

# Adolescent contraceptive and abortion-related care-seeking in urban Ethiopia, Malawi and Zambia: a mixed methods study

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# Adolescent Sexual and Reproductive Health and Rights (ASRHR)

Adolescents are less likely to access abortion services compared with older people because of:

- ✓ lower levels of knowledge
- ✓ fewer financial resources
- ✓ higher likelihood of delaying care-seeking
- ✓ lower ability to navigate health systems
- ✓ higher levels of perceived and experienced stigma

# Our research project: Adolescent Access to Contraception and Safe Abortion

- Explores how adolescent access to contraception and abortion-related care is perceived and experienced by adolescents in urban Ethiopia, Malawi, and Zambia.
- Takes an intersectional approach to focus on how structural – legal and health system – factors are implicated in adolescent abortion-related care-seeking

# Contrasting Legal and Health System Contexts

|  | Ethiopia  | Malawi                    | Zambia   |
|--|---|---------------------------|--|
| Legal exemptions for abortion          | Life, mental and physical health, of pregnant woman; rape and incest; mental or physical disability including due to minority status of pregnant woman; foetal impairment.<br>Includes provision to terminate pregnancies legally on the grounds of being below the age of 18 without requiring proof of age. | Life of pregnant woman    | Life, mental and physical health of pregnant woman; physical and mental health of existing children; foetal impairment; adolescents under 16 |
| Availability of safe abortion services | Available in the public, private and NGO sectors, depending on gestational age and method   | Very limited availability | Some availability in public sector facilities; limited availability in the private/ NGO sector   |

Interviews with adolescents  
seeking either SA or PAC in public  
facilities  
[n=313]

Key stakeholder interviews  
[n=52]

