

Ghanaians support women's autonomy but are divided on abortion and contraceptives

Afrobarometer Dispatch No. 1087 | Maame Akua Amoah Twum

Summary

Sexual and reproductive health and rights (SRHR) remain a critical challenge in Ghana, particularly with regard to teenage pregnancy and access to contraception. Between 2016 and 2020, Ghana recorded 13,444 pregnancies among girls aged 10-14 and 542,131 pregnancies among adolescents aged 15-19 (UNFPA-Ghana, 2022). Teenage pregnancy rates are about twice as high in rural areas as in cities (Mohammed, 2023). Poverty, limited education, and stigma surrounding SRHR continue to restrict access to essential services (Amodu et al., 2022).

One profound consequence of teenage pregnancy is educational disruption. A study in a suburb of Accra (Chorkor) showed that more than 80% of pregnant schoolgirls drop out permanently (Gyan, 2013), and participants in re-entry programmes often face stigma, a lack of support, and economic hardship.

Despite near-universal awareness of modern contraceptives (99.8% among sexually active unmarried young Ghanaian women aged 15-24), uptake remains low – only 43% of Ghanaian women use any form of contraception, and just 34% rely on modern methods (Oppong et al., 2021).

Ghanaian law permits abortion performed by a trained professional under specific circumstances, including when the pregnancy results from rape, defilement, or incest; when continuation of the pregnancy would pose a risk to the woman's life or physical or mental health; and when there is a substantial risk of foetal abnormality (Republic of Ghana, 1985; Global Abortion Policies Database, 2017). Access to safe abortion services remains limited, however, leading to a high incidence of unsafe abortions (Morhee & Morhee, 2006; Lahole, Mare, Maile, & Kussia, 2025). One study estimated the number of abortions in Ghana at 200,000 in 2017, with 71% classified as illegal (Polis et al., 2020). Unsafe abortions account for 64.1% of induced abortions and contribute significantly to maternal morbidity and mortality (Boah, Bordotsiah, & Kuurdong, 2019).

The Ghanaian government has introduced policies aimed at expanding contraceptive access and reproductive health education, including the Adolescent Reproductive Health Policy (Republic of Ghana, 2000) and the National Gender Policy (Ministry of Gender, Children and Social Protection, 2015). Ghana is also a signatory to international agreements such as the Maputo Protocol, which promotes women's reproductive rights in Africa.

However, implementation remains inconsistent, often facing resistance from religious and conservative groups, particularly regarding sexuality education.

A special question module in Afrobarometer's Round 10 survey (2024) explores the opinions and experiences of Ghanaians related to sexual and reproductive health and rights.

Findings show that a majority of Ghanaians believe women should have autonomy in making decisions regarding marriage and reproduction. Most also say that young women who

become pregnant should have the right to continue their education and that sex education should be taught in school. But views are divided on whether contraceptives should be available to everyone who is sexually active regardless of age, though the marital status of potential beneficiaries is less of a concern.

A majority of Ghanaians consider abortion justifiable if the mother's life or health is at risk, but fewer see it as acceptable in cases of rape or incest, economic hardship, or unwanted pregnancy.

Afrobarometer surveys

Afrobarometer is a pan-African, non-partisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Ten survey rounds in up to 45 countries have been completed since 1999. Round 10 surveys (2024/2025) cover 38 countries. Afrobarometer's national partners conduct face-to-face interviews in the language of the respondent's choice.

The Afrobarometer team in Ghana, led by the Ghana Center for Democratic Development, interviewed a nationally representative sample of 2,400 adult Ghanaians in August 2024. A sample of this size yields country-level results with a margin of error of +/-2 percentage points at a 95% confidence level. Previous surveys were conducted in Ghana in 1999, 2002, 2005, 2008, 2012, 2014, 2017, 2019, and 2022.

Key findings

- Large majorities of Ghanaians say women should be able to decide for themselves whether and when to marry (82%) as well as when to have children and how many children to have (66%).
 - Women are more likely than men to assert women's autonomy in choices about marriage (84% vs. 79%) and childbearing (73% vs. 60%).
- More than eight in 10 Ghanaians (87%) say pupils who get pregnant or have children should be allowed to continue their schooling.

Survey questions on sexual and reproductive health and rights (SRHR), including questions on contraception, sexuality education, abortion, and women's autonomy, may be sensitive for some countries or groups of respondents, which raises potential challenges for data analysis and interpretation. These questions may generate *non-response bias* if respondents are uncomfortable providing answers or *social desirability bias* if they feel compelled to offer socially acceptable answers, rather than their true opinions.

We urge analysts and users of these data to recognise these challenges in their presentation and interpretation of the findings, especially by examining and reporting item non-response rates ("don't know" or refused to answer) when they exceed acceptable limits (usually 5%) and by conducting appropriate statistical tests of any proposed scales or indices generated. In most countries, non-response rates are well within acceptable limits, but in Angola, Guinea-Bissau, Mauritius, Morocco, and Tunisia, they often rise above these levels. Excluding non-responses in these cases could misrepresent public attitudes on these important issues.

For a detailed analysis of these issues in the Afrobarometer Round 10 SRHR data, and a review of diagnostic tools that can be applied in the interpretation of the findings, we refer readers to [Afrobarometer Methods Note No. 5](#).

Finally, we note that the SRHR module originally included one additional question about potential punishment for women who obtain an abortion. However, early in the implementation of Round 10, Afrobarometer concluded that the question wording was unclear, making the responses difficult to interpret. Since the findings did not meet an acceptable standard for clarity and reliability, this question was dropped from the remaining Round 10 surveys, and the data from those countries where it was asked have been excluded from all final data sets.

