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Abstract

Background: The provision of Comprehensive Abortion Care (CAC) in accordance with legal frameworks and clinical standard is crucial. However, disparities in access to quality comprehensive abortion services persist, particularly in pastoralist communities that often face limited healthcare infrastructure, challenging geographic and socio-cultural contexts, and socioeconomic disadvantages. The aim of this study is to explore health system level barriers that affect provision of CAC in pastoralist communities of Oromia regional state, Ethiopia.

Methods: A qualitative study was conducted from April 13 to June 23, 2024. A total of 23 key informant interviews were carried out with healthcare providers at 10 selected health facilities, as well as reproductive health officers at woreda, zonal, and regional-levels. Verbatim transcript files were analyzed using thematic analysis and coded with OpenCode 4.03 software.

Results: Various health system barriers affecting the provision of abortion services including gaps in access and availability, inadequate skilled medical providers, financial constraints, poor commitment of management, and gaps in implementation of legal frameworks were identified. While policies and legal frameworks around abortion are generally supportive, challenges in implementation and awareness persist. The inaccessibility of

CAC services within community is leading to higher utilization of traditional practices and high number of unsafe abortion cases. The unique socio-cultural, lifestyles, geographical and infrastructural characteristics of the pastoralist community exacerbate those barriers. Inequity features pertaining to service availability, accessibility and supply are the underlying causes of the systematic barriers that affect the provision of CAC services in the pastoralist communities.

Conclusion: The findings of this study highlight significant challenges in the provision of CAC in pastoralist communities. Addressing these systemic issues requires a multifaceted approach involving improved infrastructure, better training for providers, enhanced community education, stronger policy implementation, and advocacy efforts at all levels.

Keywords: CAC, Health system-level barriers, Pastoralist communities, Oromia, Ethiopia

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