

**MINORS' AWARENESS ABOUT THE NEW ABORTION LAW AND  
ACCESS TO SAFE ABORTION SERVICES IN ETHIOPIA: The Case of  
Marie Stopes International Ethiopia Centers in Addis Ababa**

**BY: FASIKA FEREDDE ALEMU**

**UNIVERSITY OF AMSTERDAM**

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**Thesis Supervisor: DR. WINNY KOSTER**

**Co-reader: ERICA VAN DER SIJPT**

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## **Abstract**

Women's abortion perception and experience is a little studied reproductive health component in social sciences in Ethiopia. This thesis is about minors' abortion opinion and experience, awareness on the new abortion law and their access to safe abortion services in Addis Ababa. Thus, it aims to add to the scanty information on the subject. This study is qualitative in which the researcher used various data collection methods.

The research outcomes indicate that the study participant girls and women awareness on the new liberalized abortion law is almost inexistent. Their access to safe abortion services is also very limited due to lack of awareness on legal status of abortion and where to go for the service. The major hindrances for the minors for low use of contraceptives are socio-cultural and religious factors. Minor who use contraceptives may be considered as promiscuous, when she gets pregnant it is out of the social norm and if she terminates the pregnancy again it stigmatized her. If she gives birth also; she will be stigmatized and dishonor her family and the baby is also dishonored as 'diqalla'.

This study also reveals that educational status of minors increases the awareness on contraceptives but not its use and there is no significant difference between educated and uneducated women on perception and opinion towards modern contraceptives. Most minors used self induced abortion mechanisms before visiting abortion service providers. They also went to illegal and unsafe abortion service providers because of lack of information on the legal status of abortion, inaffordability of the fee, lengthy process and to keep their secret.

Sex before marriage and abortion is taboo but the study indicates it is becoming common for minors and unmarried women. Most minors' unwanted pregnancies are ended in abortion and are undertaken self-induced or traditional and in illegal places. Most girls who undertook abortion feel ashamed; guilty of committed sin and crime hence they have no internal peace. Minors who are from relatively lower income family mostly go to traditional abortionists. The major religious institutions in Ethiopia have no official stand on contraceptives use to married women and leave the choice for individual's decision. However, the institutions highly condemn sex before marriage and abortion. Most of the study participants have no awareness on the legality of MSIE services and consider MSIE as clinic that provide only secret abortion service.

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Errors, misinterpretations and weaknesses that might appear in this thesis are all mine.

## Acronyms

AIG- Alan Guttmacher Institute  
CAC- Comprehensive Abortion Care  
CHAD-ET- Children Aid Ethiopia  
CPR- Contraceptive Prevalence Rate  
EDHS- Ethiopian Demographic and Health survey  
EOTC- Ethiopian Orthodox Tewahdo Church  
ETB- Ethiopian Birr  
FDRE- Federal Democratic Republic of Ethiopia  
FGD- Focus Group Discussion  
FP- Family Planning  
HDI- Human Development Index  
HPI- Human Poverty Index  
IDI- In depth Interview  
KAP- Knowledge Attitude and Practice  
MMR- Maternal Mortality Rate  
MOH- Ministry of Health  
MPS- Making Pregnancy Safer  
MSIE- Marie Stopes International Ethiopia  
MSP- Marie Stopes Procedure  
MSMP- Marie Stopes Medical Procedure  
MVA- Manual Vacuum Aspiration  
NCTPE- National Committee for Traditional Practices Eradication  
PRB- Population Reference Bureau  
RH- Reproductive Health  
STD- Sexually Transmitted Diseases  
TFR- Total Fertility Rate  
USAID- United States Agency for International Development  
WHO- World Health Organization

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1. Introduction and Background**

According to MoH definition induced abortion is “the termination of pregnancy before fetal viability, which is conventionally taken to be less than twenty eight weeks from the last normal menstrual period. If the last normal menstrual period is not known, a birth weight of less than 1000g is considered as abortion” (MoH 2006:3). Unplanned pregnancy most of the time results in induced abortion which causes severe health problems like infertility and death mainly in developing countries (MoH 2006).

WHO estimates that about 600,000 annual pregnancy-related maternal deaths occur worldwide, of this estimate an average of thirteen percent is due to unsafe abortion. Every year over 70,000 women die and millions more suffer injuries as a result of unsafe abortion (WHO 2007). WHO defined unsafe abortion as “a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both” (WHO 1993). According to Ethiopian the Ministry of Health (2006), in Ethiopia about 32% of all maternal deaths are the result of complications related to unsafe abortion. Abortion is the second leading cause of death for women, after tuberculosis (MoH 2006). It is estimated that annually 2 million to 4.4 million abortions among adolescents occur in developing countries (PRB 1997). According to hospital records of many developing countries between 38% and 68% of women treated for complications of abortion are under twenty years of age (WHO 2004).

The 2004 Ethiopian revised criminal code allows abortion under certain circumstances. In the previous code abortion was only allowed to save the woman’s life. While in the new liberalized law abortion is permitted when; the pregnancy is resulted from rape or incest, the woman’s or fetus’ lives are threatened, the fetus has severe abnormalities, the woman has physical or mental disabilities and when a minor is physically or psychologically unprepared to raise a child. According to the new law there is no need of proof for age or whether the pregnancy is resulted from rape or incest.

In Ethiopia induced abortion is one of the uncovered issues in social science researches in general and in anthropology in particular. Researches conducted on the issue so far are focused on the incidence rate, prevalence and biomedical aspect of the problem rather than on the social and cultural aspects, and women's perceptions and experiences (Singh et.al 2010, Senbeto et.al 2005). Therefore, in this research I will address the issue by using anthropological research tools and emphasizing on minors.

My work experience in the field of reproductive health and family planning (RH/FP) at Marie Stopes International Ethiopia enabled me to observe different barriers faced by clients seeking safe abortion and some gaps in the implementation of the service delivery. The socio-cultural factors that hindered women, especially minors from accessing safe abortion services is the main area that motivated me to conduct this study. According to the 2000 revised family code of Ethiopia and the technical and procedural guidelines for safe abortion services in Ethiopia, 2006: minors are young boys and girls who are below the age of eighteen. This study thus, reviews the influence of the new Ethiopian abortion law of 2005 on minors exercising their reproductive health rights in Addis Ababa. The technical and procedural guide line for safe abortion service 2006 clarified that the new abortion law allows legal abortion service for minors and the provider will use the stated age to determine whether the person is under eighteen year ages or not without any proof of age.

I believe that this study will contribute to reveal the gap between the existing laws and practices in exercising the reproductive health rights both by the service providers and the beneficiaries in Ethiopia. The second contribution of the study would be the use of the results by various stakeholders at different levels to promote minors' reproductive health rights to access information about and safe abortion services. In addition, it would also awake social scientists to conduct further studies on abortion and reproductive health rights.

## **1.2. Statement of the Problem**

As in most of developing countries, in Ethiopia access to safe abortion continues to depend on women's awareness of the law. Goodman et al. stated that "although the new 2005 Ethiopian abortion law is relatively liberal, due to lack of knowledge of legal rights among

most women, shortage of safe abortion services provision and significant amount of socio-cultural pressures women still go to unsafe abortion service” (Goodman et al. 2008). As Senbeto et al. on their study of prevalence and associated risk factors of induced abortion in northwest Ethiopia indicated that traditional healers and health professionals prescribe plastic tube and various oral medicines as common methods used for unsafe abortion (Senbeto et.al 2005).

In Ethiopia the current use of any method of contraceptive (CPR) for people in reproductive health group is 14.7% while the estimated current use rate of modern methods of contraception in Addis Ababa city administration is about 45.2% and for any method is 56.9% (EDHS, 2005).

According to the Ethiopian Ministry of Health report unsafe abortions is one of the top ten causes of hospital admissions among women in Ethiopia. Unsafe abortion accounts for nearly 60% of all gynecologic admissions and almost 30% of all obstetric and gynecologic admissions. A research conducted in a hospital in Addis Ababa indicated that 54% of maternal deaths resulted from unsafe abortion (MoH 2006). Since unsafe abortion services are secret in nature these figures represent only the smaller scale because not all complications come to the hospital.

Koster’s study in Nigeria found that the highest abortion prevalence and the biggest problems with unsafe abortion and abortion complications occurred among single young women (2003). Olukoya and Koster study in Nigeria showed that due to different reasons adolescents mostly choose to go to untrained abortion service providers and delay in getting help when complications happen resulted in higher threat of morbidity and mortality. In addition, Adolescents are more likely to experience complications (Olukoya et.al. 2001, Koster 2003).

In Ethiopian society as premarital sex is taboo, unmarried adolescents in general and minors in particular are discouraged from using any kind of contraceptives. From my work exposure, I observed that limited attention is given to address the reproductive needs of minors and inaccessibility of services coupled with socio-cultural barriers to use

contraceptives resulted in unwanted teenage pregnancy which forces them to seek unsafe abortion in a secret places. Social taboos to have sex and to use contraceptives, economic limitations to nurture child, lack of psychological and physical readiness to have and raise baby and rape are among the major factors that forces minors to seek abortion in Ethiopia. As I mentioned previously these socio-cultural factors behind minors' abortion experiences are untouched in most of studies on abortion in Ethiopia which focus instead on the incidence, prevalence and its medical aspects. In addition, I observed that most of service clients at MSIE centers are adolescent and minors.

A study conducted by Goodman et al on Implementation of Comprehensive Abortion Care in Ethiopia stated that in Ethiopia abortion is resulted from the deep rooted poverty, gender inequalities and lack of commitment of responsible actors to ensuring women rights to safe abortion. In addition, limited awareness of both clients and service providers on the revised 2005 Criminal Code of the Federal Democratic Republic of Ethiopia (penal code) is also one of the major obstacles that hindered women from attaining Comprehensive Abortion Care (CAC) (Goodman et al. 2008).

Better availability of safe abortion services can be partly achieved by significantly scaling up the delivery of medical abortion, which currently represents only a small percentage of the total abortions provided. In Ethiopia, MSIE is currently the only provider of medical abortion (Mifepristone/Misoprostol) as most health facilities do not have the staff trained or the supplies required to provide this service (MSIE 2008). As defined by Dudley and Mueller; “medical abortion is one that is brought about by taking medications that will end a pregnancy. The alternative is surgical abortion ends a pregnancy by emptying the uterus (or womb) with special instruments” (Dudley & Mueller 2008:1).

Studies on abortion in Ethiopia have given less attention to women's perception and experience on abortion. Although the 2005 revised abortion law allows minors to access safe abortion services, socio-cultural, economic, and other factors hindering them from accessing the services will be the main focus of this study. The scope of the study is assessing the

awareness of abortion services delivered at the Marie Stopes International Ethiopia Centers and exploring the perception and experience of minors on abortion.

### **1.3. Study Objective and Questions**

The main objective of this research is: to explore the factors influencing minors' access to safe abortion services in Addis Ababa, including the effect of the new abortion law.

### **1.4. Research Question and Sub-questions**

The main research question of the study is: What are the major factors that influence minors' access to safe abortion services in Ethiopia including their awareness about the new abortion law. The following sub-questions supplement the research question to review the topic in depth.

#### ***Sub-questions***

- What are the perceptions of minors on and their experiences with abortion and the new abortion law?
- What are community members, religious leaders and health professionals' opinion on abortion of minors?
- What are the barriers that minors identify, influencing their access to safe abortion services?
- How does MSIE address minors' safe abortion services needs?
- What are the influences of the new abortion law on MSIE's safe abortion services provision?
- How can the gap (if any) between the existing law and practice of abortion by minors in Ethiopia be explained and how can the gap be closed?

### **1.5. Organization of the Thesis**

This thesis is divided into seven chapters. Chapter one is the introduction in which the definition of abortion, the statement of problem, objective and sub questions of the study are presented. Chapter two is concerned with the literature review that is a springboard for coining the theoretical framework and framing the problem. The magnitude of the abortion problem, arguments on abortion, legal framework, the socio cultural context of abortion and

the theoretical framework of “the three bodies” are also treat in this chapter. Chapter three discusses the study area, study population research design, research methods, and field experiences where as chapter four deals the new Ethiopian liberalized abortion law and level of public awareness as well as its impact on MSIE’s activities. Community members, religious leaders and health professionals on minors’ contraceptive use and abortion as well as religious institutions opinion and stand on contraceptives and abortion are analyzed in chapter five. In chapter six minors’ perception and experience with contraceptives use and abortion. In addition causes for unwanted pregnancy, reasons for abortion, minors’ abortion experiences, and barriers for minors access to safe abortion service and minors’ abortion experience at MSIE is reviewed. The last chapter presents the discussions, conclusion and recommendations.

## **CHAPTER TWO**

### **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **2.1. Overview of Abortion Laws and Practices**

The 2008 annual report of the Centre for Reproductive Rights indicated that at least 26% of world citizens live in countries where abortion is prohibited (Centre for Reproductive Rights 2008). Currently, most countries, even those with relatively liberal laws on abortion, still have penal code provisions that indicate the situations in which abortion is a crime (Goodman et al. 2008). Laws, policies, economic status, and social norms strongly influence women's choices when undertaking abortion, and especially unsafe abortion (Centre for Reproductive Rights 2008).

Berer on review of national laws and the influence on unsafe abortion Reported that in many countries mortality and morbidity that resulted from abortion are declining due to the legalization of abortion and provision of accessible and affordable safe services (Berer, 2004). Similarly Gebrehiwot and Liabsuetrakul also reviewed studies in South Africa and Guyana, which shows legalization of abortion has an effect on reducing maternal mortality although factors influencing on maternal mortality vary between countries (Gebrehiwot & Liabsuetrakul, 2008). However, Koster in her study of abortion in Western province of Zambia indicated significant exceptions to this generalization. For instance in the Western province of Zambia abortion is legal under restricted conditions but women prefer illegal abortion services because of inaccessibility and unaffordable legal abortion services and for privacy reasons (Koster 1998).

Olukoya et al. on their study "Unsafe abortion in adolescents" in developing countries pointed out that adolescents and other unmarried young women face more constraints to access abortion services due to operational-level procedures and protocols although the law allows them as a right. The stigma and problems from service providers is also one of the

major limitations for minors to access safe abortion services. They concluded that there should be a particular law that directs the treatment of minors (Olukoya et.al. 2001).

## **2.2. Ethiopian New Abortion Law**

In Ethiopia, abortion has only recently been made legal, under more particular circumstances. The 1957 Penal Code of Ethiopia had permitted abortion only to save the life or health of a woman. This restrictive penal code together with limited access to reproductive health services contributed to a high use of unsafe abortion services in the country. As Goodman et.al reported “in order for a woman to have an abortion, visible signs of suffering were required. In addition, termination of pregnancy had to be diagnosed and certified in writing by a health care provider and two doctors had to authorize the procedure. Health care providers were subject to prosecution if they terminated a pregnancy based on false information provided by a woman”(Goodman et. al. 2008:5).

In 2006 the Ethiopian MoH has published an official interpretation of the changes in the abortion law and guidelines for the implementation of safe abortion services in Ethiopia. Three aspects of these guidelines are important steps forward for abortion provision. First, abortion is allowed up to twenty eight weeks of pregnancy and doctors are empowered to offer abortion services to any woman whose health or life is threatened. Second, the abortion methods recommended are medical abortion and manual vacuum aspiration (MVA) for pregnancies until twelve weeks. Dilatation and curettage is not recommended, and is only suggested as a final option if MVA not available. Third, abortion services during the first trimester can be provided by trained nurses and midwives, as well as by doctors (MoH 2006).

The technical and procedural guidelines stated that the physical and mental incapacity of a minor child is one of the exceptions that determine when abortion is allowed. The abortion service provider will use the stated age on the medical record to determine whether the person is under eighteen or not. No additional proof of age is required (MoH 2006:9). It also explained the conditions under which the liberalized abortion law allows legal abortion:

- When the pregnancy results from rape or incest;
- When continuity of the pregnancy endangers the health or life of the woman or the fetus;

- In cases of fetal abnormalities;
- For women with physical or mental disabilities, (it is the responsibility of the health provider to assess woman's mental or physical condition);
- For minors who are physically or psychologically unprepared to raise a child;
- In the case of grave and imminent danger for the life of the mother or the child that can be averted only through immediate pregnancy termination (MoH 2006).