Research methods

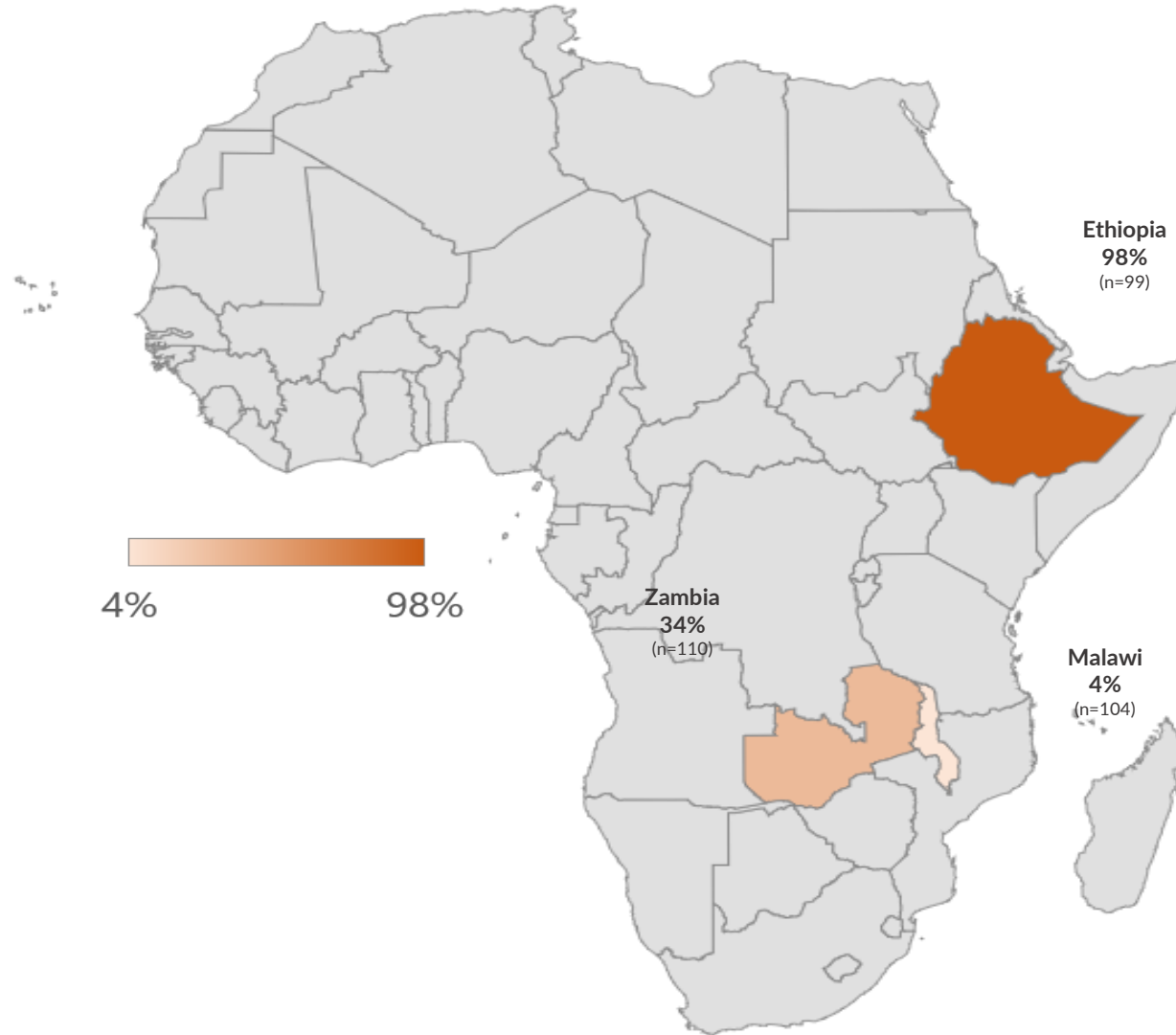
Comparative policy analyses

Comparative cost modelling

# Interviews with adolescents

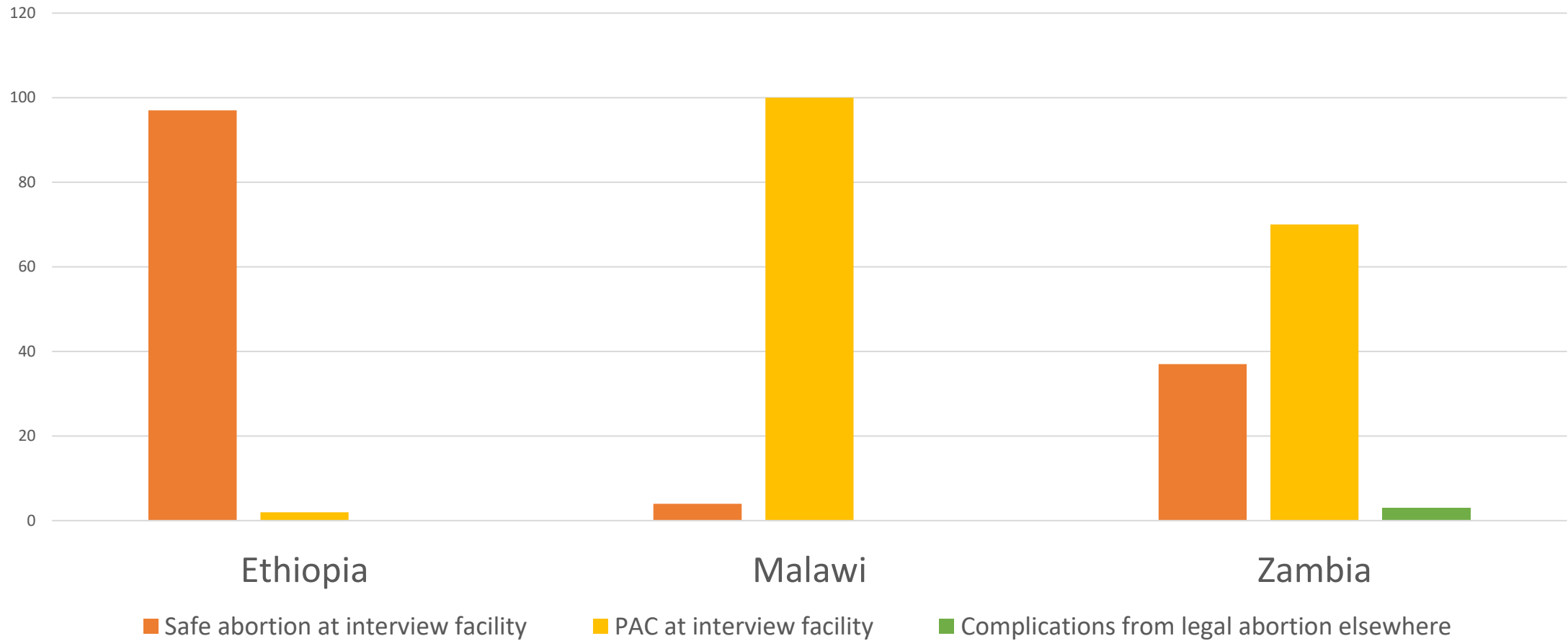
- 313 interviews with adolescents aged 10-19 years seeking safe abortions or post-abortion care
  - Ethiopia N = 99
  - Malawi N = 104
  - Zambia N = 110
- Two research assistants collected quantitative and qualitative data for mixed-methods analysis
- All of our research instruments are available:
- <https://wordpress.com/home/abortioninafrica.wordpress.com>

