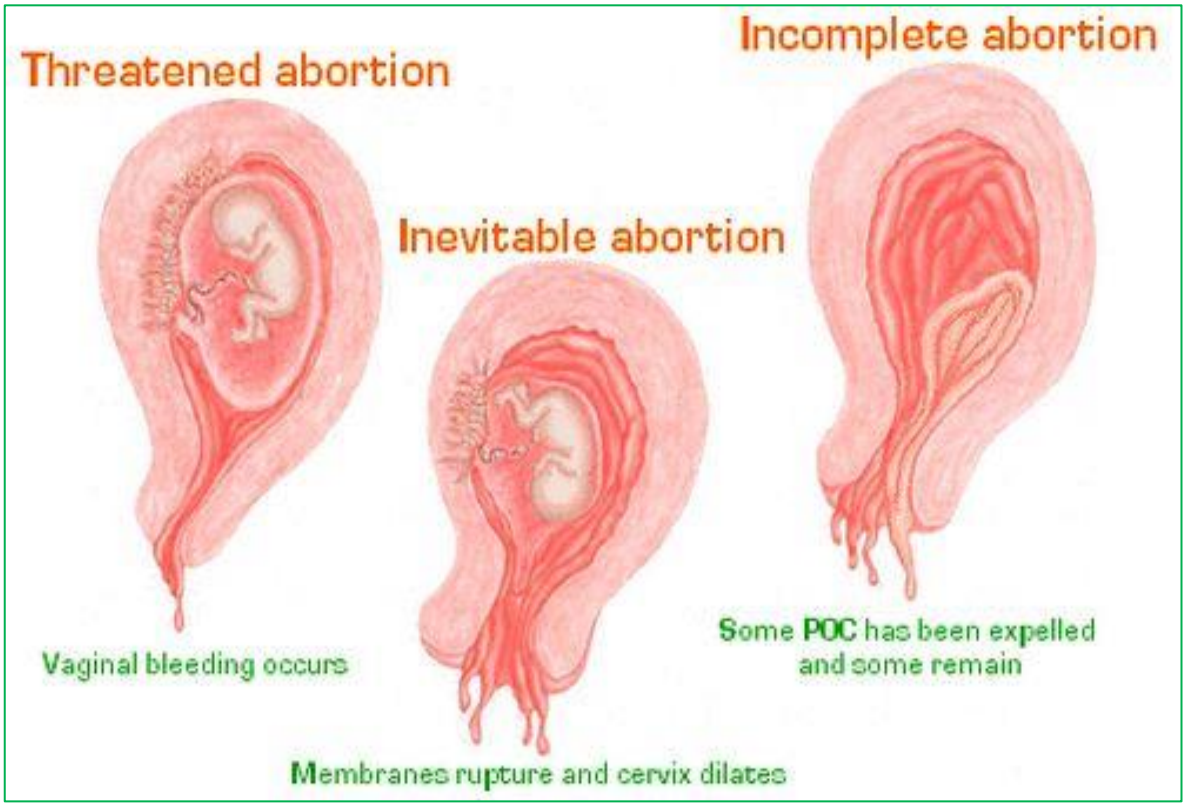

Figure 2.1: Spontaneous Abortion

Source: (Shrestha, 2012).

2.2 Prevalence of Abortion

Each year, over 70 million induced abortions are performed throughout the world. Thirty percent of all pregnancies and sixty percent of all unplanned pregnancies result in an induced abortion. Estimates from 2010 to 2014 show that 45 percent of all induced abortions worldwide are unsafe (WHO, 2021). One-third of all unsafe abortions are carried out in the least safe manner possible, i.e., by untrained individuals utilizing risky and

invasive techniques. The majority of unsafe abortions (97%) occur in developing nations (Haddad *et al.*, 2021).

According to estimates from the WHO, South and Central Asia account for the majority of unsafe abortions globally, accounting for over half of all abortions. About 75% of abortions performed in Africa and Latin America are dangerous. Approximately 50% of all abortions in Africa take place in unsafe settings (WHO, 2021). However, a study conducted in Ghana found a decrease in the abortion rate during a ten-year period (2007 - 2017) from 31.9% to 7.5%. or a 24.4% decrease overall. Marital status, age, religion, housing type are some of the significant variables they listed as having an impact on the prevalence of abortion (Asi Danso *et al.*, 2022).

2.3 Factors Influencing the Perception of Health Workers towards Abortion

Health professionals' perceptions regarding abortion are influenced by a variety of variables. In order to get insight into how relationships, sex, and pregnancy decisions are made by young people who identify as sexual and gender minorities (SGMs), healthcare professionals who work with adolescent patients were questioned. In addition to sexual health education and healthcare access, audio-recorded interview data showed that pre-conception activities and pregnancy decision-making processes are influenced by a variety of social contexts, including peer relationships, family dynamics, and communities. These contexts interact with one another and with adolescent development in order to shape pre-conception practices and pregnancy decision-making processes (Tabaac *et al.*, 2022).

2.3.1 Morality and Abortion

An investigation on 22 midwives' perceptions on Post-Abortion Care (PAC) in a public hospital in Kampala, Uganda, utilizing individual in-depth interviews as part of a

qualitative study revealed one main theme namely, morality versus the need to offer high-quality PAC. The results showed that although the midwives were dedicated to saving women's lives, they struggled with their personal morality towards abortion and a sense of professional obligation, which appeared to affect the standard of care they provided. (Cleeve *et al.*, 2019). PAC was offered by midwives, who define it as an inherent aspect of their profession. Despite the fact that it was generally believed that abortion was unethical, the PAC supply experience appeared to have an impact on perceptions of its legality, leading to a hazy but more liberal stance. Although the midwives in PAC were committed to saving women's lives, it appeared that providing high-quality care was being hampered by moral and ethical dilemmas, as well as by unfavorable working conditions

Recent research has been done on the variables affecting providers' degrees of participation in abortion services in South Africa. It was discovered that providers' conceptions of abortion are influenced by a variety of factors, including moral and religious beliefs: some see access to safe abortions as a crucial aspect of a woman's right to reproductive autonomy and choice, while others see it as a sin (Harries and Constant, 2020).

It was discovered that participants in a comparable study to determine nurses' attitudes toward, perceptions of, and experiences with conscientious objection in Turkey did not want to offer care because of their own religious and moral convictions. They claimed that additional study is necessary to define conscientious objection and assess its practicality and extent in Turkey (Demir Karabulut *et al.*, 2022).

There is a continuing knowledge and research deficit on the issue of abortion's morality. Although every person has the ability to determine what is right or wrong, a recent study

found that the majority of individuals, even health professionals, view induced abortion as an anomaly (Udoeka and Udofia, 2022).

A qualitative research of conscientious objection to abortion provision based on interviews with fifty-one practitioners working across the healthcare system who are either for or against provision of abortion services according to their training, has been undertaken in Zambia (Freeman and Coast, 2019). A qualitative research into conscientious objection to abortion provision based on interviews with fifty-one practitioners working across the healthcare system who are either for or against provision of abortion services according to their training, has been undertaken in Zambia (Freeman and Coast, 2019). It was reported that regardless of whether practitioners identified themselves as providing or not providing abortion services, they offered similar faith-based informed conceptions of abortion as a practice that is, or is not, shifted from immorality to toleration depending on the basis for which it has been requested or the prospect of an unsafe abortion if services are not provided.

Recently, a study was carried out that included all types of health staff working in obstetrics and gynecology facilities in Northern Ireland to address the lack of evidence to decriminalize abortion. The findings disprove the assumption that all persons of religion would refuse to give services out of conscientious objection by showing that many doctors who declare a religious affiliation are also in favor of decriminalization and willing to help. The findings of this study are extremely encouraging for the creation, implementation, and provision of local abortion care. (Bloomer *et al.*, 2022).

2.3.2 Sex Education, Sexual and Reproductive Healthcare Access

In the Kimbibit District, North Shoa, Oromia Region, Ethiopia, a cross-sectional study with an institutional focus was conducted to determine how health service providers felt about providing safe abortion care. About 53.8% of the 286 healthcare professionals that took part in the study had favorable perceptions. This study found that respondents' attitudes on safe abortion and their perceptions of medical professionals' perceptions of safe abortion depended on their marital status, age, sex, and attitude (Zike *et al.*, 2022).

A study on the variables affecting providers' degrees of participation in abortion services was undertaken by Harries & Constant (2020). Some of the barriers to service delivery are limited abortion, values clarifying training, and inaccurate conscientious objection interpretation. Second-trimester abortions have negative psychological and aesthetic impacts, which providers grapple with. The shortage of providers must be addressed immediately. Additionally, training should be provided on the job to promote the health care providers' favorable perception of safe abortion (Harries and Constant, 2020).