The revised law also notes that poverty may be grounds for reducing the criminal penalty for abortion. Although abortion is legal under certain circumstances, it may be still punishable by up to three years in prison (Basu 2006).

In Ethiopia abortion law is liberalized in 2005 mainly to decrease the occurrence of unsafe abortion though, little is known about its effect on the current extent and consequences of unsafe abortion (Singh et al. 2010).

### **2.3. Socio- Cultural Context of Abortion**

Various authors conclude that most studies conducted on abortion are failed to explain the socio-cultural and economic situations of the women who undertake the procedure (Koster 2003, Rylko-Bauer 1996, Jenkins & Inhorn 1994). Rylko-Bauer and Jenkins and Inhorn in their review of studies conducted on abortion indicated that although, the existence of abortion all over the world and its biomedical and public health perspectives are documented, women's opinions, perceptions and experiences of abortion are scarcely analyzed. Even in studies that do pay attention to the context of women who have abortions, the feelings and decision-making processes experienced by women intending to abort an unwanted pregnancy are not fully explored (Rylko-Bauer 1996, Jenkins & Inhorn 1994).

Many young women in developing countries prefer to undertake unsafe abortion by untrained providers or by using different dangerous self inducement methods which put them in a high risk of death. This is mainly because of various factors such as legal barriers, social stigma and economic reasons. In many societies, pregnancy in unmarried young girls is socially condemned. As Olukoya et.al reported "the degree of 'unwantedness' and 'unintendedness' of a pregnancy is generally thought to be a key influence in a woman's

decision to seek an abortion” (Olukoya et.al. 2001: 137-147). For example, in Vietnam, despite the relatively easy accessibility of abortion services, young women and men experienced stigma and expressed feelings of regret, believing that they had committed a sinful and immoral act which is resulted from their family and religious perception about abortion. These feelings led them to keep their abortion as a secret (Gammeltoft 2003).

In most of the developing countries societies, parents and teachers are not clearly provide information for adolescents about sexuality and reproductive health. Thus, adolescents are shy and afraid of discussing about contraceptives with elders as a result of which they are exposed to unintended pregnancy. Moreover, most of unmarried girls want abortion in secret and with in short time as abortion is immoral in many societies (Olukoya et.al. 2001).

In the Ethiopian context factors associated with culture, diverse religious opinions, and views on women’s rights to control over their own lives and bodies and the right of the fetus to life highly affect the positions on abortion issue (Ashenafi 2004). In Ethiopia women occupied the lower socio-economic status and hence marginalized from making decisions at all levels. They are deprived from basic human rights such as access to productive resources, education and training, basic health services, and employment. Furthermore, women are suffering from sexual abuse, rape, marriage by abduction, early marriage, widow inheritance, and bride price, under the pretext of tradition and culture. Sexual harassment and intimidation at work places, schools and other places are common forms of violence faced by women. In addition, they impose on themselves in an effort to act in accordance with culture and/or tradition (NCTPE 2003).

## **2.4. Theoretical framework**

### **‘The Mindful Body’**

Scheper-Hughes and Lock’s conceptual framework of the ‘Three Bodies’, namely *the Body Self*, *the Social Body* and *the Body Politic* are the main framework applied to analyze the research theme. I used this theoretical framework to explain and elaborate the girls’ access and awareness to safe abortion service. Scheper-Hughes and Lock expressed the

human body as “a physical and symbolic artifact that is both naturally and culturally produced. They argue that apart from the biological nature of the body, individuals within different cultures have different perceptions, experiences and constructions about the body. Cultural constructions of the body are useful in sustaining particular views of society and social relations” (Scheper-Hughes & Lock, 1987:7,19).

Scheper-Hughes and Lock identified three bodies: individual body-self, social body, and body politic. The authors described these three bodies as “individual body-self (both physical and psychological) is a biological body which is obtained by birth. The second body or the social body is a socially defined and culturally constructed body; it is a body which is needed in order to live within a particular society and cultural group; it is a means whereby the physical functioning of individuals are influenced and controlled by the society that they live in. The larger society or body politic exerts a powerful control over all aspects of the individual body; its behavior, in reproduction and sexuality, in work, in leisure and in other forms of deviance and human differences” (Scheper-Hughes & Lock, 1987:7). The social aspects of the body and body politic are important concepts to explain the lived experience of the girls’ contraceptive use and abortion.

“Cultures are disciplines that provide codes and social scripts for the domestication of individual bodies in conformity with the needs of social and political order and that the stability of the body politic depends on its capability to control the social bodies and to discipline the individual bodies” (Scheper-Hughes and Lock 1987:26) . They argue that; the relationship between the individual and social body is about power and control of the body politic; the body politic has two main purposes; one is to shape the bodies according to the needs of the society, and the other is to control the external boundaries of the group to maintain a particular social order within the society” (Scheper-Hughes & Lock, 1987:26). In this study abortion in the case of minors is influenced by the body politic (abortion legislation) and the social body (societal norms, values and perceptions) which shape the perception and decisions of minors to where, whether, how and when to undertake abortion.

Abortion is highly debatable in Ethiopia where culture and religious values are widely practiced. Abortion is condemned by religions in Ethiopia. Moreover, wide presence of gender inequalities hindered women from deciding over their own bodies. Safe and unsafe abortions are performed on women's body in which they are the primary beneficiaries as well as victims of physical, psychological and economic damages. Even though, women are the primary beneficiaries or victims, they cannot decide on the self body because they should consider self body position in the culture and society. Above all their decision is directly or indirectly influenced by the body politic, abortion law.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1. The Study Location**

Ethiopia is the second most populous country in Africa next to Nigeria. There are nine regions and two city administrations in the country. According to the 2007 population and housing census the total population of the country was 73,918,505 of which 50.5% and 49.5% are males and females respectively. Of the total female population 47% are in reproductive age (15-49) group (Population and Housing Commission 2008). Ethiopia is one of the poorest countries in the world, ranked 171 out of 182 countries in the 2007 both in Human Development Index (HDI) and Human Poverty Index (HPI). The low HDI and HPI indices indicate the challenges of addressing reproductive health needs of Ethiopians by hindering expansion of health service institutions and availability of trained health professionals. In addition, low socio-economic status further marginalizes the rural population thereby limiting access to resources and knowledge. Moreover, women's health and socio-economic status remain low (UNDP 2009) in which the maternal mortality ratio (MMR) is 673 per 100,000 live births, one of the highest in the world (EDHS 2005).

Addis Ababa is the capital of Ethiopia which hosts an estimated total population of 3,650,889 (MoFED, 2007). Though access to and availability of FP and RH services is by far better than in other regions, a large number of the population in the metropolis still lacks adequate provision of quality services (MSIE 2008).

One of the main FP/RH services providers in Ethiopia is Marie Stopes International-Ethiopia, partner of Marie Stopes International, a UK-based, non-governmental, not for profit organization working in the field of population, RH/FP. Its main goal is to prevent unplanned and unwanted pregnancies thereby ensuring the individual's fundamental human right to have 'children by choice not by chance'. The ultimate goal of the organization is to improve the reproductive health of women and men.

### **3.2. Study Design**

This thesis is based on qualitative study in which data were collected on the perspectives and experiences of minors (girls) in Addis Ababa who had aborted. The field work took six weeks starting from the second week of May to the last week of June 2010.

The research is designed as descriptive and explorative intended to explore the subject by examining the informants' awareness and access to safe abortion services within the legal framework of the country. It also describes the service and physical set up and environment of MSIE centers in the study site.

### **3.3. The Study Population**

The study populations are 1) minors who had undertaken abortion, 2) health professionals who provide safe abortion service at *Arada* and *Teklehaimanot* MSIE centers, 3) minors (girls) and women in the community, 4) religious leaders and 5) different experts on reproductive health.

### **3.4. Access to the Field**

As an ex-employee of Children Aid Ethiopia and MSIE and having a well established links and local knowledge I had a smooth entrance into the field to begin the study. I briefed my research proposal to the concerned bodies of the organizations. The higher officials were very happy, cooperative and welcomed me. They gave me permission and informed the appropriate staffs in order to facilitate and cooperate with my research. Then I communicated with concerned departments and staffs for interviews and accessing documents.

The fieldwork started with a preliminary field visit to the research sites to get a better understanding of the actual study settings in Addis Ababa. At the beginning of my visits to the study sites briefings were organized on my study objective and research methods to the centers managers and project coordinators before starting data collection. After building good rapport with the center and project staffs I arranged appointments with them for discussion and also began the recruitment of minor girls. I introduced myself as M.A student study in Medical Anthropology, at the University of Amsterdam to all study participants and

explained the purpose of the study, the processes, and confidentiality issues. The selection of the girls was performed together with the nurses working at the Children Aid Ethiopia (CHAD-ET) two study sites.

After purposive selection of the informants and discussants interview is conducted privately. Information from interviews is gathered through taking notes by hand and tape recording. Informed consent was collected verbally for every interview for several reasons. A written consent may give the impression scaring for minors because they want the interviewing process very secret. Consent was collected verbally prior to interviews in Amharic language. Five women in total refuse to talk with the researcher and nurse counselors who assisted the researcher in facilitating and moderating IDIs and FGDs. When we briefed the purpose of the study they were not willing to talk their “secret” and do not want to “memorize their sad experience and big mistake” they said they already confess the sin they committed.

At the end of the interview in consultation with the project nurses I provided transportation allowance of twenty Ethiopian Birr for each girls and women who participate in FGDs and semi-structured interviews which is equivalent to the organizations’ half day allowance for the project beneficiaries to compensate their transport cost and time. We gave also information about the liberalized Ethiopian abortion law of the revised criminal code and discussed with them where young girls can get safe abortion service and contraceptives at the end of our discussion.

Most interviews lasted thirty minutes and it took two to three hours per interview to transcribe and more time to translate from the local language Amharic to English.

### **3.5. Data Collection Methods**

The study is carried out through applying different qualitative methods of data collection and analysis. Qualitative descriptions are necessary to illustrate parameters that are not quantitatively measurable and are required to systematize and standardize the collection of evidence on attitude, perception, experience, etc. on sensitive topics like abortion.

The study methods used included in-depth interviews and focus group discussions. The recording times for interviews varied between twelve and sixty five minutes. All interviews and FGDs are conducted in Amharic, Ethiopian working language and translated into English after transcription.

After observing and interacting in the field site for few days, I built rapport, gave short briefing on the purpose of the research for all relevant bodies for the research. I also provided orientation on how to facilitate FGD and how to conduct semi-structured interviews for nurse counselors. I preferred to use nurse counselors from CHAD-ET to facilitate and moderate IDIs and FGDs because a researcher felt as relatively old man, the girls and women may not conduct free discussion and may exacerbate to express their feelings. Since the nurse counselors are young, woman and provide them individual and group counseling I felt it was appropriate to use them for IDI and FGDs. Of course all IDIs and FGDs were conducted in the presence of the researcher and the role of the researcher was taking notes, recording the interviews and discussions, probing and elaborating guiding topics as it was necessary to do so. Luckily in both cases the nurses who assisted me have previous trainings and technical skills and experience in interviewing and moderation of FGDs.

### ***Interviews***

Semi structured interviews were conducted with different study populations. For the interviews topic guides for each study population were developed. (See Annex 1). A total of eighteen interviews were conducted. Eleven interviews were conducted with minors who had undertaken abortion. The interviewees are friendly approached to voluntarily participate on the interview. The main themes that were covered by the interview include perception and experience on abortion, awareness of the abortion law, access to safe abortion services and barriers for minors to exercise their reproductive health rights (including access to contraception, information and safe abortion).

Four MSIE health professionals who provide safe abortion service and one communication officer at MSIE head office are interviewed by the researcher at their work

place on convenient time for them. The objective of interviewing health professionals is to obtain their expert opinions and perceptions about the provision of safe abortion services at MSIE and the influence of the new abortion law on its service provision. In addition three interviews were conducted with religious leaders from Ethiopian Orthodox church, Ethiopian Islamic Affairs Higher Council and Union of Ethiopian Evangelical Churches about the opinion and stand on contraceptive use and induced abortion of their respective religious institutions.

### ***Case studies***

During the field work individual life histories were constructed to describe and clarify the experiences of the minors, before and after the abortion procedure. Case studies provide concrete data on the actual experiences regarding abortion. It is carried out with three voluntary minors who have undertaken abortion procedure. The selection criterion was based on willingness of the minors to participate in the interview. In constructing the life stories, I edit the stories that capture each person's feelings and outlook in life.

### ***Focus Group Discussions (FGD)***

Focus Group Discussion helps to identify various aspects of a specific issue in a limited period of time (Hardon, et al. 2001). I conducted two Focus Group Discussions each group consisted of ten participants. One FGD was conducted with girls between the age of fourteen and seventeen years and lasted for two and half hours. The second FGD was conducted with adult women group between age twenty five and thirty five years and lasted for about two hours.

FGD took place at Children Aid Ethiopia project office where minors are the project beneficiaries and FGD facilitators were their nurse counselors. The discussions are organized in an environment in which discussants are free to express their views. Discussants were discussing with in their group about their awareness about the revised abortion law of 2005 and its implementation gaps, awareness and use of contraceptives, access to abortion services, and their general views on abortion. The adult women gave their perception and opinion about the new abortion law in terms of access and awareness in comparison to the previous periods.

### ***Informal Discussions***

Informal discussions were held with different people participated in IDIs and FGDS and others. Among them included professionals who provide abortion services, reproductive health professionals at different organizations, minors and community members aimed at collecting important information on issues that informants refrain from expressing their views during semi-structured interviews.

### ***Observations***

Observation is one of the most important tools in anthropological enquiry in collecting information on certain events. Through observation a wide range of information related to abortion is gathered from the interaction of clients and providers and from physical setup of the service centers. MSIE centers are visited to observe sign posts, physical set up, clients' waiting rooms, video health education lessons.

### **3.6. Secondary Data Collection**

Relevant published and unpublished documents from MSIE, Ipas, and religious institutions are reviewed. Sources on abortion, contraceptives, unwanted pregnancy, reproductive health, and reproductive health right and human right, legal framework on abortion are reviewed to have good understanding of the subject. Different reports and statistical records of MSIE centers on abortion services are assessed to analyze the trend and frequency of minors visiting the centers for abortion services provision. Data from organizations records and documents (etic data) supplement the emic data collected from interviews, informal discussions and FGDs. Triangulating data can provide checks on validity.

### **3.7. Data Processing and Analysis**

The primary and secondary data collected from the field are processed using content analysis. Content analysis is a thematic analysis on the basis of a research question (Green and Thorogood: 2004). Instead of relying on single data collection method, I tried to triangulate different sources of data one with the other to ensure the accuracy and reliance of the information gathered.

### **3.8. Reflections**

Due to the very personal and sensitive nature of the research topic, as the researcher is relatively old man, it was very difficult to get and select study participants without the help of project female nurses. It was also a big task to convince informants and discussants to give their opinion and experience on abortion and contraceptive use. Moreover, where abortion is considered as illegal and sinful act in the community it becomes more difficult to talk about for study purpose because the informants become very shy and felt guilty and sometimes tears drop in the course of the discussion. It is also became heartbroken moment for us.

Before the actual field work I planned to conduct the interviews with minors who came at MSIE centers through the counselors. But during the field work I found it is a bit unethical and uneasy, because the girls who come to the centers for abortion service have no follow up appointment after the procedure. Moreover, the girls stayed at different places before and after the procedure in MSIE centers and they are not stable to talk before the procedure and they are not comfortable for interview immediately after the procedure. Therefore I obliged to change my strategies. Thus, I used my previous organization (Children Aid Ethiopia) to access minors because one of the projects is HIV/AIDS project where the beneficiaries are below eighteen years old and the project has RH component in which all issues are discussed. For individual interview and FGD with minors I used the project nurse counselors by giving them orientation to facilitate the interviews and FGD. For FGD with women group I used the same organization's urban livelihood project where I was working as a project coordinator.

