

**FACTORS ASSOCIATED WITH CHOICE OF POST-ABORTION CONTRACEPTIVE IN ADDIS ABABA,
ETHIOPIA**

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Extended abstract

Introduction

Ethiopia, has one of the highest rates of maternal mortality in the world, and approximately 30% of maternal deaths in Ethiopia are abortion-related. Following a revision of the Ethiopian criminal code in 2005 and the development of abortion series guidelines by the Ministry of Health, access to safe abortion is gradually increasing throughout Ethiopia. In many regions of the country, however, safe abortion services are not yet widely available, and country-wide, the total fertility rate remains high (5.4). Close to one third of births are either mistimed or unwanted, there is a 34% unmet need for family planning.

Despite the low contraceptive prevalence and high unmet need, the capital city, Addis Ababa has experienced rapid fertility decline, currently with below-replacement fertility (TFR 1.9). One third of married women in Addis Ababa are using a modern method of contraception compared to only 6% country-wide. Despite having greater access to family planning services, in Addis Ababa, many pregnancies are still unwanted or mistimed, and one in five women have an unmet need for family planning (19%). In 2008 the estimated abortion rate for Addis Ababa at 184 per 1,000 reflects a high demand for abortion-related services and points to its role in the fertility decline of Addis Ababa. Such level of abortion rates also a potential need for increasing access to family planning, especially long acting methods and the strengthening of post abortion contraceptive services.

The purpose of this paper is to examine factors associated with post-abortion contraceptive choice in Addis Ababa, Ethiopia.

Data and Methods

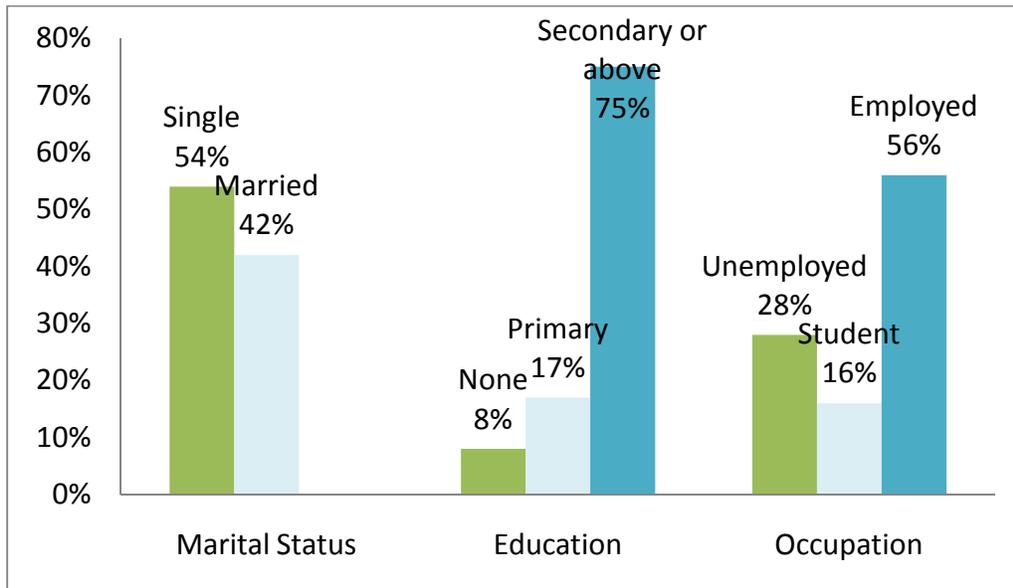
We analyzed the service statistics of 1,200 women seeking abortion related services from October 2008 to February 2009 in three public and three private health facilities in Addis Ababa, Ethiopia. Socio-demographic characteristics, reproductive history, type of service provided (treatment of incomplete abortion or pregnancy termination), and contraceptive history data was retrieved and assessed in this analysis. We examined last contraceptive method used and contraceptive chosen after the abortion service was provided.

Logistic regression was used to assess factors associated with choice of any modern method of contraception post abortion. We also assess factors associated with the choice of a long-acting modern method of contraception. For the purpose of this analysis, long acting/ long term methods were considered all women who left the facility with injectables, implants, and IUDs. To assess factors associated with the choice of long term contraceptive methods among women with previous history of contraceptive use and a previous abortion, we stratified the multivariate analysis according to previous use of modern contraceptive methods, resulting in 2 groups of women, those who have ever used and those who have never used.