Another study has been done to describe the literature regarding nurses, midwives, and university students' knowledge and perception of abortion and voluntary termination of pregnancy (VTP) in various nations around the world. The investigation revealed that the practical/technical stages of the procedure and a lack of knowledge of the law are the main obstacles to VTP. Health care professionals and students have various perspectives on and approaches to VTP. Procedures and laws were not sufficiently understood by nurses and midwives. The researchers suggested that, in order to ensure that abortion services are sustained, education and training on the subject should be incorporated into medical and nursing curricula (Harries and Constant, 2020; Di Mario, Minciullo and Filomeno, 2022).

In order to better understand midwives' opinions on PAC in Uganda, Cleeve et al. (2019) undertook a study. Individual in-depth interviews and an inductive topic analysis were used in this qualitative study. 22 midwives (the "informants") who provided PAC in a public hospital in Kampala, Uganda, were the subjects of interviews. It was discovered that structural problems including a shortage of equipment and supplies and high patient numbers irritated informants and made it difficult to provide high-quality care. They came to the conclusion that improving the patient-midwife ratio and assuring the availability of crucial resources are important for enabling midwives to deliver high-quality care. Putting policies on respectful PAC into practice could help ensure that all women get the respect they are due.

Still in Uganda, Atuhairwe et al. sought to understand how medical professionals felt about using misoprostol to treat incomplete abortions in the second trimester. The phenomenology method was applied to this qualitative study. At 14 public health facilities, 48 doctors and midwives participated in in-depth interviews. Well-trained midwives were seen to be capable of taking care of second-trimester PAC stable patients; nonetheless, it was thought vital to have a doctor's supervision in case of difficulties. Misoprostol was universally praised for being safe, efficient, affordable, practical, widely accessible, maintaining patient privacy, and conserving resources. For better service delivery, health care providers need institutional and policy environment support (Atuhairwe *et al.*, 2022).

2.4 Factors Influencing the Attitudes of Health Workers towards Abortion

2.4.1 Religion or Belief and Abortion

The findings of a study that examined the underlying factors influencing the attitudes and behaviours of Tanzanian and Ethiopian health care professionals toward comprehensive

abortion care between 2015 and 2020 showed that there are both subjective (attitudes, beliefs, predispositions and images) and objective (organizational incapacity) factors that influence the actions of health professionals in the workplace. The study came to the conclusion that the institutional failure to successfully close the gap between leadership and accessibility of safe abortion treatment is what leads to the intervention of subjective factors (Munetsi and Ugarte, 2022).

Researchers in Thailand conducted a cross-sectional study between January and February 2022, to assess registered nurses' understanding of the revised abortion law, attitudes regarding abortions and the reasons for them, and readiness to perform abortions (Santibenchakul *et al.*, 2022). Muslim participants were less likely than Buddhist participants to have favourable opinions toward abortions, support for the motivations behind abortions, and readiness to offer abortion services. Higher knowledge scorers exhibited better moral attitudes regarding abortion than lower scorers, who in turn showed more of a desire to offer abortion services. Improved attitudes toward abortion may result from urging nurses to learn more, which may have a good impact on medical procedures in the future.

In order to learn more about their demographic and professional backgrounds, religious convictions, and opinions about abortion, 1,820 American nurse members of the Association of Women's Health, Obstetric, and Neonatal Nurses were surveyed (Alspaugh *et al.*, 2022). Nearly a third of the group (32%) held moderately pro-abortion opinions, 29% were unclear, 16% strongly supported abortion, 13% strongly opposed it, and 11% had moderately opposed it. Adjusted regression models based on trichotomized Abortion Attitudes Scale scores (proabortion, undecided, anti-abortion) revealed that the following traits were linked to pro-abortion attitudes: not being Christian, dwelling in the North or West, not having children, and having had an abortion. Furthermore, given that individual

traits were linked to anti-abortion beliefs, it is possible that individual experiences can affect attitudes about abortion.

2.4.2 Abortion Policies and Abortion

In a review of the literature, the experiences of midwives and nurses with regard to the implementation of abortion policy have been investigated. This information may help to avert policy failure (Carvajal *et al.,* 2022). An electronic search of eight social sciences and medical databases, produced 31 studies that, regardless of setting or study age, focused on the experiences of midwives and nurses implementing abortion policies. Qualitative, quantitative, and hybrid methodologies were used in the studies. The primary factors that provide difficulties for midwives and nurses when delivering abortion care are represented by three superordinate themes. The first subordinate topic revealed that a majority of midwives and nurses held the opinion that fetuses are sentient creatures deserving of compassionate care. Preferences and expectations with regard to abortion care comprised the second subordinate theme. The third superordinate topic, which is the last, shows how midwives and nurses interact with other team members, displays their ingenuity when faced with limited resources, and offers a peek of the various coping mechanisms they employ to deal with stress at work. Consider the impact abortion has on healthcare professionals when developing guidelines to promote policy implementation, and recommend suitable actions to lower these and other obstacles. It is important to improve the technical and moral capabilities of nurses and midwives in providing abortion care.

Another in-depth study in the United States looked at how primary care doctors deal with obstacles to abortion service (Razon et al., 2022). There were 48 participants in the study, with representation from each of the US's four regions. The exclusion of abortion

provision from doctors' areas of practise was clearly caused by federal and state regulations, a lack of training, the stigma associated with abortion provision, incorrect or incomplete knowledge of institutional impediments, and administrative resistance.

2.4.3 Gender-Related Issues and Abortion

An ethnographic study to explore the experiences of miscarriage in a group of 15 women was conducted. The experience of having lost the pregnancy, religion, care services, and the need to tangibly recognize the child were all examined as themes. The study demonstrates that the perception of an unknown loss and the lack of a space to celebrate the child who did not live may influence women's urge to remember the child who did not live. Professional attitudes that may be construed as gender-based abuse are disclosed. The emphasis on physical components of women's care highlights the dearth of complete care provided during the grieving process (Figueredo-Borda *et al.*, 2022).

A situational study was carried out to look into the more general aspects of the Australian healthcare environment that have an impact on the provision of abortion care for victims of GBV. Researchers spoke with 18 medical professionals on their experiences offering abortion treatment in the presence of gender-based violence. Results revealed that participants thought patients were "primarily uncatered for". They discussed a workforce unwilling to intervene in cases of gender-based violence and to provide generic abortion care (Mainey, O'mullan and Reid-Searl, 2022).

In the same study, the researchers aimed to highlight the procedure by which Australian nurses and midwives treat those who have experienced gender-based violence by providing abortion treatment (GBV). Participants disclosed that depending on how woman-centered the system was, they went through a process of working with or against

it. Participants who faced obstacles to receiving person-centered abortion care strained or disregarded the law, municipal ordinances, and cultural values to make this possible. Although many participants felt that their professional integrity had been violated, they remained adamant about continuing to fight the system. Following the organizations' formal or informal standards was not as important as upholding the professional commitment to offer person-centered care.

2.4.4 Providers' knowledge and Abortion

An investigation was conducted among internal medicine (IM) attendees and trainees at a notable academic Medical Centre in Western Pennsylvania to help comprehend medication abortion attitudes and the likelihood of future provision within Internal Medicine Primary Care Providers (IM PCPs) and to characterize barriers to provision. About 44% of respondents to the survey said they thought IM PCPs could perform medication abortions, with trainees and providers who identify as female substantially more likely to hold this view than attending physicians and male doctors. In a similar vein, 43% said they were likely to provide the service in the future, with trainees and female providers more likely to do so. Limited residency training and little knowledge of abortion-related drugs were identified as obstacle to a provision by 70% and 57% of respondents respectively (Wolgemuth *et al.*, 2021). Many IM practitioners, especially trainees, feel that medication abortion falls under their area of expertise and were therefore willing to offer the service. To facilitate safe and effective medication abortion delivery by IM providers, interventions are required to give instruction and assistance with compliance with state and federal regulations. The provision of training to doctors interested in offering medication abortion as a part of their primary care practice should be a goal for IM departments and residency programs.

In all eight of the Flanders, Belgium, facilities with a Neonatal Intensive Care Unit, 117 doctors and paramedical staff members involved in late pregnancy termination of pregnancy (TOP) decision-making participated in a postal survey. Both critical but not lethal, and lethal fetal disorders had a high acceptance rate for late TOP (95.6% and 100% respectively). When the fetus is healthy, almost a fifth of respondents (19.8%) agreed with late TOP on account of maternal psychological issues, whiles only 13.2% agreed in the instance of the mother's socioeconomic issues. In the case of non-lethal fetal conditions, doctors more frequently recommended feticide than newborn palliative care (Roets *et al.*, 2021).

In the event of a serious (non-lethal) newborn condition, giving medications with the intentional aim to end neonatal life was permissible, according to 89.1% of responders). According to behavioral intents, 85.6% of professionals would still think about late TOP even in cases when the diagnosis and prognosis are hazy. Unaffected by sociodemographic considerations, medical experts in Flanders, Belgium, have a high tolerance for late TOP and are pushing for legislation change regarding active life-ending during the prenatal and neonatal periods (Roets *et al.*, 2021).