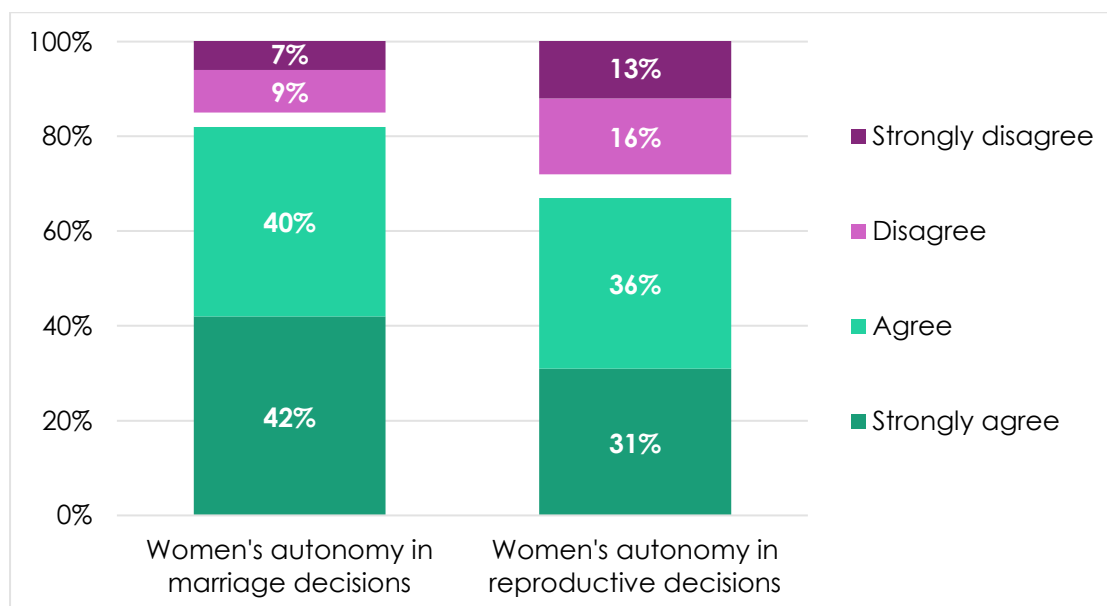
- About three-fourths (77%) endorse the teaching of sex education in school.
- About six in 10 citizens (58%) say contraceptives should be made available for anyone who is sexually active regardless of marital status (58%), but fewer than half (46%) endorse contraceptive access regardless of age.
- Two-thirds (66%) of Ghanaians see terminating a pregnancy as “sometimes” or “always” justified if the mother’s life or health is at risk.
 - But fewer than half (46%) say abortion is justified in cases of rape or incest, and majorities consider it “never justified” in cases where the woman is economically unable to care for a child (68%) or the pregnancy is unwanted for any reason (75%).

Women’s autonomy in marriage and childbearing decisions

A large majority (82%) of Ghanaians say that girls and women should be able to decide for themselves whether and when to marry, including four in 10 (42%) who “strongly agree” with this position (Figure 1).

Two-thirds (66%) of citizens say that women should have autonomy in decisions about when to have children and how many children they want to have.¹

Figure 1: Women’s autonomy in decisions about marriage and childbearing
 | Ghana | 2024



Respondents were asked: For each of the following statements, please tell me whether you disagree or agree:

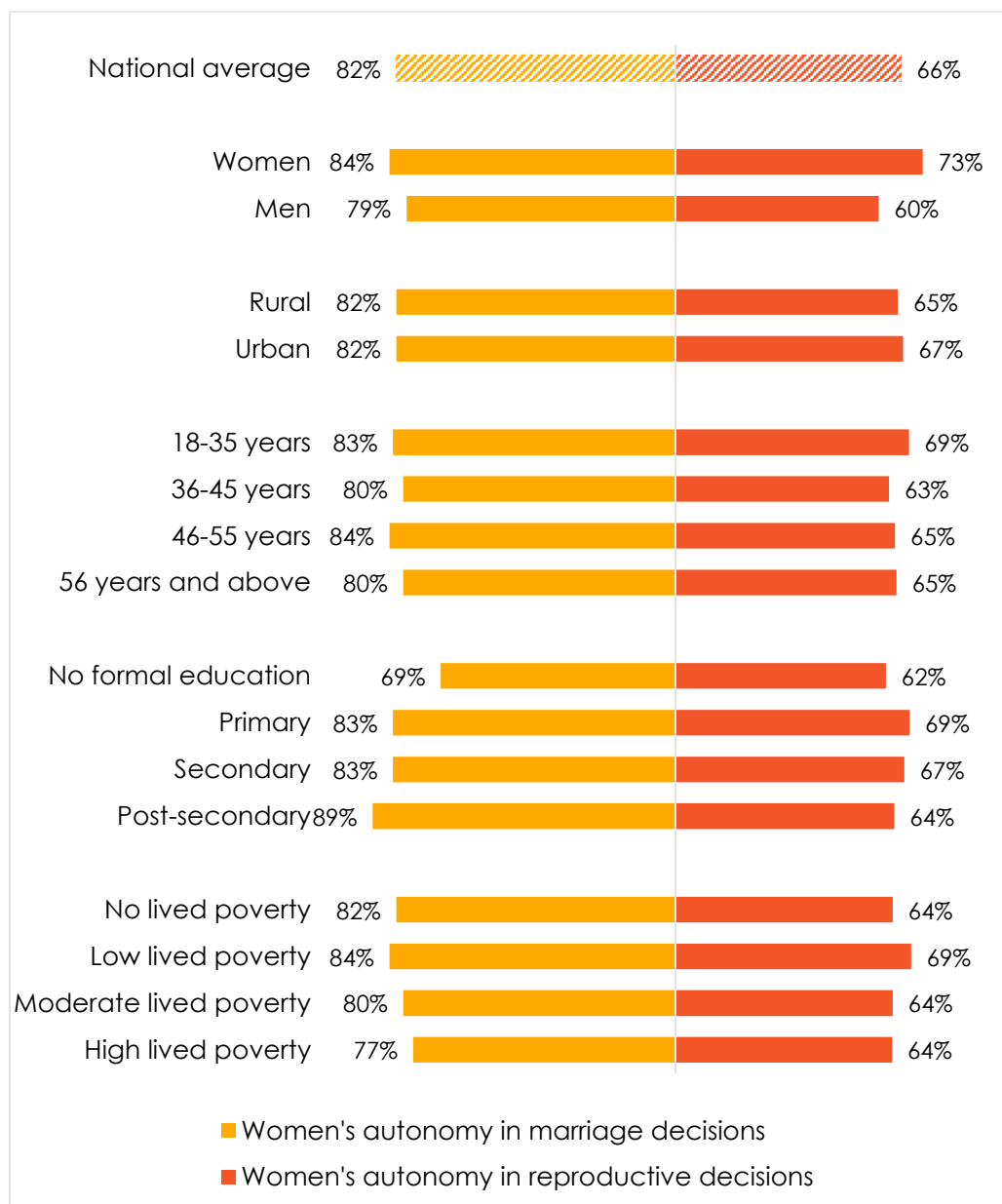
- Girls and women should decide for themselves whether and when they should marry.*
- Women should decide for themselves when and how many children they want to have.*

¹ Due to rounding, percentages for combined categories reported in the text may differ slightly from the sum of sub-categories shown in figures (e.g. on the question about reproductive decisions, 31% “strongly agree” and 36% “agree” sum to 66%).