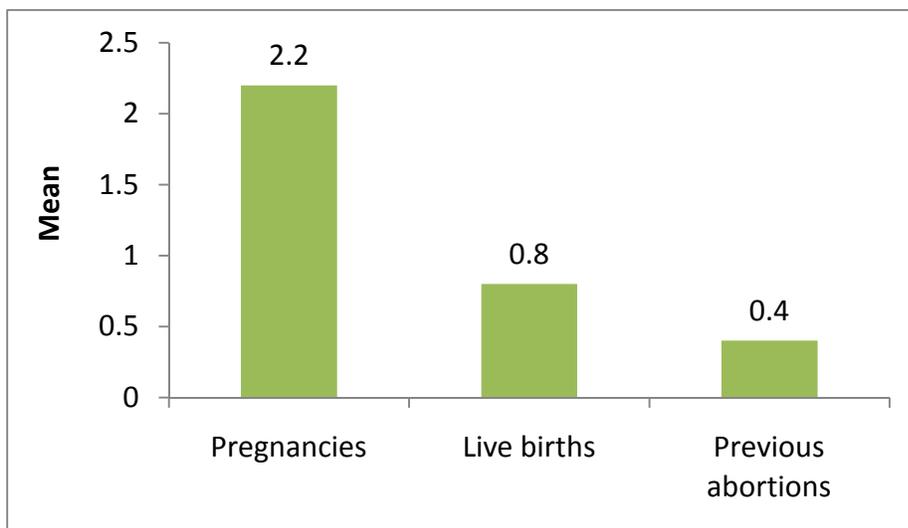
Results

Examination of the socio-demographic characteristics revealed that overall most of the 1,200 women seeking abortion-related care during the study period were young, well-educated, and single. The mean age of women requesting services was 25, and 79% of women were aged 20 to 29. Fewer than 5% of

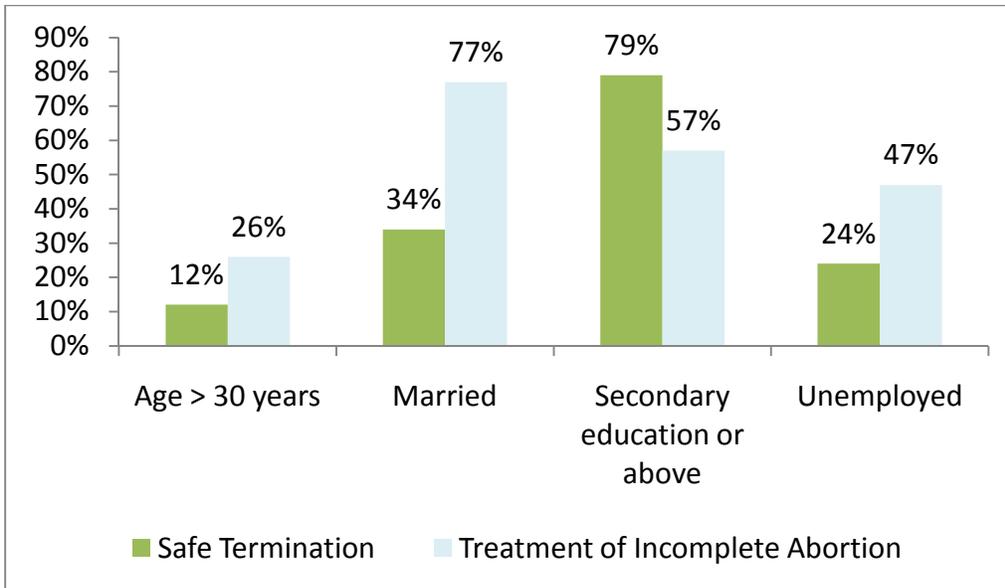
women were under 18 or over 36. Women were fairly well educated, with 75% of women having secondary education or above. More women were single (52%) than married (44%).



While women had an average of 2.2 pregnancies, the average number of live births was 0.8, indicating the role of abortion in fertility control. A third of women had a previous abortion. Mean number of abortions of women who had had at least one previous abortion was 2.3, including the abortion sought at the time of the study. Over half of the women had ever used family planning. Previous contraceptive utilization is lower among the young women and those who have reported ever use have used contraceptive methods inconsistently.

