A national examination of the characteristics and contraceptive acceptance of postabortion clients in Ethiopia in 2014

Introduction

Despite enormous improvements in contraceptive use over the past two decades, more than one in three births in Ethiopia are still unintended or mistimed. The high unintended pregnancy rate in Ethiopia continues to contribute to an above average rate of abortions in the country, particularly among young women. While the demand for contraception among abortion clients has been clearly demonstrated, strong contraceptive counseling and provision is often inconsistent or overlooked for these women. Preventing future unintended pregnancies and repeat abortions - whether safe and legal or clandestine - by examining and strengthening postabortion contraceptive provision can improve both maternal and child health outcomes in the country.

The objective of this analysis was to describe the socio-demographic and reproductive characteristics of abortion clients in 2014 as recorded in a nationwide study of abortion care in a representative sample of public sector and private health facilities. Additionally, the contraceptive method mix by type of providing facility, type of health care provider and sector is examined. Finally, postabortion contraceptive acceptance by Ethiopian region is presented to explore variation throughout the country.

Methodology

A stratified multi-stage sampling design was used to randomly select proportions of each of four types of health facilities – public hospitals, public health centers, private hospitals and private clinics – from the nine regions and two city administrations in the country. Facilities were systematically selected to ensure representation for each facility type and region.

The final national sampling frame included 3,186 eligible health facilities. Based on an overall sampling fraction of 21%, 655 facilities were selected for inclusion. Ultimately, 520 facilities participated for an 80% response rate, however, 155 (24% of all) facilities did not collect data because they did not provide abortion care.

Data collection began in November 2013 and continued until May 2014. Prospective data were collected on the presentation, care and treatment of 5,604 women who sought legal abortions or care for abortion complications in 365 health facilities over 30 days.

Weighted adjustments appropriate for variance estimation and the stratified sampling design were calculated for each stratum, based on facility respondents, sampling frame errors, the sampling fraction and non-responses. Descriptive data are presented as unweighted frequencies and weighted proportions of non-missing responses. Chi-square statistics and their corresponding p-values were used to test for bivariate associations in categorical variables.

Results

A substantial proportion of abortion care now provided in Ethiopia, almost 90%, is provided in public sector facilities. Over half of women seeking this care are currently married. Almost one-third are single, and 7% of all women who sought abortion care in 2014 were under the age of 18. Many of these women have little education, with more than 60% reporting to have had less than or only primary school

education. Just over 10% reported having had a previous abortion; over 25% had already been pregnant four or more times.

Just over half of all women (53.2%) cared for in 2014 were seeking safe and legal pregnancy terminations, slightly less (46.8%) were seeking care for complications resulting from an unsafe abortion or a complicated miscarriage. Almost 15% of all women reported trying to interrupt their pregnancies somewhere else before seeking care in a health facility. Three in ten women told their health care provider that their pregnancy was a result of contraceptive failure.

Accepting a modern method of contraception differed significantly by facility type, with women who received abortion care in public sector facilities more often accepting a contraceptive method ($p<0.001$). Women who received care in public health centers were the most likely to leave with contraception. Women treated in a private health facility less often received contraception and were also referred to another area or facility for contraceptive services significantly more often than women who were cared for in public sector facilities ($p<0.001$). Women cared for in public sector facilities more often received a long-acting or permanent method (LAPM) of contraception compared to women cared for in private facilities, where only 20% of women received a LAPM. Almost all women treated in public health centers were cared for by midlevel providers, only 29% of all abortion care provided in private health facilities was provided by a midlevel provider.

Regional differences in the overall postabortion contraceptive acceptance rates show Tigray being the region with the highest level of contraceptive acceptance (85%). The four largest regions in the country all showed the highest rates of postabortion contraceptive acceptance, while the capital of Addis Ababa presented one of the lowest overall proportions, along with three traditionally under-served regions – Somali, Gambela and Afar.

