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Abortion Care Pathways in Addis Ababa Healthcare Facilities: A Qualitative Descriptive Study

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Background: Realising the abortion care services pathway is crucial in achieving woman-centred care and improving the quality health services. Evidence indicates that lack of respectful care during abortion remains a global challenge to reproductive health and rights. Therefore, this study explored induced abortion care pathways in Addis Ababa health facilities.
Methods: A descriptive qualitative design was undertaken, recruiting consenting women who sought induced abortion care from seven health facilities. Purposive sampling techniques were used. In-depth semi-structured interviews were conducted with sixteen women receiving the abortion services. The collected data were typed and transcribed into the local language and subsequently translated into English. Data were coded, organised, and analysed using inductive thematic analysis.
Results: Six main themes and corresponding subthemes were created from the data analysis. Themes were: i) social and emotional support, ii) stakeholder perception, iii) accessibility and service delivery, iv) perceived competency of abortion care providers, v) physical journey, and vi) emotional journey. Women attended health facilities alone and were not supported by family and friends. Women reported that family and friends were involved in most instances of their abortion decision-making. The findings highlighted that women did not disclose their abortion to family and friends, were scared of stigma and were forced to continue the pregnancy. Women reported they were coerced to use family planning by providers after the procedure. This study also found that women travelled and waited a long time to obtain care, scared about their privacy and confidentiality, lack of medicine and ultrasound at some facilities, and due to the limited availability of second-trimester abortions. Participants mentioned that the provider was supportive and competent, while some described unsupportive care in liaison and health centres. Women felt stigmatised by the community and providers because of their abortions and felt ashamed and upset after abortion.
Conclusions: Though positive experiences and supportive care were noted, this study identified abortion stigma, lack of availability and inaccessibility of abortion services. This requires inter-sectoral collaboration to create strategies to improve community-based awareness to decrease abortion stigma and promote and provide quality abortion care. Policymakers, facility managers, researchers, and providers need to work on availing accessible, acceptable, and woman-centred quality abortion care that would reduce feelings of shame and upset after abortion

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