To investigate the variables related with doctors' capacity to refer patients for abortion care among those who were willing to consult in the care of a patient seeking an abortion, a novel research of physician faculty across several disciplines was done. It was discovered that 53% of doctors did not know how or to whom to refer patients who might need abortions, despite their willingness to do so and the fact that they care for patients who might need them. In comparison to those with more referral expertise, individuals with the least referral knowledge were more recently in their careers and had not received any training in providing abortion care (Anderson *et al.*, 2022).

CHAPTER THREE

3.0 METHODOLOGY

3.1 Research Method and Design

In order to determine the factors influencing healthcare professionals' beliefs and attitudes toward abortions as well as their impact on the prevalence of safe abortion in the Ketu South Municipality in the Volta Region of Ghana, this study employed a cross-sectional quantitative design. An observational research design known as a cross-sectional study examines data on variables that were gathered at one particular moment across a sample group. This kind of research is usually used to identify the features that are prevalent in a population at a particular moment (Grant and Booth, 2009).

3.2 Data Collection Techniques and Tools

The data was gathered between July and August 2022 using a standardized questionnaire that was printed out. Participants had a limited number of options to pick from in the closed-ended questions. The questionnaire utilized sought information on the sociodemographic characteristics of study subjects, as well as their knowledge, perceptions, and attitudes on abortion.

3.3 Study Population

The study was conducted among health workers in thirteen selected health facilities in the Ketu South Municipality in the Volta Region of Ghana. The study used 13 health facilities, which were selected based on size and proximate to the researcher. These 13 health facilities have a population of 665 as shown in Table 3.1.

3.3.1 Inclusion Criteria

- Health workers in the thirteen hospitals who agree to be part of the study.

3.3.2 Exclusion Criteria

- Health workers who do not work in any of the 13 hospitals.
- Health workers who work in the 13 hospitals but do not wish to participate in the study.

3.4 Study Variables

Variables in research are any qualities that can have several values (Kaur, 2013). The variables used in this study included gender, age, educational background, professional qualification, marital status, occupation/title, working experience, and religion of the respondents which constitute the demographic characteristics. The other two variables used in the study included the perception and attitudes of the respondents towards abortion. The demographic characteristics were independent variables, and the perception and attitudes were dependent variables.

3.5 Sampling

3.5.1 Sample Size Calculation

The sample of a study is a section of the population whose properties are studied to gain information about the whole population. They are samples that are drawn to make inferences or predictions about the general population. However, in cases where the population is of a manageable size, the population could also be used as the sample. The total population of health workers in the district equals 665. The sample size for the investigation was calculated using Yamane's formula. Thus,

$$n = \frac{N}{1 + N(e)}$$

where

n = the projected sample size

N = the total population of health workers in the district (665)

e = the allowable error = 5% = 0.05

$$n = \frac{665}{1 + 665(0.05^2)} = 250$$

Therefore, the sample size of the study is 250.

3.5.2 Sampling Technique

The study used proportional allocation to choose the appropriate sub-sample size from each stratum. The following formula was used to determine the size of each stratum.

$$n_h = \left(\frac{N_h}{N}\right) \times n$$

where

n_h = sample size of a particular facility

N = total size of the population

n = total sample size

N_h = Population size of a particular facility.

Hence, the sample taken from Ketu South District Hospital (KSDH) was calculated as follows:

$$n_{KSDH} = \left(\frac{195}{665}\right) \times 250 \approx 73$$

The proportion allocation for the rest of the facilities is shown in Table 3.1 below. The individual respondents were then chosen at random from each institution using a systematic sampling technique.

Table 3.1: Population and Sample Size

S/N	Hospital	Population	Sample	Percent
1	Ketu South District	195	73	29%
2	King's Hand	52	20	8%
3	Sape Agbo Memorial	29	10	4%
4	Central Aflao	121	45	18%
5	St Anthonys Hospital	35	13	5%
6	Agavedzi Health Center	21	8	3%
7	Adina Health Center	19	7	3%
8	Akporkploe Health Centre	31	12	5%
9	Agavedzi Health Center	39	15	6%
10	Agbozome Health Center	36	14	6%
11	International Health & Dev. Network Clinic	42	16	6%
12	Naco Lis Diagnostic	19	7	3%
13	Klikor Health Center	26	10	4%
	Total	**665**	**250**	**100%**

Source: Author's Fieldwork (2022)

As shown in Table 3.1, the sample size of 250 is shared among the health facilities used in the study proportionate. Ketu South District contributed the highest which is 29% whiles Adina Health Center and Naco Lis Diagnostic were the least contributor, contributing 3% each to the study.

3.6 Pre-Testing

Questionnaires for the study were pretested among health workers in facilities outside the selected study area which have the same socioeconomic characteristics as those in the participating facilities. The pre-test made it possible to test the participants' level of understanding and help to further refine the questionnaires. Based on the responses that were received, a few questions were clarified and modified to ensure the reliability of responses. Results from the pretesting were not included in the main study.

3.7 Data Analysis

Statistical software package STATA (StataCorp.2007. Stata Statistical Software. Release 17. Stata Corp LP, College Station, TX, USA) was used to examine the data that were obtained. The demographic features of the study participants were summarized in tables and graphs using descriptive statistical analysis.

The acquired results were then graphed after being expressed as means, frequencies, and percentages. To investigate how participant knowledge and perception affect their attitude toward abortion, univariate, bivariate, and multivariate logistic regression analysis were used. For all tests, the level of statistical significance was fixed at $p<0.05$ with a 95% confidence interval (C.I.).

3.8 Ethical Considerations

Ethics are essentially rules of proper behaviour, and in cases where research entails gathering data on specific people, privacy should be preserved by maintaining confidentiality. In this study, consent, confidentiality, and participant inconvenience were the ethical concerns that were addressed. The Ensign Global College Ethical Review Committee gave its approval before the study got started. Additionally, the Ketu South Municipal Health Directorate and the participation health institutions were asked for administrative clearance.

Before starting the exercise, a verbal informed consent form was requested from participants after describing the study's goal. Participants also provided a consent form that was signed. They were informed of the study's objectives and given assurances regarding the confidentiality and anonymity of all data collected. Those involved were assured that they could exit the research at any point during the research without any consequences to them, their image, and their self-esteem.

3.10 Limitations of Study

Getting the attention of some workers was challenging as the condition of their work make them reluctant in responding to the questionnaire. Some respondents fear that the services they offer may be affected and may not want to be part of the study even with adequate participant information and informed consent.

Given the size of the sample employed, the study's results cannot be extrapolated to apply to a larger population. The study's absence of a client's perspective in the interviews was another drawback. To better understand their emotional experience and adapt the assistance approaches to better meet their needs, more study with actual clients is needed.

3.11 Assumptions

Creswell and Poth (2018) assert that we always contribute some beliefs and philosophical assumptions to our study, whether or not we are aware of this. They influence how a researcher searches for information to answer the questions and form the basis for a study's evaluation. This assertion highlights how important it is to be aware of these presuppositions because they have an impact on how research is carried out.

CHAPTER FOUR

4.0 RESULTS

4.1 Introduction

In the Ketu South Municipality in Ghana's Volta Region, this chapter seeks to examine the variables impacting health workers' attitudes and opinions concerning abortion. The following variables have been assessed at this time: the respondents' sex, marital status, greatest level of education, occupation, religion, age, and length of employment. A total of 250 surveys with all required information were received and included in this research, for a response rate of 100%.

4.2 Descriptive Analyses of Study Variables

4.2.1 Descriptive Assessment of Respondents' Socio-Demographic Characteristics

Of the study participants, majority 198 (79.20%) were females and 52 representing 20.80% were males as shown in Table 4.1. Approximately fifty percent (49.60%) of respondents were single at the time of enrollment into the study.

About 44.40% of respondents had a professional certificate in their occupation, and 42.40% first-degree holders

Approximately fifty-four percent of respondents (53.60%) were aged 26 to 35 years. This was followed by those in the age groups 36 to 45 years (29.20%).

Table 4.1: Socio-Demographic Characteristics of Respondents

Variable		**Frequency**	**Percentage**
Gender	Male	52	20.80
	Female	198	79.20
	Total	**250**	**100.00**

Age Group	18-25 years	32	12.80
	26-35 years	134	53.60
	36-45 years	73	29.20
	Above 45 years	11	4.40
	Total	**250**	**100.00**
Education	Secondary	20	8.00
	HND/first degree	106	42.40
	Second degree	13	5.20
	Professional certificate	111	44.40
	Total	**250**	**100.00**
Marital status	Single	125	50.00
	Married	115	46.00
	Divorced	5	2.00
	Widow	5	2.00
	Total	**250**	**100**
Occupation	Biomedical Scientist	3	1.20
	Community Health Nurse	10	4.00
	General Health Nurse	124	49.60
	Health Promotion Officer	2	0.80
	Health Services Administrator	3	1.20
	Medical Officer	5	2.00
	Midwife	58	23.20
	Physician assistant	20	8.00
	Public health nurse	25	10.00
	Total	**250**	**100.00**
Duration of work	0-3 years	147	58.8
	4-6 years	36	14.4
	7 and above years	67	26.8
	Total	**250**	**100**
Religion	Christians	235	94.00
	Muslim	7	2.80
	Traditional	8	3.20
	Total	**250**	**100.00**

Source: Author's Fieldwork (2022)

A majority (124) of the respondents interviewed were general nurses (49.60%), 23.20% (58) were midwives, 10% (25) were public health nurses, 8% (20) were physician assistants, 4% (10) were community health nurses, 2% (5) were medical officers), 1.2% (3) were biomedical scientists and health services administrators respectively. Majority of

the respondents identified with the Christian religion (94.00%) and about 60% indicated working in their professions for at least 3 years.

