Adolescent Contraceptive and Abortion-related Care-seeking in Ethiopia

This study explored how adolescent access to contraception and abortion-related care is perceived and experienced by adolescents in urban Ethiopia (ET), Malawi (MW) and Zambia (ZM). Interviews were conducted with 313 adolescents (10-19 years) who sought safe abortions or care for complications of an unsafe abortion. Interviews were done in one health center and hospital in each country over almost two years in 2018-19. This is a summary of the key findings from 99 interviews conducted in Ethiopia.

CONTEXT MATTERS

Seeking an abortion in a facility, or care for complications due to a less safe out-of-facility abortion, is strongly influenced by the legal and service provision setting.

Ethiopia: Safe abortion services are freely available without justification for adolescents. Abortion services are widely available in the public health sector.

Malawi: A highly restrictive abortion law combined with very limited service availability means most adolescent abortions are unsafe.

Zambia: Despite longstanding legal grounds for abortion, there is low knowledge of the law and patchy service availability, greatly affecting access for adolescents.

CONTRACEPTIVE AND ABORTION SERVICES ARE STILL DIFFICULT TO NAVIGATE FOR ADOLESCENTS

Abortion Safety is Strongly Linked to Abortion Legality

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<th>Percentage of adolescent abortions in the study induced safely in health facilities by country</th>
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<td>Ethiopia</td>
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<td>Malawi</td>
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<td>Zambia</td>
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Over 4 of 10 of girls had had tried some contraceptives, 23% were using a method when they became pregnant.

Almost half had heard of emergency contraception, 12% had tried it for the pregnancy that ended, none were successful.

Despite challenges, only 2 of 99 girls were unable to find their way to a safe and legal abortion in a health facility.

Costs of raising a child, having to drop out of school and partners refusing responsibility were the most important reasons for seeking an abortion.
Girls lacked agency to negotiate contraception with partners and on their own.
“I was afraid to buy a family planning method. I don’t have enough information about it.”
[age 19, married, waiting for a visa to go abroad]

Sexual violence and coercive sex at home or in extended living situations was common.
“Since I am a student, I didn’t expect that I would have sex. I had no boyfriend. I didn’t think that I will be raped here.”
[age 18, working as a maid away from home]

Barriers to Contraceptive Use

Barriers to Emergency Contraception (EC)

Although knowledge of EC is increasing, success with the method was low, usually as a result of delays in access and timing of method use.
“I know there is a 24-hour tablet that is used to prevent pregnancy. I saw girls buy it but I didn’t know how it has to be taken. The nurses also told me about it… but I never took it.”
[age 19, married, waiting for a visa to go abroad]

Delays in Accessing Abortion

Even with a progressive law in Ethiopia, barriers to timely abortion care still exist, most at the institution.
“I came here for the first time on last week Tuesday and I gave the referral paper for the health provider, then she appointed me [7 days later]. I came here on July 16 and I did ultrasound examination then they gave me several appointments. I am here until now because of this”
[age 17, student, pregnant as a result of relationship with boyfriend she discovered was married]

“The doctor in the delivery ward was not there on the day I went to the health centre. The nurses told me to first consult him about the condition before getting a medical card. On the next day, I met with the doctor and he told me the medication for the abortion service was not available on that day. I begged him. Then he told me about one private hospital giving this service… So, I went back to the first health centre and got a new medical card for the second time. Again, in this health centre the medication was not available. I was very terrified. I didn’t have money to go to a private hospital.”
[age 19, raped on her way from work as a waitress]

Health worker denial of service/referral
“I asked the health professionals in that health centre to terminate the pregnancy. But the nurse there said that I should have protected myself than going there to get an abortion service. I just kept quiet and got out of there.”
[age 18, raped by unknown assailant returning from work as a hospital cleaner]

Quality of Abortion Care for Young People

“You know when you think about the doctors it brings you a good feeling. Even if they gave you water for treatment, you feel relief from your pain. You know you believe them this much. I didn’t sleep in the last 2 days when I thought about my pregnancy… When they said it was my fault, I really felt bad since I was scared before about what people said to me. If they treated us better, we wouldn’t lose our time feeling guilty about ourselves.”
[age 19, student]