Support for women's right to make their own decisions regarding whether and when to marry is fairly consistent across key demographic groups, only dropping below 70% for citizens who have no formal education (69%) (Figure 2). Women are somewhat more supportive than men (84% vs. 79%).

Regarding choices about having children, men are significantly less likely than women to endorse women's autonomy (60% vs. 73%). However, support for women's decision making remains consistently strong across other key demographic groups.

Figure 2: Support for women's autonomy in decisions about marriage and childbearing | by demographic group | Ghana | 2024



Respondents were asked: For each of the following statements, please tell me whether you disagree or agree:

Girls and women should decide for themselves whether and when they should marry.

Women should decide for themselves when and how many children they want to have.

(% who "agree" or "strongly agree")

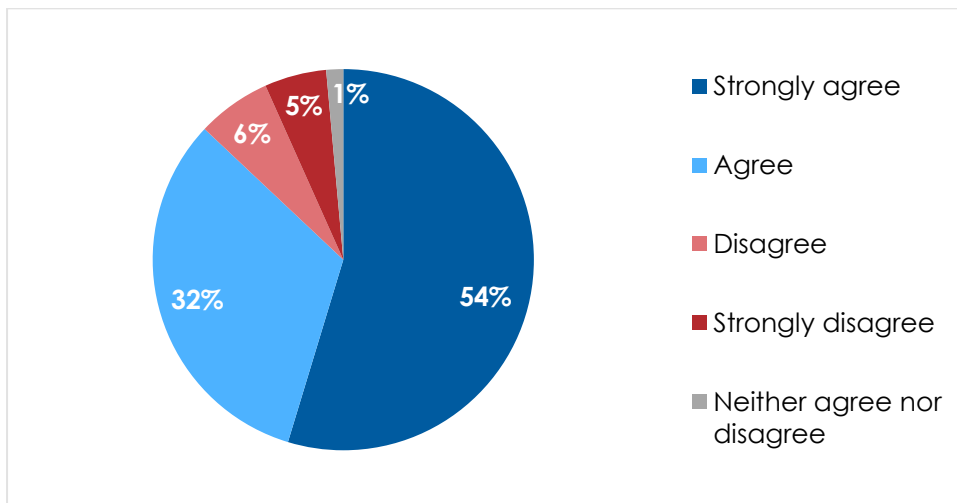
The role of schools: Education for pregnant pupils and sexual education

Ghana's teenage pregnancy rate of 15% is widely acknowledged as a barrier to girls' education and women's development (Ghana Statistical Service & ICF, 2024; Africa Education Watch, 2022), and reducing it is a major focus of the National Strategic Framework on Ending Child Marriage in Ghana (UNICEF Ghana, 2017).

Almost nine out of 10 Ghanaians (87%) are in favour of allowing pupils who become pregnant or have children to continue their education, including a majority (54%) who "strongly agree" with this policy (Figure 3). Support for this position is high across key demographic groups, though below average among those experiencing high lived poverty² (81%) and citizens with no formal education (78%) (Figure 4).

Figure 3: Should girls who become pregnant be allowed to stay in school?

