

Facts on Unintended Pregnancy and Abortion in Ethiopia

CONTEXT

- The World Health Organization (WHO) estimates that every year, nearly 5.5 million African women have an unsafe abortion. As many as 36,000 of these women die from the procedure, while millions more experience short- or long-term illness and disability.¹
- Ethiopia has the fifth highest number of maternal deaths in the world: One in 27 women die from complications of pregnancy or childbirth annually.²
- In 2005, Ethiopia expanded its abortion law, which had previously allowed the procedure only to save the life of a woman or protect her physical health.
- Abortion is now legal in Ethiopia in cases of rape, incest or fetal impairment. In addition, a woman can legally terminate a pregnancy if her life or her child's life is in danger, or if continuing the pregnancy or giving birth endangers her life. A woman may also terminate a pregnancy if she is unable to bring up the child, owing to her status as a minor or to a physical or mental infirmity.
- Notwithstanding the new law, almost six in 10 abortions in Ethiopia are unsafe.

UNINTENDED PREGNANCY AND CONTRACEPTION

- The use of modern contraceptives is much higher in Addis Ababa (57% among married women aged 15–44) than in Ethiopia as a whole (14%). Modern method use in rural areas ranges from far below to just above the national average (3–16%).

- Low levels of contraceptive use lead to high levels of unintended pregnancy, the root cause of abortion. In 2008, 101 unintended pregnancies occurred per 1,000 women aged 15–44, and 42% of all pregnancies were unintended.
- In 2005, one in three Ethiopian women had an unmet need for contraception; that is, they were able to become pregnant, did not want a child soon or at all, and were not using any method of contraception.

ABORTION INCIDENCE

- In 2008, an estimated 382,500 induced abortions were performed in Ethiopia, for an annual rate of 23 abortions per 1,000 women aged 15–44.
- Ethiopia's abortion rate is relatively low compared with WHO estimates for Africa and Eastern Africa—29 and 39 per 1,000, respectively.
- The abortion rate is considerably higher than the national average in urban areas: 49 per 1,000 in Addis Ababa, the country's most urban and economically developed region, and 184 per 1,000 in the smaller urban regions of Dire Dawa and Harari.
- The high abortion rates in these urban areas are likely the result of many factors, including that the availability of private health care providers in these commercial centers draws women from surrounding areas.
- Some 35% of women obtaining induced abortions and 27% of those obtaining postabortion care report having had a previous abortion.

PROVISION OF ABORTION AND POSTABORTION CARE

- In 2008, 27% of induced abortions (some 103,000 abortions) were safe procedures performed in health facilities.
- An additional 15% (58,000 abortions) were safe but were not captured by the survey's count of legal procedures provided by public and private sector hospitals, health centers and clinics. Some of these abortions were likely legal, and most were likely performed by private providers, whether in private practice or in small facilities.
- About half of all health facilities in Ethiopia provide induced abortion services. However, the proportion is much higher for public hospitals (76%) and private or nongovernmental organization (NGO) facilities (63%) than for public health centers (41%). These proportions are likely changing rapidly, as efforts are being made to expand abortion services in public facilities. Currently, private and NGO facilities provide the most induced abortions.
- Access to second-trimester abortions is severely limited. Only 9–10% of all facilities have a provider who can perform this service.

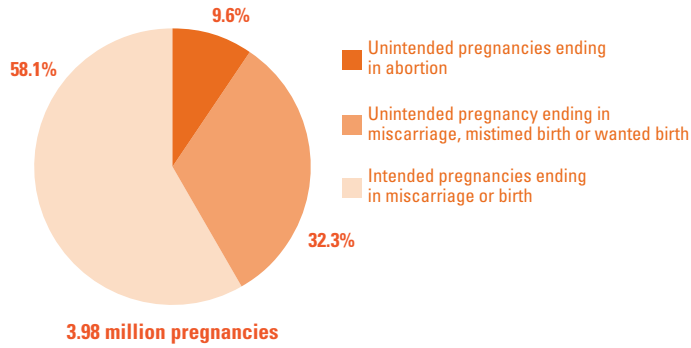
PROJECT PARTNERS:

Ethiopian Society of Obstetricians and Gynecologists
Ethiopian Public Health Association
Federal Ministry of Health of Ethiopia

Figure 1

Pregnancy Outcomes, 2008

One in 10 pregnancies end in abortion.



