
# Causes and Effects of Repetitive Induced Abortion on women: the case of Yeka sub city, Addis Ababa

**By: Ruth Alemu**

**Advisor: Elshaday Kifle (PhD)**

**Addis Ababa University, Ethiopia**

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# Causes and Effects of Repetitive Induced Abortion on women: The case of Yeka sub city, Addis Ababa

*A Thesis Submitted to Centre for Human Rights Presented in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Human Rights: College of Law and Governance Studies, Addis Ababa University*

**By: Ruth Alemu**

**Advisor: Elshaday Kifle (PhD)**

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By:

**Ruth Alemu Gashaw**

**Advisor:**

**Elshaday Kifle (PhD)**

**Signature _____, Date _____**

Approved by Board of Examiners

Examiner1

Name: _____

Signature _____Date _____

Examiner 2

Name: _____

Signature____Date _____

***January, 2023***

Declaration

I, Ruth Alemu Gashaw, hereby declare that this research thesis on "Causes and Effects of Repetitive Induced Abortion on women: The case of Yeka sub city, Addis Ababa is an original work that has not been presented in any other institution. To the best of my knowledge and belief, I also declare that any information used has been duly acknowledged and cited.

Ruth Alemu Gashaw

Signature _____ Date _____

Confirmed by

Advisor

Elshaday Kifle (PhD)

Signature _____ Date _____

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## *Acronyms*

CEDAW - Convention on Elimination of all form of Discrimination against Women

FDRE - The Federal Democratic Republic of Ethiopia

ICCPR - The covenant on civil and political rights

MOH - Ministry of Health

CRC - Convention on the Rights of the Child

WHO - World Health Organization

ESOG - Ethiopian Society of Obstetricians and Gynecologists

ACHPR - The African Charter on Human and Peoples' Rights

NGO - Non- Governmental Organization

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## Abstract

**Background:** Despite the stated reasons for abortion on the Ethiopian abortion health policy women have different reasons for their repeated induced abortion. The reasercher believes that women use different reasons to get the service of abortion. Hence this reaserche aims to provide sufficient information on the real reason of the women to get the repeated abortion service from the health center.

**Objective:** The main objective of this study is to investigate the causes of repeated abortions practiced in health centers, as well as the consequences of these repeated abortions and the factors that lead to repeated abortions, and to address the gap in the law regarding repeated abortions.

**Methods:**The method that the researcher selects for this study paper is qualitative approach in depth interview method it attempted on the causes of repeated induced abortion and its effects on women's health. This research aimed to deal with the women who are from the age of 17 - 40 that the factors of repeated induced abortion and its effect on women's health. The focus area of this research is in the city of Addis Ababa, which is mainly Marie Stopes international Ethiopia and other two clinics which give the service of abortion for women and girls.

**Result:**The study surveyed 23 women participants, 30% of whom are students, and found that abortions were primarily related to their dependency on parents and age. 8% of the participants faced economic problems, while 13% were affected by health issues for mothers and unborn babies. The remaining 43% were caused by other factors, such as lack of readiness, work situations, multi-sexual partners, and marital status. Unworked contraceptives were also a contributing factor. The study highlights the importance of understanding the factors influencing abortion rates among women and men.

**Conclusion and recommendation:** the findinds of this research showed that women use the gap of the abortion health policy to abort repeatedly which caused its own consequnce on their health. The law should aim to protect women from messy lives, including health and economy. The lawt needs revision and restrictions on the procedures of abortion like Evidence-based methods on age and rape kind of reasons.

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# Chapter One

# Introduction

Abortion is a controversial and sensitive issue of the time, regarding to moral, religious and cultural scopes of each country. The World Health Organization (WHO) estimates that worldwide 210 million women become pregnant each year and that about two-thirds of them, or approximately 130 million, deliver live infants. The remaining one third of pregnancies ends in miscarriage, stillbirth, or induced abortion. [1]

The word abortion originates from the Latin word, *aboriri* which means the failure to be born. Abortion can be defined as the termination of pregnancy, spontaneous, therapeutic or induced, before the fetus has become viable outside the uterus or before the fetus is capable to have a life outside of the womb.[2]There are two types of abortion; spontaneous abortion, which refers to a miscarriage, stillbirth or some other form of losing the baby unwillingly, and induced abortion, which concerns therapeutic (due to health condition of woman or fetus and elective abortions due to other reasons). [3] Induced abortion is frequently a consequence of inadequate contraceptionand/or no use of contraceptives. [4] Contraceptive non-use may be related to unavailability of family planning services/too far away (indicator of unmet need for contraception), fear of side effects, religious prohibitions, inconvenience of using available methods, resistance from husband and others. [5] Studies from Europe, Asia, and Africa have shown that an important predictor of abortion is having previously terminated a pregnancy,

[1]Deborah Mesce, Donna Clifto: Abortion Facts and figures; Population Reference Bureau, WHO, Geneva, 2011.
[2] Olukoya P (2004). Reducing Maternal mortality from unsafe abortion among Adolescents in Africa Afr J Reprod Health. 2004;8(1):57-62.
[3]Pro-choice vs. Pro-life in The United States of America: MID-TERM SEMINAR HOUSE 44.2: Autumn Semester 2019

[4]Gemzell-Danielsson K, Kopp Kallner H, Faúndes A. Contraception following abortion and the treatment of incomplete abortion. International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics. 2014;

[5]Asresie MB, Fekadu GA, Dagnew GW. Contraceptive use among women with no fertility intention in Ethiopia. PLoS One. 2020;

suggesting that women are unlikely to have access to modern methods to prevent another unintended pregnancy after their first abortion.[6]