| Ghana | 2024

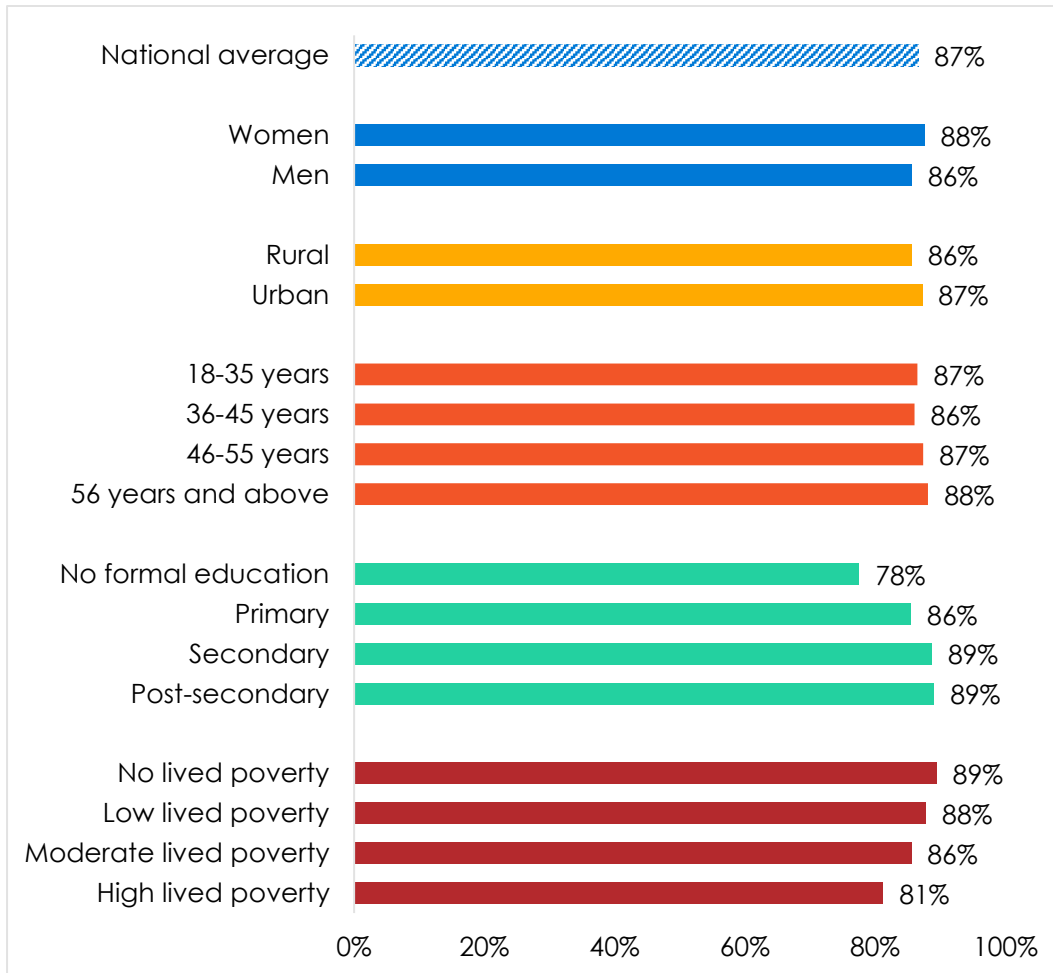


Respondents were asked: For each of the following statements, please tell me whether you disagree or agree: Girls should be allowed to continue their schooling even if they become pregnant or have children.

Do your own analysis of Afrobarometer data – on any question, for any country and survey round. It's easy and free at www.afrobarometer.org/online-data-analysis.

² Afrobarometer's Lived Poverty Index (LPI) measures respondents' levels of material deprivation by asking how often they or their families went without basic necessities (enough food, enough water, medical care, enough cooking fuel, and a cash income) during the preceding year. For more on lived poverty, see Mattes and Lekalake (2022).

Figure 4: Girls who become pregnant should be allowed to stay in school
 | by demographic group | Ghana | 2024

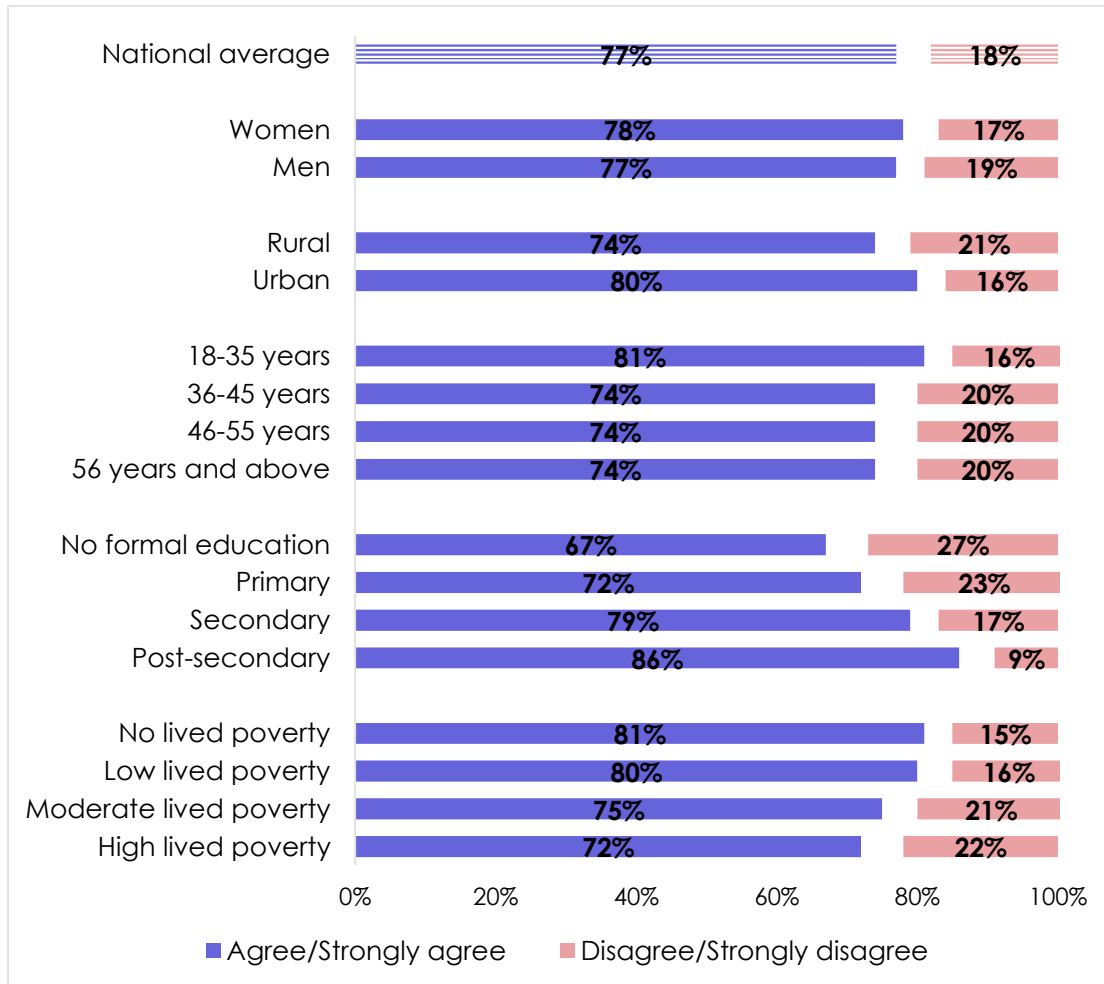


Respondents were asked: For each of the following statements, please tell me whether you disagree or agree: Girls should be allowed to continue their schooling even if they become pregnant or have children. (% who “agree” or “strongly agree”)

Three-fourths (77%) of Ghanaians also endorse the teaching of sexuality education in schools (Figure 5). However, despite this widespread approval, comprehensive sexuality education has not been implemented nationwide as roll-out efforts have encountered resistance by groups contending that the proposed curriculum introduces inappropriate content and was developed without adequate consultation with key stakeholders (Amo-Adjei, 2024).

Support for sex education is stronger among urban residents (80%), youth (81% of 18- to 35-year-olds), well-off citizens (81%), and those with post-secondary qualifications (86%) than among their counterparts.

Figure 5: Should schools teach sexuality education? | by demographic group
 | Ghana | 2024



Respondents were asked: For each of the following statements, please tell me whether you disagree or agree: Schools should teach sexuality education to young people to help them make informed decisions.

