

The Estimated Incidence of Induced Abortion In Ethiopia, 2008

By Susheela Singh,
Tamara Fetters,
Hailemichael
Gebreselassie,
Ahmed Abdella,
Yirgu Gebrehiwot,
Solomon Kumbi
and Suzette
Audam

Susheela Singh is vice president for research and Suzette Audam is research associate/data manager, both with the Guttmacher Institute, New York. Tamara Fetters is senior associate, Ipas, Chapel Hill, NC, USA. Hailemichael Gebreselassie is senior research advisor, Ipas Africa Alliance, Nairobi, Kenya. Solomon Kumbi is associate professor of obstetrics and gynecology, and Ahmed Abdella and Yirgu Gebrehiwot are consultant obstetrician/gynecologists—all with Addis Ababa University, Addis Ababa, Ethiopia.

CONTEXT: Unsafe abortion is an important health problem in Ethiopia; however, no national quantitative study of abortion incidence exists. In 2005, the penal code was revised to broaden the indications under which induced abortion is legal. It is important to measure the incidence of legal and illegal induced abortion after the change in the law.

METHODS: A nationally representative survey of a sample of 347 health facilities that provide postabortion or safe abortion services and a survey of 80 professionals knowledgeable about abortion service provision were conducted in Ethiopia in 2007–2008. Indirect estimation techniques were applied to calculate the incidence of induced abortion. Abortion rates, abortion ratios and unintended pregnancy rates were calculated for the nation and for major regions.

RESULTS: In 2008, an estimated 382,000 induced abortions were performed in Ethiopia, and 52,600 women were treated for complications of such abortions. There were an estimated 103,000 legal procedures in health facilities nationwide—27% of all abortions. Nationally, the annual abortion rate was 23 per 1,000 women aged 15–44, and the abortion ratio was 13 per 100 live births. The abortion rate in Addis Ababa (49 per 1,000 women) was twice the national level. Overall, about 42% of pregnancies were unintended, and the unintended pregnancy rate was 101 per 1,000 women.

CONCLUSIONS: Unsafe abortion is still common and exacts a heavy toll on women in Ethiopia. To reduce rates of unplanned pregnancy and unsafe abortion, increased access to high-quality contraceptive care and safe abortion services is needed.

International Perspectives on Sexual and Reproductive Health, 2010, 36(1):16–25.

As part of law reform in Ethiopia in 2005, the penal code was revised to broaden the indications under which abortion is permitted. Termination of pregnancy is now legal when the pregnancy results from rape or incest, when continuation of the pregnancy endangers the health or life of the woman or the fetus, in cases of fetal impairment, for women with physical or mental disabilities, for minors who are physically or psychologically unprepared to raise a child and in cases of grave and imminent danger that can be averted only through immediate pregnancy termination. These are significant changes from the previous law, which permitted abortion only in cases of grave and imminent danger that could be averted only through immediate pregnancy termination.

A second, related change was the 2006 publication by the Ministry of Health of technical and procedural guidelines for the provision of safe abortion services, to “translate the law into actionable measures” and to inform “women, health professionals, law enforcement agencies and all sectors of society” about implementation of the law.¹ However, various factors—the need to inform women and providers about the new law, a shortage of trained personnel and inadequacies in the country’s health care infrastructure, especially in terms of coverage of the large rural population—mean that providing wide-

spread access to new services would take time and require efforts from many institutions and sectors of the population.

Prior studies have documented that unsafe abortion has been an important and ongoing health problem in Ethiopia. The 2005 Ethiopian Demographic and Health Survey (DHS) estimates that 673 women died of pregnancy-related causes for every 100,000 live births in the six years prior to the survey.² The World Health Organization (WHO) estimates that in Eastern Africa, unsafe abortion accounts for one in seven maternal deaths.³ In a 2001–2002 study in a major university hospital in Addis Ababa, postabortion complications were one of the three leading causes of maternal mortality.⁴ According to a large-scale study in 2000 of 15 hospitals in nine of the country’s 11 regions, more than half of women treated for complications of induced abortion had gone to an untrained provider or had induced the abortion themselves.⁵ A bibliographic review spanning 1985–2000 indicates that many attitudinal and organizational barriers prevented women from obtaining postabortion services without delay and that these barriers resulted in low-quality postabortion services.⁶

According to the 2000 and 2005 DHS surveys, the level of unintended pregnancy in Ethiopia is high and may be