

The reasons for unsafe abortion among reproductive-age women in the West Shewa zone, Oromia, Ethiopia. A qualitative study

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Abstract

Background: Unsafe abortion, even though it is preventable, remains a significant cause of mortality and morbidity among women in the reproductive age group in the developing world. Africa is home to 29% of all unsafe abortions, it contributed to 62% of all abortion-related deaths. It has always been a dilemma for researchers to explore the reasons for unsafe abortion in communities due to the sensitive nature of the subject. Unless this mystery is solved, it will remain a challenge to learn the true causes of unsafe abortion in Ethiopia.

Objective: To Exploring the reasons for unsafe abortion among reproductive-age women in the west Shewa zone, Oromia, Ethiopia, 2021

Methods: Qualitative study with a purposive sampling technique was used, to explore the reasons for unsafe abortion among women in the reproductive age group. In this study, total of 16 women from the six health facilities who fit the inclusion criteria and two key informants were included. The data was collected with in-depth interviews after preparing an interview guide.

Result: This study finding show that lack of knowledge of safe abortion policy and services, socio-economic conditions as a perceived influence for unsafe abortion practices, safe abortion as a real religious and cultural taboo, stigma of unplanned pregnancy, and a desire to pursue education were the reasons for unsafe abortion.

Conclusions: Women in this study stated that lack of knowledge of safe abortion policy and services, economic conditions, safe abortion related religion and cultural taboo, stigma of unintended pregnancy, and a desire to continue their education were reasons for performing unsafe abortions. To address these factors, the government should work on improving family planning education, enhancing awareness on safe abortion services, strengthen economic involvement of women and education on the consequences of unsafe abortion are critically important.

Keywords: Abortion, Induced abortion, Pregnant, Risk factors, Unsafe

Background

Unsafe abortion, according to the World Health Organization (WHO), is defined as an abortion performed outside of health facility or a pregnancy terminated by someone lacking the necessary expertise or both (1). Between 2015 and 2019, 121 million unwanted pregnancies were reported annually, revealing a global rate of 64 unintended pregnancies per 1000 women of reproductive age, with 61 percent of those pregnancies ending in abortion, resulting in a total of 73.3 million abortions per year, corresponding to a global rate of 39 abortions per 1000 women (2). Between 2010 and 2014, an average of 56 million induced (safe and unsafe) abortions were performed each year over the world (3).

Abortion rates were higher in poor nations than in developed countries (4,5). In affluent countries, 30 women were reported to die for every 100,000 unsafe abortions, in contrast in underdeveloped nations, there were 220 deaths per 100,000 unsafe abortions, while in Sub-Saharan Africa, it was reported 520 deaths per 100,000 unsafe abortions (3). Women in Africa are disproportionately affected by unsafe abortion related mortality. While the continent is home to 29% of all unsafe abortions, it contributed to 62% of all abortion-related deaths (3,6).

In Ethiopia, 620,300 induced abortions were estimated to be done each year and the abortion rates were 28 per 1,000 women aged 15 to 49, with the greatest rates in the country's urban areas (7).

Several factors were reported to be responsible for unsafe abortion practice to mention some, place of residence, knowledge on pregnancy signs and symptoms, being student, age, delay after the decision for abortion, religious stigma, sexual assault, financial problem, lack of information where to get the service, delay to suspect pregnancy, transportation problems, and family conflict have all been identified as reasons for unsafe abortion(8,9).

A woman can also lawfully end a pregnancy if she is a juvenile who is physically or mentally incapable of giving birth (10). Many Ethiopian women, however, continue to obtain abortions outside of health institutions, often in dangerous circumstances, this fact must be addressed by enhancing access to safe and legal abortion services, particularly for rural women (7).

It has always been a dilemma for researchers to explore the reasons for unsafe abortion in communities due to the sensitive nature of the subject. Therefore, there is a need for a reliable way of understanding this problem. Unless this mystery is solved, it will remain a challenge to learn the true causes of unsafe abortion in Ethiopia.