Access to contraceptives

Contrary to their support for sex education, Ghanaians are split on the idea of making contraceptives available to anyone who is sexually active regardless of age: About half (49%) disagree with this approach, while 46% support it (Figure 6).

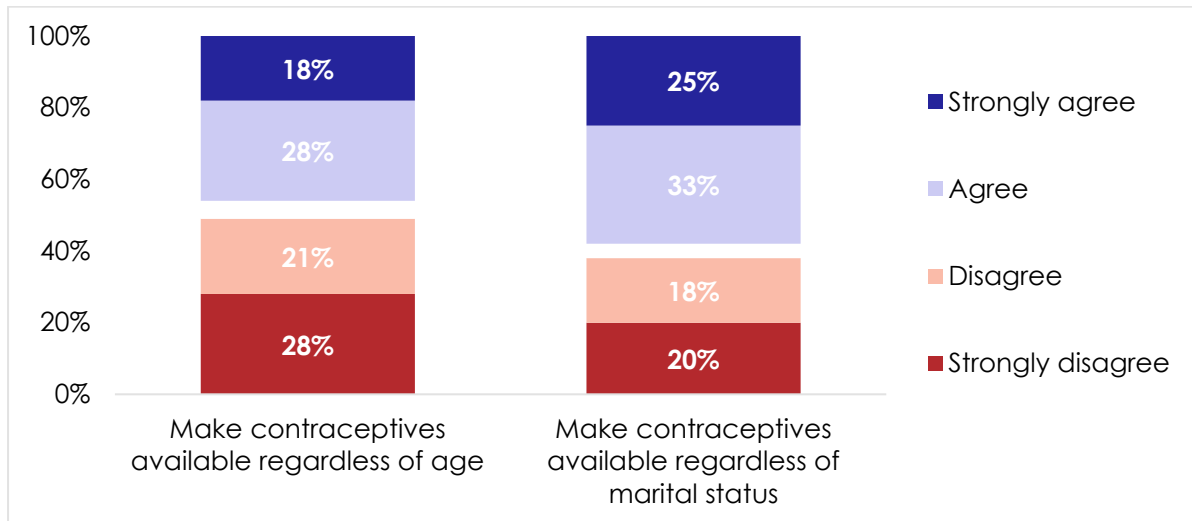
But a majority (58%) would make contraceptives available to everyone who is sexually active regardless of marital status, while 38% oppose such a measure.

While men and women hold similar opinions on making contraceptives accessible regardless of marital status, slightly more women (48%) than men (44%) favour providing contraceptives to people regardless of their age (Figure 7).

The youngest respondents are somewhat more supportive of contraceptives regardless of age (49%) or marital status (63%) than their elders.

The poorest (64%) and the most educated citizens (68%) are also more likely to endorse making contraceptives available regardless of marital status than respondents who are better off and those who have less schooling.

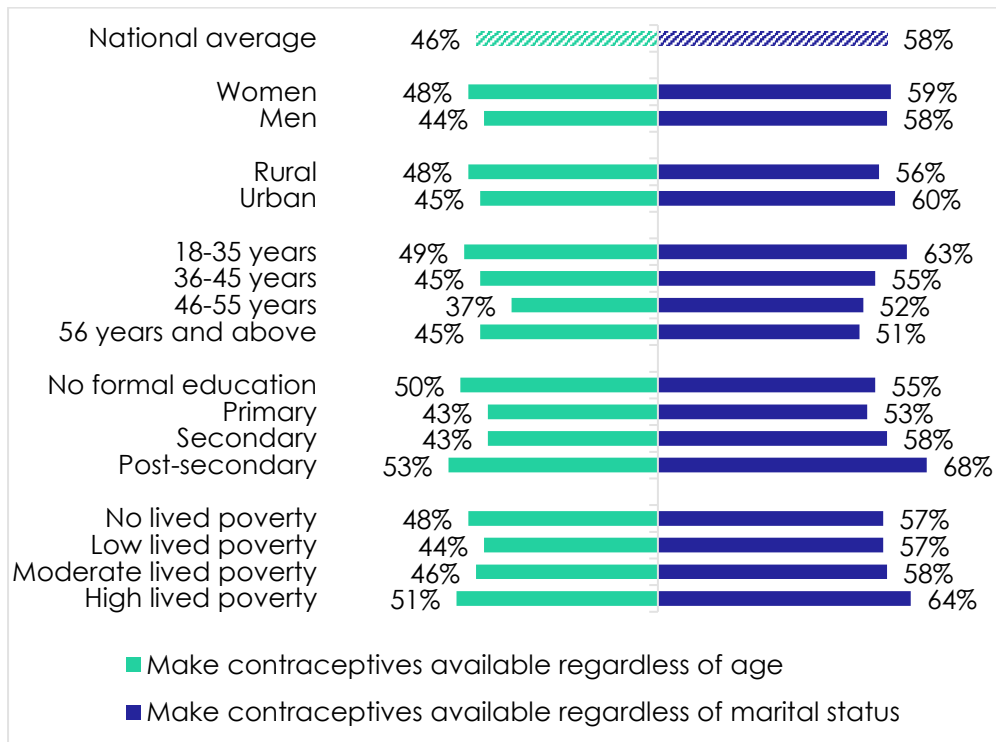
Figure 6: Should contraceptives be available regardless of age and marital status?
 | Ghana | 2024



Respondents were asked: For each of the following statements, please tell me whether you disagree or agree:

- Contraceptives should be available to everyone who is sexually active regardless of age.
- Contraceptives should be available to everyone, regardless of marital status.

