MATERNAL MORTALITY, ABORTION SERVICES AND STIGMA: PROVIDERS’ EXPERIENCES AND ATTITUDES IN ADDIS ABABA, ETHIOPIA

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The research with Ethiopian obstetrician gynecologists explores their understandings and explanations of a sensitive policy reform, reform of the country’s law on abortion. Ethiopian obstetrician-gynecologists and their professional association (the Ethiopian Society of Obstetricians & Gynecologists or ESOG) took a more active and visible role in supporting a sensitive legal reform, liberalization of the country’s law on abortion, than has been seen in most other countries. Ethiopia has had very high levels of maternal mortality, much of it due to unsafe abortion, and experience and studies globally have shown that liberalized laws are associated with reduced mortality due to unsafe abortion. Obgyns almost uniformly emphasized their desire to change Ethiopia’s persistently high levels of maternal mortality, and expressed an acute sense of how limited their numbers were in relation to Ethiopia’s population. Many also described their direct experience of caring for women with botched abortions (as the providers with the most training, they dealt with the most dire cases) as motivating their work. The personal commitments of ob-gyns and of ESOG leaders to addressing maternal mortality; the young and lean organizational structure of the obgyn professional society and the absence of any focus on professional housekeeping issues such as compensation, scope of work or training; the clear signals of government support for civil society engagement in reform discussions; and awareness of alternative effective approaches for dealing with unsafe abortion (post-abortion care); are all associated with ESOG’s engagement in policy advocacy on this contentious issue. Ethiopian providers understood their participation as being rooted in their professional experience, and saw their role as being one of contributing research-based evidence to public discussions. While they collaborated with other partners from civil society, obgyns and their professional society kept a clear and distinct identity grounded in their profession. The findings here can help those supporting policy change, and seeking to involve obgyns, in other settings.

In 2005 Ethiopia enacted a significant reform of its law on abortion, liberalizing access, but notably also authorizing providers such as Midwives to provide abortion services. Especially when there are acute shortages of trained medical providers, as in Ethiopia, Midwives have the potential to expand services. The reform was enacted to reduce Ethiopia’s persistently high levels of maternal mortality, for which unsafe abortion is one of the top three causes. Laws giving broader access are associated globally with reduced maternal mortality. However, there are countries with liberal laws that fail to increase women’s actual access to services. This research explores the willingness of Midwives to provide abortion services, and the factors associated with greater willingness to provide care. This research is designed to inform the design and implementation of Midwifery School curricula, as well as of trainings for Midwives who are already in service. In preliminary bivariate analyses, Midwives who are male, younger, Ethiopian Orthodox or Muslim (versus Evangelical), more frequent attenders of religious services are those who also expressed greater willingness to provide services. Further, those with greater training and experience with abortion and abortion provision were more willing to provide services. However, Midwives do believe that their profession should be trained to provide services and that Midwives should refer to other medical staff if they are unwilling to provide services.