There are two types of abortions, “safe abortion” and “unsafe abortion”." “Safe abortion” means that a properly performed early abortion saves women’s lives and avoids often significant costs of treating preventable complications of an unsafe abortion[7]"Unsafe abortion," on the other hand, is defined as a procedure to terminate an unwanted pregnancy that is performed either by persons who lack the necessary skills or in an environment that does not meet minimal medical standards, or both.[8]In Sub-Saharan Africa women use abortion as their primary family panning method, even instead of contraceptives method..[9]

## Historical background of abortion

Abortion is a phenomenon and an act practiced across different generations, countries, and continents. Before modern medicine and abortion centers, women used herbs and plants with medicinal benefits to abort their unborn children. In China around 2737 B.C., more than 4,700 years ago”." Such practices predate recorded history, even among indigenous cultures. [10] Moreover, figures on the prevalence and frequency [of abortion in tribal cultures] suggest that the practice of voluntary abortion is and has been common in the majority of human cultural traditions.

In primitive tribal societies, abortion was induced by the use of poisonous herbs, the crushing of the fetus, or by mere pressure on the abdomen until vaginal bleeding occurred. The use of herbal remedies to regulate fertility is one of several practices developed by primitive

[6]Benson J, Andersen K, Samandari G. Reductions in abortion-related mortality following policy reform: evidence from Romania, South Africa and Bangladesh. Reprod Health 2011;8:39

[7]Safe Abortion: Technical and Policy Guidance for Health Systems: Geneva 2003

[8]World Health Organization, The Prevention and Management of Unsafe Abortion, Report of a Technical Working Group, Geneva, April 1992

[9]Lauro D. Abortion and contraceptive use in sub-Saharan Africa: how women plan their families. Afr J Reprod Health. 2011;15:13–23.

[10]G. Devereaux, A Study of Abortions in Primitive Societies (New York, 1955), in Judges: 85

peoples.[11] Inducing drugs (Two types of drugs are commonly used to induce labor, which includes: Prostaglandins: They stimulate uterine contractions that can be used to induce labor and Oxytocin: This drug stimulates uterine contraction and controls postpartum bleeding or hemorrhage)[12] played a dominant role in gynecology during at least two thousand years of pre-scientific and early scientific development.[13] Abortion was practiced in ancient Greece and Rome … who believed that feticide was not murder before the fetus had formed. The Egyptians were the first to perform herbal abortions,[14] the first Romans, Persians and others, indicating that the procedures were not frowned upon or considered completely unnatural. Abortions were performed exclusively medicinally with herbal abortifacients such as the now extinct Silphium plant and/or Mentha pulegium, which are different in function but roughly similar in effect.[15]

In ancient Greece, around 350 BC, the famous philosopher Aristotle addressed the issue of abortion a few times both in his Politics and in De Historia Animalium. In his Politics, he mentions that "...when couples have children in excess, and the state of feeling is averse to the suspension of progeny, an abortion should be induced before sense and life have begun; what may or may not be lawfully done in such cases depends on the question of life and sentiment.[16] According to Soranus [c. 98-138 A.D.], abortion was practiced to conceal the consequences of adultery, to preserve female beauty, and to avoid danger to the mother if her uterus was too small

[11]Plants Used as Means of Abortion, Contraception, Sterilization and Fecundation by Paraguayan Indigenous People P. ARENAS AND R. MORENO AZORERO

[12]https://www.google.com/search?q=inducing+drugs&oq=inducing+dr&aqs=chrome.1.69i57j0i512l9.9166j0j15&sourceid=chrome&ie=UTF-8

[13]Menses-Inducing Drugs: Their Role In Antique, Medieval And Renaissance Gynecology And Birth Control Wolfgang Jbchle International Veterinary Section Syntex Research Palo Alto, California 94304

[14]Kumar, A., Hessini, L., & Mitchell, E. (2009). Conceptualizing abortion stigma: Culture, health &sexuality: An International Journal for 62 Research,Intervention and Care, 11(6), 625-639. doi: 10.1080/13691050902842741

[15]Pro-choice vs. Pro-life in The United States of America MID-TERM SEMINAR HOUSE 44.2 Autumn Semester 2019

[16]Aristotle. Politics. Translated by Benjamin Jowett, vol. 7, section 1335b, Bibliotech Press, 2012.

to contain the embryo.[17] Greek and Roman civilizations considered abortion an integral part of maintaining a stable population.[18]

Historically, abortion has been associated with racism and ethnic cleansing. According to Marvin Olasky, Margaret Sanger's "Negro Project" in the 1930s was "celebrated for its work in spreading contraception among those the eugenicists feared"[19] When contraceptives failed to adequately contain the black population and other targeted groups, eugenicists turned to abortion to prevent the spread of undesirable races and families.[20] Abortion swept over the black community like a scythe, cutting off one in four members.[21]

Countries have their own laws on abortion, allowing or banning it outright. Some countries allow abortion in part, taking into account the health of the woman and if the pregnancy occurs because of rape or incest.[22] The vast majority (93%) of countries with such highly restrictive laws are in developing regions. By contrast, largely liberal laws exist in almost all countries in Europe and North America, as well as in several countries in Asia.[23] Countries that permit abortion have more liberal cultural backgrounds and political attitudes than those that prohibit abortion. Abortion is a very serious health problem in countries where women have limited access to safe abortions and resort to unsafely performed abortions. Every year, unsafe abortions result in the deaths of 47,000 women, or about 13 percent of the 358,000 maternal deaths that occur worldwide each year. Ninety-nine percent of maternal deaths occur in developing countries. The

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[17]J. T. Noonan, "An Almost Absolute Value in History," in The Morality of Abortion: Legal and Historical Perspectives, ed. (Cambridge, Mass.1970), p.3-4, in Judges, Supra Note 2, at 85.