4.2.2 Descriptive Assessment of Perception towards Abortion

In assessing the perception of respondents towards abortion, 17 items of questions were used. Each question had a binary response, Yes or No with an affirmed response coded as 1 and 0, otherwise. Analysis of the findings is presented in Table 4.2.

Majority of the healthcare professionals agreed to; abortion in cases of rape (74.4%), abortion in cases of incest (71.20%), in cases of health endangerment (90.00%), in cases of fetal anomaly (89.60%), for the purpose of sex selection (80.8%); mandatory parental consent for all minors (63.20%), a legislation that would render abortion provision legal (68.40%), government paying for abortions services (50.40), pregnant adolescents having full capacity to decide on the outcome of their pregnancy (63.6%), pregnant adolescent having the final say in deciding the outcome of their pregnancy (74.19%), and Adolescents always seeking support or advice from third parties, out of choice (73.79%).

However, many others did not agree to; abortion for any other reason (87.20%); mandatory parental notification in the case of adolescents (56%), Seeking parents for adoption is always better than having an abortion (55.2%), health-care providers having the responsibility always to inform the parents if the adolescent wanted an abortion (53.63%), and a third party always involved in the decision-making process (50.40%).

Table 4.2: Descriptive Assessment of Perception towards Abortion

S/N	Statements		Yes		No	
		N	Freq.	Per	Freq.	Per
1	Abortion should be available in cases of rape.	250	186	74%	64	26%
2	Abortion should be available in cases of incest.	250	178	71%	72	29%
3	Abortion should be available in cases of life endangerment.	250	225	90%	25	10%
4	Abortion should be available in cases of health endangerment.	250	225	90%	25	10%
5	Abortion should be available in cases of fetal anomaly (malformation).	250	224	90%	26	10%
6	Abortion should be available for the purpose of sex selection.	250	202	81%	48	19%
7	Abortion should be available for any other reason.	250	32	13%	218	87%
8	In the case of adolescents, parental notification should be mandatory.	250	110	44%	140	56%
9	Parental consent should be mandatory for all minors.	250	158	63%	92	37%
10	Abortions are not acceptable, for any reason ever.	250	180	72%	70	28%
11	Seeking parents for adoption is always better than having an abortion.	250	112	45%	138	55%
12	Are you in favor of legislation that would render abortion provision legal?	250	171	68%	79	32%
13	The government should pay for abortions services.	250	125	50%	125	50%
14	A pregnant adolescent has full capacity to decide on the outcome of her pregnancy.	250	159	64%	91	36%
15	The health-care provider has the responsibility always to inform the parents if the adolescent wants an abortion.	250	115	46%	135	54%
16	A third party should always be involved in the decision-making process.	250	123	49%	127	51%
17	A pregnant adolescent has the final say in deciding the outcome of her pregnancy.	250	184	74%	66	26%
18	Adolescents should always seek support or advice from third parties, out of choice.	250	183	73%	67	27%

Source: Author's Fieldwork (2022).

An index variable was generated using the 18 item questions measuring perception as proxy. Raw scores were analyzed and dichotomized, where scores below the mean score were categorized as “poor perception” whilst those above the mean score categorized as “good perception”.

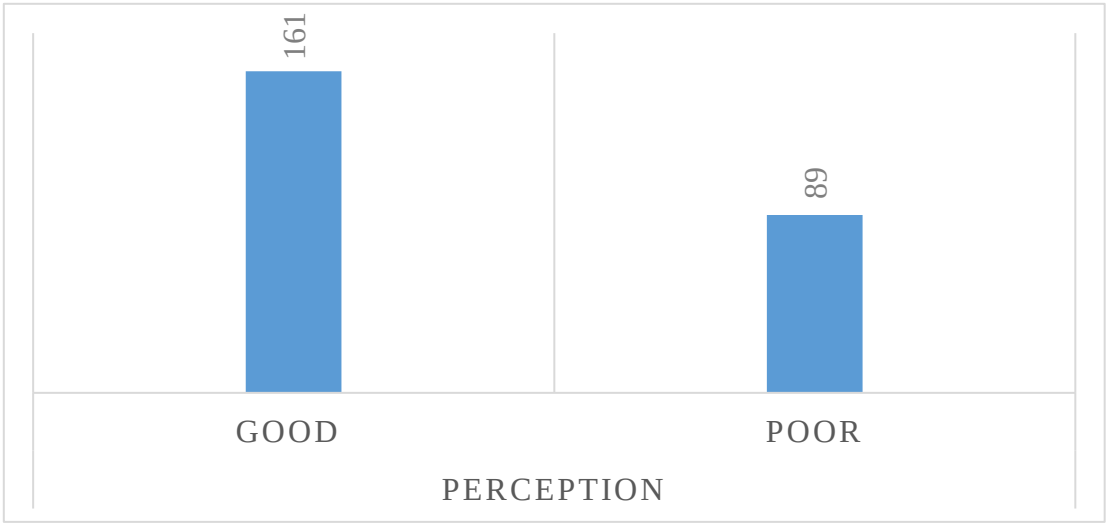

Figure 4.1: Perception towards Abortion

Source: Author’s Fieldwork (2022).

In Table 4.4 below, the Kaiser-Meyer-Olkin (KMO) test output displays the measure of sampling adequacy from the Principal Component Analysis (PCA). KMO has a range of values from 0 to 1, with small values indicating that the variables share too little information overall to justify a PCA analysis (Glen, 2016). On the outcomes, Kaiser assigned the following values: Unacceptable = 0.00 to 0.49, Miserable = 0.50 to 0.59, Mediocre = 0.60 to 0.69, Middling = 0.70 to 0.79, Meritorious = 0.80 to 0.89, and Marvelous = 0.90 to 1.00 (Glen, 2016). Since the KMO results below have an overall value of 0.72, it can be concluded that the survey items measuring functional difficulty were “middling”.

Table 4.3: Scoring weights and the KMO Measure of Sampling Adequacy Derived from PCA

S/N	Statements	Component 1	Unexplained Variance	Mean	SD	KMO
1	Abortion should be available in cases of rape.	0.449	0.3680	1.252	0.435	0.973
2	Abortion should be available in cases of incest.	0.45	0.3765	1.276	0.448	0.749
3	Abortion should be available in cases of life endangerment.	0.36	0.5902	1.102	0.303	0.881
4	Abortion should be available in cases of health endangerment.	0.37	0.5724	1.106	0.308	0.693
5	Abortion should be available in cases of fetal anomaly (malformation).	0.34	0.6292	1.195	0.397	0.722
6	Abortion should be available for the purpose of sex selection.	0.01	0.9994	1.870	0.337	0.767
7	Abortion should be available for any other reason.	0.10	0.9710	1.561	0.497	0.676
8	In the case of adolescents, parental notification should be mandatory.	-0.06	0.9871	1.374	0.485	0.502
9	Parental consent should be mandatory for all minors.	0.05	0.9929	1.276	0.448	0.997
10	Abortions are not acceptable, for any reason ever.	-0.13	0.9461	1.545	0.499	0.522
11	Seeking parents for adoption is always better than having an abortion.	-0.01	0.9996	1.313	0.465	0.699
12	Are you in favor of legislation that would render abortion provision legal?	0.29	0.7380	1.500	0.501	0.714
13	The government should pay for abortions services.	0.09	0.9725	1.732	0.444	0.585
14	A pregnant adolescent has full capacity to decide on the outcome of her pregnancy.	0.16	0.9182	1.362	0.481	0.709
15	The health-care provider has the responsibility always to inform the parents if the adolescent wants an abortion.	-0.08	0.9781	1.533	0.500	0.648
16	A third party should always be involved in the decision-making process.	-0.14	0.9395	1.508	0.501	0.602
17	A pregnant adolescent has the final say in deciding the outcome of her pregnancy.	0.18	0.8928	1.252	0.435	0.749
18	Adolescents should always seek support or advice from third parties, out of choice.	-0.04	0.9940	1.264	0.442	0.712
	Overall					**0.716**

Source: Author's Fieldwork (2022).

4.2.3 Descriptive assessment of attitude of health workers towards abortion

In Table 4.4, 8 items were used to measure the attitude of respondents towards abortion. Each question had a binary response, Yes or No. Analysis of the findings are presented in Table 4.4.

