

Incidence of induced abortion and severity of abortion-related complications among women in refugee settings in Ethiopia

Context

Humanitarian crises disrupt essential services, making it difficult for people to access basic care, including sexual and reproductive health (SRH) services. While data on SRH services in humanitarian settings is lacking, even less is known about how common abortion is or the severity of abortion-related complications in these settings. This evidence brief provides estimates of the incidence of induced abortion among refugee women in Ethiopia and the proportion of these abortions that occurred within the formal health care system. This brief also presents information on the management and severity of abortion-related complications among women living in refugee settings in Ethiopia.



Methodology

This study used a modified application of the Abortion Incidence and Complications Methodology (AICM) to generate estimates of abortion incidence and abortion related complications. Data for this analysis was collected in 22 of the 24 refugee camps¹ in Ethiopia in 2024 through three data collection efforts:

- 1 Health Facilities Survey (HFS):** The HFS surveyed 75 health facilities providing post-abortion care (PAC) or safe abortion care (SAC) around or within refugee camps. HFS respondents were asked to estimate the number of women who received PAC and SAC at their facility and the percentage of those women who were refugees.
- 2 Knowledgeable Informants Survey (KIS):** 69 individuals familiar with induced abortion among women in refugee settings in Ethiopia were interviewed. Respondents were asked to estimate the likelihood of having a complication after an induced abortion outside of a formal health facility and the proportion of these complications that would receive treatment at a formal health facility.
- 3 Prospective Morbidity Study (PMS):** The PMS was implemented in a subset of the HFS facilities (n=47). All PAC patients who presented at the study facilities during the study period were eligible to participate. Data on the management and severity of abortion-related health complications were collected through a provider survey and Medical Record Review (MRR).

¹2 camps were excluded due to security concerns

Key findings

A. Postabortion care caseloads and the induced abortion incidence rate

- 1 An estimated 9,044 women received PAC across 75 facilities that serve refugee settings, 3,424 of whom were refugees. This corresponds to a PAC treatment rate of 14.4 per 1,000 refugee women aged 15-49.
- 2 In 2023, an estimated 9,083 induced abortions occurred among women living in refugee camps, translating to an abortion incidence rate of 38.3 per 1,000 women aged 15-49. There were only slight regional differences in this rate.