- The majority of abortions obtained by relatively well-off women are performed by trained health professionals, such as physicians, clinical officers, nurses or midwives; poor women are far more likely to seek abortions from unskilled providers.

- Eighty-two percent of all public and private health facilities report that they offer postabortion services. However, one in four do not offer family planning services to postabortion patients.

- Public hospitals treat an average of 219 postabortion patients per facility per year. By comparison, there are about 50 cases of postabortion care per facility per year at public health centers and 84 at private and NGO facilities.

- Government hospitals care for 35% of postabortion care patients; public health centers, which are more numerous, treat 40% of cases; and NGO and private facilities treat the remaining 25%.

- A number of medication abortion products are being considered for official registration and government approval. Approval of one or more of these products could improve access to safe abortion, especially for rural women.

WOMEN SEEKING ABORTION AND POSTABORTION CARE

- Induced abortions are much more common in urban regions, where fertility rates are low, suggesting that induced abortion is being used by younger women who want to space births, rather than by older women who have already had all the children they want.

- Women seeking induced abortion in 2008 had a mean age of 23, and the majority (54%) were single.

- Women seeking postabortion care had a mean age of 28, and the large majority (81%) were married.

- Some 79% of women who had had an induced abortion and 92% of women who had sought postabortion care were already mothers.

- More than one-third of all women with abortion complications were past their first trimester of pregnancy. Seeking care after a second-trimester abortion was more common among women who lived in rural areas than among their urban counterparts.

CONSEQUENCES OF UNSAFE ABORTION

- In 2008, an estimated 52,600 women received care in a health facility for complications of unsafe abortion.

- One hundred women die in Ethiopian health facilities each year from abortion-related complications, but many more suffer from injuries or illness related to unsafe procedures. Four out of 10 women seeking postabortion care show signs of infection or invasive injuries when they arrive at a health facility.

- Twenty-three percent of all women seeking postabortion care suffered complications severe enough to require hospitalization.

- Ethiopian health professionals estimate that 58% of all women who have an abortion experience serious complications and that only about a quarter of these women (or about 14% of all women who have an abortion) receive treatment for these complications. The remaining 42% do not have complications that require medical care.

- The rate of complications treated in facilities in urban areas is substantially higher than the national average. These higher rates can be attributed to several factors, including better access to health facilities and the fact that women from rural areas may travel to urban centers to obtain postabortion care.

IMPLICATIONS

- Significant progress has been achieved in improving access to safe abortion services in Ethiopia since guidelines were published, in 2006, to facilitate implementation of the 2005 abortion law reform. Continued expansion of affordable abortion services is critically needed to reach all Ethiopian women.

- Unsafe abortion remains a reality for many Ethiopian women and will remain so

until safe abortion is more accessible across the country. In particular, access must be improved for rural women, who represent 82% of all women of reproductive age. They are more likely than urban women to have unsafe abortions and to experience serious complications as a result.

- More providers need to be trained in the provision of safe abortion care.

- Medication abortion should be approved to expand access to safe abortion and save lives, money and government resources.

Except where noted, the information reported in this fact sheet comes from Singh S, Fetters T, Gebreselassie H, Abdella A, Gebrehiwot Y, Kumbi S and Audam S, The estimated incidence of induced abortion in Ethiopia, International Perspectives on Sexual and Reproductive Health, 2010, 36(1):16–25; and Gebreselassie H, Fetters T, Singh S, Abdella A, Gebrehiwot Y, Tesfaye S, Takele G and Kumbi S, Caring for women with abortion complications in Ethiopia: national estimates and future implications, International Perspectives on Sexual and Reproductive Health, 2010, 36(1):6–15.

REFERENCES

1. World Health Organization (WHO), *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003*, fifth ed., Geneva: WHO, 2007.
2. Population Reference Bureau (PRB), *2008 World Population Data Sheet*, Washington, DC: PRB, 2008.



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