[18]H.P. David, "Abortion Policies", in Abortions and Sterilization: Medical and Social Aspects, J.E. Hodgson, ed. Grun and Stratton, New York, 1981, pp.1- 40, and Wendell W. Watters, Compulsory Parenthood: The Truth About Abortion, McClelland and Stewart, Toronto, 1976, p.52, in Child Birth by Choice Trust, Abortion in Law, History and Religion, Toronto, Canada , 1995), p.3,

[19]Annie Murphy Paul, "The First Ache," The New York Times Magazine, February 10, 2008, http://nyti.ms/1T0rf7z.

[20]Pro-Choice or Pro-Life: Examining 15 Pro-Choice Claims—What Do Facts & Common Sense Tell Us? 2020 : Randy Alcorn Published by EPM Sandy, Oregon 97055

[21]George Grant, Grand Illusions: The Legacy of Planned Parenthood (Brentwood, TN: Wolgemuth & Hyatt, 1988), 190–91

[22] Deborah Mesce, Donna Clifto: Abortion Facts and figures; Population Reference Bureau, WHO, Geneva, 2011.

[23] Susheela Singh, Lisa Remez, Gilda Sedgh, Lorraine Kwok and Tsuyoshi Onda: Abortion worldwide; Uneven progress and Unequal Access; 2017

World Health Organization estimates that one in seven maternal deaths in the sub-Saharan region is due to unsafely performed abortions.[24]

There are countries in the world where abortions are completely banned and those involved in them (women) are punished, even doctors, nurses and midwives who perform the procedure. There are countries in the world where abortion is completely forbidden, e.g. in the developed countries of Andorra, Malta and San Marino, and in the developing countries of Angola, Congo Brazzaville, Congo-Kinshasa, Egypt, Gabon, Guinea-Bissau, Madagascar, Mauritania, São Tomé and Príncipe, Senegal, Iraq, Laos, Marshall Islands, Micronesia, Palau, Philippines, Tonga, Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua and Suriname.[25]

Abortions can be legal or illegal. Only a few countries in Africa allow abortion, and problems related to pregnancy are the leading cause of death among women of childbearing age, with complications related to abortion consistently at the top of the list. For every 100,000 abortions in Africa, there are 680 women who died because of abortion. This is more than twice the average for developing countries and 680 times the average for developed countries.[26] Country proclamations and laws, international, regional, and national abortion policies are briefly discussed in the third chapter.

## Statement of the problem

The reasons for abortion vary from person to person and depend on how the pregnancy occurs. Health systems and biomedical technologies are integral to the context of abortion. In many countries, for example, there are too few providers willing to perform abortions because of threats of harassment, physical violence, or destruction of property by abortion opponents.[27] More than half of all women living in underdeveloped countries are at risk of experiencing one or more unplanned pregnancies in their lifetime.[28] Globally, "unsafe abortions" account for more than 47,000 maternal deaths per year (13% of total maternal deaths) and contribute to significant

[24] A Journalist's Guide to SEXUAL and REPRODUCTIVE HEALTH in EAST AFRICA: Population Reference Bureau: 2011
[25] Causes and Consequences of Induced Abortion among University Undergraduates in Nigeria: Wahab, Elias Olukorede
[26] ibid
[27] Abortion in legal, social, and healthcare contexts: Jeanne Marecek Swar thmore College: USA Catriona Macleod Rhodes University: South Africa Lesley Hoggart Open University, UK
[28] Organization WH. Safe abortion: technical and policy guidance for health systems: World Health Organization; 2012.

morbidity among women, particularly in low-income countries.[29] Sub-Saharan African countries account for 86% of illegal abortions in the world.[30] In Ethiopia, 38% of illegal abortions are performed each year.[31]before the 2004 proclamation of abortion (new abortion health policy) in Ethiopia, abortion complications are the fifth leading causes of hospital admissions and the second leading causes of deaths among hospitalized women.[32]

There have been studies that have addressed abortion and related issues. However, the issue raised by researchers varies from one to another. From these researches, the researcher of this study has selected some of them which are more close and useful to the paper and the aim that is to fill the gap which is not assessed by the previous researchers. "The balance between a woman's right to choose and the unborn right to life in the context of the pro-choice movement:" is one. The main purpose of this paper is to provide the reader with sufficient information in the context of women seeking abortion and to highlight the individual reasons for seeking an abortion. In addition, this study attempts to understand women's attitudes toward abortion from moral, religious, legal, and other aspects, and to find a balance between the two sides, which will be evaluated based on the literature which have been done before.[33] The objective and purpose of this study is to understand the factors that lead to abortion in the context of the pro-choice perspective, taking into account the pro-life perspective. The focus is on finding a balance between women's right to choose and the unborn right to life. It also examines the reasons for women's decision to have an abortion and provides an in- depth analysis of the case based on the

[29]FREDRICK, B., et al., Induced abortion: estimated rates and trends worldwide. Commentary. Lancet (British edition), 2007. 370.

[30]Organization, W.H., Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. 2019.

[31]Gebreselassie H, F.T., Singh S, Abdella A, Gebrehiwot Y, Tesfaye S, Caring for women with abortion complications in Ethiopia: national estimates and future implications. Int Perspect Sex Reprod Health., 2010; pp 6–15.