Percentage of adolescent abortions in the study induced safely in health facilities by country





# Type of abortion-related care sought, by country



# What does an abortion mean for an adolescent?

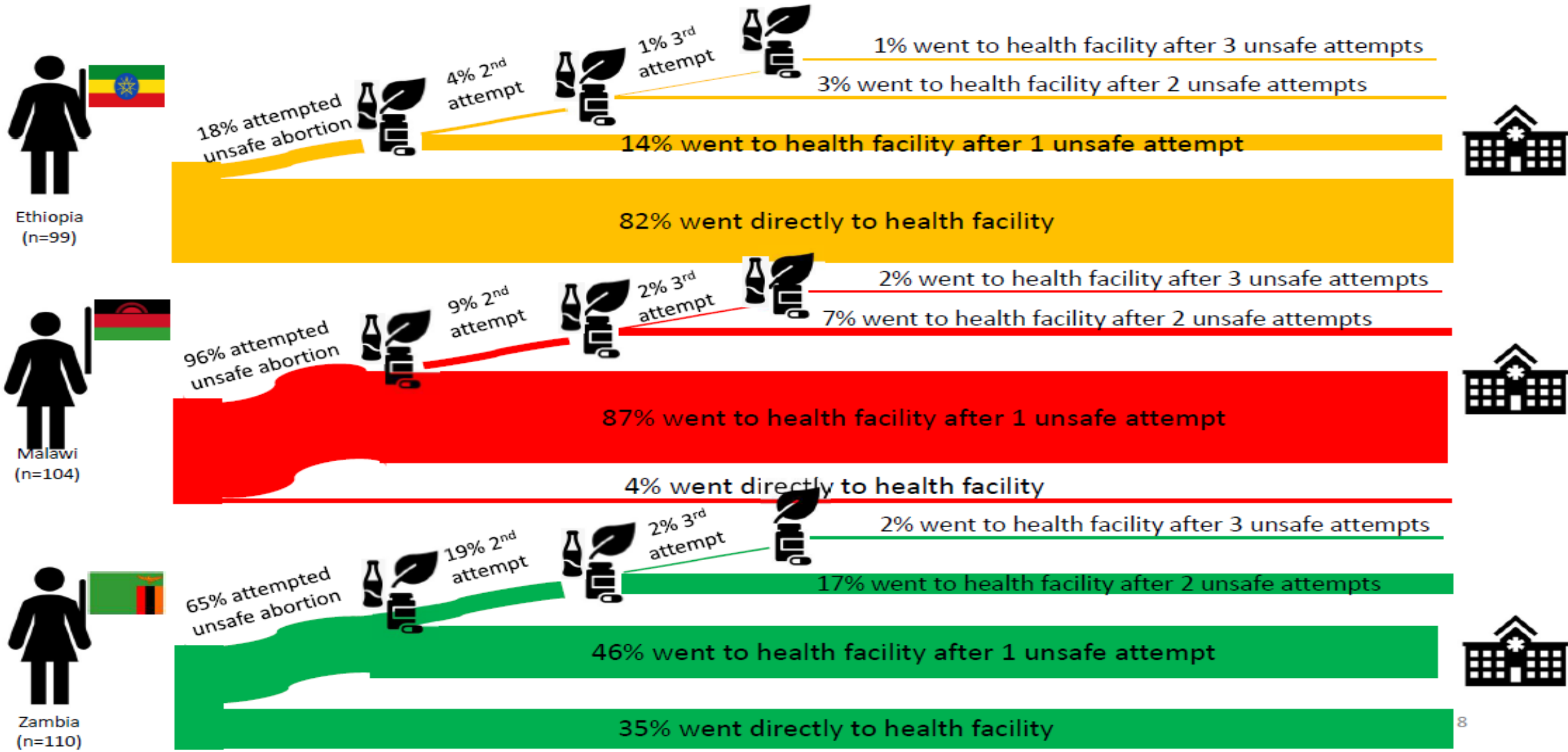
“I was scared and lost hope. But now thanks to God I’m happy” [Ethiopia, 19y]