Methods and materials

Study setting and period

The study was carried out in the Oromia region, West Shewa Zone, Cheliya Woreda, which consists of one general hospital and five health centers. According to 2007, the national census profile of the total population of the district was 94,152 of whom 45,076 were men and 49,076 were women out of which 16005 were women in reproductive age group. A total of 16 women from the six health facilities, two women from each health centers and four from Gedo hospital were selected purposively. In addition, two key informants selected from Gedo Hospital depending because the hospital has more patient flow compared to the health centers. The study period was conducted from 14th March to 22nd July 2021.

Study design

A qualitative phenomenological study was carried out. This was particularly valuable with unsafe abortion, due to the sensitive and often undercover nature of abortion. Since the aim of the study was to explore the reason or lived experience of unsafe abortion practice among women in the reproductive age group, it was chosen.

Participants

The data were collected from women who had self-induced or gotten services from untrained personnel to terminate pregnancies and who were being treated for complications of unsafe abortions by using the guiding questions for an in-depth interview, and two key informants were included. Information was collected on exit from service at separated and convenient place consecutively until the sample size reached theoretical saturation.

Data collection procedure and quality assurance

Purposive sampling method were used to recruited 14 participants (4 from one general hospital and 2 key informants (midwives coordinators from two study settings) each from 5 Health centers). Data collectors; one midwife and a supervisor from each study area were hired to collect the data. They were trained for one day on how to use data collection tools, techniques and how to probe participants to get enriched data. All unclear questions were changed or eliminated, and adjustments were made based on the appropriateness of the question after pre-test.

Data processing and analysis

The data was analyzed thematically. From the data we had extracted 5 Major theme, 15 sub theme and 25 codes. The researcher employed all the following steps: transcription, translation, familiarization, open coding, auxiliary coding, categorization, and report writing. The transcript was then exported to open code 4.03. Themes were analyzed to make sure they reflected the idea/view that was captured during data collection. Finally, this result will be reported using Standards for Reporting Qualitative Research.

Results

A total of 14 women from the six health facilities who fit the inclusion criteria were identified. However, only 12 women agreed to participate in the study, and there was theoretical saturation. The sociodemographic characteristics of those respondents are described in table 1. Two key informants were included in the in-depth interview to discuss the trend of unsafe abortion services. The following thematic categories were extracted from the collected data: lack of knowledge of safe abortion policy and services, economic conditions as a reason for unsafe abortion, safe abortion being a religious and cultural taboo, the stigma of unplanned pregnancy, and a desire to continue education.

Table 1: Socio-demographic characteristics of study participants

Age	Frequency	Percent
15-25	8	58.33
26-35	4	25
36-45	2	16.67
Employment		
Employed	3	25
Unemployed	9	75
Educational status		
Primary school	4	33.33
Secondary school	3	25
College/university	5	41.67

Lack of knowledge of safe abortion policy and services

The majority of participants had poor knowledge about safe abortion policies and services in Ethiopia. According to the responses of the respondents, they did not know the places where safe abortion services were provided, which is why they were obligated to perform an unsafe abortion. In addition to the service, they did not know the policy on safe abortion. Their responses about knowledge were stated as follows:

A 27-year-old female health professional (midwifery) working in a hospital stated:

"We are providing prenatal care, postnatal care, delivery, and other gynecological services." We have trained staff on safe abortion services, including MVA (manual vacuum aspiration). However, some clients, especially high school students, visit our hospital after experiencing complications from an incomplete abortion. Many women choose to abort on their own to avoid the humiliation of having babies without a husband. In addition to that, a student was a major reason for terminating a pregnancy with an unsafe abortion (key informant 1).

A 21-year-old high school student stated that *"my friend and I did not know where to go and terminate my pregnancy." Both of us knew that abortion is illegal in Ethiopia. My friend recommended that I go to a traditional medicine provider and take traditional herbals in order to terminate my pregnancy. I went there and took it. "I knew that I was bleeding to death because I did not have any other option" (participant 1)*

Another 26-year-old unmarried university student also explained that *"no one informed me that there were safe abortion services in health facilities." "She further explained that, and I knew that abortion is illegal and considered murder in my region, so I decided not to go to any health facilities" (participant 2).*

Similarly, a 22-year-old high school student also stated that

"My friend told me that safe abortion is not legal in governmental health facilities, but the service is provided illegally in private clinics." Even though the service was provided there, it was expensive, and I did not have money to go and terminate my pregnancy. As a result, I have used a mixture of herbals. Meanwhile, I started vomiting and bleeding and my friends brought me here" (participant 3).

