

Characteristics of women seeking abortion-related services in Addis Ababa, Ethiopia

Unsafe abortion is one of leading causes of maternal mortality in Ethiopia, accounting for 30% of maternal deaths. With the 2005 revision of the criminal code, Ethiopia has one of the most liberal abortion laws on the continent and abortion-related services, including post-abortion care (PAC), are available in both public and private facilities. While manual vacuum aspiration (MVA) is standard treatment, medication abortion is increasingly becoming more available.

To inform the development and implementation of national guidelines and policies on abortion in Ethiopia, in 2009 VSI with our partners at the Bixby Center at the University of California, Berkeley and Addis Ababa University investigated the characteristics of women seeking safe termination or PAC at select public and private facilities in Addis Ababa, Ethiopia.¹

Women’s previous use of contraception and abortion were mixed

Of 1200 clients, almost a third (31%) presenting for either safe termination or treatment of incomplete abortion had at least one previous abortion (range 1 to 5). Prior to presenting for abortion-related services, only 56.6% of women were using a contraceptive method. Women coming for safe termination services were more likely to have used a short-term method as their

last method of family planning (37% vs. 23%; $p < 0.001$). In contrast, significantly more women coming for treatment of incomplete abortion used a long-term method as their last contraceptive method (25% vs. 19%; $p = 0.05$). There were no significant differences in use of non-modern methods or non-use of contraception between the safe termination and treatment of

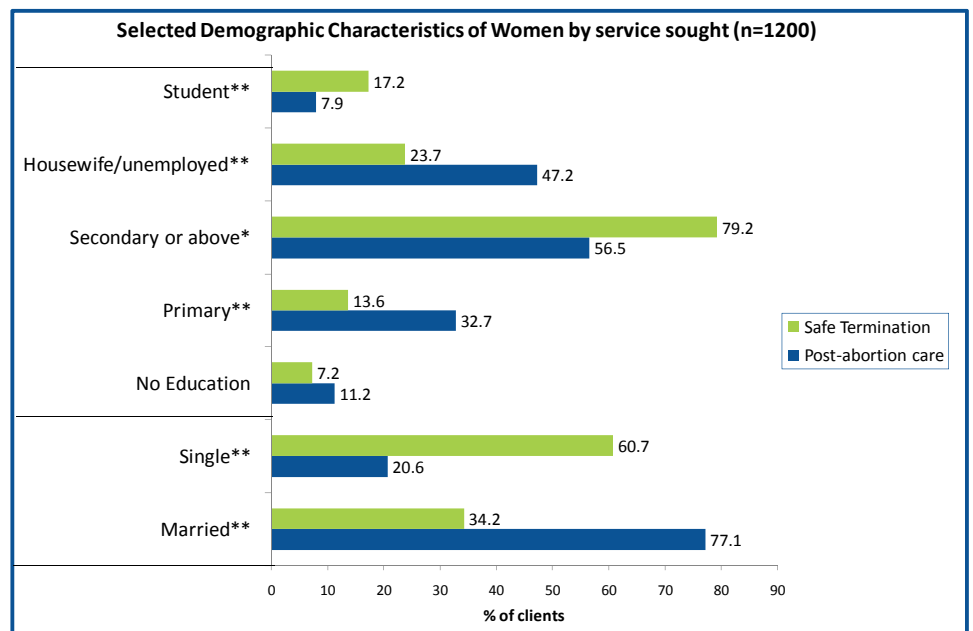
incomplete abortion clients.

Most women present in their first trimester

The vast majority of women coming for abortion-related services presented at the health facility in their first trimester (92%). However, women who came for treatment of incomplete abortion had a higher mean uterine size of 12.1 weeks compared to women presenting for safe termination (8.8 weeks).

Women seeking safe termination were relatively young, single and employed

Compared to safe abortion clients, PAC clients were more likely to be older, married, less educated, and unemployed. Only 54% of PAC clients received a method of contraception post-abortion

