



AN EVALUATION OF POSTABORTION CONTRACEPTIVE UPTAKE FOLLOWING A YOUTH-FRIENDLY SERVICES INTERVENTION IN ETHIOPIA

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BACKGROUND

In Ethiopia, young women (ages 15-19) constitute 12 percent of the female population and are represented by almost six million individuals.¹ However, they have long faced a lack of access to reproductive health information and contraceptive services, resulting in high rates of unintended pregnancy and unsafe abortion. Among sexually active, never-married women ages 15–19 in Ethiopia, 37 percent report an unmet need for contraception, and 28 percent of recent births were unplanned.² Religious and cultural beliefs about abortion and youth sexuality—combined with limited opportunities for youth to discuss sexual and reproductive health issues—can prevent young people from accessing necessary health information and services.³ Consequently, young women who decide to terminate a pregnancy often find no alternative other than to resort to unsafe abortion. Ipas Ethiopia responds to these challenges by providing technical support to the Ministry of Health to implement comprehensive contraceptive and abortion care information and services in the Amhara, Oromia, Tigray and Southern Nations, Nationalities and Peoples' (SNNP) regions and the city of Addis Ababa.

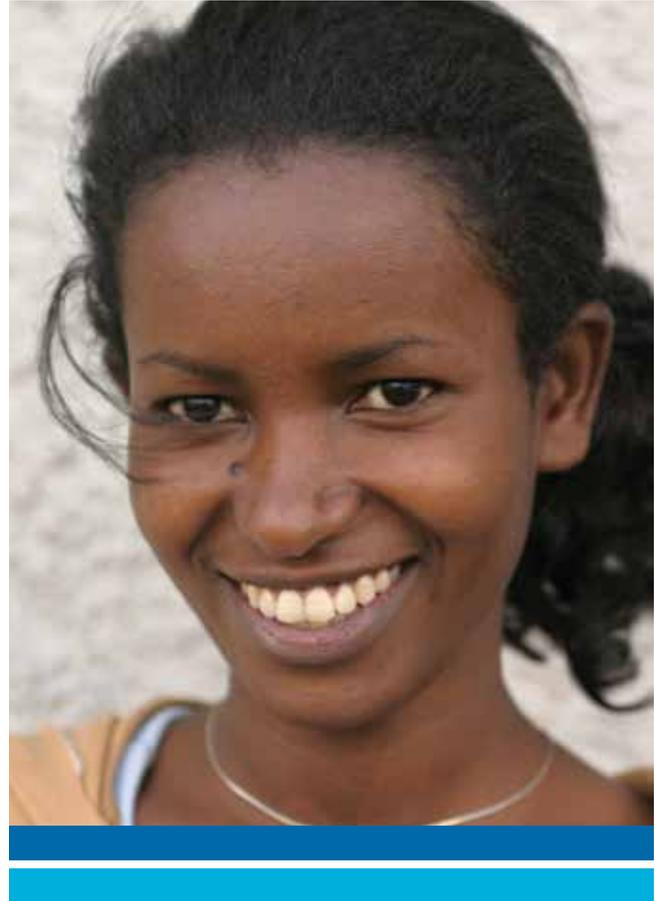
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One of the primary goals of Ipas's work in Ethiopia is to provide increased choice and access to contraceptives among young women. For young women there is an especially low uptake of long-acting and reversible contraceptives (LARC), even though LARCs are safe, effective, long-lasting and affordable for this population. The low uptake is due to a number of factors, including the lack of appropriate organization of services; lack of provider confidence; and bias or misinformation on the part of providers, clients and the community, such as about the safety of LARC for young or unmarried women.⁴ National prevalence rates from the 2014 Ethiopian Mini-DHS show that despite a government stipulation that all contraceptive methods be provided free of charge, the overall use of LARC remains low, at 0.8 percent and 3.4 percent for IUD and implants, respectively.⁵

This brief describes a study to evaluate the sustained uptake of postabortion LARC (IUDs and implants) among young women after a youth-friendly services (YFS) intervention by Ipas in Ethiopia.

METHODS

In 2010, 76 public facilities in four regions, representing urban (n=30), peri-urban (n=13) and rural (n=33) areas, were chosen to receive specialized training in youth-friendly abortion care and contraceptive services from Ipas. This was an additional five days of training for service providers who already had received an initial two weeks' clinical training on comprehensive abortion care (CAC) and LARC service provision. The additional training focused on the psychosocial, interactive and counselling aspects of providing youth-friendly services. Providers also were given clinical updates to address misconceptions about LARC use by young women. Respective facility managers received



an orientation on removing administrative and organizational barriers to LARC uptake, as well as updates on policies and the importance of focusing on young people.

Overall, the YFS training intervention emphasized the importance of understanding young women's needs and realities, including their eligibility for the full range of postabortion contraception. Topics such as strategies to increase young women's use of services and the dissemination of youth-friendly IEC materials were covered. The training also emphasized the importance of site upgrades to reorganize service delivery and offering drop-in hours if needed.