In general, poor knowledge of safe abortion services and policies possibly leads those women to practice unsafe abortion.

Economic conditions as a reason for unsafe abortion

Many participants mentioned the reason that makes them perform unsafe abortions was their socio-economic problems. They stated that financial reasons were the main problem for practicing unsafe abortion. The phenomenon was stated as follows:

A 25-year-old female nurse professional from the health center explained that *the number of females terminating pregnancies at home using herbal medicine was increasing. I have 5 years of experience in this facility. Especially, during summertime, the number increases because student returns back to their home for break. Once upon a time, a mother came to the facility with bleeding. When I asked her the reason for practicing such a risky practice, she answered that she and her husband desired to have a child after marriage so that they would have respect and honor from the community. However, she was not ready at that time to be a mother because of poor psychological, economic, and social readiness (key informant 2).*

A 21-year-old student explained the reason that makes her practice unsafe abortion as follows:

"I am a student. And I do not have money to look after myself and a child at this time. I did not hesitate to take the herbal medicine that was recommended by my friends. Finally, I have started abdominal cramp and my friends brought me here" (participant 4).

A 41-year-old unmarried woman explained the reasons as follows:

"I am a mother of three children, and my husband told me that they are enough and that I cannot bear an additional child because we do not have enough money to raise them." However, I became pregnant, and my husband did not know that, as a result, I bought pills and had taken them orally participant 5).

Safe abortion religion and cultural taboo

Most of the respondents believed that safe abortion during pregnancy was an illegal act in Ethiopian society. All participants were Christians and Muslims who were opposed to abortion services. Participants were against abortion in any form, whether safe or unsafe. In addition, the

majority of participants believed that even safe abortion was against Ethiopian culture. Participants expressed their ideas in the following way: A 39-year-old woman government worker explained the situation as follows: *"Abortion is not allowed in every religion because it is an act of killing a human being." I did an unsafe abortion by myself, and I regret it every time. I am not the right human being. I feel God will not forgive me for what I have done (participant 6).*

A 20-year-old elementary school student also stated that *"in our society, abortion is forbidden." If people know that you were pregnant and terminated your pregnancy, you will be the topic of discussion in society. So, it's better to have an unsafe abortion in a way that the societies do not know anything about it" (participant 7).*

The stigma of unplanned pregnancy and avoiding family disappointment

The majority of the participants stated that pregnancy before marriage is unacceptable in Ethiopian society. Therefore, women who got pregnant before marriage were most often stigmatized in their community. Many women were expected to be pregnant after marriage. That is why women who get pregnant before marriage perform an unsafe abortion. In addition, women do not want to lose the trust of their family and society; to maintain this relationship, they perform an unsafe abortion. They stated their idea in the following ways:

A 25-year-old third-year university student stated that *"sexual intercourse is only legal if you get married. If you become pregnant without marriage, society will separate you from social life. It's better to have an unsafe abortion to avoid this. In addition to this most of the health workers in this hospital knows me and I had feared to come and terminate the pregnancy safely" (participant 7).*

Similarly, a 26-year-old 2nd-year university student reported that:

"I need to have a child after I get married; I do not want to be stigmatized by the community." I talked to my friend in secret, and she told me about a home where somebody was served. It was however not successful initially but after two days I started having severe abdominal pain" (participant 8).

A 18 years old elementary school student detailed that *she had a close relationship with her mom and dad. Every time she discussed with her mom about sex. Her mom always encouraged her to*

complete school, get married, and have a baby. Therefore, if she got pregnant and kept it to term, she would disappoint her family (pp9).

21 years old Muslim itemized that "I am from a rural area. I am a high school student. My family has expectations of me to become a good student and join university. They are farmers and spend a lot of money on my schooling. "Therefore, I do not want to have a child and make them disappointed" (participant 10).

