



January 2009

Out comes, reasons to commit abortion and health seeking behavior among women in Kersa district

This Policy brief describes reasons and health seeking behavior related to the condition at Kersa district in 12 selected kebeles of Kersa demographic surveillance and health research center field site. The result is based baseline health survey conducted in February 2008

Introduction

Due to the nature of the problems, most women's usually do not reveal if an incident occurs. Each year, approximately 20 million unsafe abortions are performed worldwide. They result nearly 80,000 maternal deaths and hundreds of thousands of disabilities. In Africa, the risk of dying after unsafe abortion is one in 150 and maternal deaths due to unsafe abortion is 13 %. In Ethiopia, there is a high incidence of abortion cases in developing countries like Ethiopia.

age group (15-49) selected from 12 Kebeles of the field research center using proportion to size.

In this study, 78 (9.1 %) of women had experienced abortion out which 51 % are induced abortion. The main reasons to commit abortions were 55 (70.9%), unknown (related to spontaneous abortion and some induced abortion). There were only 4 'abortionists' reported to present in the society who performed abortion among those two of them were reported to be health professionals and the rest two were non-professionals (local healers).

A study was conducted on 858 females of reproductive

Table 1: Distribution of the outcome of abortion in 12 selected Kebeles of Kersa District, Eastern Hararge, Eastern Ethiopia February 2008

Variable		Frequency	Percentage
Outcome of abortion	Ended with excessive bleeding	54	69.7
	Ended with infection	14	18.2
	Termination succeeded	4	4.5
	Other	6	7.6
Total		78	100.0
Reasons for committing abortion	Lack of support	7	9.1
	Too many children	7	9.1
	Pressure of friend /family	1	1.8
	Advice from medical personnel	7	9.1
	Other	56	70.9
Total		78	100

Only 27 (3.2%) of mothers saw women who were seriously ill after unsafe abortion and the rest 826 (96.8%) of mothers didn't see any woman who was seriously ill after abortion practices. From the total of 27 women who experienced to see such serious circumstances, 19 (72%) of them took no action to the problems they observed.

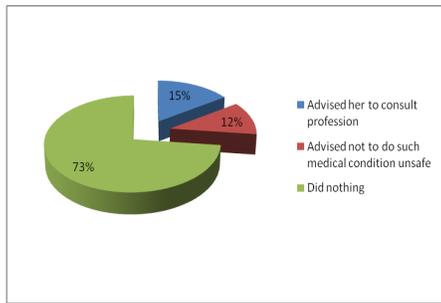


Fig 1: Measures taken by women who saw seriously ill females after unsafe abortion, Kersa District, Eastern Hararge, Eastern Ethiopia February 2008.

From the total women interviewed concerning future preference to terminate pregnancy, majority (51.4%) prefer to go to other places and 359 (46.4%) of them prefer health institution in the future to terminate any unwanted pregnancies and abortions.

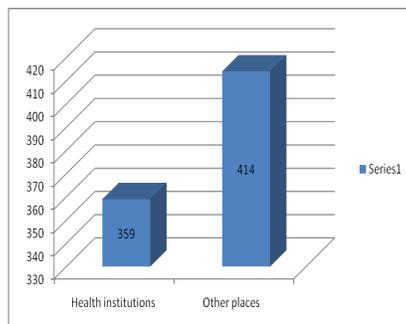


Fig 2: Future preference of women to terminate pregnancy, Kersa District, Eastern Hararge, Eastern Ethiopia February 2008

Conclusion

Majority of abortion cases had ended with excessive bleeding. This is due to performing abortion in unsafe condition. This further exposes the mother to anemia and other complications. Majority do not want to explain why they have such experience. Which may be associated with feeling of guilt to tell about the past history. Up on seeing somebody who is suffering from complication of abortion, majority did nothing. This may be due to lack of knowledge on referral during such incident. Still majority prefer not to go to health institution for similar future incidents.

Health extension workers should work in availing family planning service to the community at large. More over health education in preventing unwanted pregnancy should be stressed. Further education should be given what to do if an incident occurs in the future. The community should be given education on where to seek advice and professional service for such condition.

Recommendation

Kersa Demographic Surveillance and Health

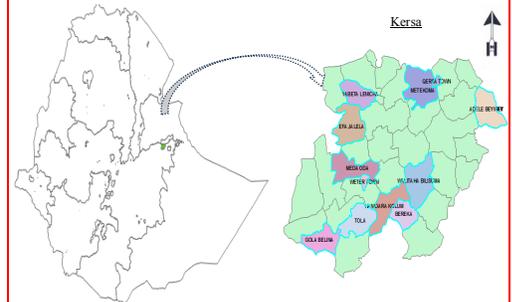
Research Center (KDS-HRC),

Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.

According to the first census there were 10,256



households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