Table 4.4: Assessment of Attitude towards Abortion

S/N	Statement		Yes		No	
		N	Freq.	Per	Freq.	Per
1	Have you ever done an abortion?	250	50	20%	200	80%
2	Do you know anyone who has done an abortion?	250	119	48%	131	52%
3	Would you ever consider doing an abortion?	250	61	24%	189	76%
4	Is abortion against the principles of your faith?	250	218	87%	32	13%
5	Would you consider doing it even if it's against the principles of your faith?	250	218	87%	32	13%
6	Could your partner ever convince you to do abortion?	250	79	32%	171	68%
7	Could your parents ever convince you to do abortion?	250	52	21%	198	79%
8	Could your friends ever convince you to do abortion?	250	28	11%	222	89%

Source: Author's Fieldwork (2022).

An index variable was generated using the 8-item questions measuring attitude as proxy. Raw scores were analyzed and dichotomized, where scores below the mean score were categorized as "unfavorable attitude" whilst those above the mean score categorized as "favorable attitude". 103 (41.25%) of health workers had a favorable attitude towards abortion, whilst 147 (58.75%) had unfavorable attitude towards abortion (Figure 4.2). This dichotomy was then used as the dependent variable in the inferential statistical analysis.

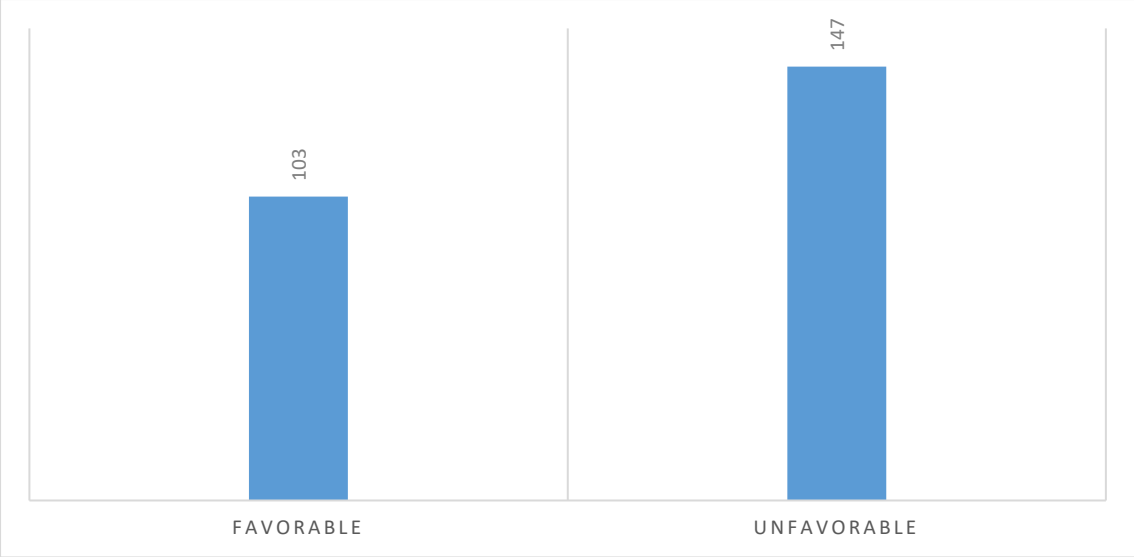

Figure 4.2: Attitude towards Abortion

Source: Author's Fieldwork (2022).

Table 4.5: Scoring weights and the KMO measure of sampling adequacy derived from PCA

S/N	Statements	Component 1	Unexplained Variance	Mean	SD	KMO
1	Have you ever done an abortion?	0.372	0.718	1.793	0.406	0.943
2	Do you know anyone who has done an abortion?	0.478	0.534	1.517	0.501	0.851
3	Would you ever consider doing an abortion?	0.494	0.503	1.748	0.435	0.650
4	Is abortion against the principles of your faith?	-0.184	0.931	1.107	0.310	0.629
5	Would you consider doing it even if it's against the principles of your faith?	0.471	0.548	1.682	0.476	0.917
6	Could your partner ever convince you to do abortion?	-0.164	0.945	2.107	0.452	0.668
7	Could your parents ever convince you to do abortion?	-0.262	0.860	2.099	0.326	0.644
8	Could your friends ever convince you to do abortion?	-0.197	0.921	2.029	0.294	0.636
						0.742

Source: Author's Fieldwork (2022).

Since the KMO results below have an overall value of **0.742**, it can be concluded that the survey items measuring functional difficulty were "middling" as presented in Table 4.5.

4.3 Bivariate Analyses Attitudes and Perception towards Abortion

The objective of this study was to determine the factors influencing health workers' attitudes and perceptions towards abortion in the Ketu South Municipality in the Volta Region of Ghana. As such, the factors that have been evaluated at this stage are; the sex of respondents, marital status, highest level of education, occupation, religion, age and duration of work. These were analyzed for their independent influence on the attitudes and perceptions of health workers towards abortion.

In the bivariate analyses below (Table 4.6 and 4.7) marital status indicated statistically significant independent association with the perception of health workers towards abortion. Furthermore, age and work duration were found to have statistically insignificant independent associations with the attitude of health worker towards abortion.

Table 4.6- Chi-Square Test of Perception of Health Workers towards Abortion

	PERCEPTION		
Variable	**Poor - n (%)**	**Good – n (%)**	**P-value**
Age Group			
18-25 years	9 (30.00)	21 (70.00)	
26-35 years	42 (31.82)	90 (68.18)	
36-45 years	34 (46.58)	39 (53.42)	
Above 45 years	5 (45.45)	6 (54.55)	**0.147**
Gender			
Male	21 (42.00)	29 (58.00)	
Female	69 (35.20)	127 (64.80)	**0.373**
Marital Status			
Single	37 (30.83)	83 (69.17)	
Married	47 (40.52)	69 (59.48)	
Divorced	4 (80.00)	1 (20.00)	****0.047**
Widowed	2 (40.00)	3 (60.00)	
Occupation			
Biomedical Scientist	3 (100.00)	0 (0.00)	
Community health nurse	3 (33.33)	6 (66.67)	
General nurse	45 (37.19)	76 (62.81)	
Health promotion officer	2 (100)	0 (0.00)	
Health services administrator	0 (0.00)	3 (100.00)	
Medical officer	2 (40.00)	3 (60.00)	
Midwife	18 (31.03)	40 (68.97)	
Physician Assistant	6 (30.00)	14 (70.00)	
Public health nurse	11 (44.00)	14 (56.00)	**0.142**
Work Duration			
0-3 years	56 (39.16)	87 (60.84)	
4-6 years	9 (25.00)	27 (75.00)	
7 years and above	25 (37.31)	42 (62.69)	**0.270**
Educational Level			
Secondary	10 (52.63)	9 (47.37)	
HND/First degree	35 (33.98)	68 (66.02)	
Second degree	6 (46.15)	7 (53.85)	**0.388**
Professional certificate	39 (35.14)	72 (64.86)	
Religion			
Christian	85 (36.80)	146 (63.20)	
Muslim	1 (14.29)	6 (85.71)	
Traditional	4 (50.00)	4 (50.00)	**0.346**

P-value significant at 0.05 level; N = Total Frequency; % - Percentage

Source: Author's Fieldwork (2022).

Table 4.7- Chi-Square Test of Attitude of Health Workers towards Abortion

Variable	Attitude		P-value
	Unfavorable- n (%)	Favorable - n(%)	
Age Group			
18-25 years	23 (76.67)	7 (23.33)	
26-35 years	69 (53.91)	59 (46.09)	
36-45 years	41 (56.16)	32 (43.84)	**0.028
Above 45 years	3 (27.27)	8 (72.73)	
Gender			
Male	29 (58.00)	21 (42.00)	
Female	107 (55.73)	85 (44.27)	0.773
Marital Status			
Single	69 (59.48)	47 (40.52)	
Married	60 (51.72)	56 (48.28)	
Divorced	4 (80.00)	1 (20.00)	
Widowed	3 (60.00)	2 (40.00)	0.452
Occupation			
Biomedical Scientist	0 (0.00)	3 (100.00)	
Community health nurse	6 (66.67)	3 (33.33)	
General nurse	65 (55.56)	52 (44.44)	
Health promotion officer	2 (100.00)	0 (0.00)	
Health services administrator	1 (33.33)	2 (66.67)	
Medical officer	3 (60.00)	2 (40.00)	
Midwife	32 (55.17)	26 (44.83)	
Physician Assistant	9 (45.00)	11 (55.00)	
Public health nurse	18 (72.00)	7 (28.00)	0.26
Work Duration			
0-3 years	101 (71.63)	40 (28.37)	
4-6 years	15 (41.67)	21 (58.33)	
7 years and above	20 (30.77)	45 (69.23)	**0.001
Educational Level			
Secondary	8 (47.06)	9 (52.94)	
HND/First degree	59 (56.19)	46 (43.81)	
Second degree	7 (53.85)	6 (46.15)	
Professional certificate	62 (57.94)	45 (42.06)	0.864
Religion			
Christian	128 (56.39)	99 (43.61)	
Muslim	3 (42.86)	4 (57.14)	
Traditional	5 (62.50)	3 (37.50)	0.727

P-value significant at 0.05 level; N = Total Frequency; % - Percentage

Source: Author's Fieldwork (2022).

