

Determinants of Induced Abortion Among Youth Seeking Reproductive Health Care in Addis Ababa, Ethiopia

Bisrat Fantaye, B. Pharm, MPH

IAWG 16th annual conference



Rationale



**Addis Ababa
(Capital city):
study area**

- Worldwide, adolescents suffer from a disproportionate share of unsafe abortion-related deaths
- Lowering rates of adolescent pregnancy will be central to decreasing adolescent mortality
- In 2008, the Ethiopian abortion rate was 23 /1,000 WRA , but 49/1000 women in Addis Ababa
- Adolescents make up more than 45% of those seeking abortions in Addis Ababa (ESOG 2002)

Study goal & objectives

To identify the key determinants of induced abortion in young and adolescent women aged 15-24

- To identify the predisposing, reinforcing and enabling factors for abortion in women aged 15-24
- To assess the relationship between environmental and educational factors and abortion among young women aged 15-24

Methods

- **Quantitative, unmatched, facility-based case-control study**
 - PRECEED-PROCEED model is employed to conceptualize the constructs
 - Data collected May - June, 2015
- **Study Population of women aged 15-24 receiving RH services at MSI Clinics in Addis Ababa**
 - **Included cases:** women 15-24 seeking induced abortions
 - **Included controls:** women 15-24 seeking antenatal care (ANC) ≤ 28 weeks pregnant

Methods

- **Excluded cases:** Miscarriages, very sick or mentally handicapped women and refusals
- **Excluded controls:** Pregnancies > 28 wks, very sick or mentally handicapped women and refusals

Sampling and analysis:

- Sample size 330 consecutive women (110 cases & 220 controls) for a 1:2 case to control ratio
- Open-Epi version 3 online sample size calculator to predict with 80% confidence
- Two-sided confidence level (1-alpha)

Methods

- **Data quality control**
 - Close-ended structured questionnaire administered face to face.
 - Tool pre-tested and revised based on pilot testing of 20 women (6% of all) - 10 cases and 10 controls
 - Data Entry in Epi-Info 7.1
- **Data Processing and Analysis**
 - SPSS version 20 used for analysis of *P*-values of \leq **0.1** Multiple logistic regression model

Predisposing Factors

| | | Cases N (%) | Controls N (%) | P-Value |
|--|-------|--------------------|---------------------|---------|
| Pregnancy was intended | Yes | 15 (13.6) | 174 (80.2) | <0.001 |
| | No | 95 (86.4) | 43 (19.8) | |
| Age at first sexual intercourse | 14-19 | 67 (60.9) | 143 (65.0) | 0.467 |
| | 20-24 | 43 (39.1) | 77 (35.0) | |
| Woman has one or more children | Yes | 29 (26.4) | 126 (57.3) | <0.001 |
| | No | 81 (73.6) | 94 (42.7) | |
| Woman has used contraception | Yes | 80 (72.7) | 208 (94.5) | <0.001 |
| | No | 30 (27.3) | 12 (5.5) | |

Predisposing Factors

| | | Cases N (%) | Controls N (%) | P-Value |
|---|---------|-------------------|---------------------|------------------|
| Marital Status | Married | 38 (34.5) | 206 (93.6) | <0.001 |
| | Single | 72 (63.5) | 14 (6.4) | |
| Multiple sexual partners | Yes | 14(12.7) | 12 (5.7) | 0.016 |
| | No | 96 (87.3) | 108 (94.3) | |

Reinforcing Factors

| | Cases n (%) | Controls n (%) | P-value |
|--|--------------------|---------------------|---------|
| Currently living with parents/relatives | 46 (42.6) | 15 (6.8) | <0.001 |
| Currently living with husband/partner | 42 (38.9) | 203 (92.7) | |
| Currently living alone | 20 (18.5) | 1 (0.5) | |
| Satisfied with service | 104 (94.5) | 213 (96.8) | 0.317 |
| Dissatisfied with service | 6 (5.5) | 7 (3.2) | |
| Had a previous abortion | 28 (25.7) | 104 (47.3) | <0.001 |
| No history of abortion | 81 (74.3) | 114 (51.8) | |

Attitudes and Beliefs on Abortion

| | | Cases n (%) | Controls n (%) |
|--|------------------------------------|--------------------|-------------------|
| Woman seeking abortions are promiscuous | Yes | 56 (51.4) | 166 (75.8) |
| | No | 52 (47.7) | 46 (21.0) |
| Abortion is committing sin | Yes | 98 (89.9) | 189 (86.7) |
| | No | 11 (10.1) | 29 (13.4) |
| Abortion acceptability | Unacceptable | 57 (52.3) | 141 (64.1) |
| | Acceptable if GA<3mo | 10 (9.2) | 19 (8.6) |
| | Acceptable if not married | 17 (15.6) | 20 (9.1) |
| | Sometimes acceptable sometimes not | 25 (22.9) | 40 (18.2) |

Environmental and educational factors

| | | Cases n (%) | Controls n (%) | P-Values |
|---|-----|----------------|---------------------|------------------|
| Woman autonomy on HH expense | Yes | 97 (88.2) | 210 (95.5) | 0.018 |
| | no | 13 (11.8) | 10 (4.5) | |
| Women decision making autonomy on HC | Yes | 103 (93.6) | 217 (98.6) | 0.023 |
| | No | 7 (6.4) | 3 (1.4) | |
| Women Knowledge on Legal provision | Yes | 42 (38.5) | 170(77.3) | <0.001 |
| | No | 67 (61.5) | 48 (22.) | |

Results of multivariate analysis – key determinants

- **Marital Status:** being married was found to be a protective factor, only 4% of married young women sought abortions (AOR 0.04, CI 0.015-0.126) $p < 0.001$
- **Never having used contraception** was a key exposure factor for abortions (AOR 4.3, CI 1.05-17.7) $p = 0.043$
- Stating that the **pregnancy was unintended** is strongly associated with abortion (AOR 33.06 CI 12.49-87.5) $p < 0.001$

Conclusions

- The study found that never using contraceptive methods and having an unintended pregnancy have strong associations with induced abortion
- Married young women are less likely to seek induced abortion than their single counterparts
- There are strong predictors of abortion related to youth. Young unmarried women in any setting who are not willing and able to access FP are likely to choose unsafe abortion, which puts them at a higher risk of maternal death and disability.

Recommendations

- Adolescence is the ideal time to approach young women through educational opportunities, such as school-based SRH programs. **SRH must be a vital component in school curricula**
- Expanding access to quality FP and improved and sustainable maternal health service to meet the RH needs of adolescents and young women is critical to all setting including to youths affected by crisis and in humanitarian setting too.
- Policymakers, non-governmental organizations and health authorities should design health programs to address and meet the RH needs of the youth.

Acknowledgment

- Jima University
- Alliance for Better health
- Ipas
- My Advisors Dr. Fessahaye & Dr Hailemariam

Thank you !

Questions, Comments...

