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Original Research

Legal rights to safe abortion: knowledge and attitude of women in North-West Ethiopia toward the current Ethiopian abortion law

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ABSTRACT

Objective: To assess women's knowledge and attitude toward Ethiopian current abortion law.**Study design:** A quantitative, community-based cross-sectional survey.**Methods:** Women of reproductive age in three selected lower districts in Bahir Dar, North-West Ethiopia, were included. Multi-stage simple random sampling and simple random sampling were used to select the districts and respondents, respectively. Data were collected using a structured questionnaire comprising questions related to knowledge and attitude toward legal status of abortion and cases where abortion is currently allowed by law in Ethiopia. Descriptive statistics were used to summarize the data and multivariable logistic regression computed to assess the magnitude and significance of associations.**Results:** Of 845 eligible women selected, 774 (92%) consented to participate and completed the interview. A total of 512 (66%) women were aware of the legal status of the Ethiopian abortion law and their primary sources of information were electronic media such as television and radio (43%) followed by healthcare providers (38.7%). Among women with awareness of the law, 293 (57.2%) were poor in knowledge, 188 (36.7%) fairly knowledgeable, and 31 (6.1%) good in knowledge about the cases where abortion is allowed by law. Of the total 774 women included, 438 (56.5%) hold liberal and 336 (43.5%) conservative attitude toward legalization of abortion. In the multivariable logistic regression, age had a significant association with knowledge, whereas occupation had a significant association with attitude toward the law. Women who had poor knowledge toward the law were more likely to have conservative attitude toward the law (adjusted odds ratio, 0.40; 95% confidence interval, 0.23–0.61).**Conclusion:** Though the Ethiopian criminal code legalized abortion under certain circumstances since 2005, a significant number of women knew little about the law and several protested legalization of abortion. Countries such as Ethiopia with high maternal mortality

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records need to lift high-impact interventions that would trigger women to understand and exercise their legal rights to safe abortion and other reproductive health securities.

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Introduction

Worldwide estimates indicate that over 56 million abortions occur per year and the overall abortion rate in Africa, where the vast majority of abortions are illegal and unsafe, remains alarming.¹ As of 2015, an estimated 90% of women of child-bearing age in Africa live in countries with restrictive abortion laws.^{1,2} For those African countries that endorse abortion under limited circumstances, few women were able to obtain safe abortion procedures;^{1–3} tracing the issue of access and equity. Though the global abortion arena sanctions women's access to legal abortion services as a matter of women's rights and self-determination, national restrictions on abortion are leading individuals to seek abortion services outside of their country.^{4–8} These abortion-related tensions could have been rendered through sexual education and family planning services linked with legally induced and safe abortion services.^{9–11}

In Ethiopia, the government has cautiously expanded its abortion law in 2005 under certain circumstances, which had previously allowed abortion only to save the life of a woman or protect her physical health.¹² In the previous (1957) Penal Code, a woman who should undergo abortion needs to have visible signs of suffering which should be diagnosed and certified in writing by a healthcare provider and two doctors had to authorize the procedure. The revision was part of the response to the crisis of high maternal mortality in the country motivated by the growing death toll from unsafe abortion and other related causes. In the new Ethiopian abortion code, a woman can legally terminate pregnancy if: a) the pregnancy is a result of rape or incest; b) the continuance of the pregnancy endangers the life of the mother or the child or the health of the mother or where the birth of the child is a risk to the life or health of the mother; c) where the child has an incurable and serious deformity; d) where the pregnant woman, owing to a physical or mental deficiency she suffers from or her minority, is physically or mentally unfit to bring up the child; and e) in the case of grave and imminent danger which can be averted only by an immediate intervention.¹³

An estimated 382,500 induced abortions were performed in Ethiopia in 2008, for an annual rate of 23 abortions per 1000 women aged 15–44 years. Though this rate is relatively low compared with WHO estimates for Africa and Eastern Africa (29 and 39 per 1,000, respectively), almost six in 10 abortions in Ethiopia were unsafe¹⁴ and abortion is one of the top 10 causes of hospital admissions and accounts for nearly 60% of all gynecologic admissions.^{12,15,16} Unwanted pregnancies in Ethiopia disturbingly urges women to practice unsafe abortion which in turn leads to maternal death^{17–19} and transmission of infectious diseases.²⁰

Women's own knowledge and attitude toward the legal status of abortion can influence their care seeking behavior and ability to access safe and legal abortion services both in contexts where abortion is restrictive and in contexts where it is not.^{2,3,6,8,21,23} According to the WHO guideline on safe abortion,⁹ the proportion of women with correct knowledge of legal status of abortion is a key indicator for measuring access to information about safe abortion.

As in most developing countries, in Ethiopia, access to safe abortion continues to depend on women's knowledge and attitude toward the law, and a substantial number of abortions continue to occur outside of health facilities.^{24,25} The Amhara region is the second most highly populated among the total nine national regional states of Ethiopia, and Bahir Dar is the city capital of the Amhara region. In 2015, the Amhara region ranked 1st in the number of expected pregnancies and 44,952 (6.54%) of the 687,446 expected pregnancies were in abortion care.²⁶ According to the 2016 Ethiopian demographic and health survey,²⁷ 52.7% of married and sexually active unmarried women in Amhara region were not using any contraceptive methods. In the same year, only 27.7% of mothers delivered by a skilled provider and only 27.1% delivered in a health facility.²⁷ Ethiopia's law reform has increased women's access to safe abortion services, which means fewer maternal deaths and injuries.¹⁴ However, studies on abortion in Ethiopia have given less attention to women's perception and experience on abortion laws. As a research states, although the new 2005 Ethiopian abortion law is relatively liberal, it could not be implemented enough if knowledge of woman is limited to the low, despite, the lack of knowledge could lead women to utilize unsafe abortion services.

Thus, this study aims to determine the knowledge and attitude and associated factors of women in North-West Ethiopia toward the current abortion law of Ethiopia.

Methods

Study design and participants

A quantitative, community-based cross-sectional survey was carried out among women of reproductive age (15–49 years) in Bahir Dar city, one of the 11 regional cities of Ethiopia and a capital city of the Amhara National Regional State. Governmentally, Bahir Dar is classified as a Special Zone with nine lower districts (kebeles), and an estimated population density of 313,415 people.²⁸ Using multi-stage random sampling and considering resource capacity of the research project, three (33%) of the nine lower districts were selected for this study.

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