4.4 Factors Influencing Attitudes and Perceptions towards Abortion

Table 4.8 Multivariable Logistic Regression

	Attitude			Perception		
Variable	**AOR**	**95% CI**	**P-value**	**AOR**	**95% CI**	**P-value**
Age Group						
18-25 (Ref)						
26-35 years	2.71	0.95-7.77	**0.042	0.9	0.34-2.37	0.836
36-45 years	1.63	0.42-6.35	0.482	0.48	0.13-1.71	0.259
Above 45	1.73	0.19-15.9	0.628	2.14	0.15-28.77	0.567
Gender						
Male (Ref)						
Female	1.7	0.71-4.06	0.229	1.3	0.57-2.93	0.523
Marital Status						
Single (ref)						
Married	0.7	0.33-1.48	0.364	0.63	0.31-1.29	0.213
Divorced	0.09	0.07-1.25	0.074	0.03	0.01-0.53	**0.018
Widowed	0.32	0.30-3.40	0.347	0.22	0.06-2.79	0.24
Occupation						
Biomedical Scientist						
	----	----	----	----	----	----
Community nurse	0.37	0.06-2.11	0.268	0.85	0.16-4.28	0.846
General nurse	0.76	0.36-1.6	0.482	0.61	0.29-1.28	0.192
Health prom. Officer						
	----	----	----	----	----	----
Health services adm	3.38	0.18-61.9	0.412			
				----	----	----
Medical officer	1.04	0.09-10.9	0.975	0.89	0.10-7.74	0.916
Midwife (ref)						
Physician Assistant	2.57	0.53-12.3	0.239	0.68	0.15-3.23	0.638
Public health nurse	0.16	0.04-0.61	**0.007	0.58	0.19-1.77	0.341
Work Duration						
0-3 yrs (ref)						
4-6 years	3.49	1.32-9.18	**0.011	3.48	1.21-10.1	**0.021
7 years and above	9.24	3.77-22.6	**0.001	2.44	1.08-5.49	**0.031
Educational Level						
Secondary (Ref)						
HND/First degree	0.54	0.16-1.81	0.32	2.33	0.79-6.85	0.123
Second degree	0.65	0.12-3.67	0.627	1.39	0.28-6.74	0.677
Professional certificate	0.44	0.13-1.50	0.194	1.87	0.64-5.46	0.247
Religion						
Christian (ref)						
Muslim	4.97	0.73-33.48	0.099	3.08	0.31-30.3	0.334
Traditional	----	----	----	11.16	0.74-66.8	0.082

***P-value significant at 0.05 level; Ref – Reference group; AOR – adjusted odds ratio*

Source: Author's Fieldwork (2022).

From the regression output, health workers in the age group 26 to 35 years had a 2.71 (95% CI: 0.95-7.77) times higher odds of having favorable attitude towards abortion compared to their counterparts who are within the age group 18 to 25 years adjusting for other variables. Also, public health nurses had 0.84 (95% CI: 0.04-0.61) lower odds of being favorable towards abortion compared to midwives. Furthermore, having favorable attitude towards abortion tended to increase with the number of years a health professional had worked. Health workers who had worked between 4 to 6 years were 3.49 (95% CI: 1.32-9.18) times more likely than their colleagues who had worked 0 to 3 years to be favorable towards abortion. More so, health workers with over 7 years' experience had a 9.24 (95% CI: 3.77-22.6) times the odds of being favorable towards abortion than their counterparts who had 0 to 3 years' experience.

Similarly, having a good perception about abortion tended to increase with the number of years a health professional had worked. Health workers who had worked between 4 to 6 years were 3.48 (95% CI: 1.21-10.1) times more likely than their colleagues who had worked 0 to 3 years to be favorable towards abortion. More so, health workers with over 7 years' experience had a 2.44 (95% CI: 1.08-5.49) times the odds of being favorable towards abortion than their counterparts who had 0 to 3 years' experience. Furthermore, health workers who had divorced had 0.93 (95% CI: 0.01-0.53) lower odds of having a good perception towards abortion than their counterparts who were single.

Post estimation test of the models

From the graphical postestimation analysis of the two models (Figure 4.3 and 4.4), it can be deduced that the two models were acceptable and reliable. The model measuring attitude and its associated factors yielded 76.41% area under the Receiver Operating Characteristic Curve (ROC). Similarly, the other measuring perception and its associated

factors yielded 69.56% area under ROC. Typically, an ROC of 0.5 denotes no distinction, 0.7 to 0.8 denotes acceptable performance, 0.8 to 0.9 denotes great performance, and greater than 0.9 denotes remarkable performance (Mandrekar, 2010).

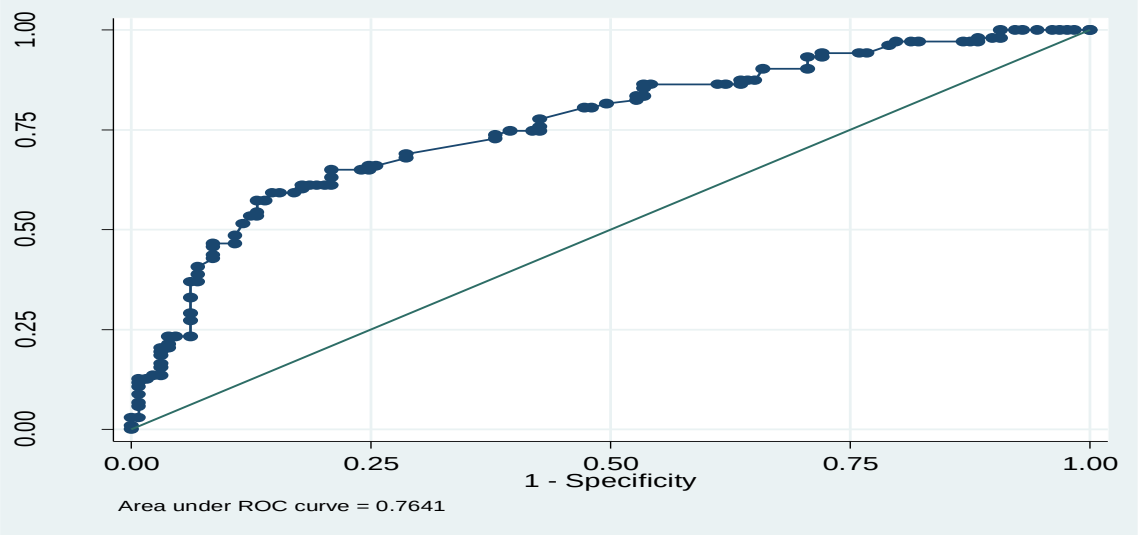

Figure 4.3: Post Estimation Analysis of Model Measuring

Source: Author's Fieldwork (2022).

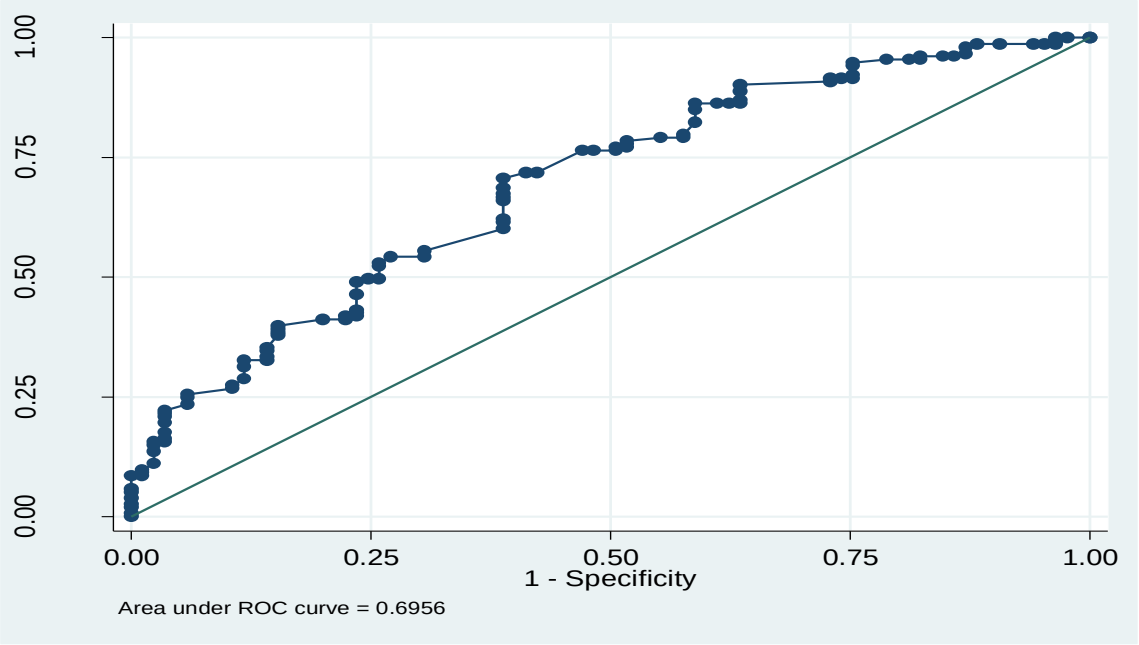

Figure 4.4 - post estimation analysis of model measuring perception

Source: Author's Fieldwork (2022).

