ABSTRACT

Introduction: The sexual and reproductive health of adolescents and young adults is an area of keen interest to policymakers and society as a whole. It is in light of this that pregnancy outcomes, such as abortion, and its sociodemographic determinants have received considerable attention from researchers and health professionals. Pregnancies that result in abortion could happen as an outcome of consensual or non-consensual sex (NCS). However, NCS has varying effects on the psychological, emotional and physical well-being of adolescent girls and young women, and these effects are compounded when the resultant pregnancy ends up in abortion. The presence or absence of social support for young girls has tremendous effects on them. Therefore, this study sought to examine socio-demographic factors associated with abortion, the mediating role of NCS, and forms of social support available to survivors of abortion due to NCS.

Method: This study used a mixed-methods approach where the quantitative data were sourced from the 2022 Ghana Demographic and Health Survey dataset and the qualitative data were gathered from primary data collection, which involved females aged 15 to 24 years, health workers, and other stakeholders. The quantitative analysis determined the socio-demographic factors associated with abortion among adolescent girls and young women, and the mediating role of NCS. The qualitative approach examined factors associated with abortions among adolescent girls and young women who experienced NCS. It further examined the forms and sources of social support that young girls receive after these experiences.

Results: The results showed that wealth status was significantly associated with abortions within the past 12 months, thus those in the richer wealth category were 3.6 times more likely to obtain an abortion ($p=0.005$) as compared to those in the poorer category. Marital status was also significantly associated with abortion within the past 12 months, where young girls who were never in union were 0.26 times less likely to terminate pregnancies within the past 12

months as compared to those who were formerly in a union; and those who had experienced nonconsensual sex within the last 12 months were 2.6 times more likely to terminate pregnancies within the same year as compared to those who did not have non-consensual sex within the same period. The qualitative interviews revealed that there were familial factors, economic factors and sexual factors that were associated with experiences of non-consensual sex among respondents. Also, factors leading to the termination of pregnancies which resulted from non-consensual were; agents of influence, the abortion decision-making process, costs and contraception. Young girls experienced several post-traumatic reactions and received diverse forms of social support. On the other hand, stakeholders shared varying roles they played in supporting young people within Ghana.

It is recommended that intensive comprehensive sexual and reproductive health and rights education be made available to increase knowledge, agency and use of contraception and other services. Also, more psychological counselling during the abortion care process in the health facilities is recommended. Finally, more socio-economic programs and poverty alleviating projects should be implemented to improve the standard of living of young people.