[32]African Journal of Reproductive Health / La Revue Africaine de la Santé Reproductive , Apr., 2004, Vol. 8, No. 1 (Apr., 2004), pp. 79-84: Meaza Ashenafi

[33] Eyerusalem Alemayehu: The Equilibrium between Women's Right to Choose and the Right of the Unborn to live, in Context of Pro-Choice: Case Study in Bishoftu: Evangelical Theological College: Addis Ababa Ethiopia: 2021

beliefs of the larger Ethiopian population, which considers abortion as a community to be immoral.[34]

The right to unborn child right and abortion has been researched by a researcher in Addis Ababa University by the title of "The 'Right to Life' of the Unborn Child and the Practice of Abortion for Rape and Incest Victims in Addis Ababa". The research aimed at examining and critically analyzing the abuse of abortion laws by many women in Addis Ababa. Hence, the protections available for the life of the unborn child and its enforcement under the FDRE Constitution and ordinary legislation of the country were analyzed from the practice of legal abortion for rape and incest victims in Addis Ababa.[35]

A study conducted by another researcher is "the extent and associated factors of repeated induced abortion among women in the reproductive age group seeking abortion care services at Marie Stopes International Ethiopia clinics in Addis Ababa, Ethiopia. This study examined how harmful repeat abortions are to women. Repeat abortions imply more than abortion; instead, it is better to use other contraceptive methods. A cross-sectional study was conducted of 429 women who had abortions at Marie Stopes International Ethiopia clinics. Simple random sampling was used to select study participants. In addition, the participants of this study are between 17 and 40 years old. This research is not only focus on women, but male participants or respondents are also be part of the research because in pregnancy the responsible part is not only women, but it also happens that men have the responsibility for the action.

This study is not only about the reasons of repeated abortion, but also about the impact of this repetition on the life and family of these women, because it also affects their life and future.

## Objective of the study

The main objective of this study is to investigate the causes of repeated abortions practiced in health centers, as well as the consequences of these repeated abortions on women and the factors that lead to repeated abortions, and also to address the gap in the law regarding repeated abortions, additionally todeal with the feelings and reasons of men who urge or forbid their

[34] ibid
[35] The 'Right to Life' of the Unborn Child and the Practice of Abortion for Rape and Incest Victims in Addis Ababa; Mulugeta, Seyum

partners to have repeated abortions, since the unborn child is also their child, even though women are the ones who take the child into their uterus and have the first responsibility for the unborn child.

**General objective**

The general objective of this study is to investigate the causes of repeated abortions and their impact on women.

**Specific objective**: This study aims to;

- ✓ Address the causes of repeated abortions in the study area
- ✓ Examine the impact of repeat abortions on women aged 17-40 years who have had repeat abortions.
- ✓ Addressing the FDRE law/policy gap on abortion as it relates to the issue of abortion and repeat abortion.

**Research Questions**

- ✧ What are the reasons for repeat abortions?
- ✧ What psychological or emotional problems might a woman experience after a repeat abortion?
- ✧ What are the gaps in the Ethiopian abortion law and abortion guideline policy?

## Significance of the study

Repeat induced abortion is a current human rights issue among abortion arguments. In a woman's life, emergency pregnancy may occur due to various reasons or causes, where rape, economic condition of the woman or her partner, willingness and other reasons may be cited as reasons for abortion. However, if it is a repeated abortion or more than one abortion, the reason may be different.

All over the world there are researches on abortion, especially on repeated abortion, also in Ethiopia there are such researches, even on induced repeated abortion, but the case study of this research has made an exception for the case of rape and incest and includes male participants (partners of the participating women). In the Proclamation of the Federal Democratic Republic of

Ethiopia (FDRE), the right to abortion is granted for the cases of rape and incest, and there are also some other exceptions, such as when the child has an incurable and severe deformity. By pointing out cases where there are reasons for repeated abortions, the aim is to show the gap in the law By proposing useful recommendations for law and health policy legislators, health professionals and society that gives better options rather than abortion in the interest of women and the next generation. The other aim is to uncover the real reason of women for repeated abortion, because based on the data of this study women who have legal support reason are not more than seven the rest got abortion service by good faith as it is stated on the abortion health policy articles and sub articles. Hence delling with these sub-articles and articles and deal with the statement which states about giving abortion service based on good faith, because abortion kind of health issue need real examination about the reason of their pregnancy rather than giving services on good faith. This study is an opportunity to review the law and monitor the actions of reproductive health service providers.

Mainly most of women who came to abortion service are youngsters who are under 25 years, who are students of preparatory, university and colleges. According to the abortion health policy of Ethiopia the age limit to get the abortion service is 18 years old and under but it states that the the health professional should not ask the woman any document to prove her age this kind of articles give a chance to get the service of abortion for women who are above the age of 18.

## Scope of the study

This study focuses on abortion issues among 17-40-year-old women and young girls, examining their repeated experiences and reasons for these actions. The study aims to understand the reasons behind these abortions, except for cases of rape or incest, to determine the true cause of the issue. The research aims to provide a comprehensive understanding of the factors contributing to these abortions and their impact on women and girls.

## Methodology

This research aimed to deal with the women who are from the age of 17 - 40 that the factors of repeated induced abortion and its effect on women's health. The focus area of this research is in the city of Addis Ababa, which is mainly Marie Stopes international Ethiopia and other two clinics which give the service of abortion for women and girls. The method that the researcher selects for this study paper is qualitative approach in depth interview method it attempted on the

causes of repeated induced abortion and its effects on women's health. In depth interview method attempted by guiding questions which is supportive for the participants to address the objective of the study. The interview started with warm-up and general questions, and continuously modified throughout the data collection to include emerging issues and improve clarity of the interview questions. As central opening statement "Please, tell me about yourself?" was raised to the respective participant. In addition, in the middle of interview some minimal assisting questions such as "Can you tell me more?", "Don't you had other options?" and "What you mean when you say this?" were used.