“I feel like a weight has been lifted off me” [Malawi, 19y]

“I want to go to school, I don’t want to play with my life” [Zambia, 17y]

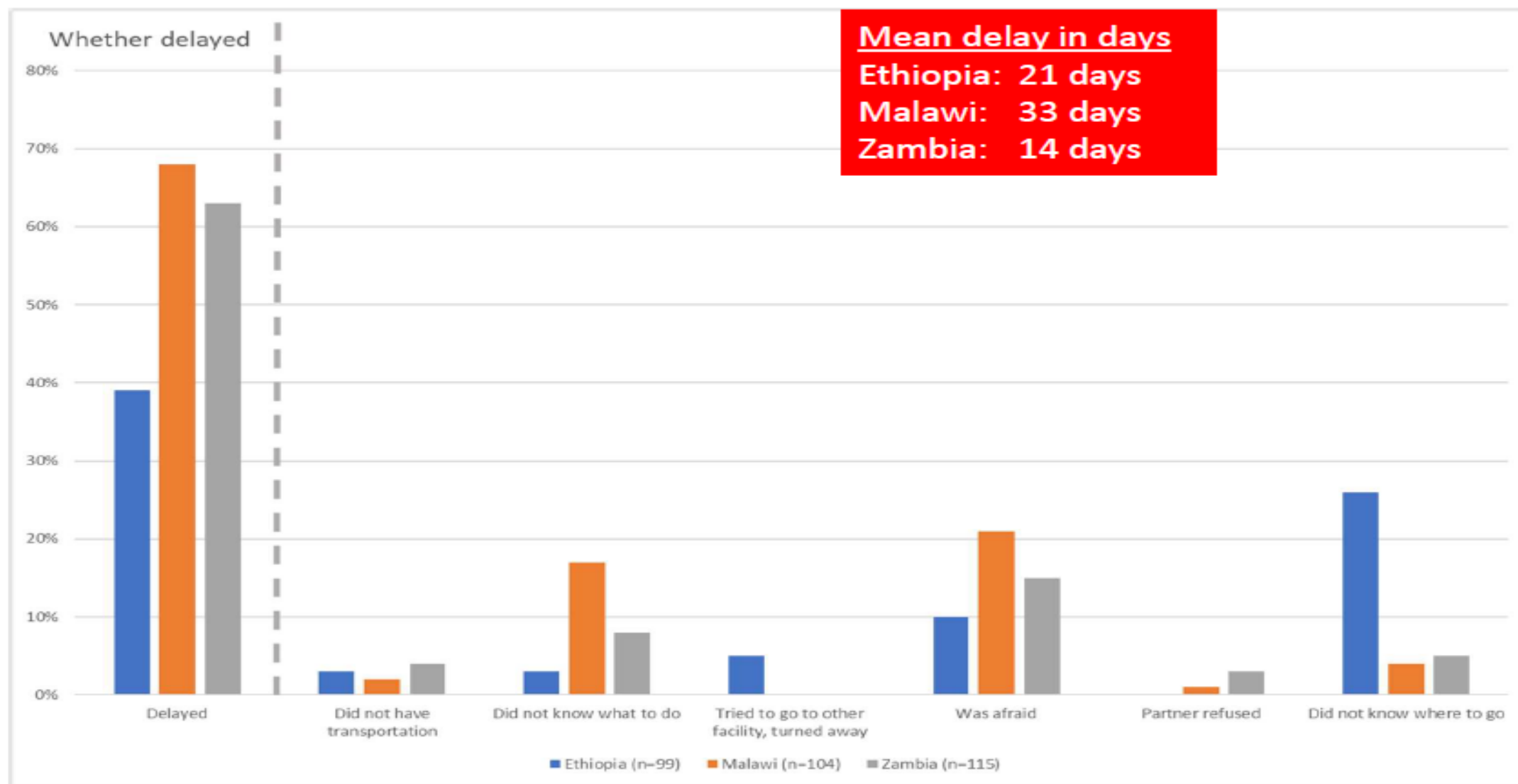
“If I was still pregnant, I might have committed suicide. I wouldn’t have stayed with my family being pregnant like this. I used to be overwhelmed. So, I was not happy. But now, that has changed.” [Ethiopia, 15y]