Figure 7: Support for making contraceptives available regardless of age and marital status | by demographic group | Ghana | 2024

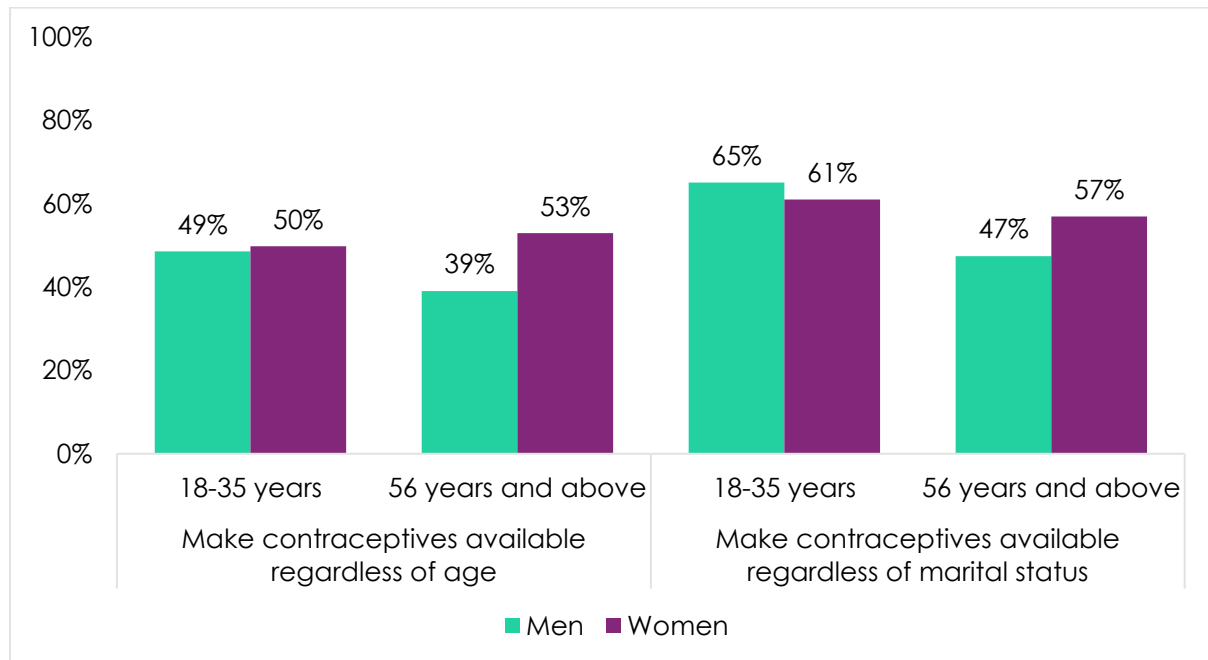


Respondents were asked: For each of the following statements, please tell me whether you disagree or agree:

- Contraceptives should be available to everyone who is sexually active regardless of age.
 - Contraceptives should be available to everyone, regardless of marital status.
- (% who "agree" or "strongly agree")

Among the youth, men and women hold similar views on making contraceptives available regardless of age, while slightly more men than women favour contraceptives regardless of marital status (Figure 8). But among senior citizens, more women than men endorse contraceptives regardless of both age and marital status.

Figure 8: Support for making contraceptives available regardless of age and marital status | by gender within age cohorts | Ghana | 2024



Respondents were asked: For each of the following statements, please tell me whether you disagree or agree:

Contraceptives should be available to everyone who is sexually active regardless of age.

Contraceptives should be available to everyone, regardless of marital status.

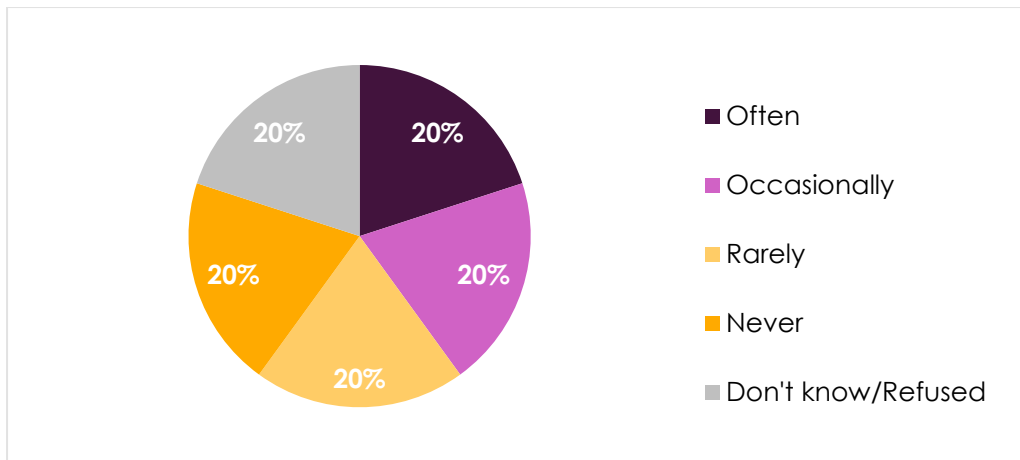
(% who "agree" or "strongly agree")

Views on pregnancy termination

Ghanaians are sharply divided in their perceptions of how common abortion is in their communities. Two in 10 (20%) say women and girls "often" terminate their pregnancies, while equal proportions (20% each) say this happens "occasionally," "rarely," and "never." The same share (20%) say they "don't know" or (in the case of just two respondents) refused to answer the question (Figure 9).³

³ Respondents' assessments and reports to interviewers of the frequency of abortion are likely to be highly susceptible to their social, cultural, religious, and legal context (Makleff et al., 2019). Whether or not people hear and are willing to talk about abortion depends not only on its prevalence but also on how openly it can be discussed within the society. Consequently, reported views about the frequency of abortion may signal its prevalence but cannot be assumed to reflect accurate prevalence estimates.