**Research period**

The research is conducted from December 10, 2022 – January 20, 2023.

**Study area**

The study area for the research is Addis Ababa, which is the capital city of Ethiopia and different kind people live from the perspective of economy, religion and culture. The data collection is from 3 health center the first one is the famous health center for reproductive health that is Marie Stopes International Ethiopia and the rest two are other governmental clinics which give the service.

**Research participants**

The focus area of the participants are mainly women and girls who have the experiences of abortion more than one, the researcher has been tried to take also the interview from men. The standing point to engage men participant is because they directly or indirectly have role on the practice of abortion, like by pushing them to abort, not having unwillingness to become a father

**Sampling design**

Purposive sampling and snowball sampling are used in this study to examine repeated abortion factors and health effects on women, focusing on women's health. Snow ball sampling involves men influencing women's abortion decisions, obtained from their girlfriends and fiancés, using information from their girlfriends and fiancés.

The participants who are included in this study are; Women/girls who have experiences of abortion more than one time, omen/girls who are between the age of 17- 40, women/girls who are not rapped or have no any incest action/pregnancy occurred by their willingness, some men participants (who are husband and boyfriends of women participants), who are willing to give

interview and want to share their experience. And others like; Who are not willing to give the interview, If their pregnancy is because of rape or incest action, Who are not between the age 17-40 (under 17 and above 40), Women/girls who came to the health center for their first time abortion are excluded from the study.

**Source of information**

For this study the researcher used both primary and secondary data. For the primary data in depth interview by guiding questions and the questions are recorded by audio recorder and writing the dialogues between the researcher and participants also. Secondary source (data) of information are researches and theses on which are done on the issue of abortion especially repeated induced abortion. International conventions and covenants, regional protocols and comments on the protocols, national laws, legislation, abortion guideline policy, abortion based published articles and electronic data.

# Chapter Two

# Literature Review

Abortion is a worldwide issue on which there are amendments in different countries of the world. The amendments vary from country to country. Some countries advocate abortion without any restriction, others allow it by setting different limits, for example, if the pregnancy occurs due to rape or incest, if the unborn child is malformed, if the economic condition of the woman is not sufficient to raise the child, and in some countries such reasons do not have to be given, but the women, if they do not want to give birth, can go to the hospital and abort the unborn child.

A repeat abortion is an abortion that is performed more than once, which means it can be two, three, or even more. Worldwide, repeat abortions are common in various countries; in the United States, for example, the incidence of multiple abortions is 44.8%.[36] In a study from northern Portugal, the incidence of repeat abortions was found to be 5%.[37] A cross-sectional study conducted in China found that 34.8% of women who visited the Mother and Child Hospital in Hubei had already had one abortion, and 65.2% of women had had two or more abortions.[38]

Abortion laws are viewed from different angles, and six cases are mentioned in which abortion is permitted: “intervention to save the woman's life (life reasons), preservation of the woman's physical health (narrow health reasons), preservation of the woman's mental health (broad health reasons), termination of pregnancy due to rape or incest (legal reasons), suspected foetal damage (foetal defect), termination of pregnancy for economic or social reasons (social reasons)” In Africa, for example, some countries follow the legislation of their colonial masters; liberal abortion policies allow a seventh

[36] Jones R, Jerman J, Ingerick M. Which Abortion Patients Have Had a Prior Abortion? Findings from, the 2014 U.S, Abortion Patient Survey. Journal of women's health, (2002).2018;27(1):58-63.

[37] Rodrigues-Martins D, Lebre A, Santos J, Braga J. Association between contraceptivemethod chosen after induced abortion and incidence of repeat abortion in NorthernPortugal. The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception. 2020;25(4):259-63.

[38] Zhang B, Nian Y, Palmer M, Chen Q, Wellings K, Oniffrey TM, et al. An ecologicalperspective on risk factors for repeat induced abortion in China. Sexual & reproductivehealthcare : official journal of the Swedish Association of Midwives. 2018;18:43-7.

category, i.e., abortion on request (subject to some procedural requirements). Out of fifty-three African countries, twenty-two fall into Level I of abortion freedom, i.e., they allow abortion only to save the life of the pregnant woman; and only three African countries (Cape Verde, South Africa, and Tunisia) have reached Level VII in the degree of abortion freedom by allowing abortion on request, of course with some regulatory framework that protects against spontaneous whims.[39]

The percentage in Africa is not easy either, as various studies show. A study in Nigeria found that the rate of repeated induced abortions was 23%. About 32.3% of women who have a repeat abortion have already had two or more abortions.[40] In Kenya, about 16% of women who visited health facilities and centers to seek post-abortion care reported having had a previous abortion.[41]

In Ethiopia, more than one induced abortion is a normal practice for women that requires attention. According to a 2013 study conducted in Addis Ababa, 30% (nearly one-third) of women reported having had at least one previous induced abortion.[42] According to a more recent study, repeat abortions account for 33.6% of all induced abortions.[43] According to the study, which was conducted in the Harari region, 16.7% of all women who had an abortion had a previous history. Of these, 92.2% had once had one RIA and the remaining 7.8% had already had two abortions.[44] A study conducted in the Tigray region found that 33.9% of women had repeat abortions. Of these women, 87.6% had already had two abortions, while 10.5% and 1.9% had had three, four or more abortions.[45] As one study shows in a study in Jimma, it was found that