CHAPTER FIVE

5.0 DISCUSSION OF RESULTS

5.1 Introduction

This section of the study presents the discussion of the results obtained from the analysis of data in Chapter 4. The discussion is done in line with the relevant literature also reviewed in Chapter 2.

5.2 Perception of Abortion

The first objective of the study was to assess the perception of health workers toward abortion in the Ketu South Municipality. The respondents were presented with eighteen statements to assess their perception. It was revealed 161 (64.27%) health workers had a good perception of abortion, whilst 89 (35.73%) had a poor perception of abortion. This means that the respondents have a good perception of abortion. The way people view abortion is crucial for guiding the design and implementation of interventions that close the access gaps for women to safe abortions (Ushie *et al.*, 2019). In order to understand how health service providers in Ethiopia's Kimbibit District, North Shoa, and Oromia Region perceive safe abortion care, Zike *et al.* (2022) conducted this survey. A cross-sectional study with an institutional focus was carried out. The survey included 286 healthcare professionals in total. The participants' perceptions were favourable in about 53.8% of cases.

5.3 Attitudes of Health Workers towards Abortion

The second objective of the study seeks to explore the attitudes of health workers towards abortion in the Ketu South Municipality. It was revealed that 103 (41.25%) health workers had a favorable attitude toward abortion, whilst 147 (58.75%) had an unfavorable attitude

towards abortion. This implies that the respondents have an unfavorable attitude towards abortion.

Contrary to Debela and Mekuria's (2018) findings, 323 respondents (56%) favor legalizing abortion on demand, while 241 respondents (41.9%) reject it. They claimed one factor that prevents women from using safe abortion is a lack of awareness and a negative attitude. (Debela and Mekuria, 2018).

The majority of students in the health training institutions surveyed (70.1%) were also found to be highly in favor of abortion if it was done for medical grounds (Engelbert Bain *et al.*, 2020). The use of abortion for sex selection was highly opposed by more than seventy percent (78.0%) of the students. The majority of respondents (89.0%) did not support legislation that would make abortions available for teenage girls who are pregnant upon request; nevertheless, medical students had a more negative opinion than did students of law and midwifery ($p < 0.001$).

5.4 Factors influencing the perception of abortion

Examining the variables affecting how health workers in the Ketu South Municipality perceive abortion was the third objective of the study. Gender, age, gender, occupation, marital status, length of employment, level of education, and religion were sociodemographic data that were taken into consideration in the study. Tabaac *et al.*, (2022) argued that many factors influence the perception of health workers toward abortion.

The study found that the age of the respondents has an insignificant influence on the perception of Abortion among the health workers. But Asi Danso *et al.,* (2022) finding was contrary to this finding. Asi Danso et al., (2022) enumerated some significant factors that affected abortion prevalence, which include age, marital status, religion, and type of

residence. In contrast to law and medical students, more than half of midwifery students (52.6%) agreed that teenagers should have complete decision-making capacity regarding the result of their pregnancy (Engelbert Bain *et al.*, 2020).

It was also revealed that gender has an insignificant influence on the perception of abortion among health workers. This result differs from the assertion of Loi *et al.*, (2015) that health care providers have social, moral, and gender-based reservations regarding induced abortion. And the result also contradicts the findings of Boatemaa *et al.,* (2018) which found factors like health workers' age, gender, marital and financial status, level of education, religious belief, work experience, and knowledge of the safe abortion policy to influence on the perception towards abortion.

Occupation of the respondents which implies the position they occupied in their organization was also found not to significantly influence their perception of abortion. Work duration which is also the years for which an individual has been working was found not to influence the perception. Similarly, Carvajal *et al.,* (2022) found that the position of an individual Occupation of the respondents which implies the position they occupied insignificantly influence their perception of abortion. Boatemaa *et al.,* (2018) found the influence of work experience and knowledge on the safe abortion policy.

According to Atakro et al. (2019), educational level is another factor that is looked at. Previous studies have identified a number of reasons why most pregnant women in Ghana choose unsafe abortions, including a lack of knowledge about safe abortion services, poor socioeconomic conditions, religious and cultural beliefs, a stigma associated with unplanned pregnancies, a desire to have children within a marriage, and efforts to avert parental/guardian embarrassment and anger.

The study results indicated that the level of education of the respondent insignificantly influences their perception of abortion. On the contrary Boatemaa et al., (2018) found that a health worker's age, gender, marital and financial status, level of education, and religious belief on the safe abortion policy.

Additionally, it was discovered that religion had no impact on how health professionals saw abortion. According to Munetsi and William's (2022) research, there are both subjective and objective elements that affect how health care providers behave in the workplace.

The only factor found to influence the perception of the health workers on abortion was the marital status of the respondents. This result is in line with the finding of Danso et al., (2022) that marital status has an influence on the perception of an individual towards abortion. According to the study by Zike et al., (2022), age, marital status, sex, and attitude of respondents were determinant factors for the perception of health care providers toward safe abortion.

5.5 Factors that Influence Attitudes towards Abortion

The fourth objective of the study was to determine the factors that influence the attitudes of health workers towards abortion in the Ketu South Municipality. Socio-demographic characteristics like age, gender, marital status, occupation, work duration, educational level, and religion were the factors used in the study. Zike et al., (2022) study found that those who had a high attitude were more likely to have a favorable perception of safe abortion. According to Zike et al., (2022) study, sex, age, marital status, and attitude of respondents were determinant factors for the perception of health care providers toward safe abortion.

The study found that gender, marital status, occupation, educational level, and religion have an insignificant influence on the attitudes of health workers towards abortion. Similar to this, Karabulut et al. (2022) carried out a study to learn more about Turkish nurses' views, perceptions, and experiences with conscientious objection. However, it was discovered that participants did not want to provide care because of their own moral and religious convictions. According to the study by Santibenchakul et al. (2022), 41.4% of participants were in support of inducing abortions, with 21.3% of those individuals being willing to offer safe abortion services. Participants who practiced Buddhism and scored highly on knowledge tests tended to view abortion favorably. The modified abortion statute is not well-known to nurses in Thailand's southernmost province, and they do not see abortion favorably morally.

It was discovered that the attitudes of health personnel are significantly influenced by age and length of employment. It is conceivable that life experiences may affect attitudes about abortion because personal features were linked to antiabortion beliefs, according to Alspaugh et al. (2022).

Debela and Mekuria (2018) discovered that knowledge about the legalization of abortion, marital status, and educational status were statistically significant in relation to attitude. According to Engelbert et al. (2020), if a change in access to safe abortion services is to be envisioned, careful consideration may be needed regarding the conflicts between adolescent sexual and reproductive rights, the culturally accepted involvement of third-party (parents and partners), and the current abortion law.

CHAPTER SIX

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This section begins with a summary of the key outcomes of the data collected. The section also provides a conclusion and recommendations in line with the research objectives. It also provides proposals for future research.

6.2 Summary of Findings

6.2.1 Perception of Abortion

The first objective of the study was to assess the perception of health workers toward abortion in the Ketu South Municipality. It was shown that most healthcare professionals in this study had good perceptions on abortion. This indicates that the respondents' opinions regarding abortion are favorable.

6.2.2 Attitudes towards Abortion

The second objective of the study seeks to explore the attitudes of health workers towards abortion in the Ketu South Municipality. It was revealed that majority health workers had an unfavorable attitude towards abortion. This implies that the respondents have an unfavorable attitude towards abortion.

6.2.3 Factors Influencing Perception towards Abortion

The third objective of the study was to examine the factors influencing the perception of health workers towards abortion in the Ketu South Municipality. The study found that the age, gender, occupation, work duration, educational level, and religion had no significant association with perception. The only factor found to influence the perception of the health workers on abortion was the marital status of the respondents. This implies marital status is a determinant of the perception of health workers toward abortion.

6.2.4 Factors that Influence Attitudes towards Abortion

The fourth objective of the study was to determine the factors that influence the attitudes of health workers towards abortion in the Ketu South Municipality. The study found that gender, marital status, occupation, educational level, and religion have an insignificant influence on the attitudes of health workers towards abortion. It was revealed that age and work duration have a significant influence on the attitude of health workers. This implies age and work duration are the determinants of the attitude of health workers toward abortion.

6.3 Conclusions

The main aim of this study was to assess the factors influencing health workers' attitudes and perceptions towards abortion. The study was conducted among health workers in thirteen selected health facilities in the Ketu South Municipality in the Volta Region of Ghana.

The study found that the majority of health workers had a good perception of abortion, and it was revealed that the majority of the health workers had an unfavorable attitude towards abortion. It was also revealed that the only factor found to influence the perception of the health workers on abortion was the marital status of the respondents and age and work duration were also found to significantly influence the attitude of the health workers.