Approximately one year post-training, logbook data were collected between July 2011 and December 2012 from the YFS sites and were compared to data from 336 non-intervention sites. All sites received the standard abortion and contraception training, and the intervention sites received the additional YFS training.

RESULTS

Between July 2011 and December 2012, 19,520 women were served at the 76 YFS sites and 55,836 women were served at the 336 non-intervention sites. Postabortion contraceptive uptake was high overall: 91.1 percent at the YFS sites compared to 83.6 percent at the non-intervention sites ($p < 0.001$). In the YFS facilities, 35.5 percent of women choosing contraception received LARC compared to 22.4 percent in the comparison group ($p < 0.001$, Table 1). Among all women who received an abortion in the YFS

sites, 9.7 percent chose an IUD and 25.8 percent chose an implant. This was significantly different from the non-intervention sites, where only 4.2 percent chose an IUD and 18.3 percent chose an implant ($p < 0.002$ and $p < 0.004$ respectively). Among women under the age of 25 choosing contraception, more chose LARC at the YFS sites (38.2 percent) compared to the non-intervention sites (24.5 percent; $p < 0.001$; Table 2). Of these young women, 9.0 percent chose an IUD and 29.1 percent chose an implant at the YFS sites, compared to 4.0 percent and 20.4 percent at the non-intervention sites ($p < 0.001$ and $p < 0.003$).

TABLE 1: BIVARIATE ASSOCIATION OF YFS INTERVENTION OF OVERALL POSTABORTION CONTRACEPTIVE UPTAKE AMONG ALL 75,356 WOMEN WHO HAD AN ABORTION BETWEEN JULY 2011 AND DECEMBER 2012

	YFS		Standard		p-value*
	N	%	N	%	
Number of public facilities	76	18.4	336	81.6	
Number of women	19520	25.9	55836	74.1	
IUD	1898	9.7	2349	4.2	<0.002
Implant	5033	25.8	10143	18.2	<0.004
Short-acting	10836	55.5	34181	61.2	0.153
Any postabortion contraception	17782	91.1	46700	83.6	<0.001

*Reported p-value is associated with the Wald chi-square statistic testing the null hypothesis of no effect of intervention after adjusting for clustering on facility.

TABLE 2: BIVARIATE ASSOCIATION OF AGE ON POSTABORTION CONTRACEPTIVE METHOD CHOICE AMONG 41,440 YOUNG WOMEN (AGE 24 OR YOUNGER) WHO RECEIVED A CONTRACEPTIVE METHOD POSTABORTION BETWEEN JULY 2011 AND DECEMBER 2012

	YFS		Standard		p-value*
	N	%	N	%	
Number of public facilities	76	18.4	336	81.6	
Number of women	11720	28.3	29720	71.7	
IUD	1058	9.0	1191	4.0	<0.001
Implant	3414	29.1	6076	20.4	<0.003
Short-acting	7242	61.8	22445	75.5	<0.001

*Reported p-value is associated with the Wald chi-square statistic testing the null hypothesis of no effect of intervention after adjusting for clustering on facility.

CONCLUSION AND RECOMMENDATIONS

This study provides strong evidence of an effective approach for increasing contraceptive choice and uptake for young women seeking abortion care in Ethiopia. The addition of youth-focused abortion and contraception training was associated with a sustained greater uptake of LARC, including IUDs and implants, for young women in Ethiopia when compared to standard training. These changes were achieved through training that focused on improving providers' interpersonal and clinical skills, stronger integration of abortion and contraceptive services and reorganization of service delivery in public health facilities to be more convenient for youth and respectful of their unique needs, such as for confidentiality.

To further improve choice and access to contraceptives for young women in Ethiopia, provision of contraceptive services, particularly LARCs, should be integrated into postabortion care in public health facilities across Ethiopia. Moreover, providers should be adequately trained in youth-friendly family planning approaches, in addition to their clinical training in LARC provision. By creating broad support for the right of young women to a range of effective contraceptive methods within the health system, Ethiopia can significantly reduce unmet need and unintended pregnancies in the country.



- 1 United Nations Department of Economics and Social Affairs, World Population Prospects: The 2015 Revision, 2016, <<http://esa.un.org/unpd/wpp/Excel-Data/population.htm>>, accessed March 12, 2016.
- 2 Sundaram A. et al., Benefits of meeting the contraceptive needs of Ethiopian women, In Brief, New York: Guttmacher Institute, 2010, No. 1.
- 3 Taffa, Negussie, et al. "HIV prevalence and socio-cultural contexts of sexuality among youth in Addis Ababa, Ethiopia." Ethiopian Journal of Health Development 16.2 (2002): 139-145.
- 4 Health Community Capacity Collaborative. Barriers to LARC Uptake Among Youth Highlights from the Research. <http://healthcommcapacity.org/wp-content/uploads/2015/04/Barriers-to-LARC-Uptake-Among-Youth-Brief.pdf>
- 5 Central Statistical Agency [Ethiopia]. 2014. Ethiopia Mini Demographic and Health Survey 2014. Addis Ababa, Ethiopia: Central Statistical Agency.



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