[39]http://www.un.org/esa/population/ publications/abortion/profiles.htm Accessed: January 13, 2008
[40]Lamina MA. Prevalence of Abortion and Contraceptive Practice among Women Seeking Repeat Induced Abortion in Western Nigeria, Journal of pregnancy. 2015:486203.
[41] Maina BW, Mutua MM, Sidze EM. Factors associated with repeat induced abortion in Kenya. BMC Public Health. 2015;15(1):1048.
[42] Prata N, Holston M, Fraser A, Melkamu Y. Contraceptive use among women seeking repeat abortion in Addis Ababa, Ethiopia, African journal of reproductive health. 2013;17(4):56-65.
[43] Alemayehu B, Addissie A, Ayele W, Tiroro S, Woldeyohannes D. Magnitude and associated factors of repeat induced abortion among reproductive age group women who seeks abortion Care Services at Marie Stopes International Ethiopia Clinics in Addis Ababa, Ethiopia. Reproductive health, 2019;16(1)
[44] Arif H. Jamie MZA. Prevalence of induced abortion and associated factors among women of reproductive age in Harari region, Ethiopia, Public health of Indonesia, 2020;6(2):6.
[45] Alemayehu M, Yebyo H, Medhanyie AA, Bayray A, Fantahun M, Goba GK. Determinants of repeated abortion among women of reproductive age attending health facilities in Northern Ethiopia: a case-control study. BMC Public Health. 2017;17(1):188

12.5% of women seeking safe abortion care have already had an abortion, with 1.0% having had two abortions.[46]

Countries and regional continents have their own legislation and laws regarding abortion and the rights of the child. Of the nine international conventions, one relates to the rights of the child, the Convention on the Rights of the Child (CRC). The convention does not include an article or sub-article on abortion because the issue itself is controversial. However, it does call for the protection of children before and after birth. Recognizing that, as stated in the Declaration of the Rights of the Child, "the child, by reason of his or her physical and mental immaturity, is in need of special protection and care, including adequate legal protection, both before and after birth,"[47] the other international convention, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) States Parties shall ensure for women appropriate services related to pregnancy, childbirth, and the postpartum period, and shall provide free services when necessary and adequate nutrition during pregnancy and lactation.[48] These two international conventions are briefly discussed in the third chapter of the study, along with other regional and international conventions.

## The medical science

Professor Micheline Matthews-Roth of Harvard University Medical School asserts that an individual human life begins at conception, the moment of each person's creation. The unborn does not appear human to us, but in objective scientific sense, they are as human as any older child or adult. It is sobering to listen to the beating heart of an unborn child at the earliest age when abortion is performed. The right to live doesn't increase with age and size, and it is scientifically inaccurate to say a human embryo or fetus is not a human being simply because

[46] Erko E, Abera M, Admassu B. Safe abortion care, utilization of post abortion contraception and associated factors, Jimma Ethiopia. J Women's Health Care. 2016;4(4):5-9.

[47]Convention on the Rights of the Child Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49; Preamble

[48]Convention on the Elimination of All Forms of Discrimination against Women Adopted and opened for signature, ratification and accession by General Assembly resolution 34/180 of 18 December 1979 entry into force 3 September 1981, in accordance with article 27(1); Artcile 12: 1,2

they're at an earlier stage of development than an infant. This is like saying that a toddler isn't a human being because they're not yet an adolescent.[49]

It is sobering to listen to the beating heart of an unborn child who is at the earliest age which abortion is performed. What do we call it when a person no longer has a heartbeat or brain waves? "Death"; what should we call it when there is a heartbeat and there are brain waves? "Life" "The right to live doesn't increases with age and size, otherwise toddlers and adolescents have less right to live than adults. It is scientifically inaccurate to say a human embryo or a fetus is not a human being simply because he's at an earlier stage of development than an infant. This is like saying that a toddler isn't a human being because he's not yet an adolescent."[50]

## Pro-life and Pro-choice

In the debate of induced abortion, there are two groups: pro-lifers who believe abortion is morally wrong and should not be accessible to anyone,[51] and pro-choicers who believe any human has the right to rule over their own reproductive system. whether you want an abortion or not, and they support the idea of keeping abortion accessible, safe and legal.[52] In the US system of politics, Republicans are pro-life, while Democrats are pro-choice. These parties have appointed judges to advance their causes and repeal or amend legislation to suit their positions. The debate remains a complex and contentious issue.[53]

The pro-life and pro-choice movements emerged in the early 1970s and mid-1970s, respectively. Pro-Life emerged as a human rights movement in the 1960s, focusing on cruel activities like corporal and capital punishment. It later evolved into "protecting the unborn" in the early 1970s. Pro-Choice emerged as a response to Pro-Life, using the term to assert their non-anti-life stance and argue that people deserve a choice.[54]

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[49] Alcorn, R. (2004): Pro-life answer to pro-choice arguments: Multnomah books, United States of America.
[50] ibid
[51] Pro-choice vs. Pro-life in the United States ofh AmericaMID-TERM SEMINAR HOUSE 44.2 Autumn Semester 2019
[52] Pro-choice vs. Pro-life in the United States ofh AmericaMID-TERM SEMINAR HOUSE 44.2 Autumn Semester 2019
[53]Abortion Law in Ethiopia: A Comparative Perspective *Tsehai Wada:* Mizan Law Review Vol. 2 No.1, Jan 2008 Pp: 10

