

Background: The Government of Ethiopia has made substantial progress in decreasing abortion-related morbidity and mortality since the 2005 expansion of the abortion law to permit abortion on a wide range of grounds, including if the adolescent is aged below 18 years. The development of national guidelines for abortion care [2006], to provide guidance for the implementation of safe and legal abortion services, also contributed to this progress. Ethiopia's commitment to expanding the provision of safe abortion and contraceptive care is reflected in the decreased barriers for adolescents, including that minors seeking abortions need neither proof of age nor parental consent. Since those policy changes, however, relatively little is known about how and why adolescents seek abortion-related care, and the barriers they face. Using mixed methods evidence collected in 2019 from adolescents aged 10-19 years who have sought either safe abortion or post-abortion care in the public sector in Addis Ababa, this paper provides important insights into the barriers and facilitators of adolescent contraceptive [non-]use and abortion-related care-seeking. This study in Ethiopia is part of a larger multi-country study [Ethiopia, Malawi, Zambia], the full results of which will be presented elsewhere.

Objectives

1. To understand why contraceptive and abortion-related care services are not used more fully by adolescents.
2. To understand the opportunities and barriers to scaling up the most effective implementation strategies for meeting adolescents' needs for contraception and abortion-related services.

Methods: Facility-based interviews with adolescents [n=99] aged 10-19 years who sought either safe abortion or post-abortion care following an induced abortion initiated elsewhere. Adolescents were recruited from two public sector health facilities in Addis Ababa, one tertiary hospital and one health centre. Recruitment focused on the public sector because this is where most vulnerable or marginalized adolescents seek abortion-related care. We collected quantitative and qualitative data, and present our mixed methods analyses of this new dataset.

Main findings:

Less than half [46%] of our sample had ever used contraception, and less than a third [27%] were using contraception at the time they became pregnant with the pregnancy that was terminated. These data suggest low levels of contraceptive knowledge and use for adolescents, with inconsistent use. Our qualitative data also show how male partners can control contraceptive use "*Because my husband told me not to use anything to delay pregnancy as he was interested in having the child*" and show how adolescents do not use contraception because of the fear of side effects, including future infertility. Sexual violence – including sexual exploitation by employers and job brokers – emerged as an important driver of unwanted pregnancies among adolescents in our sample.

Reflecting on Ethiopia's expansion of the law, guidelines and services for safe abortion, 98% of the adolescents we interviewed had sought safe abortion care. These figures mask, however, the complicated pathways that some adolescents experience in order to receive safe abortion care. Many girls made multiple desperate attempts to terminate their pregnancies before receiving safe abortion care. For example, nearly one third [32%] of our sample made two attempts, and 8% made a third attempt, although these attempts resulted in low levels of morbidity. Adolescents ultimately found their way to seeking legal pregnancy terminations rather than seeking care for complications of their own attempts. A substantial proportion of our sample sought out abortion services at later gestations, reflecting a series of delays from pregnancy confirmation to abortion decision-making to identifying and receiving safe abortion care. Lack of information contributed to many delays and some adolescents delay care-seeking because of the financial [transport, unofficial fees] burden of abortion care-seeking: "*We actually went to different facilities...The private clinic we went to asked us a very expensive price. So, we went to a pharmacy and asked them to buy a tablet...But the pharmacist who works there told us not to take it. She said that was dangerous and risky*". Our in-depth data provide insights into why adolescents seek abortion both inside and outside of facilities, reasons which include: to remain in school; the pregnancy was the result of sexual violence; to prevent forced marriage; and, denial of the pregnancy by the father.

Conclusion and recommendations

Despite the availability of legal abortion, including the provision for minors to access legal abortion services without proof of age or parental consent, many adolescents seek abortion at later gestational age. These abortions reflect adolescents' substantial barriers – information and financial resources - to abortion care-seeking, which need to be addressed in order to reduce the proportion of later gestation abortions among adolescents. Adolescents who seek abortion are doing so because they have a pregnancy that is unwanted at that point in time. Improved access to effective contraception for adolescents – including emergency contraception – would further reduce the health system burden of providing abortion-related care.