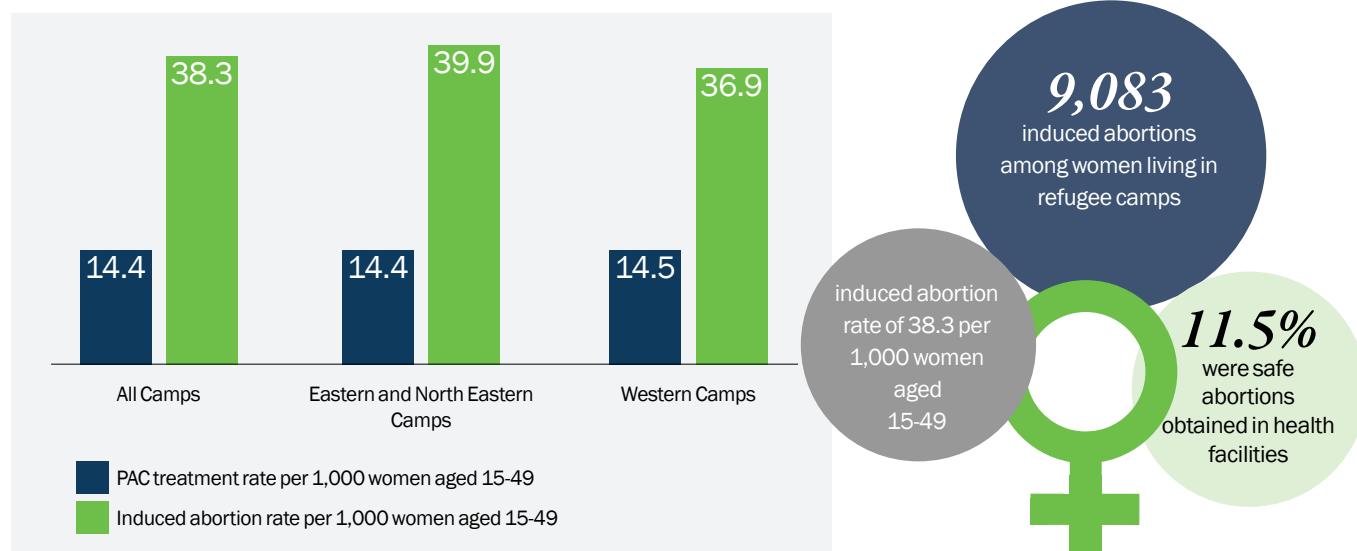


Figure 1: PAC treatment rate and induced abortion rate among refugee women living in camps

- 3 Out of all induced abortions, 8,041 were estimated to occur outside of a facility setting, while only 11.5% (n=1,042) were safe abortions obtained from the facilities included in our study. By region, Western camps had a slightly higher proportion of in-facility abortions (13%) compared to Eastern and Northeastern camps (10%)

B. Management of post-abortion complications

- 1 A total of 315 women received PAC at one of the 47 facilities during the data collection period. Most patients were from the host community and living outside a refugee camp (71%), aged 20 to 34 (76%), and married or cohabiting (87%). Fewer than half reported that their current pregnancy was unintended (39%).
- 2 Manual vacuum aspiration was the most common uterine evacuation procedure used (MVA; 71%). The majority of women were treated by a nurse or midwife (61%) and received pain medication during their uterine evacuation (79%).
- 3 While almost all women received contraceptive counseling (97%), only 69% left the facility with a contraceptive method.

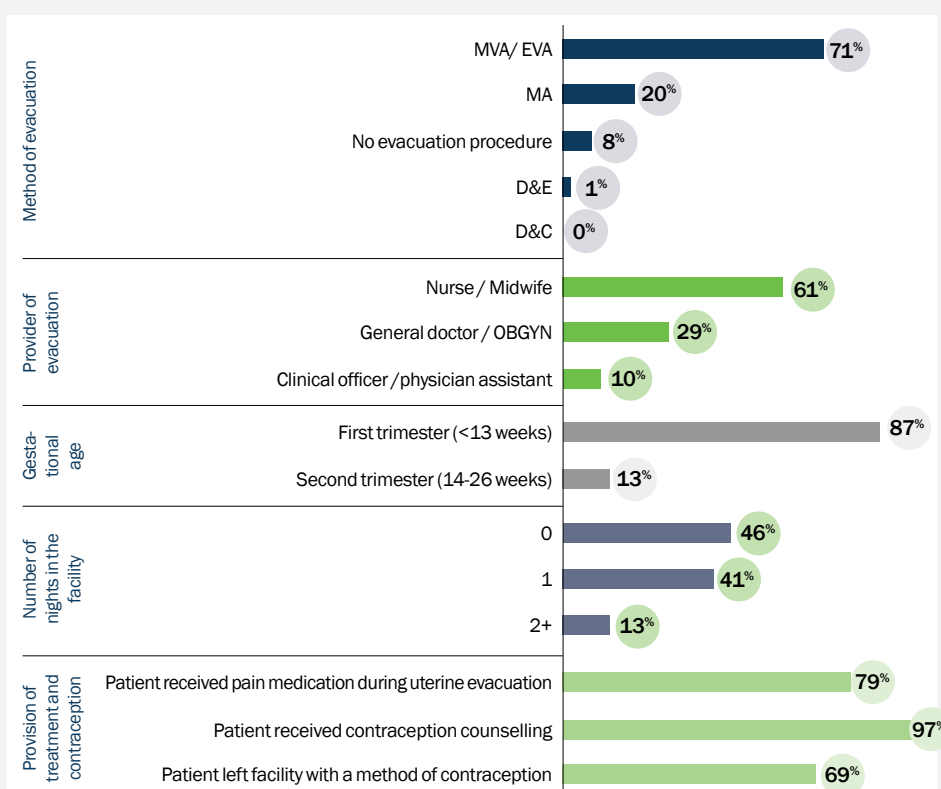


Figure 2: Management of PAC patients in health facilities serving refugee populations