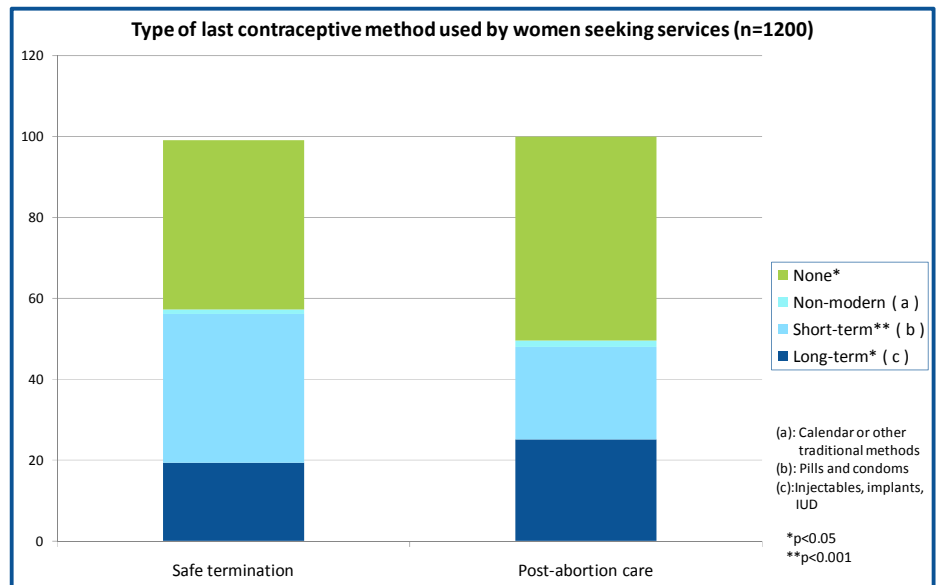
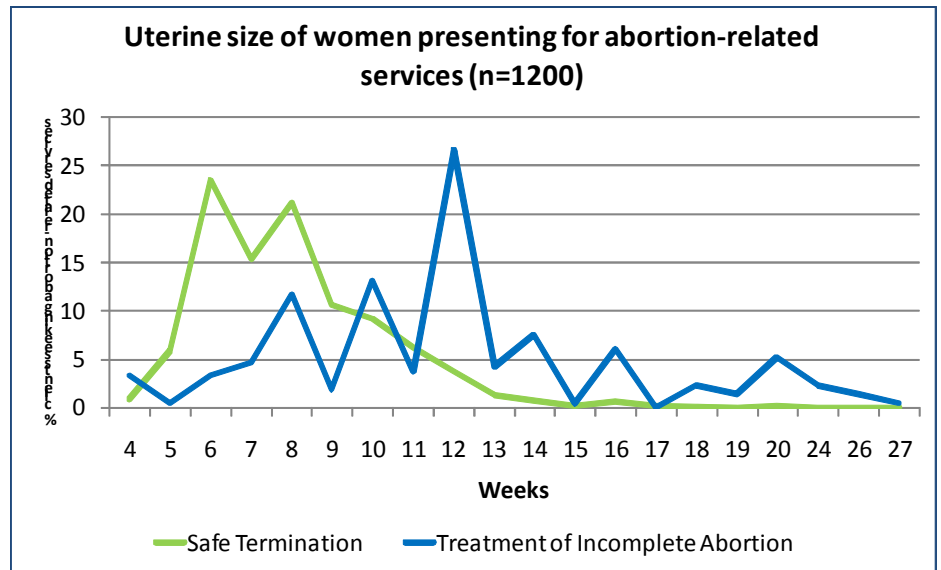


compared to 83% of safe abortion clients. For both groups, continued use of the previous method was common, especially of short-term methods such as pills, condoms, and injectables. Some women left without contraception.

Provider perspectives

Providers reported that demand for abortion is high and there is no observable decline in those seeking abortion-related services. Perspectives on the magnitude of unsafe abortion and its impact on women’s health varied by providers working in public versus private facilities with treatment of incomplete abortion more common in the public facilities versus private. Providers perceive repeat abortion as common in their clinics, but complications due to unsafe abortion have significantly declined in recent years. Providers cited lack of awareness, use-failure, and dependence on abortion as reasons for low contraceptive use and repeat abortions among younger women. Providers reported weak family planning services with limited contraceptive options and irregular supplies at their facilities. Providers felt increased availability of medication abortion (MA) would be beneficial; however the higher cost of MA may be a barrier.

Increase access to family



planning methods and medication abortion

For women to meet their desired fertility in Addis Ababa and Ethiopia they require access to a variety of contraceptive methods, accurate information on family planning, and availability of safe abortion services. Efforts at prevention of unwanted pregnancy and unsafe abortion should target younger women.

Emphasis should be placed on young and unmarried women as well as those of lower economic status. Additionally, access to and supply of post-abortion family planning options must be strengthened. Wider availability of MA could reduce time and medical resources invested in abortion-related care, as well as provide an additional safe option for termination of pregnancy and treatment of incomplete abortion.

VSI supports our partners in creating access to methods of family planning and safe abortion services through research, policy development and provider training.

¹This study was completed by Dr. Ndola Prata of the Bixby Center at UC Berkeley; Yilma Melkamu, Tesfaye Endrias, and Lense Gobi from Addis Ababa University; and Martine Holston from VSI. For a copy of the report, contact: comm@vsinnovations.org