# Adolescent abortion trajectories



# Delays in seeking and receiving abortion care

# Delays in abortion care-seeking



# Reasons for delay: Ethiopia

“It has been six days since I first find out about the pregnancy. I asked the health professionals in that health centre to terminate the pregnancy. But the nurse there said that I should have protected myself [rather] than going there to get an abortion service. I just kept quiet and got out of there.” [Ethiopia, 18y]

My boyfriend told me that to do a test but I didn't do a test since I was scared. I went to a health centre for two days and back to my home without doing anything. I was afraid to ask the health providers about the pregnancy test. [Ethiopia, 19y]

Int: As you told me before your pregnancy was more than three months, why were you late to terminate the pregnancy?

R: Because I did not know about my pregnancy. I was waiting for my period, but it did not happen as usual. [Ethiopia, 18y]

Parental or  
guardian  
consent:  
Ethiopia

“... I kept it a secret  
....They told me the  
price for the  
service is 700 birr. I  
was not worried  
about the money I  
would pay. Even  
though they told  
me to return back  
on Monday, I  
didn't go back  
because I was not  
able to get the  
consent they  
requested me to  
bring.”

Law and policies  
support  
autonomous  
choice of legal  
abortion at no  
charge for minors.

In practice, some  
providers do not  
enact this policy.