I tried to conduct interview regarding the liberalized abortion law and their advocacy work to create awareness to the public with the concerned project manager at Ipas. But the project manager refused to give any interview about the issue and gave me some documents. When I expressed my intention of study few of the girls were not happy and not interested to talk and discuss with such private and secret issues. Even some of the voluntary informants and discussants were suspicious and asked me to interrupt recording in the course of discussion. Some of them were specially too suspicious and exasperated when I raised issues related to their sexual life and contraceptive use after undertaking abortion by saying "I have

no interest to involve in such sinful act again” and inform me to leave such issues. Moreover, they were not comfortable with issues related to rape.

Among the other difficulties that I faced during the fieldwork was the problem of punctuality on the appointment date and time. In addition, my informants got bored quickly during our discussion in the mean time. Sometimes they were giving me irrelevant and indirect reply and were refraining for my questions. They were providing so short answers and sometimes were not fully explaining the issues rose.

### **3.9. Ethical consideration**

The study tried to avoid any harm including emotional harm by carefully designing the topic guides to be culture appropriate to the study people, the community and all others involved in the study. Due to the sensitive and stigmatizing nature of the issues to be raised, the principle of informed consent, confidentiality and right of withdrawal from interview or discussion at any time is kept to avoid the problem of invasion of privacy. The purpose of the study and the right of the discussants and informants not to participate and not to answer the question for which she/he do not want to, will be carefully explained prior to asking consent to will conduct interview or focus group discussion. All interviews took place privately at project office where they are beneficiaries and attend RH discussions and individual and group counseling programs every two weeks. Strict confidentiality is assured through pseudo names and anonymous recording and placed them in safe place after they have been collected and is used for the purpose of this study only.

### **3.10. Limitations**

The major limitation of this study is that minors (girls) and women who provide information about contraceptives and induced abortion were selected from one organization project beneficiaries in the project offices. The external validity of the study is threatened by the selection process in which women were not randomly selected.

It was difficult to make contact with brokers, police department and abortionists (traditional and private western medicine practitioners). Above all lack of contact with the

responsible men and boys for the unwanted pregnancy, which leads to abortion due to time constraints make this study to rely on girls and women opinion and experiences.

However, the findings reported here may not represent the views held by young Ethiopians in general or even of all girls in Addis Ababa where fieldwork was conducted. Secondly, the fact that the interviews were conducted in Amharic, working language of Ethiopia and then translated into English may have introduced errors to the data. Another limitation of the research is the small sample size which constrains generalizability. However, due to in-depth interviews, well formulated research instruments as well as good IDI and FGD facilitation valuable data was gathered.

## **CHAPTER FOUR**

### **AWARENESS ON THE NEW ETHIOPIAN LIBERALIZED ABORTION LAW AND MSIE**

This chapter presents the awareness of the society on the liberalized abortion law and MSIE. It also discusses public awareness on MSIE, barriers to MSIE service provision and the impact of the new law on MSIE activities as well as the organization's strategy to create awareness about its services and the law.

#### **4.1. Awareness on the New Liberalized Abortion Law**

During FGD, it is observed that most of the discussants do not have the knowhow about the Ethiopian abortion law and believe that abortion is illegal. Women discussants conducted hot discussion on the issue of legalization and accessibility of safe abortion services. Most of them believe that girls' abortion is becoming common and hence creating access to safe abortion service is redeeming the girls' life while few of the discussants felt that facilitating access to safe abortion services may encourage promiscuity.

One of the women in FGD explained that "I do not have information about abortion laws and regulations in Ethiopia. What I thought and heard was abortion is a crime. If abortion is legal in Ethiopia I could hear through media or announcement". During the in-depth interview, one of the informants shared her perception and experience on abortion as "the place I undertook abortion is not legal. The only thing I was looking is to get immediate solution for my problem. In addition, I knew abortion is illegal in Ethiopia, so I thought getting hidden place to have the procedure is the best, however, I never thought of the health consequences". This fact signifies that no sufficient awareness raising activities are done to familiarize the new law so far and hence women are still looking for illegal services which expose them for complicated health risks. Goodman et.al (2006) study on implementation of CAC in Ethiopia also identified awareness and access as the major barriers for women to get safe abortion services.

#### **4.2. MSIE and the New Liberalized Abortion Law**

Out of eleven women in FGD only four of them have heard about Marie Stopes from other people and three of them said that “Marie Stopes is like other clinics that provide abortion services in secret; it is not legal, because if Marie Stopes has been providing legal abortion we would have heard via TV or other media when it advertises the services. We knew girls who went to Marie Stopes for abortion were misinformed by people that the center is closed and undertook abortion in other clinic”. However, the interviewed health professional at MSIE think that the society knows MSIE. He said “In my opinion, the community has enough awareness about the services delivered by Marie Stopes. Our posters, sign posts and leaflets advertise general reproductive health services and contraceptive methods, but not abortion, however, when we went to the community and ask randomly about Marie Stopes, they reply that “Marie Stopes is an organization that provides abortion services”. Currently MSIE is working on raising community awareness and promoting its services. Contrary to this, one of the girls in FGD informed that “I went to Marie Stopes for abortion based on information I got from my friend. I was lucky to get information and went to Marie Stopes; still many women are going to unsafe traditional abortion service providers”. While the other discussant added that “I know Marie Stopes is mothers and children clinic, but I did not know whether it provides abortion service or not”.

As mentioned by MSIE center managers, there is some discrepancy between what is stated on the law and practiced on the ground in Marie Stopes centers. According to the manager, abortion is provided for all women up on their request for less than three months old pregnancy. There is only a consent form to be filled by the clients for any complication that might happen during the procedure but not obliged to explain the reason behind terminating the pregnancy. The managers mentioned that they are not worried about the reasons why a girl decided to end the pregnancy because even if they ask, the clients do not need to proof and their word is accepted as true and last whether they are under eighteen or the pregnancy is from rape or incest.

MSIE health personnel reported that the liberalized Ethiopian abortion law has great advantage for smooth working environment for the organization’s operation. According to

him, the presence of the legal framework enhances freedom on the practice, reduces problems related to law, helps to build staffs with free working spirit and it is a big step in reducing maternal death. Before the liberalization of the law, it was very difficult for MSIE operation, even at some instances it goes to the extent of closing the centers.

MSIE communications officer at head office explained that there is a need to work more on sensitization because majority of our society did not have awareness on the new law. He also emphasized that “awareness raising on abortion law is not an easy task; you cannot market it; it requires a great commitment and devotion. Abortion is a sensitive issue. Particularly in conservative societies like Ethiopia, it is difficult to teach or advertise through mass media”. Marie Stopes is working on awareness rising activities at grass root level through community based reproductive health agents. MSIE realized that this strategy is effective because it enables to reach all part of the society and creates a ground for face to face dialogue. Advertising abortion through electronic media is difficult also due to the culture and religion of the society. However, according to the law there is no restriction in utilizing these medias.

Marie Stopes is working intensively on advertising and provision of contraceptives for the community as strategy to reduce the occurrence of unwanted pregnancy and abortion. The second strategy is working on collaboration activities for changing unsafe service providers to safe service providers. MSIE is trying to map organizations and persons who are providing illegal abortion and providing them with professional training and medicine and requesting them to refer complicated pregnancy cases to the centers. The third strategy is based on social franchising program in which training is provided to selected private clinics to build their capacity in providing safe abortion services and refer difficult cases to MSIE centers.

Marie Stopes is providing education on women reproductive health rights, new abortion law and other issues of reproductive health not only in centers but also in schools and public places and house to house through Outreach Team and Community Based Reproductive Health Agents. Currently the society awareness level about services provided at Marie Stopes centers is growing. Various youth associations are coming to the centers and take leaflets and

condoms. Most of MSIE clients come to the centers by referral from health centers or recommended by health professional and service users. It is observed that at MSIE centers after clients registered at reception they stay in the waiting room, where mass education is provided for both men and women through video, leaflets and health professionals on abortion, HIV/AIDS, contraceptive methods, STD, etc. Different clients came to the centers with different perception and wrong information. MSIE provide them with relevant information and awareness and encourage them to teach their friends and neighbors.

#### **4.3. Provision of Abortion Services at MSIE Centers**

At Marie Stopes centers abortion is performed if the pregnancy is less than or equal to three months. If it is more than three months, the centers provide them counseling and relevant information and advise them to go to other places, like hospitals. Most of the women who are visiting the centers only know that MSIE is providing abortion service but do not know for how many months of pregnancy it work.

The health professionals mentioned that currently the payment for abortion procedure in Marie Stopes clinics is increased a bit to around ETB 200. However, no client is sent back home without getting the service due to lack of money. She said “Even some of the clients are asking us to pay additional; they tell us our payment is lower than many places they heard. Street girls always come to our centers; we provide the service and ask them to pay small amount. We provide free service for the poor who have no money to pay. But we ask them to pay the amount of money they have because if we provide free service, they will stop using contraceptive and come for abortion every time. This also develops dependency”.

As mentioned by center managers although MSIE has no unique youth friendly programs for minors, the staffs try to provide nice service for all clients. However MSIE have in-school program for youth outside the centers. MSIE centers reception and service is client oriented. Of course the rules and regulations of the organization also forced to do so. Since the staff understands most of the clients visiting the centers are stressed, confused and have problems they serve them friendly. Although the staff works a tiresome job the whole day and serves many people per day, the focus is on clients’ satisfaction. MSIE centers provide services to

all clients regardless of age level. However, there are situation that forces to give special treatments for minors. The manager added that “for instance, a virgin girl who got pregnant comes to our clinic for abortion. In this case using abortion instrument to perform the procedure will become highly painful. In such case we pay maximum attention and make her to use the medical abortion medicine. Special care is also taken when the client who comes for abortion is too young. Most of our clients who come to our center for abortion are youth between the ages of eighteen to twenty five. Considerable numbers of girls below the age of eighteen also come to our clinic for abortion service. We treat all of them in the same manner”.

Each woman/girl take examination by doctor who decides whether she can undertook abortion procedure or not at MSIE based on her gestation period. Then she will be sent for counseling service. At this session she explains why she decided to abort and is advised to use contraceptives for the future. She will be provided with information on the advantage and side effects of all available contraceptive methods in the center.

Professionals pointed that the clients have the right to choose the type of procedure she preferred based on the information provided by MSIE health professional. Contrary to this, the minors in IDI who undertook abortion at MSIE centers informed that they did not get information in the center except the types of abortion available at the centers. Health professional reported that currently the centers are giving attention to medical abortion. But there are some challenges in expanding this service such as the client needs to come for two consecutive days to the clinic to perform the procedure. In this case women who came out side Addis and most of girls below the age of eighteen, especially students choose MVA because they can't come to the center for two consecutive days. The other barrier is to undertake medical abortion the pregnancy should be less than two months old, though most young girls come for abortion in their late pregnancy. Many doctors recommend medical abortion for early pregnancy.

In Marie Stopes center a client will spent two hours to undertake abortion procedure. If the woman prefers medical abortion, in her first day visit she swallows the medicine and goes to her home. In her second day the medication is inserted into the vagina and she will stay for

four hours in the center for professional follow up until the expulsion starts. The medical abortion pill (branded as *Marie safe*) is not allowed to be administered by the clients themselves. Even though an educated woman come the medicine is not given in hand, the health professionals administer it in the center to avoid any complication due to misuse of the medicine. The second reason why the medicine is not given to the client is because of the fear that the clients may sell it up to ETB 1500. Previously only Marie Stopes was providing this service but now IPPS is started to distribute this medicine to public health centers.

As *Arada* MSIE center manger described the users of medical abortion and MVA are becoming proportional although medical abortion is introduced recently. The manager added “In my opinion clients prefer medical abortion because they think MVA is a painful procedure and scared of the entering of metallic instrument in to their body. Of course medical abortion is simple even for the professionals who perform the procedure. We have a plan to increase medical abortion to 50% because the procedure is simple and no instrument is inserted in to the women body”. One of women group discussant explained her abortion experience at one of MSIE center as:

I went to Marie Stopes clinic to get the abortion service because of my friend. She told me that Marie Stopes clinic provide safe service by health professionals. In addition, I know one girl in our neighborhood was suffering because she undertook abortion by traditional abortion service provider. She was suffering from unclean and unsafe procedure, bleeding and pain. She was sick and on bed for long time. But in Marie Stopes clinic, after the procedure you we have no such problem, they take care of you and provide you with important treatment, no bleeding or long time pain. I feel I have my period when I reached my home. Because of lack of money I would have chosen those traditional abortion service providers, but because of the nightmare of that girl in my neighbor I went to Marie Stopes. Because I saw much bleeding and suffering of that girl I already decided not to go to traditional abortion service providers, even if the service is given for free. That girl was undertook the procedure without

the knowledge of her family, but they were able to know her problem because of her suffering from serious pain and bad bleeding which is lasted for fifteen days. Although, I did abortion without the knowledge of my family too but no one knew what I did because I was fine and have no bleeding due to safe medical procedure.

Almost all clients who undertook abortion at MSIE centers start contraceptive use after their abortion procedure. The counselors gave information on types and benefits of contraceptives and inform clients that they can get pregnant after ten or fifteen days of their procedure. The counselors also advice clients below age of eighteen to use appropriate methods but most of them refuse to use and show they have no interest to have sex again. However, MSIE strongly encourage contraceptive as pregnancy may happen to them again.

#### **4.4. Minors Experience at MSIE Centers**

Some of minor discussants and three of the girls in IDI reported that the service at MSIE centers is not youth friendly. The girls who undertook abortion at MSIE centers reviled that the service is not friendly starting from the reception. Although the professionals at the clinics informed that they are providing counseling services, minor clients reported that they were asked the type of procedure they preferred without any kind of information about the advantage and disadvantages of the available methods of abortion. They agreed that MSIE should have to give adequate counseling especially for the youth. One of the girls in IDI who undertook abortion in MSIE centers is Tsigereda, she is sixteen years old grade eight student. Tsigereda told her abortion experience in MSIE centers as follows;

In the clinic there is no minors/youth friendly service and there is no any kind of health education provided in the centre during that time. They knew you are in problem and can't go anywhere. You can't bring anything even if they mistreated you. They did not treat youth the way they need to be treated. During the procedure I was screaming because the procedure was so painful and I was too young, I couldn't resist the pain. One of the health professionals, shouted at me and insulted me, she said 'on the first place who forced you to open your legs for sex! Shut up your mouth!'

However, one of the informants explained that after the procedure she is told to use contraceptive and if she have an abortion for the second time, it will cause serious health problem. One of the respondent reported that “When you enter in side there is no good reception. First I paid for examination and took pregnancy test. I think they want to know how many months old the fetus is. Especially when you sleep on the bed for examination, the health professions will shout and insult you. But you have to be strong and accept all what is happening to you. If you scream because of severe pain they order you to shut your mouth, otherwise they will warn you they will leave you before finishing the procedure. They said; do not scream, why didn’t you careful when you have the sex? The way they treat you is an extra pain you have to deal with, but no choice”.

Ekram is a sixteen years old girl in IDI; she is a grade ten student and explained her abortion experience at MSIE center and about the service at the center. Ekram mentioned that;

The service in Marie Stopes clinic is not youth friendly. I was so scared when I first entered in to the abortion room. Because a girl who was undertaking the procedure before me was screaming so loud for long time, I think her pregnancy was big and she was hurt; something went wrong with her procedure. Even I saw health professionals were shocked and talking to each other slowly saying “this is strange what can we do?” During this time, I wanted to run out of the room, I was so shocked. After the procedure no one talked to me, I did not get any kind of counseling, as soon as I finished I went to my home.

**CHAPTER FIVE**  
**COMMUNITY AND HEALTH PROFESSIONALS PERCEPTION AND RELIGIOUS**  
**INSTITUTIONS OPINION ON MINORS' CONTRACEPTIVES USE, PREGNANCY**  
**AND ABORTION**

This chapter discusses the perception and opinion of community members, religious leaders and health professionals on girls' contraceptives use, pregnancy and induced abortion. The community is represented by women group discussants who were participated in FGD and other women with whom informal discussion was conducted. The consequences of unwanted pregnancy on boys and the magnitude of unintended pregnancy and abortion in Addis Ababa is presented. The stand and opinion of major religious institutions, Islam and Christianity on contraceptives use and induced abortion and how it influences the attitude of the community is also explained.