A desire to continue education

Many participants in this study stated a desire to continue education as an issue that leads to unsafe abortion in Ethiopian communities. Almost all participants were at various levels of their education and did not want to stop their education as a result of pregnancies.

A ninth-grade student identified that *she did not want to "blue pencil" her education. I have to have my own job in order to bear a baby. It is difficult if you are not educated. "So I did not want to have a child, and I have taken some drugs and have started vomiting and bleeding after that"* (participant 11).

A 19-year-old student also stated that "I am a student." I come here for rest and I have got pregnant. But I did not want to sacrifice my education for childbearing, hence "everything has its own time" (participant 12).

Discussion

The current study explored the reasons for unsafe abortion among women in the reproductive age group in the west Shewa zone, Oromia region, Ethiopia. Unsafe abortion remains the most neglected sexual and reproductive health problem in the developing world. Estimates showed that women in South America, Eastern Africa, and Western Africa were more likely to have unsafe abortions compared to other regions (12). A study done in Madagascar showed that unsafe abortion was a public health problem in the country (7). The prevalence of unsafe abortions remains unacceptably high in Ethiopia (13).

Different researchers reported that unsafe abortion is an experience that is shared by many people globally, regardless of religion, income, or marital status. It also highlighted the need for continued commitment and investment to ensure access to the full spectrum of quality, comprehensive sexual and reproductive health care (14).

The issue of unsafe abortion has not been widely addressed by researchers, particularly for its qualitative reasons in Ethiopia. Causative reasons for unsafe abortion practices are discussed in line with the five thematic categories that were extracted, as follows:

Lack of knowledge of safe abortion policy and services

The majority of participants were students (75%), Christians (91.67%), and married (58.33%). Knowledge of participants towards the Ethiopian current abortion law was poor as per the national standard (13). Most of the respondents practiced unsafe abortions because they had poor knowledge of safe abortion services and the abortion policies in the country.

Despite the fact that Ethiopia has a reproductive health policy that stipulates the necessity for safe abortion services in the country, the majority of the respondents were unaware of it. Similarly, only 43% of Nepalese respondents had a good understanding of their country's abortion law. According to the quantitative survey of Nepal, a woman's age and her partner's educational position were factors in determining whether the woman was knowledgeable about the abortion law (15, 16). Women with unwanted pregnancies may be motivated to seek safe abortion procedures if they are aware of the law. Women who go to a hospital for post-abortion complications usually do so because they are unaware of safe abortion policies. Women who go to a hospital for post-abortion complications generally hide the truth about their induced abortion because they are terrified of the legal ramifications. This is due to a lack of awareness about safe abortion legislation (17). According to a study conducted in Ghana, women who were unaware of the legal status of abortion were more likely to use unsafe abortion services (14). According to a study conducted in Bahir Dar, Ethiopia, educated women were more likely to have a safe abortion, which validates our findings (16). Even in places where abortion is legal, women have been deterred from accessing safe care due to a lack of understanding of the legislation and worries about confidentiality (18).

Economic conditions as a reason for unsafe Abortion

Many of the study's participants confessed that their socioeconomic circumstances, such as financial troubles, unemployment, and a lack of financial support, led them to engage in unsafe abortion practices. According to a study conducted in Kenya, the main causes of induced abortion were socioeconomic stress and a lack of male partner support

(19). Pregnancy termination was also cited as a primary reason for not being prepared for motherhood, given that she already had a small child to care for and lacked the financial resources to care for the baby (16). Being wealthy was also protective against dangerous abortion-related situations (20). When compared to women in the highest quintile, poorer women (those in the lowest asset index quintile) had a 45 percent higher risk of unsafe abortion (21); meanwhile, women from low-income families and those with little or no education were more likely to have an unsafe abortion (22). Women with lower monthly salaries, whether from themselves, relatives, or families, have more unsafe abortions than women with higher incomes, similar to the current study's findings (23). The findings of this study revealed that a lack of information on where to get service, a lack of simple access to or the absence of safe abortion services, and a lack of economic independence for young girls and women were all linked to unsafe abortion practices.