14



# Contraception: Ethiopia



Over 4 of 10 of girls had had tried some contraceptives, 23% were using a method when they became pregnant



Almost half had heard of emergency contraception, 12% had tried it for the pregnancy that ended, none were successful

## Barriers to Contraceptive Use

**Girls lacked agency to negotiate contraception with partners and on their own.**

*"I was afraid to buy a family planning method. I don't have enough information about it."*

[age 19, married, waiting for a visa to go abroad]

**Sexual violence and coercive sex at home or in extended living situations was common.**

*"Since I am a student, I didn't expect that I would have sex. I had no boyfriend. I didn't think that I will be raped here."*

[age 18, working as a maid away from home]

## Barriers to Emergency Contraception (EC)

**Although knowledge of EC is increasing, success with the method was low, usually as a result of delays in access and timing of method use.**

*"I know there is a 24-hour tablet that is used to prevent pregnancy. I saw girls buy it but I didn't know how it has to be taken. The nurses also told me about it...but I never took it."*

[age 19, married, waiting for a visa to go abroad]

# Post-abortion contraception

# Choice?

"They just told me that I need to be getting an injection" (*Malawi*)

"They said that I should start on the 5-year injection" (*Zambia*)

"I don't want it. A nurse told me that I have to use contraception for the first time when I registered at [study site] and told me for the second time when I was in the ward. But I said to her that I don't want it. She couldn't understand me, she considered me as a rude girl and treated me badly." (*Ethiopia*)

# Coercive care

**I:** Were you offered a family planning method today?

**R:** Yes.

**I:** Which type of method?

**R:** They told me it works for three years.

**I:** Did they tell you about another option?

**R:** No, they did not tell me.

**I:** Was it your choice?

**R:** No, it was not my choice. I thought that they would not provide me the service, or the pregnancy would not terminate if I did not use family planning, then I accepted it.

**I:** Are you happy with this service?

**R:** No.

*(Ethiopia)*

# Implications

- Policies must support the provision of **zero-cost** care, including associated components of care
- **Information and knowledge dissemination** is critical, especially on when, how, and where to access care
- Policies and legislation must account for the **specific experiences and needs of adolescents.**

# Communicating our research to adolescents



We have low res versions for WA – please ask if you would like the files

# Country-level policy briefs

### Barriers to Contraceptive Use

**Girls lacked agency to negotiate contraception, with partners and on their own.**  
*"I was afraid to buy a family planning method. I don't have enough information about it."*  
 [Age 19, married, waiting for a visa to go abroad]

**Sexual violence and coercive sex at home or in extended living situations was common.**  
*"Since I am a student, I didn't expect that I would have sex. I had no boyfriends. I didn't think that I will be raped here."*  
 [Age 18, working as a maid away from home]

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**Although knowledge of EC is increasing, success with the method was low, usually as a result of delays in access and timing of method use.**  
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 [Age 19, married, waiting for a visa to go abroad]

### Delays in Accessing Abortion

**Ethiopia: Even with a progressive law, barriers to timely abortion care still exist, most at the institution.**  
*"I came here for the first time on last week Tuesday and I gave the referral paper for the health provider, then she appointed me 7 days later. I came here on July 16 and I did ultrasound examination then they gave me several appointments. I am here until now because of this"*  
 [Age 17, student, pregnant as a result of relationship with boyfriend she discovered was married]

*"The doctor in the delivery ward was not there on the day I went to the health centre. The nurses told me to first consult him about the condition before getting a medical card. On the next day, I met with the doctor and he told me the medication for the abortion service was not available on that day. I begged him. Then he told me about one private hospital giving this service. So, I went back to the first health centre and got a new medical card for the second time. Again, in this health centre the medication was not available. I was very terrified. I didn't have money to go to a private hospital."*  
 [Age 19, raped on her way from work as a waitress]

**Health worker denial of service/referral**  
*"I asked the health professional in that health centre to terminate the pregnancy. But the nurse there said that I should have protected myself than going there to get an abortion service. I just kept quiet and got out of there."*  
 [Age 18, raped by unknown assailant returning from work as a hospital cleaner]

### Quality of Abortion Care for Young People

*"You know when you think about the doctors it brings you a good feeling. Even if they gave you water for treatment, you feel relief from your pain. You know you believe them this much. I didn't sleep in the last 2 days when I thought about my pregnancy... When they said it was my fault, I really felt bad since I was scared before about what people said to me. If they treated us better, we wouldn't lose our time feeling guilty about ourselves."*  
 [Age 19, student]