**5.1. Magnitude of Unintended Pregnancy and Abortion**

Women in FGD mentioned that in comparison with their adolescence time although now days the number of deaths from unsafe abortion complications and unsafe abortion practiced in hidden and unclear places is slightly reducing. However, still girls and women particularly those who have low income are widely using traditional medications, leaves, roots and other things to abort their pregnancy. This is mainly due to inaffordability and lack of awareness on the legality of the service. This shows that even though some women have awareness on safe abortion and the presence of Marie Stopes and other safe abortion service providers, the poor women are unable to access the safe service as the payment is above their capacity.

Women in the FGD described the scale of unsafe abortion in their locality as "it is common to see and hear significant numbers of girls are suffering from unsafe abortion, got serious illness and even dying. The problems of women are not improved. The sad things is the society, government, religious institutions and other development organizations are always engaged in different socio-economic problems of the society but no one tries to do something about abortion other than condemning. Though every sector of the society knows

the problem and its increasing impact on the wellbeing of women no one is interested to speak about abortion”.

Some of the discussants reported that many women and girls try self induced abortion through undertaking various harmful traditional methods that they heard of capable of causing abortion. The self induced methods practiced by the girls to terminate pregnancy mentioned by the women group are almost similar to the methods mentioned by girls in IDI and FGD. Some self induced methods for abortion widely practiced during their adolescent time include drinking of spinach in bare stomach as *abortifacient* and taking overdose of medicine that are forbidden for pregnant women to undertake abortion. Different mixtures of leaves and roots, insertion of thin metal stick through glucose tube in to the uterus to suck the blood were used and still used to abort. In addition women often went to traditional abortionists and backstreet abortionists. They also emphasized that abortion is dangerous for women health especially those traditional methods which are practiced in unsafe and secret places. One of the discussant explained her friend’s abortion experience at backstreet abortionist as;

“My friend was four months pregnant when she went to backstreet abortionist who inserted glucose tube with thin metallic stick to her womb. After the procedure she is ordered to walk carefully to home to protect the tube not to enter deep inside or removed. She started bleeding after an hour of reaching home till three days. She felt relief as she thought the abortion is complete. A week later she knew that she has still something in her uterus. She chopped and took *eret* (sour plant) but there was no change. One day when I went to her house to visit her, she was lying down by putting big stone on her abdomen; I was shocked when I saw her. She was so nervous and looked hopeless. She told me that she wants to commit suicide but she lacks the courage. I was so sad and tried to advise her to accept the things happening to her. Finally she was in a serious pain due to labor without the consent of her family and delivered a baby girl. Due to various drugs and staffs she was taking to abort her baby was weak and abnormal and died after few days”.

FGD participants pointed that abortion is the problem of women in both high and low income status , but the complications resulted from unsafe abortion more harms the life of the poor women and girls. A poor woman or girl, who wants to undertake abortion, needs money even to get the unsafe traditional service. The pregnancy gets bigger while she is searching for money. Moreover, termination of pregnancy causes big health problem and threaten life as the gestation time increased.

Center managers at *Arada* and *Tekelhaimanot* MSIE centers reported that many girls below the age of eighteen visit the centers for abortion. Some of them are high school students and have awareness of pregnancy and took pregnancy test. But large number of girls who visited the centers had no awareness about pregnancy or contraceptives. This idea is not in line with the information gathered from the girls in IDI and FGD which indicated that girls have good awareness on contraceptives but most of them did not use any. The managers added that girls of age eleven, twelve and thirteen who are raped and got pregnant are also visiting the centers for abortion service. Most of the time, these little girls come to the centers accompanied with their mothers. Their mothers look frustrated, stressed and ashamed. They do not want to publicize it and to bring the case in front of justice because of the social norm in which both the raped girl and raper (especially if he is the member of the family) will be looked disgust and outcast from the society. In the centers safe abortion service is provided for sixty to seventy women per day. Sometimes girls who got pregnant without losing their virginity and many women and girls whose pregnancy is five, six, even more months old also come to the centers.

## **5.2. Consequences of Unwanted Pregnancy on Boys**

The manager at *Tekelhaimanot* center and some people in the community during informal discussion pointed out that besides the health problem of abortion on women boys are also suffering and displaced from their home and school due to unwanted pregnancy. They stated that “these days the problem is getting serious, we are losing both the pregnant girl and the boy from whom she got pregnant. The boys run away from their home and go to other cities and becoming street children to escape the pressure and warnings from brothers and relatives of the pregnant girls. The family of the girl warns and scares the boy that they

will harm or accuse him. In this case the life of both the boys and the girls is in danger, their education will be interrupted and their future becomes gloomy. Thus we have a huge responsibility and task to do, the perception of the society need to be changed, all responsible body needs to pay attention for the youth reproductive health. The boy is not guilty for having sex with the girl he loves, if it is also the interest of the girl. The problem is we did not teach both of them how to prevent the occurrence of unwanted pregnancy. Currently the burden is becoming difficult for the boys because some girls after they had sex on their own will, when they get pregnant, they accuse the boys as if they are raped and the boys will be in jail. Since the new criminal law stated that ‘the words of a woman will be taken as true and final testimonial to charge a man as a guilty if she accused him of rapped her’ fear of going to jail many boys leave their good family and education and become street children”.

### **5.3. Community Perception on Minors Pregnancy and Contraceptives Use**

Women in FGD illustrated that currently youth have no problem in accessing information and contraceptives. Reproductive health educations are now given extensively. However, girls are more exposed to unwanted pregnancy and unsafe abortion now days than before. This is mainly caused by the backward perception and attitude of our society about contraceptives use and lack of open discussion about reproductive health at different levels.

The discussants explained that “girls are vulnerable to unwanted pregnancy due to various factors; it is not only because she engage in sexual activities by her own choice. Whatever the reason is if a girl gets pregnant before marriage every member of the society including her family accuses her for being bad and promiscuous. She may be marginalized and thrown to the street and regarded as she dishonored the family. No one understands her. Therefore this girl is forced to undertake abortion in secret without paying attention to the quality of the service and its consequences to get relief from her anxiety”. One of the discussant added her story to this fact as follows;

“I was house maid in one house when I was too young. My employer was a woman who travels aboard for business. One of her relative was staying in the house to look after the house when she is not in the country. At the age of 15 I start to have sex with this person. He was forcing me to take

some pills each day since I did not have awareness I was refused to take the medicine; I thought it is poison. Finally I got pregnant but I did not tell to anybody. When my employer knew that I am pregnant, she gave me some money and asked me to leave her house. I went to one of my relative and gave birth there. After years my delivery I started to use contraceptive for safety. Unfortunately my brother found the pills in my bag and he shouted at me and insulted me. He said “you dishonored our family. You exposed us for insult and gossip of the society. You brought to the family a child whose father is unknown. You did not stop your prostitute behavior? I would better kill you than see you again” and he hit me on my forehead with big metal stick. I was bleeding a lot and recovered after long time of suffering through medical treatment. Still now I am living with my child marginalized from all my family and relatives”.

Women in FGD stated that currently boys and girls at the age of twelve and thirteen know everything about sex and start to engage in sexual activities at their early ages. This is due to lack of family follow up and open discussion with their kids. Some parents due to poverty share the same room with their children even do sexual things and watch porno videos in front of their younger children which initiate them to practice the same. Thus the parents are accountable for all these problems that their children are facing. However, this does not mean all family is the same, educated family especially young mothers are discussing everything with their daughters. Most of the vulnerable minors are from families of lower living standard because these families have no time to follow up their children as they work day and night to sustain their family.

Majority of our society believes child will grow up by his/her own fate and gave birth to many children. Lack of using family planning added to lower economic capacity resulted in failure to properly raise their children. Most of the women in the FGD expressed their opinion towards contraceptive use in the society as “in our society girls who are dependent on their family are considered as bad mannered if they use contraceptives and can

be forced to leave their home. Few of the FGD participants believe that some contraceptives have side effects and can bring sterility if girls start using them in their early ages and suggest that condom may be good for their age if they can use it properly”. One of the discussants shared the story of a girl who was using injectable contraceptive as “for example in our neighborhood a girl was using injectable contraceptive and after some months her mother was suspicious because the period of her daughter is stopped coming. The mother asked her if she is pregnant and the girl replied she is using contraceptive that is why her period is stopped. Her family was so mad because of her engagement on sex activities at her early age. They beat her and thrown out of the house”. They added that the wrong perceptions of our society on contraceptives is hindering girls from using contraceptives and expose them for unwanted pregnancy and the resulting unsafe abortion. For instance the majority of the society believes that if girls use contraceptives in their early age it can cause sterility and long time usage of contraceptive causes illnesses such as blood pressure, heart illness, etc. In addition, girls never say no to their boyfriend when they are asked to have sex without condom, as they scared of their boyfriends walk away from them and see another girl.

Moreover, during FGD it was discussed that the wrong perception and information of our society about injectable contraceptive is insisting some girls to undertake abortion because they hear that this type of contraceptive will be only given to women who were pregnant at least one time. Health professional are also giving this contraceptive only for women who were pregnant or give birth before. In addition there is negative information distributed in the society that injectable contraceptive will cause unwanted weight, skin rash, *madiat* (facial black spot) and sterility.

The discussants emphasized the problem by saying “the challenges that girls facing are various and difficult. If she got pregnant; she will be marginalized and thrown from home for bringing a child without wedlock. If she is careful and use contraceptives she will be insulted and disrespected. If condom or other contraceptives are found in her bag, she will be condemned and suffer from insult. Because of these and other unmentioned problems girls

hide their problems and leave their home scared of marginalization and assault and become vulnerable to prostitution.

As compared to their adolescent time that is before ten years women in the FGD mentioned that access to contraceptives is not a problem these days in Addis, if a girl wants to use she can get any type of contraceptives she preferred from clinic or health centers with very cheap payment. Condom and pills are distributed in health centers for free. Accessibility and affordability are not the main barriers of girls to use contraceptives. The culture of the society and its attitude towards contraceptives is the main factor. They added that the girls are also feel shame to go to the centers to use the service and fear of being insulted and considered as bad girl. In addition, they afraid to go to the service centers because they are scared of being thrown out of home if someone saw them and tell to their family. They mainly take care of their family respect and honor than their own life. In the society even boys afraid and ashamed to took condoms from health centers or buy from shops in public.

#### **5.4. Community Perception on Minors Abortion**

As most of women in the FGD stated engaging in sexual activities before marriage is condemned and resulted in marginalization in the family and society. They added that if unmarried girl, especially minors get pregnant, she is considered to have dishonored her family. Out of wedlock is hated in the society and bring insult to the family.

Some of women discussants believe that pregnancy is blood and has no life until three months but abortion after three months is killing a human being. They stated that abortion is the worst thing a woman may face in her life. Whatever happens, undertaking abortion is not recommendable. They explained that “the pain is severe, you will be stressed so much, and you will be scared of your family because they may throw you out from home if they know what happened to you, imagine how much scaring to be thrown on the street”.

One of the discussants reported her abortion related story to explain the difficulties facing girls due to unintended pregnancy as “abortion is a dangerous procedure. I heard many times that women are dying from the procedure. I knew abortion is also a sin. However, it was the best solution for my problem at the time I undertook it. My situation forced me to

choose abortion than giving birth. When I undertook the procedure, I said “I will confess if I survive in life”. If I did not abort my life will be spoiled, I will stop my education, my family will throw me out from home and I become street with my little baby and it is scaring”.

Most of the discussants emphasized that abortion affects the health and mind of a girl. Similar to minor discussants, women group discussants also mentioned that unsafe abortion is very dangerous for women health and resulted in fistula, bad smell of uterus, cancer, HIV, abdominal problems. Repeated safe abortion also causes sterility, uterus infection, which leads to marginalization in the society. They added that there are cases in which some men or boys leave their girlfriend after she undertook abortion.

### **5.5. Health Professionals Opinion and Experience on Contraceptives Use**

One of the interviewed health professional in MSIE center stated that educational status of women does not have much influence on perception and current use of contraceptives between the educated and illiterate women's. In the society there are different types of perception about contraceptives. She said “for instance if one woman is not comfortable with a certain type of contraceptive method, everybody talks as if it is not suitable for all women. Even those educated women believe in such unproved talks rather than looking for accurate information from different sources like internet, books, journals, hospital, clinic or health centers. The perception of both educated and uneducated women regarding contraceptives use is similar; they bring to the centers irrelevant and wrong information. Both groups of women in our country have significant limitations. In one hand, the educated women are not motivated to search for accurate information to make decision. On the other hand illiterate women have lack of awareness on contraceptive use. Even though information is available to the public through TV, radio and public education; they accept and believe the wrong information they have got from their neighbors and friends rather than from the health professionals”.

One of MSIE center manager also reported that the family planning service provided by Marie Stopes is not as such satisfying because when we compare the number of population who needs to use contraceptives to those using now, it is very low. The manager believes the

government is not giving enough attention for this issue and is not working on it as required. The utilization of family planning services needs prior work on changing the perception of the society and convincing the religious institutions. The knowledge of the society on the advantage of contraceptives is very low. Most women are not educated, which by itself is the result of poverty. They do not know methods of preventing unwanted pregnancy and safe abortion. She explained that “for instance, when we work to change the perception of women on injectable contraceptive in one locality, a woman may come and reverse our work, the local women better accept irrelevant village talks than professional’s teaching”.

In addition the health professional explained that the youth are susceptible for unwanted pregnancy because they do not have awareness and open discussion with in the family, schools or other places. Since using contraceptive before marriage is a taboo, most of the girls who come to our centers for abortion have no interest to use contraceptive in their future life after the procedure. They laugh when we advise them to use contraceptive, they say “I am too young to use contraceptive” but they are engaging in sex which resulted in unwanted pregnancy and abortion. The case of house maids is different, in addition to lack of awareness; they don’t have access to contraceptives and are vulnerable to rape by their employers. She added that more or less all women who undertook abortion in our centers start using contraceptives. In *Tekel-Himanot* MSIE center women have no many barriers to come and get the service. Here there is no much problem caused by brokers as other MSIE centers.

#### **5.6. Health Professionals Opinion and Experience on Abortion**

The MSIE center manager explains his experience on abortion as most of clients who come to the center for abortion are unmarried women. Students below the age of eighteen and house maids who are raped and got pregnant by their employer are common. Surprisingly commercial sex workers rarely come for abortion because they use condom. He reported that “Some clients come to our clinic with unfinished abortion procedure from private clinics and other illegal service providers. These clients went to such places by the brokers who stand around our center and mislead them by saying ‘Marie Stopes clinic is changed it is location, we can show you. Marie Stopes clinic is closed. We can show you the

cheapest clinic and other'. The sad thing is that they never take them to good and legal service providers. The clients with unfinished procedure explain the things that happened to them. Some of them come with a very serious complication”.

The health professionals explained that women coming to MSIE centers for abortion feel relieved and happy because they realized that the pain caused by the procedure is less than the marginalization and dishonor they will face from their family and the society if they give birth before marriage. Before they come to the centers they thought over it and made a decision to undertake abortion. Given the eminent occurrence of unintended pregnancy and unsafe abortion in our society, the presence of organization like Marie Stopes has a significant impact on the life of many women. He added that “we believe we are saving considerable numbers of women from suffering and death. The service has also good advantage in population reduction. I am satisfied in helping women in problem especially in helping them to use contraceptives”.

The manager added that provision of safe abortion service has many challenges. Nothing is done by the concerned bodies in the country. Even health professionals who are working in the government offices did not know the meaning of safe abortion. They related everything with religion. For example, some of professionals coming to MSIE center for training at different time with the collaboration of IPAS were explaining that they do not want to perform abortion. She informed that “sometimes the so called religious leaders also come to the clinic to bias clients from using the service”.

The health professional added that “we have also an experience that some families were begging our staff and telling them they will pay thousands of Birr if abortion is performed for their five or six months pregnant daughter. Many religious people especially protestants came to our clinics and asked us “why you are killing human beings? Why do not you work on establishing adoption centers with the money you bring abroad and collect? ”. This kind of opposition on safe abortion service is not only from outside, we found some of our own staff at head office who hate those abortion performing health professionals in our clinics and considering them as sinner”.