[54]Abortion Rights Coalition of Canada August 2018

Both groups argue for their positions on pro-choice abortion. Pro-choice arguments assert that embryos are not babies but potential life products, while fetuses are not persons. Women have the right to control their bodies and should not be forced to continue pregnancy. Pro-choice is necessary to protect women's rights, and pushing pro-life convictions on others is considered anti-women.“The rejection of abortion is only a religious opinion", "We need abortion in cases of rape or incest or when the mother’s life is in danger", “Every child should be a wanted child". ”Forcing a woman to keep a child she cannot afford and that will limit her life chances — or giving a child up for adoption — is cruel, No one should be forced to carry, gestate and care for a disabled child with lifelong needs the world is overpopulated, so the fewer births the better, If abortion were illegal, women would die again from unsafe abortions, “I personally am pro-life, but a woman has the right to choose, pro-life advocates are pro-birth, not pro-life.” They only care about fetuses and do nothing to help children who are already born as their voting record shows, The Bible says nothing against abortion and many Christians consider it acceptable.[55]

On the other hand, supporters of the abortion ban made the following arguments: Abortion is never necessary to save a woman’s life, if abortion is legal, women will use it as birth control, restricting access to abortion is the best way to reduce abortions, legalizing abortion does not make it safe, pregnancy is safer than abortion.[56]

The hashtag #StandforLife is a famous pro-life social media movement started by Jess Barfield in 2015 after she posted a picture of herself and her baby with the word “LIFE” above the picture. As a result, people around the world began posting “LIFE” pictures and sharing their own stories of how and why they appreciate and value life using the hashtag #StandForLife. The main purpose of this movement is to influence people through storytelling about the most important thing in the world, which is life, no matter risks or consequences you receive during pregnancy. The pro-lifers are sharing how grateful they are for keeping their child in difficult circumstances such as sexual abuse, down syndrome and infant diagnosis. These topics are exactly why some people chose to perform an abortion. The organization has over thirty-

[55]Pro-choice vs. Pro-life in The United States of America MID-TERM SEMINAR HOUSE 44.2 Autumn Semester 2019

[56]The evidence speaks for itself: ten facts about abortion; Chapel Hill, NC: Ipas: 2010

thousand followers on Instagram and over forty-thousand Facebook followers. The movement aims to influence people through storytelling about life, regardless of pregnancy risks or consequences. Pro-lifers express gratitude for keeping their child in difficult circumstances, such as sexual abuse, Down syndrome, and infant diagnosis, which may have led some people to choose abortion. With over 30,000 followers on Instagram and Facebook, the organization aims to raise awareness about the importance of life and the potential consequences of abortion.[57]

Ethiopian pro-life and pro-choice groups launched a campaign to promote their ideas for the government and lawmakers before the revision of abortion law in 2003. They organized workshops, street demonstrations, and publications to promote their positions. These groundbreaking campaigns were a testament to Ethiopia's history of enacting laws without a ruffle, highlighting the importance of promoting equality and promoting a more just society.[58]

The pro-life group, consisting of gynecologists, lawyers, and theologians, published a material in Amharic in September 2003,[59] stating that abortion is strictly forbidden in the Bible, women who abort suffer from physical and psychological diseases, including cancer, and are vulnerable to suicide. The material also highlighted that pro-choice groups' research does not cover the entire country, leaving rural areas out. In an opinion poll in June 2003, 91% of female respondents in Addis Ababa disagreed with the legalization of abortion, with 80% stating that decriminalizing abortion is not an issue of Ethiopian women's rights, while 17% believed it is.

Ethiopia's abortion on demand is supported by 8%, but it will only join the minority (27% of the international community) of 27%. Research shows a 50% maternal mortality rate, but only 22% in 1988 and 1993. Instances calling for abortion to save a pregnant woman's life do not occur in practice.[60]

The Ethiopian Society of Obstetricians and Gynecologists (ESOG) is a pro-choice group advocating for the legalization of abortion due to the country's high maternal mortality rate. The ESOG believes that abortion is a multifaceted health, social, economic, psychological, and

[57] Stand for Life. (2019): https://www.standforlife.org/about-us-1 [Accessed 30 Nov. 2019]

[58]ABORTION LAW IN ETHIOPIA: A Comparative Perspective *Tsehai Wada* Mizan Law Review Vol. 2 No.1, Jan 2008

[59] ibid

[60]ABORTION LAW IN ETHIOPIA: A Comparative Perspective *Tsehai Wada* Mizan Law Review Vol. 2 No.1, Jan 2008

reproductive problem, and that the 1957 Penal Code contradicts these rights.[61] The association calls for women to have the opportunity to terminate unwanted pregnancies, decriminalize abortion, allow abortion when it jeopardizes the health and social life of the woman and fetus, provide abortion with strong counseling, and not consider abortion as a major means of family planning.[62]

Before the revision of the 1957 abortion law, there were groups advocating for criminalization and decriminalization. An article advocating for legal reform for "safe abortion" was published based on data collected from 15 hospitals in seven regions. The data showed that 60% of aborted pregnancies were unplanned, 50% were unwanted, and 26% could have been avoided if contraceptives were used. Rape accounted for 3% of the pregnancies that ended in abortion.[63]

By the time Ethiopia's abortion law permits it only in cases where a woman's life or health is in grave danger. According to Ministry of Health (MOH) reports, abortion complications are the fifth leading cause of hospital admissions and the second leading cause of deaths among hospitalized women.[64] Out of 1075 cases, 60% were unplanned, and 50% were unwanted. Out of 645 cases, 537 were unwanted, and 32 were rape.[65] 65% of interviewees and 70% of women with induced abortion were aware of the potential risks, including death, bleeding, genital tract injury, infertility, and HIV infection.[66]

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[61] ibid

[62] ibid

[63]Survey of Unsafe Abortion in Selected Health Facilities in Ethiopia. Addis Ababa: Ethiopian Society of Obstetricians and Gynecologists (ESOG); 2002.