Discussion and conclusions

While significant efforts have been made to expand and scale up comprehensive abortion care in Ethiopia, including a strong emphasis on postabortion contraceptive services for these at-risk women, it seems evident that many women are missing out on these benefits. Women who are likely to pay more for their abortion care in the private sector, while more often being cared for by physicians, also appear to be receiving information on a smaller range of contraceptive methods. These women accepted more effective long-acting or permanent methods almost half as often as women cared for in public health centers.

Additionally, regional disparities in postabortion contraceptive acceptance are persistent and putting women most in need of modern contraception at risk for future unintended pregnancy and repeat abortion. In 2008, unintended pregnancy was found to be highest in Addis Ababa, yet these data show postabortion contraceptive acceptance in this city to be higher than only the region of Somali. The low rate in Addis Ababa is likely associated with the higher proportion of women receiving care in private sector facilities.

While women seeking abortion care make up a smaller proportion of all women needing contraception in Ethiopia, their need for contraceptive counseling and provision is undeniable. Providing high quality contraceptive services postabortion, including an increased method choice that includes LAPM methods, and providing this care in the abortion procedure room could further reduce unmet need for contraception and ultimately unintended pregnancy in the country.

Table 1. Socio-demographic characteristics of women seeking abortion care in Government and private sector health facilities in Ethiopia in 2014

	No.	%*
Women sought abortion care at:		
Public hospital	3,610	25.33
Public health center	1,248	61.82
Private non-NGO facility	746	12.85
Marital status		
Single	1,581	31.6
Married	3,295	56.61
Cohabitating	272	5.13
Separated/widowed/divorced	358	6.66
Age, in years		
< 18	344	6.6
18-24	2,394	45.55
25-29	1,413	25.03
30-34	718	13.64
35+	556	9.19
Education		
No schooling	1,558	30.87
Some primary school	1763	32.22
Some secondary school	1,853	32.19
Some post-secondary school	347	4.72
Reported a previous abortion	602	11.56
Number of pregnancies		
1	2,377	43.55
2	1,045	16.87
3	752	12.91
4+	1,418	26.67
Reported trying to interrupt this pregnancy	765	14.88
Woman reported pregnancy was a result of contraceptive failure	1570	30.36
Women seeking legal abortions in health facilities	2,706	53.2
Women seeking care for complications of an unsafe abortion of complicated miscarriage	2,898	46.8

*Sizes of subgroups (counts) are unweighted while percentages have been calculated with weights for national representation. Percentages are presented as proportion of non-missing responses.

[3]IReported trying to interrupt this pregnancy: In 2014 only 1,521 (52%) responses were recorded for this question.

[2] Physicians include specialists, general practitioners, residents, and interns. Midlevel providers include nurses, midwives, health officers and IESOs.

Table 2. Postabortion contraceptive method acceptance by facility type and sector in Ethiopia in 2014

	Public hospital		Public health center		Private health facility		
	No.	**%***	**No.**	**%***	**No.**	**%***	**p value**
Woman accepted any modern method after her abortion care	2745	77.7	982	80.6	396	55.8	**p<0.001**
IUD	218	9.8	152	18.9	24	9.6	
Contraceptive implant	622	26.5	290	34.9	57	25.4	
Bilateral tubal ligation	14	0.7	1	0.2	3	2.1	
Woman was referred elsewhere for contraception	430	13.1	60	5.0	130	20.6	**p<0.001**
No./% LAPM[1] acceptors among all contraceptive acceptors	854	31.08	441	37.9	84	20.6	
No./% of all postabortion contraceptive acceptors treated by a midlevel provider	1901	74.6	787	98.9	55	29.1	

[1]Long-acting and permanent methods include IUDs, contraceptive implants and bilateral tubal ligation.

Table 3. Postabortion contraceptive method acceptance by region, Ethiopia, 2014

	No.	**%***	**p value**
Region			**p=0.005**
Tigray	677	85.0	
SNNPR	601	79.9	
Oromia	1380	79.8	
Amhara	633	75.7	
Dire Dawa	99	75.4	
Benshangul	58	69.5	
Harar	97	67.4	
Afar	38	67.2	
Gambela	30	66.7	
Addis Ababa	438	61.2	
Somali	72	52.5	