Research funded by MRC (UK),  
<https://abortionlawpolicy.mrc.ac.uk/>  
 For information: [ec1000@lse.ac.uk](mailto:ec1000@lse.ac.uk)

## Adolescent Contraceptive and Abortion-related Care-seeking in Malawi

This study explored how adolescent access to contraception and abortion-related care is perceived and experienced by adolescents in urban Ethiopia (ET), Malawi (MW) and Zambia (ZM). Interviews were conducted with 318 adolescents (10-19 years) who sought safe abortions or care for complications of an unsafe abortion. Interviews were done in one health center and hospital in each country over almost two years in 2018-19. This is a summary of the key findings from 104 interviews conducted in Malawi.

Unplanned pregnancy can happen to anyone, but 70% of these girls lived in homes with no electricity indicative of their vulnerability

Only 1 in 5 girls had heard anything about emergency contraception, none had ever used it - a lost opportunity to prevent these unsafe abortions

Girls were young, 60% under 18, and 1/3 decided to end their pregnancy because they were afraid they would have to leave school

Over 2/3 of girls delayed seeking care. Increasing their health risks, most said they were "afraid," "did not know what to do" or "where to go"

**"I MADE UP MY MIND TO ABORT, SO I WAS READY TO RISK IT ALL WHETHER IT MEANT DYING."**  
 [Age 18, student, inserted sticks and herbs vaginally]

## Abortion Safety is Strongly Linked to Abortion Legality

**CONTEXT MATTERS**  
 Seeking an abortion in a facility or care for complications due to a less safe infrastructure/abortion is strongly influenced by the legal and service provision setting.

**Ethiopia:** Safe abortion services are freely available without justification for adolescents. Abortion services are widely available in the public health sector.

**Malawi:** Highly restrictive abortion law combined with very limited service availability.

**Zambia:** Despite longstanding legal grounds for abortion, there is low knowledge of the law and practice/service availability.

Percentage of 318 adolescent abortions performed in public health facilities

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This study explored how adolescent access to contraception and abortion-related care is perceived and experienced by adolescents in urban Ethiopia (ET), Malawi (MW) and Zambia (ZM). Interviews were conducted with 318 adolescents (10-19 years) who sought safe abortions or care for complications of an unsafe abortion. Interviews were done in one health center and hospital in each country over almost two years in 2018-19. This is a summary of the combined key findings for the three countries.

22% were using contraception before this pregnancy, but only 12% had tried any method besides condoms

7% used emergency contraception for the pregnancy that ended, all were unsuccessful

Education was vital - 60% were students at the time of their abortions & half felt they would have to drop out

7% paid unofficial fees at a public facility to access abortion care, others were delayed or turned away because they could not pay

**CONTRACEPTIVE AND ABORTION SERVICE BARRIERS ARE HIGH AND EVEN SMALL CHALLENGES CAN BE HUGE FOR ADOLESCENTS**

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# Publications from our research (so far)

- Kangaude, G. et al (2022) “Integrating child rights standards in contraceptive and abortion care for minors in Africa” IJGO 159(3): 998-1004
  - <https://obgyn.onlinelibrary.wiley.com/doi/10.1002/ijgo.14502>
- Chiweshe, M. et al (2021) “Whose bodies are they? Conceptualising reproductive violence against adolescents in Ethiopia, Malawi and Zambia”. Agenda. 35(3): 12-23
  - <https://www.tandfonline.com/doi/abs/10.1080/10130950.2021.1964220>
- Kangaude, G. et al (2020) “Adolescent sexual and reproductive health and universal health coverage: a comparative policy and legal analysis of Ethiopia, Malawi and Zambia” SRHM 28(2)
  - <https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1832291>



# Engaging with our research

# Questions?

 @SRHRadolescent

<https://abortioninafrica.wordpress.com/>

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