Therefore, it is concluded that the health workers have a good perception of abortion but exhibited an unfavorable attitude towards abortion. The good perception was found to have been influenced by marital status whiles age and work duration also influence the health workers' unfavorable attitude towards abortion.

6.4 Recommendations

Based on the finding of the study the following recommendations are made:

It was revealed that the respondents agreed that abortion should be available in cases of health endangerment, therefore it is recommended that health workers are trained and given the necessary tools by their respective employers which will include the Ghana Health Service to enable them to assist people when in health endangerment.

It was found that the health workers exhibited an unfavorable attitude towards abortion. It is recommended that the health training institution increase training and clinical exposure to their trainees to help improve their unfavorable attitudes towards abortion.

It was also revealed that age influences the health workers' unfavorable attitude towards abortion. Education, information, and communication programs on reproductive health should be provided by the Ketu South District Health Directorate to address issues of safe abortion by grouping the respondents base on their age. It is important to hold forums and panel discussions on safe abortion, especially for young people and students from remote areas.

In order to increase access to abortion services and, as a result, lower maternal morbidity and death from unsafe abortions, stakeholders and policy planners are advised to deploy these two abortion procedures immediately, especially in remote health districts.

6.5 Recommendations for Further Research

It is recommended that future research work be conducted to investigate how attitudes of health workers influence safe abortion services.

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APPENDICES

APPENDIX I: INFORMED CONSENT

Project Title: Factors influencing health workers attitude and perception towards abortion: a case study in the Ketu South Municipality in the Volta Region.

Name of Investigator: Agbewoley Sitsofe

Institutional affiliation: Ensign Global College

Introduction: This academic research is part of student project work, Master's in public health.

This study seeks to explore the prevalence of abortion in Ghana, factors associated with health workers attitude towards abortion, factors associated with health workers perception towards abortion

Procedures:

The information that would be collected includes background, socio-economic and Knowledge, factors influencing perception and attitude.

Right to refuse

Giving us consent to participate in this study is voluntary and not under any obligation if you do not want to do so, and this will not affect the privilege you derive from any of the Governmental Institutions. You are also at liberty to withdraw from the study any time after enrollment, if you so wish.

Benefit/Incentive:

After obtaining results from participants, they will be educated on the legal status of the abortion law of Ghana. There will be no incentives given.

Confidentially:

Be assured that the information collected will be handled with strict confidentiality and

will be used purely for academic purposes. Thanks for your co-operation as the information you provide will contribute in many ways to the efforts to mitigate the effects of unsafe illegal abortion and go a long way to reduce maternal mortality.

Signature/Thump Print of Participants.....

Date.....

Signature of Investigator.....

Date.....

APPENDIX II: QUESTIONNAIRES

QUESTIONNAIRE TO ASCERTAIN THE FACTORS INFLUENCING HEALTH WORKERS' ATTITUDE AND PERCEPTION TOWARDS ABORTION: A CASE STUDY IN THE KETU SOUTH MUNICIPALITY IN THE VOLTA REGION

Dear Respondent,

The researcher is a final year master's student under the faculty of _____ at Ensign Global College. This questionnaire is to solicit the factors influencing health workers' perception and attitude towards abortion in the Ketu South Municipality in the Volta Region.

The researcher will be grateful if you could assist her with your honest responses to the questions below in order to achieve the goals of this research. Your participation in this research is voluntary. There are no predictable risks associated with your participation in this research. The information you provide will be treated as confidential and used only for academic purposes. Please do not provide any details that could identify you.

Thanks for your time.

SECTION A: DEMOGRAPHICS

This section requires you to provide information about yourself.

Instruction: Please choose the right option from the alternatives provided or indicate by writing where applicable.

1. Gender A) Male [ ]
   B) Female [ ]

2. Age A) 18 - 25 [ ]
   B) 26 - 35 [ ]
   C) 36 - 45 [ ]
   D) Above 45 [ ]

3. Educational Background
   A) Secondary [ ]
   B) HND/First Degree [ ]
   C) Second Degree [ ]
   D) Professional Certificate [ ]

4. Marital Status
   A) Single [ ]
   B) Married [ ]
   C) Divorced [ ]
   D) Widow [ ]

5. Occupation/Title
   A) Biomedical Scientist [ ]
   B) Community Health Nurse [ ]
   C) General Health Nurse [ ]
   D) Health Promotion Officer [ ]
   E) Health Services Administrator [ ]
   F) Medical Officer [ ]
   G) Midwife [ ]
   H) Physician assistant [ ]
   I) Public health nurse [ ]

6. How long have you been working here?
   A) 0 - 3 years [ ]
   B) 4 - 6 years [ ]
   C) 7 years and above [ ]

7. Religion or Faith
   A) Christian [ ]
   B) Muslim [ ]
   C) Traditionalist [ ]
   D) Other [ ]

SECTION B: PERCEPTION ABOUT ABORTION.

Instruction: Choose either YES or NO if you agree or disagree with the following statements.

S/N	Statements	Yes	No
1	Abortion should be available in cases of rape.		
2	Abortion should be available in cases of incest.		
3	Abortion should be available in cases of life endangerment.		
4	Abortion should be available in cases of health endangerment.		
5	Abortion should be available in cases of foetal anomaly (malformation).		
6	Abortion should be available for the purpose of sex selection.		
7	Abortion should be available for any other reason.		
8	In the case of adolescents, parental notification should be mandatory.		
9	Parental consent should be mandatory for all minors.		
10	Abortions are not acceptable, for any reason ever.		
11	Seeking parents for adoption is always better than having an abortion.		
12	Are you in favor of legislation that would render abortion provision legal?		
13	The government should pay for abortions services.		
14	A pregnant adolescent has full capacity to decide on the outcome of her pregnancy.		
15	The health-care provider has the responsibility always to inform the parents if the adolescent wants an abortion.		
16	A third party should always be involved in the decision-making process.		
17	A pregnant adolescent has the final say in deciding the outcome of her pregnancy.		
18	Adolescents should always seek support or advice from third parties, out of choice.		

SECTION C: ATTITUDE ABOUT ABORTION.

Instruction: Choose either YES or NO if you agree or disagree with the following statements.

S/N	Statements	Yes	No
1	Have you ever done an abortion?		
2	Do you know anyone who has done an abortion?		
3	Would you ever consider doing an abortion?		
4	Is abortion against the principles of your faith?		
5	Would you consider doing it even if it's against the principles of your faith?		
6	Could your partner ever convince you to do abortion?		
7	Could your parents ever convince you to do abortion?		
8	Could your friends ever convince you to do abortion?		

APPENDIX III: ETHICAL CLEARANCE

ENSIGN GLOBAL
COLLEGE

OUR REF: ENSIGN/IRB/ET/193 July 08, 2022.
YOUR REF:

INSTITUTIONAL REVIEW BOARD SECRETARIAT

Sitsofe Agbewoley
Ensign Global College
Kpong.

Dear Sitsofe,

ETHICAL CLEARANCE TO UNDERTAKE POSTGRADUATE RESEARCH

At the General Research Proposals Review Meeting of the *INSTITUTIONAL REVIEW BOARD (IRB)* of Ensign Global College held on Tuesday, June 21, 2021, your research proposal entitled **"Factors Influencing Health Workers' Attitudes and Perceptions towards Abortion in Ghana: A Case Study of Selected Hospitals in the Ketu South Municipality, Ghana"** was considered.

You have been granted Ethical Clearance to collect data for the said research under academic supervision within the IRB's specified frameworks and guidelines.

We wish you all the best.

Sincerely,

Dr. (Mrs.) Rebecca Acquaah-Arhin
IRB Chairperson

P. O. Box AK 136 | Tema-Akosombo Highway, Kpong, Eastern Region, Ghana |
https://www.ensign.edu.gh | +233 245 762 229 | irb@ensign.edu.gh

APPENDIX IV: LETTER OF INTRODUCTION

ENSIGN GLOBAL
COLLEGE

OUR REF: ENSIGN/AR/EL/SN-193 July 21, 2022.
YOUR REF:

District Health Director
Ketu South Municipality
Volta Region.

Dear Sir/Madam,

LETTER OF INTRODUCTION

We respectfully write to introduce to you **Sitsofe Agbewoley** (Student Identification number 217100193), a student of the Master of Public Health (MPH) degree program of the College.

As part of her graduation requirements, she is writing a thesis on the topic**; "factors influencing health worker's attitude and perception towards abortion in Ghana: A case of study of selected hospitals in the ketu South Municipality in the Volta region"** and would like to obtain data from your outfit.

We would be grateful if you kindly accede her any assistance she may require in the collection of this data in your unit for the thesis.

Thank you.

Respectfully yours,

Patrick Kuma
Academic Registrar

APPENDIX V: PLAGIARISM REPORT

Factors influencing health worker's attitude and perception towards abortion:a case study in the Ketu South Municipality in the Volta Region of Ghana

ORIGINALITY REPORT

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