As reported by the manager all MSIE centers are providing youth friendly services as much as possible. The staff is responsible to be easy and friendly to the clients. As a proof she raised one case as an example, “yesterday one girl came and informed us she wanted to have a private discussion with us and her boyfriend in a separate place and we did that for her. Although our service is treating everyone equally, it doesn’t mean we never respect the interest of our clients. Sometimes clients who need special treatment come to our center. To mention some of my experience with street girls, they are very aggressive; they insult us without reason even they want to beat us. When they are shouting I also shout that is my strategy to handle them. Otherwise you can’t perform your task; they are too difficult to treat. If someone came who has no money to pay, we will provide the service and convince her to pay the amount she can afford. Most of the times, we give them love, respect, and show our willingness to help them. We treat them according to their behavior and situation. Though, it is difficult to say all of our staff is doing the same thing, it varies based on personality of the staffs. Of course most of our staffs are youngsters who can understand the needs of youth”.

She mentioned that” most of the clients are happy with the service we provided; they thank us after the procedure. Many of clients start contraceptives use immediately after counseling. Clients also provide information and send other girls to our centers even sometimes mentioning the name of the health professional, who did the procedure for them. We realize that they send others because they are satisfied with our services. We did not invite these women through radio or other media, they came based on the information they got from satisfied clients. Thus, this is the biggest measure of our clients’ satisfaction. However, some of the clients feel angry and sad because of the painful abortion procedure. We try to convince them that it is the nature of the procedure; we can’t do anything about it. But repeatedly we teach them to focus on contraceptive use. These are things we are expecting due to the nature of our work”.

### **5.7. Opinion and Stand of Religious Institutions on Contraceptives Use and Abortion**

Three religious leaders were participated in this study and gave their opinion and stand of their respective religious institutions. These are Head of Gospel Preaching and

Apostolic Mission Department of the Ethiopian Orthodox Tewahido Church (EOTC), Head of Women Affairs Department of the Ethiopian Evangelical Churches Union and Head of Ethiopian Muslims Development Agency of the Ethiopian Muslim Affairs Supreme Council.

### ***Human Reproduction and the Start of Life***

The opinion of the three religions on human reproduction is more or less similar. As the religious mentioned “Almighty instruct human beings to multiply and full the earth based on his blessings by obeying to his laws and rules”. The leaders also agreed on the difference in the context of human reproduction in the previous times and the current situation. They added in the previous times family planning was not a serious issue because human beings did not invade the earth as of today. But currently this situation could not work as the population is becoming larger in number and seizing the earth. The religious leader from Union of Evangelical Churches remark that “the word of God, ‘multiply and fill the earth’ should not be abused and be used for excuse. Christians should bring a child to this world by choice and plan; it should not be by chance”.

Regarding the start of life the three religious leaders have similar perception. Especially EOTC and Union of Evangelical Churches leaders belief that life begins at the moment of conception and considered as human being. According to my informant, Islam had slight difference in this regard in which he elaborated as “Islam has different discourse from science on the beginning of life. Life and soul are different. Life starts first from conception. The first forty days it stays as semen. From forty to eighty days it becomes a solid blood. Then from eighty to one hundred twenty days it will change in to a small ball of meat. At its 120 days Allah sends an Angle who will provide the fetus a soul. Life begins at the conception day and become human being after one hundred twenty days”. From this explanation it is understood that in Islam fetus become human being after 120 days.

### ***Use of Contraceptives and Family Planning***

Until now the three religious institutions have no official stand on contraceptives use. According to the interviewed religious leaders the decision to use or not to use contraceptives is left for individual believer. However, they do not encourage or condemn their followers on contraceptives use. EOTC recommends natural methods of contraceptives as appropriate

solution. Thus, spacing between births and limiting the number of children should be through taking care and discussion between partners and based on natural methods. The religious leader explained that “EOTC teaches for the followers about the methods they can control their emotions and their life as a whole by obeying to God’s laws, fasting and praying. Christianity condemns the bringing of human being in to this world and leaving him to suffer based on the saying ‘child is blessing’. EOTC has also responsibility for the living situation of the Christians that is why we leave the contraceptive use for individual interest and decisions”. He concluded that “The question is that what EOTC provides for its followers in compensation to not using contraceptives? What is its stand? What it can give? What the church is giving for those in problem? However, to protect God’s laws the church teaches this but do not declare in public not to use contraceptives”.

The religious leader from Evangelical Churches mentioned that even though children are gifts from God, before the child come to this world parents should think and fulfill his/her physical as well as spiritual needs. Otherwise it is better to prevent before conception. The use of contraceptives should not be for egocentric reasons that may reduce comfort and beauty. If it is for this reason it is not only mistake it is also sin, it is checking nature. The idea of using or not using contraceptives should be associated with faith/belief of the follower. The church encourage contraceptive use to prevent pregnancy but if it is used for avoiding/terminating after conception it is highly condemned and considered as sin. This shows that Evangelical churches have relatively liberal thinking and opinion on contraceptive uses than EOTC and Islam.

Head of Development Agency in Islamic Affairs Supreme Council stated that “as religious institution we never recommend or oppose contraceptives use. Regarding contraceptives, utilization of permanent methods (vasectomy and tubal ligation) is completely forbidden. In the future there may be an opportunity of allowing the other types of contraceptive methods based on religious scholars’ judgment. In Islam having sex before marriage and other than partner is strictly forbidden. Using or not using condom, using or not using contraceptives, having a child out of marriage all are *haram*. The danger is not only having sex or not having sex; in our belief adultery is, hearing, watching, touching and

engaging in all activities related to sex. This entirely works equally for both married and unmarried men and women”.

Believers of the three religions have no clear rule and guidance about contraceptives use from their respective religions. The researcher witnessed that most of the informants are confused and have no clear idea about using contraceptives in terms of their religion.

### ***Minors' Sexual Life and Contraceptives Use***

All three religious leaders mentioned that sex before marriage is strictly forbidden and considered as sin. For instance EOTC's strategy and stand on minors' sexual life and contraceptives is focusing and teaching on prevention of unwanted pregnancy by avoiding sex before marriage. The church beliefs provision of awareness on contraceptive methods at their early age will create a gap. It encourages them to use contraceptives and engage in sexual activities before marriage. The biggest focus should be educating the youth to abstain from sexual activities before marriage.

Currently girls' use of contraceptives is highly debatable in the Evangelical Churches and no consensus is reached. The Head of Women Affairs Department in the Union stated that “each denomination/local church in the union oppose giving education/awareness on contraceptives to the minors. But our department encourages and support awareness creation on contraceptives use to the girls. Our department believes that girls should be aware of it and it is better to use and commit sin rather than killing/aborting life after unwanted pregnancy happened. Whether we accept it or not now a day most girls start sex before marriage at their early age due to different factors. The biggest problem lies on the hands of the parents; they start education and consulting their children after they reached puberty and already started sex. The church should aggressively work first on abstinence from sex before marriage side by side on awareness creation about contraceptives and if both failed and unwanted pregnancy happened the role of the church should be giving spiritual, moral and medical support to prevent them from killing/aborting life. But church leaders do not want to hear this now. We are trying to raise awareness among church leaders so that we can collaborate to find the solutions”.

As a strategy to prevent minors from engaging in sex before marriage and to prevent unwanted pregnancy the Islamic Affairs Supreme Council suggested that parents have to teach their children about sex education when they reach the age of ten. The education have to start at least when the girl start seeing menstruation and when her breast starts growing and for the boys when they start ejaculation. The head of the agency said “these are manifestations of their adolescence but not their parenthood”.

### ***Abortion***

It is reported that all three religions highly condemn abortion and consider as murder and sin. However, they allowed abortion if the fetus threaten the health and life of the mother. EOTC is the only religious institutions for having official declaration on the issue. EOTC’s opinion and stand on abortion is very clear and strict according to the interviewed religious leader. Although there are pre pregnancy cares the church strictly oppose any methods used after conception. EOTC believes life begins at the moment of conception and the remaining period is time of biological process or growth. EOTC do not accept the liberalized abortion law. He added that “EOTC strongly believes the right to life is for both the mother and the fetus. Since the fetus can’t speak about his right to life, we can’t say it has no rights. The church should speak on behalf of the fetus. If a girl is healthy and gets pregnant before marriage; we never recommend her to kill (abort) her child instead we help her to give birth and raise the baby in our adoption centre. We also work on behavioral change and teach her to prevent the problem from happening again. The church has many adoption centers but we do not promote people to give birth and give for these centers, we encourage the abstinence before marriage and prevention of unwanted pregnancy”.

According to the religious leader in Evangelical Churches induced abortion is seen as murder. She stated that “a woman after abortion feels guilty and sinful even after miscarriage a woman feel guilty because miscarriage also occurs sometime due to lack of awareness of the appropriate responsibility and care. Life starts at womb at the moment of conception and life is God’s gift therefore a woman has no right to kill life which she can’t give. Woman’s role is to carry and take care of the baby but has no authority to kill. Even if the pregnancy is from the girl’s father or from close relatives or from rape, she has no right to kill because it is

not the fault of the unborn baby. The church believes this kind of pregnancy is sin but killing/aborting is committing another sin which cannot be a solution. The man who raped the girl may confess for his sin and can be forgiven by God”.

She added that “as department head I believe that we should condemn abortion only for those we gave information about abortion. We should condemn abortion before the women or a girl reached at decision to abortion. I have no right to protect her from her decision because she has also the right to decide by the Ethiopian law, I should respect the law. Family and church should have to provide alternative to protect her from decision. When I teach on abortion most girls consider the fetus until five months is not human being but blood”. According to her before policy formulation against abortion the church should work on women empowerment, marriage counseling, how Christians nurture their children, sex education and what should be the measures of the church on church members who raped girls? She emphasized that “The entire above mentioned issues are in a vicious circle with abortion. But the church believes abortion should not be considered as human right; woman’s right is not getting pregnant, abortion is killing and killing is not a right. The fetus is a potential person the church should protect and respect its right to live”.

Similarly the head of Ethiopian Muslims Development Agency explained that “even though a woman has reproductive health rights; she has no a right to kill a human being. After life is started both men and women have no right to discontinue life except under the mentioned situation. Beyond this, whatever happened to the pregnancy abortion or ‘killing’ is forbidden. There are also some Islamic scholars who believe life begins at the conception day. They say if a pregnancy threatens the life of the mother, she has to die; this is the will of *Allah*. Abortion is *haram* in any situation”

The above mentioned opinion and stand of the religious institutions on sexuality, contraceptive use and abortion highly influences the thinking and perception of the society because the society’s norms and values are highly shaped and dictated by the religion. However, it is difficult to say the society is strictly obeying to these religious thoughts as the evidences demonstrate many minors start sex before marriage and terminate the unwanted pregnancy.

## **CHAPTER SIX**

### **MINORS' PERCEPTION AND EXPERIENCE WITH CONTRACEPTIVES AND ABORTION**

This chapter presents findings from interviews and FGDs with minors regarding their perception, awareness and use of contraceptives in the study area and how they deal with unintended pregnancy. Barriers for minors for access and use of contraceptives and safe abortion services, self induced methods used by minors to end their pregnancies, and their experiences of abortion and feelings after abortion are also described.

#### **6.1. Perception and Use of Contraceptives**

Eight of the eleven girls who aborted had a negative perception on and were discouraged from using modern contraceptives due to the information they get from the society. They had heard about the side effect of modern contraceptives (pills, injectables) like gaining unwanted weight, skin rash, *madiat* ( black spot on the face) and sterility. They also perceive that condom is not a reliable method to prevent pregnancy. In addition, they also perceive that some methods of contraceptives especially, injectables are only given to women who had prior pregnancy at least once. Girls in the FGD mentioned that there are girls who deliberately get pregnant and abort to be able to use this method. However, most girls in the FGD and one girl in IDI reported that injectables are favored and an appropriate contraceptive method. They consider its side effects are minimal and as easy to use as compared to other methods.

All girls in IDI and most FGD discussants have awareness and knowledge on contraceptive use and where they can access contraceptives. They mentioned public health centers, pharmacies and youth centers as places where contraceptives are available. They got information from media and school as their educational level is from grade seven to grade ten where RH issues are more or less included in the curriculum. Few girls participated in FGD have only limited awareness especially the housemaids.

Unintended pregnancy happened to the girls due to engagement in more or less accidental sexual activities for example when they were in recreation places with their casual

partners, lack of openness on sexuality in the family and society, social taboos in using contraceptives before marriage, relying on natural contraception especially calendar method and coitus interrupts were also mentioned as some of the causes for unintended pregnancy. These were the reasons for unintended pregnancy mentioned by girls in IDI and FGD. Unintended pregnancy resulted from failure of natural contraceptive methods was mentioned by two of the informants, the experience of Mekdes, 7<sup>th</sup> grade student aged 16 explains the situation as:

When my menstruation did not come on time, I told to my boyfriend, I was afraid to be pregnant. He told me not to scare of anything; he said “you cannot be pregnant because I was ejaculating outside. Your menstruation may be disordered for some reason”. I trusted him and try to forget thinking of it. However after few weeks I became sick and went to clinic. The doctor said such symptoms may be signs of pregnancy and told me to take pregnancy test. The test shows I am pregnant, I was shocked and cried. When the doctor saw me crying he told me he can do abortion for me in secret. I paid Ethiopian Birr 200 (11.4 Euro) which I got from my boyfriend and the doctor performed the procedure in the clinic. After the procedure I was bleeding so much and I was in severe pain.

Although nine of the girls in IDI stated that they never used any type of contraceptives in their sexual life before their pregnancy, two of the informants mentioned that they were using the natural calendar method and withdrawal as contraceptive before their pregnancy. Only three girls in IDI and four girls in FGD had awareness about emergency contraceptives to protect unwanted pregnancy after unsafe sex. These girls also knew about emergency contraceptives after undertook abortion.

## **6.2. Causes for unwanted pregnancy**

As Govindasa et al mentioned on their study *Youth Reproductive Health in Ethiopia*; sexual experience begins early in Ethiopian society. The median age at which women age 25-

49 first had sexual intercourse is 16. Three in ten women in this age group have had sex by age 15, two in three by age 18, and more than 80 percent by age 20 (Govindasa et al. 2002:38). Girls in FGD also reported that sexual activity before marriage is now more prevalent in Addis Ababa. According to the revised Ethiopian family code the age at marriage is 18 for both boys and girls. They pointed out that these days girls are engaging in sexual activity before marriage and at early years when they are in the second cycle of primary education. They further stated due to peer influence large number of girls are leaving school and started to spend their time in bars, *chat* and *shisha* houses, watching pornography and others hidden places which exposes them to engage in early and risky sexual activities. This situation is becoming common for both boys and girls according to the discussants. They also stated most of these vulnerable girls are from families of lower living standard because these families have no time to follow-up their children as they work day and night to sustain their family. During FGD the girls said majority of our society believe children will grow up by their own luck and give birth to many children.

The other main factor that contributes to the vulnerability of minors is lack of recreational places, libraries, sport fields and training centers to spend their extra time. Moreover, the expansion of *chat* and video houses including around schools without any regulation aggravated the problem. Girls in FGD added that since both boys and girls chewing *chat* or watching porno videos together they are easily derived to unsafe sex which resulted in unwanted pregnancy and HIV.

Those girls who participated in FGD said that rape is a growing problem. Most of these girls are raped by their close family members and got pregnant. This is also happening to house maids by head of the house hold or by adolescent sons. Some girls do not tell that expose the incident rather they keep it in secret because they consider if telling to anybody that they are raped, she will dishonor the family or sometimes threatened by the man or boy who raped her. The discussants told there are girls who were raped and got pregnant and then run away from home to the street and give birth on the street. Moreover, the discussants reported that the person who raped also does not reveal the reality to protect his honor and dignity.

Besides rape, girls in FGD described that girls start sex at an early age due to peer influence and men or boys frequent temptation. The discussants also mentioned low economic status as the main reason in which girls from low income family want to have stuffs such as mobile apparatus, jewelry, like their friends. Thus, men or boys can easily take advantage of them by providing them such temporary stuffs. They emphasized that the problems girls facing these days are multi fold.