Figure 9: Frequency of pregnancy termination | Ghana | 2024



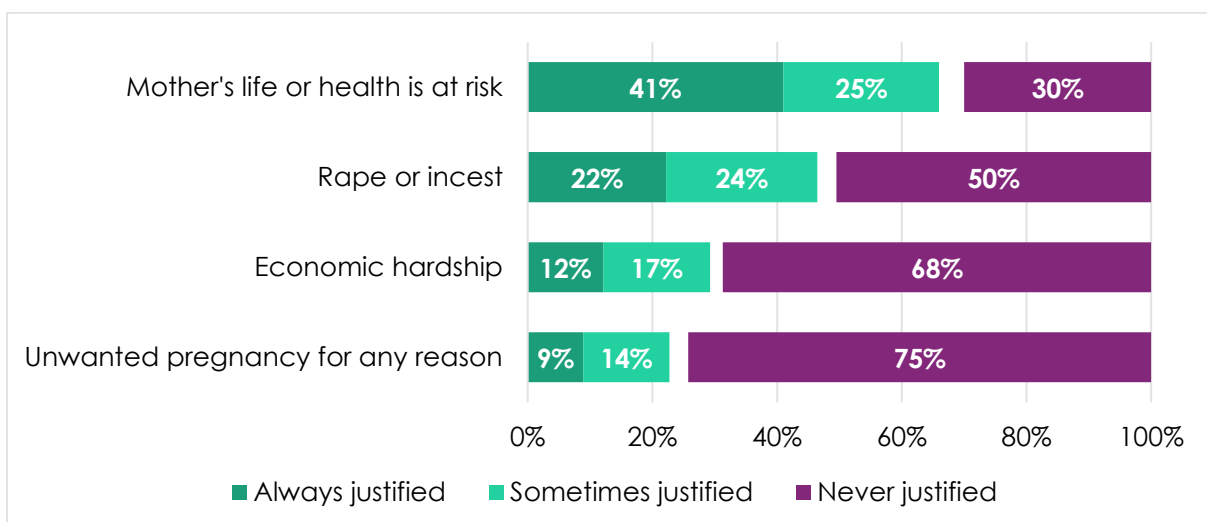
Respondents were asked: *In your opinion, how often, if ever, do women or girls in your community terminate their pregnancies?*

Two-thirds (66%) of Ghanaians consider abortion “sometimes justified” or “always justified” if the mother’s life or health is at risk, while 30% disagree (Figure 10).

But fewer than half (46%) say abortion can be justified if the pregnancy is the result of rape or incest, while 50% say terminating such a pregnancy is “never justified.”

Even larger majorities consider abortion “never justified” in cases where economic hardship makes the mother unable to care for a child (68%) or where the mother does not want the pregnancy “for any reason” (75%).

Figure 10: Justification of pregnancy termination | Ghana | 2024



Respondents were asked: *For each of the following situations, please tell me whether you think it can always be justified, sometimes be justified, or never be justified for a woman to terminate a pregnancy if:*

The pregnancy is as a result of rape or she has been impregnated by a close relative such as her father or brother?

Her health or life is in danger if she keeps the pregnancy?

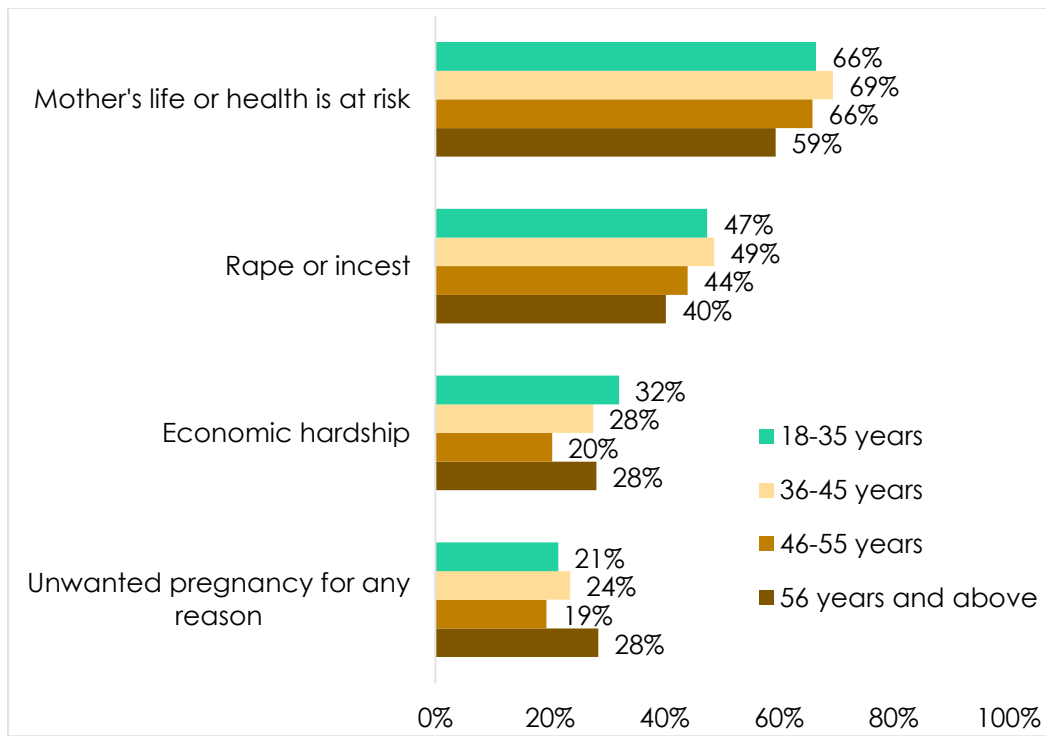
She is going through economic hardships and cannot take care of a child?

She does not want to keep the pregnancy for any reason?

Senior citizens are less likely than younger respondents to consider abortion justified in cases where the mother's life or health is at risk (59%) or where the pregnancy resulted from rape or incest (40%) (Figure 11). But they are somewhat more likely than younger citizens to consider it justifiable in cases where the pregnancy is unwanted for any reason (28%).

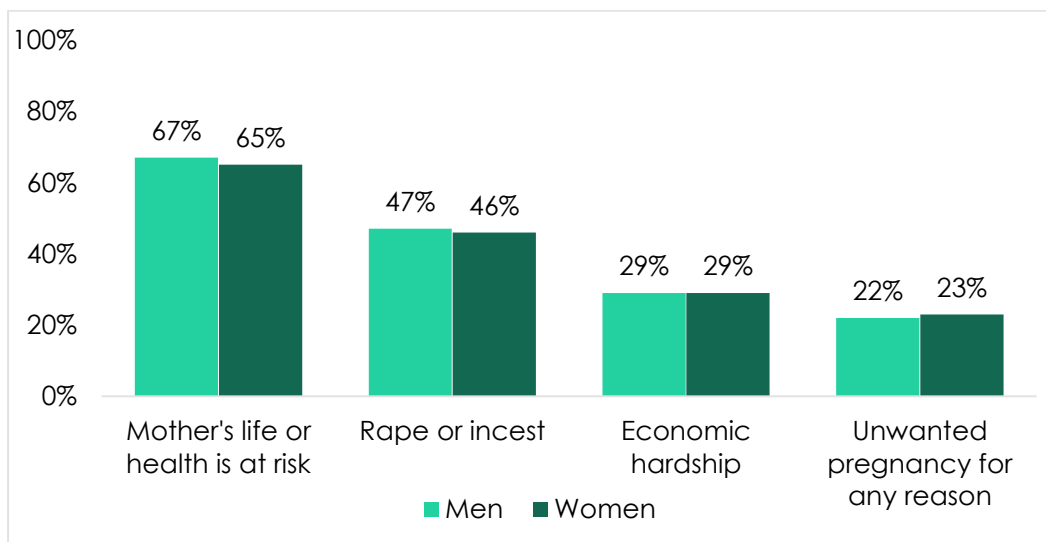
Women and men hold almost identical views regarding the justifiability of terminating a pregnancy for the reasons explored in the survey (Figure 12).

