Integrated Services:

Contraception and Comprehensive Abortion Care in Tigray, Ethiopia

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Abortion in Ethiopia

- ~ 35% of maternal deaths unsafe abortion related.
- 2005 reform expanded access to safe, legal abortion.
- 2008 estimate: 382,000 induced abortions in Ethiopia
  - 73% of them unsafe
- Challenges to access remain:
  - Stigma
  - Lack of knowledge
  - Poor infrastructure
- New service delivery points ideal venues for integration of FP services
Objective:
Describe the socio-demographic profile, contraceptive history, and post-abortion contraceptive choices of women seeking abortion-related services in Tigray, Ethiopia, using data collected in the Comprehensive Abortion Care (CAC) pilot project.
Background
CAC Pilot program overview

• **Collaborative Effort:**
  - Tigray Regional Health Bureau, Venture Strategies, DKT Ethiopia, and the Bixby Center at the University of California, Berkeley

• **Goal:**
  - Reduce the number of unplanned pregnancies and abortions through provision of safe, high-quality reproductive health services

• **Comprehensive:**
  - Provides full range of abortion related and family planning services
  - Involves all levels of the health care system
Components of CAC

- Safe Termination
- Treatment of Incomplete Abortion
- Contraceptive Services
- Referral
Comprehensive All Levels of the Health Care System Provide CAC Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Health Post</th>
<th>Health Center</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe termination (\leq 9) weeks</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Safe termination (\leq 12) weeks</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Treatment of incomplete abortion (\leq 12) weeks</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Second trimester uterine evacuation (abortion &amp; incomplete abortion)</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Contraceptive services</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Referral for services or complicated cases</td>
<td>✔</td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

Referral linkages throughout the system ensure that women receive accessible, high quality of care.
Program Areas

Health Facilities
- 20 Health Posts
- 12 Health Centers
- 4 Hospitals

Scope
- Service provision for 17 months
- ~7,500 women in need of abortion related services
Methods

**Data:**
- 4,354 women seeking abortion related services through the CAC project.

**Analysis:**
- Descriptive and bi-variate analyses were conducted on the data.

**Research Question:**
- In an effort to understand how to best serve women with integrated family planning and abortion related services, this descriptive analysis seeks to understand the socio-demographic profile, contraceptive history, and post-abortion contraceptive choices of women seeking abortion-related services in Tigray, Ethiopia.
Socio-Demographic Characteristics

Total Number of Women Presenting for Termination Services

- Age in years:
  - 15-19
  - 20-24
  - 25-29
  - >30

- Education:
  - illiterate
  - primary
  - secondary
  - above secondary

- N=4,182
- N=4,354
Socio-Demographic Characteristics

Distance from Health Facility

- One hour or less
- Between 1-3 hours
- Greater than 3 hours

N=4,042

N=4,354
### Reproductive/Contraceptive History

<table>
<thead>
<tr>
<th>Reproductive History:</th>
<th>Mean</th>
<th>IQR</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gravida</td>
<td>2.1</td>
<td>0-18</td>
<td>4,295</td>
</tr>
<tr>
<td>Parity</td>
<td>1.0</td>
<td>0-12</td>
<td>4,290</td>
</tr>
<tr>
<td>Number of children alive</td>
<td>0.96</td>
<td>0-12</td>
<td>4,281</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contraceptive History</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever had abortion previously</td>
<td>20.2</td>
<td>79.8</td>
<td>4,354</td>
</tr>
<tr>
<td>Ever use of contraception</td>
<td>43.2</td>
<td>53.8</td>
<td>4,227</td>
</tr>
<tr>
<td>Condoms</td>
<td>10.9</td>
<td>89.1</td>
<td>1,621</td>
</tr>
<tr>
<td>Pills</td>
<td>44.2</td>
<td>55.8</td>
<td>1,683</td>
</tr>
<tr>
<td>Injectable Contraceptives</td>
<td>53.7</td>
<td>46.3</td>
<td>1,696</td>
</tr>
<tr>
<td>Norplant</td>
<td>3</td>
<td>97</td>
<td>1,608</td>
</tr>
<tr>
<td>IUD</td>
<td>1</td>
<td>99</td>
<td>1,607</td>
</tr>
<tr>
<td>Traditional Methods</td>
<td>5.9</td>
<td>94.1</td>
<td>1,646</td>
</tr>
</tbody>
</table>
Post-Abortion Contraception

Received a Method of Contraception at Initial Visit

- yes: 69.2%
- no: 30.8%

Received Contraceptive Counseling at Initial Visit for Termination Services

N=3,78
N=4,35
4
Method of Contraception Chosen At Initial Visit

- None
- Natural methods of family planning
- Female Sterilization
- Implant
- Injectables
- IUD
- Condoms
- Pills

The diagram shows the distribution of contraceptive methods chosen at initial visits, with Injectables being the most common choice.
Post-Abortion Contraception

Received Contraceptive Counselling at Follow-up Visit

N=2,258
Method of Contraception Chosen At Follow-Up Visit

- None
- Referred for Preferred method
- Natural Family Planning
- Female Sterilization
- Implant
- Injectables
- IUD
- Pills
- Condoms

N=2,129
Conclusions

- Our analyses suggest that women in the study were receptive of contraceptive counseling, and were willing to adopt methods of contraception after having an abortion.

- Our results indicate a strong preference for injectable methods of contraception among our study population.

- Our results also suggest that there is ample opportunity to integrate contraceptive counseling and services with safe-termination and post abortion care services in Tigray, Ethiopia.
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Thank you!