### **6.3. Minors Opinion and Perception about Abortion**

During FGDs and IDIs most minors expressed that abortion is considered as sin, socially immoral, and murder and crime. Only two of the informants and discussants explained that abortion is not good for mental and physical health but still “it is good solution for our anxiety” therefore they did not consider as committing sin and crime. One of the discussants believes that early pregnancy is blood and has no life until three months but abortion after three months is killing human being

When I asked the FGD participants what they would do if unintended pregnancy happened to them? Out of eleven girls in the FGDs five girls mentioned that they will terminate the pregnancy. They also added that “we are from poor family and living condition is getting worst. Though we knew abortion is killing and killing is sin, we prefer to undertake abortion than giving birth for a baby that we can’t raise properly. Since God is merciful; he will forgive us we will abort and confess .Giving birth and exposing your child to suffer in poverty is also sin”. While the remaining girls replied they will give birth and give the baby for those who can raise the baby instead of killing the innocent and committing unbearable sin. They prefer life after death which they described as eternal whereas life in this world is temporary. Surprisingly one of the girls in FGD opposing abortion said “if I can’t find adoption center or individuals to raise the baby I will put my baby on the gate of the rich person house”.

### **6.4. Reasons for Abortion**

Girls in IDI and FGD mentioned that some of the major reasons forced minors to decide to undertake abortion include poverty, stigma and discrimination of premarital

pregnancy, rape, and pregnancy from incest, educational interruption, and boyfriends' denial of pregnancy. Hayat, a 16 years old girl attending grade nine education\ and one of the girls in IDI testifies why girls decide to undertake abortion. Hayat told her story as:

The main reason I decided to undertake abortion is first of all I am from low income family, secondly I am not making any income of myself, I am still living with my family and dependant on them. I decided that, I should not bring additional burden on them. If I did so, I know I will go out to the street with my baby. Even though, I am a child of poor family, my parents want me to complete my education with nice grades and to reach good position. They also want me to support them. They never expect me to have a baby while I am a student, so I decided to have a abortion without their knowledge. So I can say the main reason why I undertook abortion is economic problem. I was 16 years old when I undertook the procedure.

The other informant seventeen years old and grade eight student, Tihitna, explained that the reason why she undertook abortion as “I decided to abort because I was scared of my family, I do not want them to be ashamed of me in the society. As soon as I knew I am pregnant I told to my friend for her advice and help. She searched information about where I can go to have the service and informed me what to do. The man I got pregnant from has his own income source and he gave me money to undertake abortion”.

#### **6.5. Reasons for the Delay of Abortion**

Most of the girls in IDI and FGD explained that most minors are delayed to undertake abortion due to several reasons. The major reason is lack of money to pay for the procedure. The minimum amount of money needed for abortion fee by herbalists and using different abortifacient is about eighty Ethiopian birr (4.6 Euro) and in safe and legal abortion service providers it is about two hundred birr (11.4 Euro). A poor woman or girl, who wants to undertake abortion, needs money even to get the unsafe traditional service. The pregnancy will get bigger while she is searching for money. Since abortion causes higher health problem at a later stage of pregnancy, the girl's or woman's life will be in danger as one of the informants mentioned her experience. Seventh grade student Sofia, IDI participant aged

fifteen explained her reason for termination of pregnancy. Sofia's experience exemplified one of the girls' reasons of extending time for taking measure to terminate unwanted pregnancy timely. Sofia said:

When my period stopped coming I knew I am pregnant, I decided to abort it immediately. But I did not go on time because I have to search for the money to pay. I tried to find a place where the payment is minimal. I did not care whether the procedure is safe or not. I went to one women traditional abortionist and I paid ETB eighty. Before I went to the woman I was using different medicines with coca to abort.

Lack of awareness about pregnancy (they did not know that they are pregnant) like one of the informants who informed as "I decided to abort after three months of my pregnancy. I was late to take a measure because I was expecting my period to come for many days" is also another reason.

The girls in FGD reported that even though girls knew they were pregnant due to fear of family and social stigma they suffer from keeping their pregnancy secret and trying to find ways to abort it. After they try different health threatening drugs and methods, they consult their close friends or boyfriends for help. In addition, the girls also mentioned lack of information of where abortion service is provided and the location of abortion service providing organizations and individuals also leads girls to delay in taking measures on time.

## **6.6. Abortion Experience**

During the interview and discussion, minors explained their abortion experience in both safe and unsafe service providing places as well as their pain and sufferings. This study found that all girls in IDI and some from FGD attending education who become pregnant ended up with abortion. They emphasized that abortion has so many sufferings, serious pain whether it is performed with or without Anaesthesia. Informants and discussants share their experiences as follows:

*Case story 1:* Tigist, 17 years old grade 10 student told her abortion experience as;

Before my pregnancy I was using the natural calendar of my period as contraceptive. I was suspicious of getting pregnant when my period did

not come on time. Although my boy friend has good source of income he was not ready to marry me at this time and I am student and dependant on my family. Thus at this time giving birth is never thinkable. You can imagine the feeling of my family and the society for me if I have a baby before marriage. Even though abortion is a nightmare and I feel I will die, I did not want to take much time; I took pregnancy test and decided to undertake abortion. , I was not sleeping until I undertook the abortion.

I did not take any type of medicine because I am scared; I heard taking ampicillin with coca will help to abort. But I did not do this, since I have to take it in the home, if I have lots of bleeding my family may know what happened to me. That is why I went to a place where abortion service is provided.

The person I visited to have the procedure has no his own place, he is illegal abortion service provider. During the procedure a woman may die, they do not want to be responsible; they do not want to go to jail. If they are known for doing this police will catch them. They work in secret place which look like clinic, they give you the medicine in secret. They give you the medicine to swallow in front of them, and then you pay the requested amount and will send to your home quickly. He gave me two pills to swallow which I never saw before, I did not know it is name and he gave me again another two different to take them the next day. I paid him around ETB 1000 (fifty seven Euros). I took the pills the next day in my home. I got the money I paid from my boy friend. I did not tell anything for any one I kept my secret for myself, you know why if something you tell to someone its secretness will die. If you go to the traditional abortion service providers, they do the same; they work in a secret unsafe hidden place because of fear of the law, as abortion is illegal.

Abortion has serious pain, I thought I am dying but I survived. After the procedure I went home and slept for many days. My family was disturbed

by my sickness and asking me now and then what happened to me. I lied to them; I have to mention some other disease. I suffered for many days, I lost weight and my mind is also considerably affected. I did not tell to anybody that I have an abortion even for my girl friends because I thought they may undermine me, gossip about me or may tell for someone who knows me. I kept the secret for myself. I would like to die rather than giving birth while living in my mother's house. I do not want to be dependant of my family let alone bringing another burden to them. In such low economic condition my family may throw me out of home and also as the society believe giving birth before marriage as a taboo, they will dishonor the new born. If I was married even though I give birth in my 13<sup>th</sup> age they will respect me and my baby.

I know about Marie Stopes clinics; even I pass by the door of one of the clinics when I go to my school. But I did not choose Marie Stopes to undertake abortion because of two reasons. The first one is as many people visit the clinic; I thought I may meet someone whom I know. I want to keep my secret by myself as much as I can. The second reason is I thought there will be long process at the clinic, but at this place, I went there he gave me the medicine to swallow and the other to take home, that is all, I finished. I believed this one is simple and secretive.

Abortion is a very difficult thing, it is the pain of mind, according to religion it is also sin, and it is the regret of every time. One day one old woman came to our home and unexpectedly started talking about abortion, the woman said "When a woman undertook abortion, the fetus she aborted will grown up and become a big boy or girl and sit in the heaven. When the woman died the grown boy or girl will accuse her to God, by saying she is the one who killed me". When I heard the old woman's talk, I really shocked; I thought angle sent her to tell me what is waiting me when I die, because of my sin.

Tigist's abortion experience clarifies that the girls reproduction rights is highly influenced by the religious beliefs, societal norms and values as well as living conditions. These beliefs, norms, values and living conditions are also affecting where to go and keep abortion very secret hence expose girls to health risks. The social body even affected girl's life after undertaking abortion.

***Case story 2:***

Desta is seventeen years old girl attending education in grade ten, during IDI Desta told her abortion experience as follows,

I undertook abortion before one year when I was 17. I decided to undertake abortion as soon as I knew I am pregnant. I was so scared and shocked because I thought the news will be wide spread in our neighborhood.

The reasons why I decided to undertake abortion is because I am clever student, I did not want to interrupt my education and my grandmother, who raised me up is poor and old. For a month I was taking various medicines to abort the fetus which I heard from different people. I took eight ampicillin capsules at one time with coca cola, ten Panadol capsules at one time, but this did not help me, nothing is coming out, I think it was because my pregnancy already passed a month. These medicines may be effective as soon as the pregnancy occurred. Finally when I am two months pregnant I asked my friend for help and she told me that one of Marie Stopes clinic, in area called *Abinet* is providing abortion service. When I went to that clinic I was so scared, I feel everybody looking at me on the road knows that I am going to have abortion. In the clinic, they examined me and gave me an appointment for the next day morning for the procedure. When I back to home, I was uncomfortable as I feel everyone in the house knows what is going on with me. After the procedure I did not go out from the home, as I was scared of having serious pain. But the pain was only for one hour during the procedure.

However, I wish to die during that time because of the severe pain. If I did not abort I think I might kill myself.

I bought and wear bra for the first time in my life during that time, as a strategy to hide my secret from my family, because I was hearing from girls that after abortion girl's breasts will fell down.

I did not tell to my boyfriend about both I got pregnant and undertook abortion because I love him so much ,I thought I will miss him if I told him, I am scared of if he walk away from me. I was working part-time; I saved money to pay for the service. Since I don't have enough money to pay, I borrowed some money from my friend, as we agreed I will work and pay her back. Finally I told him after everything was passed. But he was so sad when he heard, angry on me, said I have to be on your side in such difficult time, I have to at least provide you money which you will pay for the procedure.

After one year I got pregnant again and went to the same Marie Stopes clinic. Unfortunately, I did not get the service because the clinic is not undertaking abortion if the fetus is more than three months old. In my second pregnancy, after I had told by Marie Stopes clinic, that I couldn't undertake abortion, I took lots of medicines, various leafs and traditional medicines to be drink and insert to the body, drunk boiled shower soap many times, as I heard from people the smell will help to abort. *Telba* (Linseed) became my regular food; I was taking it each morning before my breakfast, the boiled one with its seeds. However, none of the things I took worked. Now I can't take medicine because of the side effect of medicines I took during that time. Even I get sick when I see ampicillin in the house.

I do not have information about abortion laws and regulations in Ethiopia. What I think and heard is abortion is a crime. I went to Marie Stopes for abortion based on information I got from friend. If abortion is legal in Ethiopia I could hear through media or announcement. I am lucky to get

information and went to Marie Stopes still many women are going to the dangerous traditional abortion service providers. Generally abortion is dangerous for health and sin in religion. Of course younger girls may need to undertake abortion, because they are unable to raise the baby, but still abortion is so bad procedure.

**Case story 3:** In this study the case story of sixteen years old and grade seven students, Selam, participated in IDI reveals the experience of girls terminating unwanted pregnancy using herbalists' mixed drink abortifacient. Selam said that;

I decided to abort after three months of my pregnancy occurred. I was late to take a measure because I was expecting my period to come for many days. But later I told to my friend and she advised me to take pregnancy test which showed a positive result. It did not take me time to decide to undertake abortion. Before the pregnancy happened I did not use any kind of contraceptive even if I have the knowledge. I knew Marie Stopes provides abortion service but I did not go to the clinic due to lack of enough money. I knew the payment is expensive than the traditional service providers. Moreover, nothing was happened to my friend who undertook abortion in traditional way, thus I trusted to go to the place she went.

She took me to one disgusting, unhygienic and hidden place where she got abortion before few months. I had no any fear to go to the place she told me because she is fine after her abortion. She took me to one woman's house and the woman gave me some mixed thing to drink, I was scared but my friend encouraged me as she knew the thing before. I forcedly drunk the mixed thing and went home. After I drunk the mixture I started bleeding so much, for the first few days no one from the family is suspicious, that I undertook abortion because they are experienced that I have much bleeding and pain when my period comes. When my pain and bleeding is so serious I told to my married sister. She was so sad and

shocked, she was mad at me. Fortunately the time was in the summer, when there is not school, she took me to her home and treated me well. After that my period is not coming regularly, sometimes in two months in another time in three.

Selam's story signifies that considerable numbers of girls in Addis Ababa are still suffering from complications of backstreet abortions. Similarly, Koster in her study in Zambia mentioned that not only are teenagers and young women in sub-Saharan Africa among those most likely to choose abortion, they are also at increased risk of undergoing backstreet abortion procedures (Koster-Oyekan 1998).

### ***Confused Feelings: Relief Vs Regret***

Six girls in the IDI explained that they feel guilty for undertaking abortion and believe that it is a sinful act. They feel shame, guilty and always go to church for praying to God for confession. A sixteen years old girl in the IDI, Sebele attending school in grade seven expressed her regret and confession for the sinful act she committed. Sebele told even she hide her 'sin' from the family's confession father. Sebele narrates her story:

When I entered in to the clinic to have the abortion procedure, it was not easy as I decided to have it, and it is so much scaring. When I saw the metals they are going to use in the procedure I scared too much. I believe that undertaking abortion is not good unless otherwise a difficult problem faced. However, when I decided and undertake abortion I did not think of this thing. Because I am shocked in having the pregnancy, I found abortion as the best solution. I did not think of the sin I committed. When I think of it now I feel I committed a serious sin. I am an Orthodox Christian, I feel that, I killed a human being; I feel I am a murderer. My mother is teaching me that abortion is a serious sin, because she had undertook an abortion, she always feel regret the sin she committed. Before she died, she confessed her sin and she was always praying for forgiveness. As I learned from my mother I feel a great guilt. My regular prayer is to ask for forgiveness for the sin I committed, like my mother. I

feel I am murderer, every time I feel guilty, when I think of myself, I regret, I don't have peace. I feel guilty not only for the abortion I undertook but also for starting sex before marriage at sixteen years old.

I always regret for what I did, one day I saw a dream when an old man was angry on me and asking me "why did you killed my creature?" When I think of it now I feel very sad and I say it was better to give birth. Giving birth is better than suffering due to abortion, it is a painful procedure. I heard many women died of severe pain and bleeding due to unsafe traditional abortion.

Three of the girls in IDI reported that they feel both regret and relief because of undertaking abortion as one of the informants mentioned; "Currently, I have two kinds of feelings about the abortion I undertook; in one hand I feel guilty for committing sin and on the other hand I think I did the right thing because I shouldn't have baby in this age and I shouldn't quit my education".

However, two of the girls in IDI mentioned that they do not feel any guilt for undertaking abortion. They are happy because of not interrupting their education and facing family and societal stigma and discrimination from having child without wedlock.

### ***Self Induced Abortion Methods***

During the FGD participants reported that girls use different traditional things to abort their unintended pregnancy. These methods are sometimes effective methods to end a pregnancy but the girls said these methods are dangerous for the health of the women. Oral and injectable medicines, both pharmaceuticals and indigenous, as well as certain food and drinks, are taken to terminate pregnancy as reported by the girls.

Some of the methods mentioned by the girls in IDI and FGD are taking ten capsule of ampicillin with coca cola, drinking boiled chat, taking the mixture of baking yeast with coca, drinking boiled ampicillin, *telba*, anti malaria drugs, *yekoso qinin* (anti tapeworm like parasite tablet), particularly ampicillin with coca drink coca before meal and jump, drink boiled chat with *amole chew* (bar of salt), medicines prohibited for pregnant women, etc. All

these methods are applied in the first month of the pregnancy and may be successful for some of the applicants they said.