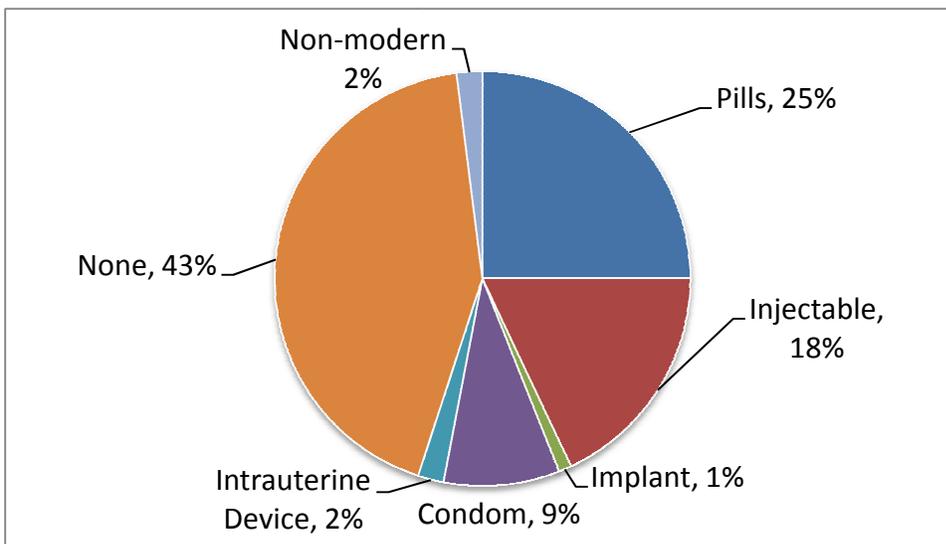


More women came to the health facilities seeking safe abortion (82%) than post-abortion care (18%). Almost all safe abortions occurred within the first trimester (96%); average uterine size was 8 weeks. Women seeking post-abortion care were more likely to be older (26 vs. 25), married (77% vs. 34%), and less educated (57% reaching secondary or above vs. 79%) compared to women seeking safe abortion.



Among these women, 363 (30%) sought a repeat abortion, which we defined as having more than one induced abortion.

Only 57% were using a contraceptive method prior to presenting for abortion-related services. Of those using the majority were pill users.



During post abortion services, a contraceptive method was provided to 86% of women, most commonly pills, injectables, and condoms. Table XX details the last contraceptive method used and the method women received post abortion. Many women left the facility after receiving abortion-related

services with the same contraceptive method they had previously been using, especially pills, condoms, injectables, and also none.

		Post-abortion contraceptive method provided								Total
		Pills	Injectable	Condom	Implant	IUD	Other	None	Not decided	
Last contraceptive method	Pills	165 (54.5)	35 (11.6)	46 (15.2)	4 (1.3)	13 (4.3)	10 (3.3)	26 (8.6)	4 (1.3)	303 (100)
	Injectable	36 (17.0)	53 (25.0)	21 (9.9)	36 (17.0)	36 (17.0)	5 (2.4)	19 (9.0)	6 (2.8)	212 (100)
	Condom	42 (38.9)	11 (10.2)	44 (40.7)	5 (4.6)	3 (2.8)	0 (0)	3 (2.78)	0 (0)	108 (100)
	Implant	0 (0)	0 (0)	3 (42.9)	0 (0)	2 (28.6)	0 (0)	2 (28.6)	0 (0)	7 (100)
	IUD	0 (0)	4 (15.4)	2 (7.7)	14 (53.9)	3 (11.5)	1 (3.9)	0 (0)	2 (7.7)	26 (100)
	None	143 (27.5)	40 (7.7)	95 (18.2)	12 (2.3)	11 (2.1)	17 (3.3)	162 (31.1)	41 (7.9)	521 (100)
	Total	389 (32.4)	147 (12.3)	219 (18.3)	74 (6.2)	70 (5.8)	33 (2.8)	213 (17.8)	55 (4.6)	1,200 (100)

Preliminary multivariate analysis shows that women aged 40-44, students, women employed, receiving abortion services in private clinics, number of children alive and number of previous abortion are statistically significant factors associated with the choice of any modern method of contraception after abortion. Surprisingly, younger age groups, marital status and education level were not statistically significantly associated with the likelihood of leaving the post abortion care services with a modern family planning method.

Among all women, the odds of leaving the post abortion care facility with a long term contraceptive method was significantly and positively associated with age 25-29, secondary and higher education, and number of children. However it was negatively associated with not being married and not having a previous abortion.

When disaggregated by whether women have had experience with contraceptive use, women that had never use contraceptives were significantly more likely to be living outside Addis Ababa and have more children. In contrast older women (40-44) and women using private providers were significantly less likely to chose long-term methods.

Factors associated with long-term method choice after abortion among women with previous contraceptive experience differ significantly from those who had never used contraceptives. With the exception of increased likelihood of long term methods choice with increased number of children, that was also found for women who never used contraceptive methods, previous users were to be educated (secondary and above) and less likely to be married and had a previous abortion.

Further analysis will include interaction terms and better refinement of current models. We will also stratify the analysis further to determine predictors of changing method choice between non-users, users of natural methods, and users of modern methods of contraception. In addition we will disaggregate the long long acting contraceptive methods into 2 groups: injectables and IUD and implants.

Conclusions and policy implications

The current below-replacement fertility (1.9) and corresponding desired fertility of 1.6 in Addis Ababa, Ethiopia is a sign of women's fertility aspirations in a large urban setting. However, fertility decline and improvements in access and availability of abortion services should not be a deterrent to strengthening family planning services. Lack of access to modern contraceptives in populations that desire smaller families can lead to repeat abortions, a fact found among the population of women studied.