Figure 11: Perception of pregnancy termination as sometimes/always justified
 | by age | Ghana | 2024



(% who say "sometimes justified" or "always justified")

Figure 12: Justification of pregnancy termination | by gender | Ghana | 2024



(% who say "sometimes justified" or "always justified")

Conclusion

Survey findings show that Ghanaians strongly support women's autonomy in marriage and reproductive decisions, though men are less likely than women to share this view. While vast majorities support sexuality education and endorse the right of pregnant pupils to continue their schooling, opinions on contraceptive access are divided, especially concerning the age of potential beneficiaries.

A majority of Ghanaians deem abortion justifiable if the mother's life or health is at risk, but views are divided in cases of rape or incest, and majorities oppose abortion in cases of economic hardship or unwanted pregnancies.

References

- Africa Education Watch. (2022). Re-entry of pregnant girls and teenage mothers to school. 11 March.
- Amo-Adjei, J. (2024). Resistances to the implementation of comprehensive sexuality education curriculum in Ghana's educational institutions. *International Journal of Adolescence and Youth*, 29(1).
- Amodu, M., Ansah, E. W., Assopiah, P., Acquah, P. A., Ansah, J. E., Berchie, E., Hagan, D., & Amoah, E. (2022). Socio-cultural factors influencing adolescent pregnancy in Ghana: A scoping review. *BMC Pregnancy and Childbirth*, 22(834).
- Boah, M., Bordotsiah, S., & Kuurdong, S. (2019). Predictors of unsafe induced abortion among women in Ghana. *Journal of Pregnancy*.
- Exemplars in Global Health. (2023). How a project designed to get Ghana's vulnerable girls and young women back into school also helped teenage mothers take control over when they get pregnant. 15 September.
- Ghana Statistical Service & ICF. (2024). Ghana Demographic and Health Survey 2022.
- Global Abortion Policies Database. (2017). Country profile: Ghana.
- Gyan, C. (2013). Effects of teenage pregnancy on the educational attainment of girls at Chorkor, a suburb of Accra. *Journal of Education and Social Research*, 3(3).
- Lahole, B. K., Mare, K. U., Maile, M., & Kussia, W. (2025). Determinants of abortion among women of reproductive age in Ghana: Multilevel analysis evidence from the 2022 Ghana demographic and health survey. *BMC Women's Health*, 25, 227.
- Makleff, S., Wilkins, R., Wachsmann, H., Gupta, D., Wachira, M., Bunde, W., Radhakrishnan, U., Cislaghi, B., & Baum, S. E. (2019). Exploring stigma and social norms in women's abortion experiences and their expectations of care. *Sexual and Reproductive Health Matters*, 27(3).
- Mattes, R., & Lekalake, R. (2025). Decade of destitution? Severe lived poverty is surging in many African countries. Afrobarometer Dispatch No. 943.
- Ministry of Gender, Children and Social Protection. (2015). National Gender Policy. Government of Ghana.
- Mohammed, S. (2023). Analysis of national and subnational prevalence of adolescent pregnancy and changes in the associated sexual behaviours and sociodemographic determinants across three decades in Ghana, 1988-2019. *BMJ Open*, 13(3).
- Morhee, R. A. S., & Morhee, E. S. K. (2006). Overview of the law and availability of abortion services in Ghana. *Ghana Medical Journal*, 40(3), 80-86.
- Oppong, F. B., Logo, D. D., Agbedra, S. Y., Adomah, A. A., Amenyaglo, S., Arhin-Wiredu, K., Afari-Asiedu, S., & Ae-Ngibise, K. A. (2021). Determinants of contraceptive use among sexually active unmarried adolescent girls and young women aged 15-24 years in Ghana: A nationally representative cross-sectional study. *BMJ Open*, 11(2).
- Polis, C. B., Castillo, P. W., Otupiri, E., Keogh, S. C., Hussain, R., Nakua, E. K., Larsen-Reindorf, R., & Bell, S. (2020). Estimating the incidence of abortion: Using the abortion incidence complications methodology in Ghana, 2017. *BMJ Global Health*, 5(4).
- Republic of Ghana. (1985). Criminal Code (Amendment) Law, 1985: Provisional National Defence Council Law 102.
- Republic of Ghana. (2000). Adolescent Reproductive Health Policy.
- UNFPA-Ghana. (2022). Adolescent pregnancy in Ghanaian communities – A worrying trend amid MTCT of HIV. 30 June.

UNICEF Ghana. (2017). National Strategic Framework on Ending Child Marriage in Ghana (2017-2026).

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Financial support for Afrobarometer is provided by Sweden via the Swedish International Development Cooperation Agency, the Norwegian Agency for Development Cooperation via the World Bank Think Africa Project, the Mo Ibrahim Foundation, the Open Society Foundations - Africa, Luminare, the Ford Foundation, the William and Flora Hewlett Foundation, the Mastercard Foundation, the David and Lucile Packard Foundation, the Obama Foundation, the European Union Commission, the World Bank Group, the Population Institute, the Center for International Governance Innovation, the International Development Research Centre (IDRC), the Embassy of the Kingdom of the Netherlands in Uganda, and the German Federal Ministry for Economic Cooperation and Development (BMZ) supported by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH..

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Afrobarometer Dispatch No. 1087 | 2 December 2025