### **6.7. Consequences of Abortion**

The girls in IDI and FGD reported that unsafe abortion is very dangerous for women's health and results in fistula, change of the smell of uterus, cancer, HIV, and abdominal problems. During the FGD girls mentioned their opinion that even repeated safe abortion causes sterility, uterus infection and change of smell, body weakness, different physical pains and psychological problems and if it is known by the society it is difficult for her to get married. Desta, a girl in IDI explained the impact of abortion on her health as;

The procedure which is performed at Marie Stopes clinic is painful but there is less bleeding. So family couldn't know easily. However, after sometimes, I lost weight, my body and eyes looks tired, and I totally looked like sick person. When the machine chop and pull out the fetus, you feel the pain all over your body, because of that my body tired, still now I have bad headache.

Even though Desta, explained her feelings about abortion procedure at MSIE as chopping the fetus, the managers of MSIE centers told the researcher that the methods of abortion used at the centers are either MVA or medical abortion. The researcher also proofs this from the documents and project proposals of the organization.

### **6.8. Men's Role in Abortion Decision**

Decision making process for abortion is very individual and secret and only sometimes boyfriend and a close girlfriend involved for financial support and accompanying. As girls in IDI and FGD reported in most of the cases the girls prefer to consult their friends (girls) in case of unwanted pregnancy and abortion. The story of grade nine student IDI participants Sara explained how she was hiding the pregnancy to her boyfriend. Sara said,

My boyfriend did not know still now I was pregnant and undertook abortion. I got money to pay for the service from my family and my girl friend. Both of us asked our parent for money to pay for school, we told

them we are requested from school to bring money, since both of mine and her family knows our friendship, they thought it is true no one was suspicious.

Some of the respondents who consult their boyfriend reported that their boyfriends are cooperative in deciding and providing money to undertake abortion.

As soon as I knew, I am pregnant, I told to my boyfriend. We decided to undertake an abortion because we did not have a plan to have a baby this time. He gave me money which I have to pay for the procedure. I went to the clinic with my girl friend to the clinic, the person who did the procedure is a health professional and I paid around ETB 300.

Two of the girls in IDI also reported that their boyfriends refused the decision to abort as they fear the health consequences of abortion and believe that abortion is a sin.

#### **6.9. Barriers on Minors' Access to Safe Abortion Services**

Lack of awareness of the new liberalized abortion law as well as unaffordable fee for safe abortion services, thinking lengthy process at safe abortion providing places( since they are students and under strict family control they can't tolerate to stay and wait long time), they also fear they might meet persons they know. All these factors were raised by the girls in IDI and FGD that contribute for girls to seek traditional herbal abortionists and unsafe and illegal abortion service providers. They stated that those girls who went to illegal and unsafe village herbalists and abortifacient providers are mostly girls who are from low income families because of lack of information and finance to access the service.

Social context of abortion is also mentioned by the girls as a barrier in getting safe abortion service. Abortion is considered as immoral, murder and sinful act in the society. Cultural taboos relating to pre-marital sex, pre-marital pregnancy or pregnancy out of wedlock have been identified by the study participant girls as the major reasons that minors obliged to make decisions to undertake abortion.

The study revealed that when minors faced unintended pregnancy they first try to terminate through self induced abortion methods. When self induced abortion methods failed (as they reported mostly these methods are not successful) they preferred and went to unsafe and illegal abortion service providers because they considered abortion is illegal and criminal. They also fear of social stigma as many people visit safe abortion service providing places, where they may meet the person who knew them and also consider the fee is not affordable for them.

Brokers are also mentioned as one of the barriers that hinder minors from getting safe abortion services. They engaged in taking girls to illegal abortionists by waiting them around Marie Stopes clinics. They also provide wrong information to the client by saying Marie Stopes clinic is closed because it is illegal or changed its location. One of the informant reported that “previously I do not know much about Marie Stopes. When I got pregnant I asked my friends where to go and told me to go to Marie Stopes. When I went to the clinic to have abortion service, I met a person who takes me to a place looks like clinic, he said it is Marie Stopes. I paid ETB 550 for the procedure”.

MSIE center manager explained that most of the time girls are coming to our center after school with their school uniform since it is also after our working hours we advise them to come back the next day. During this time, the brokers wait them outside and tell them they can take them to a clinic where they can get the service immediately. As they want to abort as soon as possible, they accept the idea of the brokers and go with them to the illegal service providers. This is one of the factors which expose the clients to unsafe abortion and unfair payment.

He added that these brokers are waiting women on the road who are coming to the center and took them in to hidden place and steal their money, gold, watch and other staffs. These women come to the center by screaming and inform that they are cheated and stolen by someone. These become a daily commonly phenomenon. Despite the government passed new abortion law to reduce maternal mortality and to improve the wellbeing of women, few brokers are becoming above the law and are exposing women to suffer with unsafe abortion

procedure, loss of properties and unfair payment. This significantly hinders women from utilizing their reproductive health rights.

To alleviate the problem, Marie Stopes is now providing health education in each of its centers to eradicate these wrong perceptions and hired three of these brokers and provided them with intensive awareness raising orientation and using them as a guard on the road around the center. However, the center is forced to fire two of them because it is found that they are still working with private clinics in secret.

## CHAPTER SEVEN

### DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

In this chapter the major findings of the research on perception, experience and awareness on contraceptive use and abortion are summarized. The findings are put in glance in terms of theoretical frame of the research. It also discusses the findings in comparison of existing literatures. It also presents recommendations from the researcher, FGD and IDI participants, religious leaders and professionals that enable MSIE to improve its service and awareness creation mechanisms to address minors' safe abortion service needs. Finally recommendations are forwarded based on the findings for the concerned bodies to acknowledge the magnitude of the problem and to take appropriate measures and create accessibility, affordability and awareness of contraceptives and safe abortion services for minors.

#### 7.1. Discussion and Conclusion

##### *Awareness on Legal Status of Abortion*

The new liberalized abortion law allows safe abortion under certain circumstances; however, it is not serving its purpose as required. In the capital, Addis Ababa where there are better medias, infrastructure and access to health services the study findings show that most IDI and FGD participant girls and women reported that they have no awareness about the law and where to go for safe abortion services.. As Goodman et.al discussed In Ethiopia, unsafe abortion is closely related to poverty, social inequity and a persistent systematic denial of women's human rights. Women often lack access to the most basic preventive reproductive health care information and services. Based on available research, it is evident that awareness and access are the two foremost areas where improvement in CAC is necessary and possible (Goodman et.al.2008:11). Therefore, the situation clearly shows that law without advocacy and awareness creation is by itself nothing.

Despite the liberalized abortion law Ethiopian women are facing major obstacles such as lack of awareness of the liberalized abortion law and access to safe abortion services. Moreover, health professionals also lack awareness about the new law (Goodman et.al.2008:11). Similarly, this research showed that among participants awareness about the law is almost inexistent and access to safe abortion is also very limited and even know how about where to go for the service is too low. The health professionals at MSIE centers pointed out that professionals at government health institutions and offices also lack awareness about the law as well as develop negative attitude to the service providers due to religious believe. A study conducted by the Ethiopian Society of Obstetricians and Gynecology found that only 29 percent of health workers knew the correct provision of the penal code for termination of pregnancy( ESOG 2005).

#### *Awareness, Attitude and Use of Contraceptives*

The negative perception and attitude of the society and perceived side effects towards modern contraceptives discouraged girls from using contraceptives. Girls have negative and wrong perception about modern contraceptives specifically about injectables. For instance some girls deliberately get pregnant and abort to use injectable contraceptives because they perceived that to use injectables contraceptives, a woman or a girl should be pregnant at least once. The opinion and perception of educated and uneducated woman on contraceptives methods use has no significant difference. Contrary to this EDHS 2005 report indicated that contraceptive use differs significantly across educational categories. Current use increases five-fold from 10 percent among women with no education to 53 percent among those with secondary and higher levels of education. Wealth has a positive effect on women's contraceptive use, with use increasing markedly as wealth increases, from 4 percent among married women in the lowest wealth quintile to 37 percent among those in the highest wealth status (EDHS 2005:63).

The research indicates that there is very low use of contraceptives both before and after abortion among the girls that increases the risk of unwanted pregnancy hence unsafe abortion. The health professionals at MSIE centers mentioned that some girls are revisit the centers for abortion. The girls participated in the study have low contraceptives use even

though they have high awareness. It is also reported that contraceptives are accessible and affordable for most of women and girls in Addis Ababa. Girls participants mentioned that contraceptives can be accessed for free at various places and many girls know from where they can get it. It is found that only some house maids have very limited knowledge and access to contraceptives. Many girls reported that they feel ashamed to buy or get contraceptives because they fear the pharmacists and health professionals may consider them as promiscuous for taking contraceptives at their younger age.

### ***Opinion, Causes and Consequences of Abortion***

Many studies conducted in Africa showed that most of unwanted pregnancies occurred among adolescent girls are ended in abortion (Koster 1998, Nichols et.al.1987, Okonofua 2000). The study conducted by Varga in South Africa indicates that adolescent girls lead to abortion due to fear of social stigma for having children before marriage (Varga 2002).

Almost all study participant girls, women and the community consider abortion is morally unacceptable and illegal act. However, some of them believe abortion is a good solution for the girl to relieve from anxiety and exposing her life to challenges such as interruption of education, chasing out from home and stigma and discrimination by family and the society. Reasons for terminating the pregnancy include: poverty, rape, not to interrupt education, dishonor to have a baby before marriage and fear of ridicule towards the new baby as 'diqalla'. Moreover, taboos on sex before marriage and use of contraceptives, lack of information on legality of abortion and where to go for safe abortion lead to undertake abortion in secret places. Even though the culture and religion dictates sex before marriage is taboo and sin, in practice having sex before marriage is becoming common in Addis Ababa. In the society a girl is considered as promiscuous and against the norm if she uses contraceptives. When unwanted pregnancy happened delivering the baby or undertaking abortion will lead her to be condemned and stigmatized. Most study participant girls consider abortion as murder and sin and they feel regret, guilty and ashamed in their life time and have no internal peace.

According to FDRE population commission (2008) the total population of Addis Ababa in 2007 was 2.7 million about in 2007, in which 74.7% were Orthodox Christians, 7.8% Protestants and 16.2% were Muslims. Thus almost all Addis Ababa population is the believer of these three religions. The interviewed religious leaders of EOTC, Islam and Protestants reflected the opinion of their respective institutions. They have similar stand on contraceptive use but prefer to keep silent and leave the decision for individual believer. The religious institutions consider sex before marriage and abortion as sin and strongly condemn it.

It is reported that the institutions allows termination of pregnancy if the pregnancy threatened the mother's life. In Islam abortion is not allowed after four months of pregnancy even if it endangers the mother's life. Regarding the beginning of life the two sects of Christianity have the same view; life starts at the moment of conception while in Islam the fetus get soul after one hundred twenty days from the first day of conception. EOTC is the only religious institution that has official declaration and stand on abortion. Although all of the religions strictly condemn and consider sex before marriage is sin in practice the study participant girls, women and community members mentioned that the number of adolescent girls and boys start sex before marriage increasingly.

Factors that initiate minors to engage in early sexual activities and the resulting unwanted pregnancy are the expansion of chat chewing and shisha smoking and porno video watching places etc in the city. Poverty is also mentioned by study participants as one cause for the girls to involve in sexual activities at early age to get material and money support from their boyfriends. Moreover, girls have hidden sexual life due to the influence of social, cultural and religious norms and values which exposes them to unwanted pregnancy. This resulted in seeking abortion in clandestine and unsafe way instead of focusing on prevention.

Most study participant girls used or heard different self induced abortion mechanisms including pharmaceuticals, drinks and food items before visiting abortion service providers. Traditional way of abortion like using different herbs, food and drink items and insertion of different abortificantes through vagina is more common in poor girls and women than those in relatively better economic position. Lack of money, lack of information where to go for

abortion and unaware of pregnancy are the major causes for late abortion. In consequence poor girls are exposed for more health risks than their richer counter parts. The participants mentioned that the economic status of women or girls determine the methods of abortion a girl can choose. Abortion has also gender dimensions in which some girls are getting pregnant due to gender based violence, rape.

Girls' suffering is multi dimensional. Study participants mentioned that some girls are becoming criminal and sent to jail for abandoning and killing the baby after delivery because they can't raise the baby. Such issues are also reported through print and electronic medias. A lot of adolescents are engaged in such danger as the society view having a child before marriage as a shame and a child is called as 'diqalla' (bastard) for life.

The girl might drop out of school, she is dependent on her family economically, her parents might abuse her out of anger, the society may gossip about her and her families feel ashamed of her. The girl will also suffer physically and psychologically she feels guilty and being criminal. Unwanted pregnancy and abortion before wedlock damages girls' status in the community and it affects the possibility of getting marriage. Some of the girls and women even perceived their life both earthly and after death is miserable due to the sin and crime they committed. Unwanted pregnancy is also creating big problem on the life of the boys. The family members of the pregnant girl pressurized and warn the boy in which fearing their intimidation and social and family pressure the boy will exile to other places interrupting his education and becoming street children.

### ***Magnitude of Abortion***

Both the study participant girls, women and health professionals emphasized that the occurrence of unwanted pregnancy and abortion among girls is increasing. Similarly WHO's department of MPS (2008) mentioned that each year about sixteen million adolescent girls give birth which accounts 11% of all births worldwide. From this figure half of all adolescent births occur in just seven countries including Ethiopia. It is also stated that most unmarried adolescent pregnancies are unintended and pregnancies outside wedlock ended in abortion.

The 2005 Ethiopian Demographic and Health Survey (DHS) estimate shows that about 673 women died of pregnancy-related causes for every 100,000 live births in the six years prior to the survey. In the study conducted by Berhan and Abdela from 2001–2002 in a major university hospital in Addis Ababa indicated that post abortion complications were one of the three leading causes of maternal mortality (Berhan and Abdela 2004).

Most abortions are performed either by untrained providers or by using self induced mechanisms. Self induced abortion methods also involve the use of dangerous substances, inappropriate dose of medicines and insertion of different materials in to the body. In both case women are highly exposed for health risks. Singh et.al.(2010) in their recent study of the estimated incidence of abortion in Ethiopia indicated that out of the estimated total 382,000 abortion took place in Ethiopia in 2008 only about 27% are performed in health facilities legally. According to MSIE statistics on trends of FP and abortion provision in the last nine years, from the total of 2008 safe abortion services, MSIE provided 80,547 which account for 78% of all safe and legal abortion services in the country.

From IDI and FGD participated girls and women only very few were aware of the legal status of abortion and MSIE. From the above mentioned information we can infer that more than two third of abortion undertook in unsafe and dangerous way. It is also possible to think that the total figure of estimated abortion is only very few due to the secret and clandestine nature of abortion. MSIE KAP study about what drives FP use in Ethiopia conducted by Espeut et.al. (2009) showed that more than half of the women participated in the study do not know the option of managing unwanted pregnancy and about 60% of women are unaware of legal status of abortion and less than 25% of women in the study know at least one method of abortion (Espeut et.al. 2009:12).

Mortality from unsafe abortion is decreasing from previous times as reported by study participants and it is also evident in Gebrehiwot and Liabsuetarjul study that abortion morbidity declined as a result of the law reform (Gebrehiwot and Liabsuetarjul 2008). However, this generalization is contrary to the recent findings of Singh et al. in which from

the total of abortions performed in the country only 27% are safe. Thus the decrease in abortion morbidity and mortality is may be resulted from increase in contraceptives use.

### *MSIE*

Only very few of women and girls participants know about MSIE centers abortion service provision but they consider like other private clinics MSIE also provides illegal abortion service. Those who know or heard about MSIE reported that most girls preferred clandestine abortion because of fear of publicity, in affordability of the fee and consider the process may be lengthy.

MSIE has no any specific youth friendly service provision but provide special treatment based on the situation of clients. Brokers are becoming the major barrier for both the girls and MSIE to have and provide safe abortion services and they are blocking girls to exercise their reproductive health right and stealing their properties. Brokers also are threatening the safety and security of MSIE staffs. Another barrier for the girls for safe abortion service at MSIE is the working hours especially in the afternoon. Because some of the girls come to the centers after school around 4 pm could not get the service.