C. Severity of abortion-related complications

- 1 To classify the severity of abortion-related complications, we used four categories as defined by the WHO: severe maternal outcomes (SMO), potentially life-threatening complications (PLTC), moderate complications, or mild complications. SMO included death and near miss complications. Patients were categorized by their most severe health complication.
- 2 Overall, nearly 2% of PAC patients experienced an SMO, and 21% had a PLTC. One in three (35%) experienced a moderate complication, and 42% had mild complications. The most common PLTC among women was severe hemorrhage, and the most common moderate complication among women was severe vaginal bleeding.
- 3 There was no significant difference between experiencing an SMO or PLTC among women living in a refugee camp and those living in the host community.

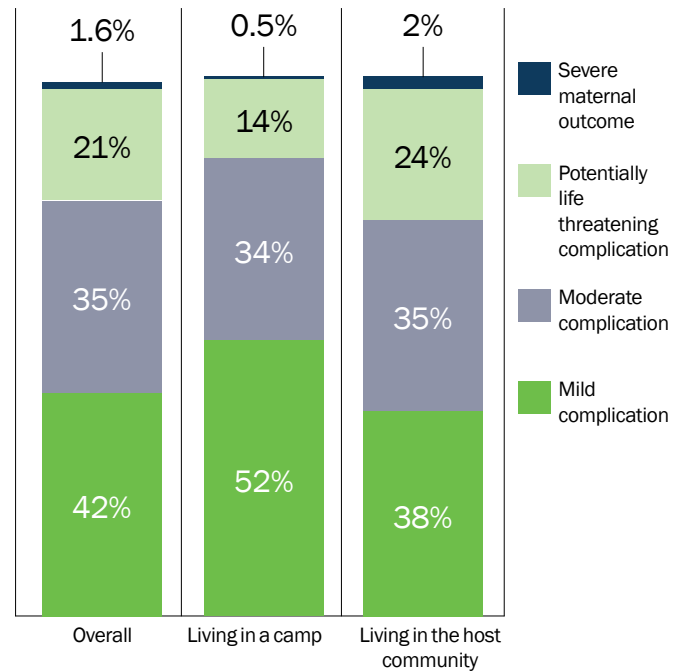


Figure 3: Distribution of severity outcomes among PAC patients treated in health facilities serving refugee populations

Conclusion

Evidence from this study shows that abortions are common in refugee settings in Ethiopia. Our estimated abortion incidence rate of 38.3 per 1,000 women of reproductive age living in refugee camps is substantially higher than the national rate estimated in 2014, which was 28 per 1,000 women of reproductive age. The higher abortion incidence among women in refugee settings may reflect the lack of targeted SRHR interventions that provide essential SRHR services to refugee populations, including effective contraception.

Only a small proportion of the abortions were safe abortion services (meaning they occurred within the formal healthcare system), although safe abortion services are accessible in Ethiopia under a number of circumstances. Among all women seeking postabortion care, one in four women were classified as having a potentially life-threatening complication or a severe maternal outcome, indicating the need for high quality postabortion care in these settings. Evidence from this study can be used to inform SRHR programs for refugee populations, especially of the need to expand access to SRHR services, including family planning, safe abortion services, and PAC in refugee camps.

Recommendations

1

Promote



Promote the use of contraceptive methods to prevent unintended pregnancies through primary health facilities and community-based programs.

2

Strengthen



Strengthen the capacity of health facilities in refugee settings to provide safe abortion services and quality postabortion care services.

3

Awareness



Increase awareness of existing policies and guidelines, including the legal provisions of safe abortion care and comprehensive abortion care among community members and health care providers.



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