Safe abortion religion and cultural taboo

Because safe abortion of pregnancy was considered against religious and cultural activity in Ethiopia, participants in this study admitted to engaging in hazardous abortion procedures. This result corresponded to a study conducted in Ghana, which found a lack of self-confidence as well as anti-abortion views in Ghanaian society (14). The majority mentioned their religious beliefs as a justification for performing risky abortions. They claimed that the Bible forbade abortion, and they were further influenced by the advice they receive from friends as well as the stories they hear from other women in their neighborhood (24).

Providers may decline to provide abortion care, decreasing access to safe treatments, or stigmatize their clients' fear of maltreatment at formal clinics, which was another reason for continuing to utilize informal abortion care (24). The counsel they receive from friends and the experiences they hear from other women in their neighborhood have an impact on women. The primary causes of induced abortion, according to this study, were socioeconomic hardship and a lack of support from the male spouse. Religious norms may also contribute to under-reporting (25).

The stigma of unplanned pregnancy and avoiding family disappointment

Many participants explained that other motivations for unsafe abortions

include stigma and societal disappointment. They mentioned that abortion is completely prohibited in Ethiopia. As a result of the public conversation about unsafe abortion, it has been linked to health care, allowing it to be discussed more openly and overcoming socio-cultural barriers such as fear and shame (23). There is also a need for community-wide campaigns to oppose the stigmatization of unmarried pregnant moms. In the long run, this would lower the possibility of these moms seeking unsafe abortions (26).

A desire to continue education

The desire to further their education was a key element in Ethiopian young women's unsafe abortion practices in senior high school and higher institutions. In Ethiopia, a girl child who becomes pregnant during her junior or senior years of high school is more likely to drop out.

The bulk of patients who took part in the study (94%) were unemployed. These women were most likely hoping to find work after graduation and didn't want an unwelcome pregnancy to derail their plans. This is common because these pupils' futures are usually gloomy without education. Many civil society organizations have called for educational institutions to enable pregnant women to stay in school if their circumstances allow it. Every Ethiopian institution had taken these human rights factors into account in order to avoid students dropping out of school due to pregnancy. To avoid unwanted births among pupils and students, contraception education should be increased in schools.

Limitation

As a limitation of this study, we acknowledge that the perspectives and perceptions of parents and other community groups may need to be investigated in order to provide a more comprehensive picture of the factors that contribute to unsafe abortion practices in Ethiopia. Since the study is qualitative, it does not represent the entire population, and the views as well as perceptions of parents and other community groups could also be studied to provide a more complete view of contributing factors to unsafe abortion practices in Ethiopia.

Conclusion

In Ethiopia, there are a number of factors that contribute to unsafe abortion. Women in this study cited a lack of knowledge of safe abortion policy and services, economic conditions, safe abortion-related religion and cultural taboo, the stigma of unintended pregnancy and avoiding

family disappointment, and a desire to continue their education as reasons for performing unsafe abortions. To address these factors, the government should work on improving family planning education, enhancing awareness of safe abortion services, strengthening the economic involvement of women, and providing education on the consequences of unsafe abortion, all of which are critically important. The community and religion leaders should teach the community on side effect of unsafe abortion. Finally, we recommend that the researchers do more research on unsafe abortion.

Abbreviation

HC: Health center; WHO: World Health Organization; YHC: Yanet Health Science College

Declarations

Ethical declaration

Ethical clearance was obtained from the Yanet College Ethical Review Board (ERB). After fully explaining the nature and design of the study and confidentiality, permission letter was obtained Cheliya Wereda office. Then, the data collector was showing the ethical clearance to the respective health facilities during the data collection day. The collected information was kept confidential in all possible circumstances. The collected data was handled and secured with the principal investigator in every data collection day and the data was used only for the purpose of this research.

Consent for publication

Further, informed consent for publication was also obtained from each study participant under the consent form by mentioning for all of them that the data will be published in international journals. So, this is to confirm that informed consent for publication was obtained from all the study participants. The collected data is kept confidential under the primary investigator and co-investigators.

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Competing interest

The Authors declares they have no conflict of interest.

Availability of Data and Materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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Authors' contributions

MK, MT, YW: data collection, conceptualization, data entry and analysis. ZW, AM: supervision, data collection, manuscript preparation.

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