In 2008 MSIE provided 80,547 safe abortion services out of this figure 96.5% were MSP (Marie Stopes Procedure) and 3.5% was MSMP (Marie Stopes Medical Procedure). After a year the total number of abortion provided by MSIE increases to 90,166 in which 63.4% MSP and 36.6% was MSMP. These figures shows may be awareness of the community on MSIE services is rising. As reported by MSIE centers managers participated in IDI the need for medical abortion is increasing at alarming rate and post-abortion contraceptives provision is MSIE's great emphasis. The center managers emphasized that the increase in abortion services at MSIE centers was due to the advocacy work but it seems a bit paradox that the health professionals and center managers as well as girls in IDI and FGD mentioned that most women and clients of MSIE had no awareness about the liberalized abortion law and think that MSIE is also provides illegal abortion service.

### ***Research Findings in Theoretical Perspective***

Scheper- Hughes and Lock's 'The mindful body' concept describe how the political and social aspects of life and the individual life choices and decision are interlinked (Scheper-Hughes & Lock, 1987). In this study religion (social body) shapes the societal norms and values on contraceptive use and abortion, it also influenced the laws passed by government bodies (body politic). The laws and constitution of the country respects and accepts the societal norms and values. That is why the body politic makes abortion still punishable. As Scheper-Hughes and Lock described “an anthropology of relations between the body and the body politic inevitably leads to a consideration of the regulation and control not only of individuals but of populations, and therefore of sexuality, gender, and reproduction” (Scheper-Hughes & Lock, 1987:27).

Contraceptive use, unwanted pregnancy and abortion are highly influenced and prescribed and dictated by the culture and religion in Ethiopia. Contraceptive use and abortion are took place by the girl/woman on her individual body. But the use and practice of contraceptives and abortion is determined by social norms and perception as well as religion and the law of the country on abortion. That means an individual decisions on the body self/individual body and how she experiences is determined by the social body (societal values, norms and religion), as well as by laws and policies (body politic) prepared by the government and institutions regulate and control on the individual body. As in this theoretical approach Scheper-Hughes and Lock indicated these three bodies are not separated rather all the three bodies influences one another. The girls tried to seem to adhere to the defined shared social norms and religious teachings in terms of contraceptive use and abortion which is resulting in bad consequences on their body because they are avoiding and discouraging to use contraceptives to regulate their own fertility as well as preferring clandestine and unsafe abortion to be regarded as good and descent girl in their family and society.

A girl who has started sex before marriage and got pregnant without wedlock is called as “zelzala”, promiscuous and if she give birth the baby is called as “diqala”, bastard and she is stigmatized and discriminated in the society. She will interrupt her education and the probability of getting husband becomes very difficult. The family is ashamed of her and the

baby born is also insulted and ridiculed by the society. Even though the culture and religion dictates about sex before marriage and abortion as sin and immoral, the girls do it because sometimes there is discrepancy between the demands of the culture and religion and individual member of the society and believer.

Even though sex is very individual the girls should follow and respect the practices of their family and society because the culture of the society dictates, guides and decides when, how and where a girl can start sexual activities. The girls private sexual activities undertaken on her body are influenced by the societal norms and values. The norms and values of the society in turn shaped the laws and policies. The liberalized abortion law and the technical and procedural guide line of abortion by the government influenced the women's decision and dictates how, when and where the women undertake abortion. The body politic can influence the body self even in terms of threatening the wellbeing and life. Before the liberalized abortion law, the law (body politic) highly restrict the grounds for women to undertake abortion decision and even in the liberalized law it do not give all free and unconditional choices to women. Unwanted pregnancy management is not full right of the individual women. Women access to safe abortion services are also controlled by the policies and strategies of organizations. Their access is regulated by the economic conditions due to inaffordability of fees and religious beliefs.

Individuals cannot freely determine their fertility because government laws and policies limit individual freedoms by pressurizing citizens to use contraceptives since the government's population policy is anti-natal. Women control of her own fertility is influenced by societal norms, religious beliefs and national as well as international laws. Different religious institutions in Ethiopia consider abortion as sin and murder and it shapes societal norms and values hence girls are stressed to decide to abort and after abortion also they feel guilty, shame and as sinner and have no peace. Self induced abortion attempts, legal and illegal abortions undertaken on women body has physical as well as psychological effects, women abortion experiences

This research underlines that lack of awareness on legal status of abortion and socio-economic and religious factors are the major barriers that influence minors use of contraceptives and safe abortion services and hence, increase minors' risk of unsafe abortion.

## **7.2. Recommendations**

These recommendations are forwarded by the study participants and the researcher for policy makers and implementers to improve awareness and access to safe abortion services and contraceptives use and to reduce the occurrence of unwanted pregnancy.

- MSIE shall arrange extended working hours and stand by services for the girls who will come to the centres after school.
- MSIE needs extensive awareness creation campaign about its service as well as on the liberalized abortion law to the public.
- Concerned government and non government organizations working on women, youth and health, different medias, CBOs and religious institutions have to work on community attitudinal change regarding adolescent sexuality and contraceptives use.
- Extensive work needs to be done on the provision of reproductive health education by health professionals, community based reproductive health workers and school teachers. In addition, governmental and non-governmental organizations and the private sector need to work on the provision of accessible and affordable contraceptives and safe abortion services to reduce vulnerability of minors to unsafe abortion.
- Health professional at MSIE Centre recommended that emphasis should be given on raising the awareness of health professionals at governmental organizations about safe abortion and the liberalized abortion law.
- MSIE health professionals proposed that those organizations working on women and youth and police have to work on stopping illegal activities of the brokers which exposes girls and women to health and physical risk and hinders them from exercising their reproductive health rights.

- Unwanted and mistimed pregnancy can be avoided through creating awareness and access to contraceptive use. The researcher recommends that the religious institutions should break their silence on contraceptive use and need to change their strategy towards sex education and sexuality of minors.
- Study participant girls and women, religious leaders and community members suggested that *shisha* and *chat* houses and porno watching places should be closed to protect minors from engaging in to early and unsafe sex activities by expanding libraries, sport fields and other recreational centres.
- The researcher suggested that further studies need to be conducted to assess the magnitude of problems boys are facing due to unwanted pregnancy.
- The religious leader from EOTC emphasised the importance of inclusion of moral education in the school curriculum in order to help minors to abstain from sexual activities before marriage and to make them ethically strong citizen.
- The religious leader from Evangelical Churches Union proposed that parents should discuss openly with their children about sexuality and consequences of sex before marriage before the age of ten.
- Creating favourable situation for minors' leisure time in terms of spiritual development, sport activities and group activities, giving responsibility in the church can minimize the incidence of teenage pregnancy and abortion. Instead of teaching about contraceptives and abortion as a sin only in spiritual terms; it would be more effective to teach them in biological and concrete ways.
- The religious leader from Evangelical Churches Union further recommended that churches have to work in collaboration with women, youth and medical personnel to reduce the occurrence of abortion.

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## **Annexes**

### **Annex 1. Research Instruments**

#### **In depth Interview Guide for Minors (who undertake abortion)**

1. How did you know about MSIE?
2. Who did you ask for help? Did you come alone, or with someone else, who?  
Did you face any challenges in seeking safe abortion service?
3. At what month of pregnancy did you abort? If a delay between finding out and aborting, why did you delay? Before you came here, did you try to abort in another way? Specify
4. Why you had decided to abort? Were others involved in your decision?
5. Were you using contraceptives, or tried to prevent pregnancy in another way when you got pregnant? If no, why no, if yes specify the method and what happened

#### **About the services:**

6. How much did you pay? Who did pay for you?
7. How do you observe reception at MSIE centre?  
Waiting time, counseling and treatment by health workers at the MSIE centers?
8. Did you think the service provision at MSIE clinic is youth friendly?

#### **Opinions:**

9. What is your opinion about abortion in general and your abortion experience?
10. Do you know about the new Ethiopian abortion law of 2005?

#### **In depth Interview Guide for Service Providers (Health professionals)**

1. What is the group of women making most use of the MSIE centers for abortion?
2. Is there any youth friendly service at MSIE centers?
3. What factors you perceive hinder minors from accessing safe abortion services?
4. What are the problems related to abortion of minors – for the minors and the providers
5. What do you think should be done to prevent abortion among minors?

6. What does the law state about abortion? What do you know about the new Ethiopian abortion law? Has the law made any changes in the services – or use of the services?

#### **Focus Group Discussion Guide for Minors**

1. Where do adolescents spend their leisure time?
2. How do adolescents of your age perceive adolescents engagement in sexual activity before marriage? What about parents and elders?
3. From where do adolescent get information about contraceptives and sex education?
4. Do adolescent face problems in using contraceptives?
5. How do you perceive minors pregnancy?
6. Did you hear about induced abortion? What are the reasons for minors to seek abortion?
7. Do you know minors who did abortion?
8. How do minors abort? (Self-abortion or go to provider) Where do minors go to get abortion services? Are these services safe or unsafe?
9. Do you know what the law states about abortion – and abortion for minors? Do you know the new Ethiopian abortion law?

#### **Focus Group Discussion Guide for Women Group**

1. Do you think abortion is problem in your area? What is the problem and why?
2. What do your opinion on abortion?
3. Who are most vulnerable for abortion? Why?
4. What does the law state about abortion? Do you know about the new Ethiopian abortion law?
5. What do you think of minors having an abortion? Why minors face abortion?
6. What do you think of minors getting pregnant? Who is to blame: the boy/man who made her pregnant or the girls?
7. What do you think about minors using contraceptives?
8. What factors you perceive hinder minors from accessing safe abortion services?
9. How do you relate your adolescent period in terms of contraceptives awareness, access and use and safe abortion service awareness and access with the current adolescents?

10. What do you know about MSIE centres for abortion service provision?
11. Do you know about the legal status of abortion in Ethiopia?

#### **In depth Interview Guide for Religious Leaders**

1. What is the opinion and stand of your religious institution on contraceptive use by minors?
2. Is there any policy or declaration on contraceptives in your institution at this time?
3. Is there any kind of contraceptives for birth control allowed to the believers by your institution?
4. When life starts in your religious teachings?
5. What is the opinion and stand of your institution on induced abortion?
6. What is the opinion and stand of your institution on miscarriage?
7. Are there any conditions that your institution may allow termination of the pregnancy?
8. Is there any official declaration regarding abortion by your institution?
9. What is the source of the teaching on contraceptive use and abortion in your religion?

#### **In depth Interview Guide for RH expert at MSIE Head Office**

1. What are the major factors that influence minor's access to safe abortion services at MSIE centres?
2. What are the major factors that influence minor's awareness about the new liberalized abortion law?
3. What are the influences of the new abortion law on MSIE's safe abortion services provision?
4. How does MSIE address minor's safe abortion service needs?
5. Is there any gap between the existing law and practice of abortion on service provision to minors?
6. What are MSIE strategies to create awareness to the public on the new liberalized abortion law?
7. Are there any challenges identified by MSIE in implementing the new law?
8. Is there youth friendly service at MSIE centers?

## **Annex 2. Introduction and Consent**

Greetings

My name is Fasika Ferede Alemu, I am a student of Amsterdam Master's in Medical Anthropology, at the University of Amsterdam. I'm currently doing a study on minor's awareness about the new Ethiopian abortion law and their access to safe abortion services in Addis Ababa with the objective of exploring the factors influencing minors' access to safe abortion services in Addis Ababa, including the effect of the new abortion law.

As the study is directly related to women of reproductive group (15-49 years) you are one of the women who are selected to participate in this study. Therefore you are kindly requested to participate in this interview.

I am going to ask some very personal questions, your participation in this interview is completely on voluntary bases and you have the right to refuse the participation. You have the right to withdraw from the interview at any time or refuse to answer any questions you feel uncomfortable about.

The information you provide will be kept confidential. This study will not provide you any direct benefits, but the information that you provide are very essential, not only for the successful accomplishment of the study but also for producing relevant information which will help in improving the provision of the service.

If you agree, the interview will be audio taped for transcription and not for any other purposes. All the information in the interview will be held in strictest confidence. I will not ask your name, address, or identification number.

I have read the above information and agree to participate voluntarily in this study. I understand that I have the right to withdraw from the study at any time I want.

### Annex 3. Profile of IDI Participant Girls

| Name      | Age | Religion           | Education level | Use of contraceptives before abortion | Use of contraceptives after abortion | Type/place of abortion undertaken |
|-----------|-----|--------------------|-----------------|---------------------------------------|--------------------------------------|-----------------------------------|
| Mekdes    | 16  | Orthodox Christian | Grade 7         | Natural method (withdrawal)           | Yes                                  | Private clinic(illegal)           |
| Tihitina  | 17  | Orthodox Christian | Grade 8         | No                                    | No                                   | Back street                       |
| Hayat     | 16  | Muslim             | Grade 9         | No                                    | No                                   | Back street abortionist (illegal) |
| Desta     | 17  | Orthodox Christian | Grade 9         | No                                    | Yes                                  | MSIE (legal)                      |
| Tigist    | 17  | Orthodox Christian | Grade 10        | Natural(calendar method)              | yes                                  | Private clinic(illegal)           |
| Selam     | 16  | Orthodox Christian | Grade 7         | No                                    | No                                   | Traditional(herbs) (illegal)      |
| Sebele    | 16  | Orthodox Christian | Grade 9         | No                                    | No                                   | Private clinic(illegal)           |
| Sofia     | 15  | Muslim             | Grade 7         | No                                    | No                                   | Traditional Abortionist           |
| Sara      | 16  | Orthodox Christian | Grade 9         | No                                    | No                                   | Private clinic                    |
| Ekram     | 16  | Muslim             | Grade 10        | No                                    | No                                   | MSIE (legal)                      |
| Tsigereda | 16  | Orthodox Christian | Grade 8         | No                                    | No                                   | MSIE(legal)                       |

Annex 4. MSIE Centers Consent form for Abortion Service

 **MARIE STOPES  
INTERNATIONAL**  
Ethiopia

**ማሪ ስቶፕስ ኢንተርናሽናል ኢትዮጵያ በፍላጎት ጽንሰን ለማቋረጥ  
በሚፈልጉ ደንበኞች የሚሞላ መተማመኛ ቅጽ**

ስም \_\_\_\_\_

ከእርግዝና ጋር በተያያዘ ምክንያት ስለጤናዬ ሁኔታ ከህክምና ባለሙያ ጋር ምክክር ካደረግሁ በኋላ ጽንሱ እንዲቋረጥ ፈቅጃለሁ። ስለተለያዩ የጽንሰን ማቋረጥ አማራጮች ጽንሱ በሚቋረጥበት ጊዜ ሊከሰቱ ስለሚችሉ የልተጠበቁ ችግሮች በተመለከተ በቂ ምክርና መረጃ ተሰጥቶኛል። ከነዚህ ውስጥ፡-

1. የጽንሰን ማቋረጥ የሚካሄደው በመጠሪግ መሆኑን
2. የጽንሰን ማቋረጡ ከመካሄዱ በፊት በማንኛውም ሰዓት ጽንሰን የማቋረጥ ሀሳቤን መቀየር እንደምችል
3. የጽንሰን ማቋረጥ ሂደት ጥቅምም ጉዳትም አለው። የልተጠበቁ ችግሮች የመከሰታቸው ሁኔታ እጅግ አናሳ ቢሆንም እነዚህ ችግሮች ከተከሰቱ ማመርቀዝ፣ የደም መፍሰስ፣ ወይም የማህፀን መሸንቆር ሊያጋጥም እንደሚችል እንዲሁም
4. የመከሰት እድሉ አነስተኛ ቢሆንም የጽንሰን ማቋረጥ ሂደት ላይላካ እንደሚችል ተረድቻለሁ። ስሆንም በጽንሰን ማቋረጥ ሂደት ውስጥ የልተጠበቁ ችግሮች ቢከሰቱ ችግሮቹን ለማቆምም ሆነ በህይወቴ ላይ የሚደርሰውን አደጋ ለመታደግ የህክምና ባለሙያዎች እስፈላጊ የሆነውን ሁሉ እንዲያደርጉልኝ ፈቅጃለሁ። ከላይ ለህክምና ባለሙያ የሰጠሁት መረጃ ትክክለኛ መሆኑን በፈርማዬ አረጋግጣለሁ።

ፊርማ \_\_\_\_\_

ቀን \_\_\_\_\_

