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

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Fertility and Family Planning in Ethiopia

- High total fertility rate of 5.4 children (DHS 2006)
  - Desired fertility rate is 4.0 children
- 1/3 births are mistimed or unwanted (DHS 2006)
- Large unmet need for family planning (34%) (DHS 2006)
- Only 15% of married women use modern contraception (DHS 2006)
- Abortion-related death accounts for over 30% of maternal deaths (FMOH 2006)

Desire to limit childbearing and demand for family planning and abortion services in Ethiopia
Purpose

• Investigate the characteristics of women seeking abortion-related care to inform the development of national guidelines and policies on abortion in Ethiopia

• Make recommendations to help women meet their desired fertility in Addis Ababa and Ethiopia
Data & Methods

- Prospective data collection of clients presenting for safe termination or treatment of incomplete abortion in Addis Ababa, Ethiopia
  - 4 public and 3 private health facilities
  - N = 1,200
  - October 2008 to February 2009
- Data was extracted from client records: socio-demographic characteristics, reproductive and contraceptive history, uterine size, post-abortion contraception
- In-depth interviews with 5 abortion care providers
Socio-demographic Characteristics

Overall, women were...

- Young (mean age 25 years)
- Employed (57%)
- Single (54%)
- Educated (75% to secondary or above)
Women seeking treatment of incomplete abortion were older, married, and less educated.
Reproductive History

- Mean number of pregnancies: 2.2
- Mean number of live births: 0.8
- Mean number of previous abortions: 0.4
(a) Calendar or other traditional methods
(b) Pills and condoms
(c) Injectable, implant, intrauterine device
Uterine size/Gestational Age Prior to Procedure
Post-abortion Contraception

(a) Calendar or other traditional methods
(b) Pills and condoms
(c) Injectable, implant, intrauterine device
## Continued Use of Contraceptive Method Post-abortion

<table>
<thead>
<tr>
<th>Last contraceptive method</th>
<th>Post-abortion contraceptive method provided</th>
<th>Pills</th>
<th>Injectable</th>
<th>Condom</th>
<th>Implant</th>
<th>IUD</th>
<th>Other</th>
<th>None</th>
<th>Not decided</th>
<th>Total</th>
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<tbody>
<tr>
<td>Pills</td>
<td></td>
<td>165</td>
<td>35</td>
<td>46</td>
<td>4</td>
<td>13</td>
<td>10</td>
<td>26</td>
<td>4</td>
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<tr>
<td>Injectable</td>
<td></td>
<td>36</td>
<td>53</td>
<td>21</td>
<td>36</td>
<td>36</td>
<td>5</td>
<td>19</td>
<td>6</td>
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<tr>
<td>Condom</td>
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<td>42</td>
<td>11</td>
<td>44</td>
<td>5</td>
<td>3</td>
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<td>3</td>
<td>0</td>
<td>108</td>
</tr>
<tr>
<td>Implant</td>
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<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
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<td>4</td>
<td>2</td>
<td>14</td>
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<td>0</td>
<td>2</td>
<td>26</td>
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<tr>
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<td>143</td>
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<td>74</td>
<td>70</td>
<td>33</td>
<td>213</td>
<td>55</td>
<td>1,200</td>
</tr>
</tbody>
</table>

Note: Numbers in parentheses indicate percentages.
Provider Perspectives

• Significant declines in magnitude of complications of unsafe abortion
• Family planning use is more common in older and married women, while among the young it can be low and inconsistent
• Repeat abortion is common
• Facilities provide family planning services, but may lack contraceptive options and regular supplies
Conclusions

• Safe termination clients were younger, educated, and more often employed than clients presenting for treatment of incomplete abortion, who were more likely to be older, married, less educated, and unemployed.

• Abortion plays a role in women’s efforts to control their fertility:
  – Only 57% were using a contraceptive method prior to presenting for abortion-related services
  – The mean number of pregnancies was higher than the mean number of live births
  – Almost one third reported one or more previous abortions

• Short-term methods of contraception are common, both before procedures and afterwards
Recommendations

• Women need access to a variety of effective contraceptive methods, accurate information on family planning, and safe abortion services
• Policy-makers should focus on reaching single, lower-income, young women to increase knowledge about contraception
• Improved information about contraception can reduce unwanted pregnancies and the need of women to use abortion to control their fertility