[64]African Journal of Reproductive Health , Apr., 2004, Vol. 8, No. 1 (Apr., 2004), pp. 79-84

[65]Survey of Unsafe Abortion in Selected Health Facilities in Ethiopia. Addis Ababa: Ethiopian Society of Obstetricians and Gynecologists (ESOG); 2002.

[66]Risk factors for mortality among eclamptics admitted to the surgical intensive care unit at Tikur Anbessa Hospital, Addis Ababa, Ethiopia. Eyob Berihun M.D. , Asheber Gaym M.D; Ethiopian Journal of Reproductive Health Volume 1, Number 1, May 2007

# Chapter Three

# International, Regional and National Legal frameworks regarding to induced repeated abortion

## International Conventions

The issue of ideas on abortion is based on two fundamental concepts of human rights, namely the right to life and the right to reproductive health. The right to life applies to the unborn child. The international conventions that relate directly to women and children even apply to both groups (women's rights and children's rights). These three conventions and covenants are the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child, and the International Covenant on Civil and Political Rights. CEDAW has the second highest ratification rate among the six main human rights instruments at UN, with the Convention on the Rights of the Child being the one that has been ratified almost worldwide. At the same time, CEDAW is the convention with the largest number of reservations. Reservations to CEDAW are often not mentioned in relation to the other conventions, although the rights and provisions may be the same.[67]

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) aims to protect women and ensure access to reproductive rights in healthcare. States Parties must eliminate discrimination and ensure equal access to services, including family planning. Despite paragraph I, States Parties must provide women with appropriate services during pregnancy, confinement, and post-natal periods, including free services and adequate nutrition.[68]

The Convention on the Elimination of Discrimination against Women does not explicitly mention abortion or induced abortion. However, the Committee on the Elimination of

[67]The Optional Protocol to CEDAW Mitigating Violations of Women's Human Rights International Training Seminar for NGOs and women's rights activists 13-15 March, 2003; Berlin, Germany

[68]Convention on the Elimination of All Forms of Discrimination against Women Adopted and opened for signature, ratification and accession by General Assembly resolution 34/180 of 18 December 1979 entry into force 3 September 1981, in accordance with article 27(1); Artcile 12: 1,2

Discrimination against Women states that violations of women's sexual and reproductive health and rights such as criminalizing abortion, denial of safe abortion, post-abortion care, and forced pregnancy continuation, constitute gender-based violence, that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment.[69] Reproductive health encompasses complete physical, mental, and social well-being, not just disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.[70]

The International Conference on Population and Development (ICPD) and 4th World Conference on Women recognized "sexual and reproductive health" and "reproductive rights" as distinct concepts, but interrelated.[71] They defined policies for consensual use of these terms, making it the first time they have been defined in the UN context.[72]

The CEDAW Committee has adopted the broad language in the ICESCR to interpret Article 12, stating that eliminating discrimination against women is crucial for achieving the highest standard of health. The Committee refers to "the right to health" instead of the restrictive phrase "access to healthcare services" in the reporting procedure.[73]

Article 14 and Article 16 of the Convention on the Rights of Women in Rural Areas and Family Relations states that States Parties must eliminate discrimination against women in rural areas to ensure equal participation in rural development and access to adequate healthcare facilities.[74] Article 16 sub-article 1(b) states that States Parties must also eliminate discrimination against women in marriage and family relations, ensuring equal rights to decide freely and responsibly on child number and spacing, and access to information, education, and means to

[69]General Recommendation 35 (2017) on gender-based violence against women, updating general recommendation 19, para. 18.

[70] Bejing Declaration and platform for action; United Nations, UN Women; 1995

[71]Responses of Pro-Life and Pro-Family Organizations to the questionnaire of the special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on "the right to sexual and reproductive health – Challenges and Possibilities during COVID-19"

[72]Report of the International Conference on Population and Development Cairo, 5-13 September 1994 UN Document No. A/CONF.171/13/Rev.l. See especially ICPD 7.24:

[73]The Optional Protocol to CEDAW Mitigating Violations of Women's Human Rights International Training Seminar for NGOs and women's rights activists 13-15 March, 2003; Berlin, Germany

[74]Convention on the Elimination of All Forms of Discrimination against Women Adopted and opened for signature, ratification and accession by General Assembly resolution 34/180 of 18 December 1979

exercise these rights. These articles aim to promote gender equality and promote the rights of women in rural areas.[75]

Article 12.1 of the Convention on the Rights of the Child (CEDAW) mandates equality in healthcare services, with the Committee on CEDAW describing medical procedures like abortion as sex discrimination.[76] Article 14 requires rural women to have access to healthcare services and development benefits. Article 16.1(e) explicitly requires women to have legal and accessible ways to control their reproduction, which is often interpreted as granting access to abortion. Some states have placed reservations on this article to exempt them from liberalizing abortion laws.[77]

The CEDAW committee emphasizes the importance of women's rights to healthcare, particularly during pregnancy and childbirth, as it is closely linked to their right to life.[78] To make health services more accessible and prevent maternal mortality, the committee requires the removal of impediments to women's access to lifesaving services.[79]

The covenant on civil and political rights (ICCPR) states that the recognition of inherent dignity and equal rights of all members of the human family is the foundation of freedom, justice, and peace.[80] Article 6 sub-article 1 of the covenant states that every human being has the inherent right to life, which must be protected by law and cannot be arbitrarily deprived.[81] The preamble states the duty and responsibility of state parties to respect and fulfill these rights.

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[75]Convention on the Elimination of All Forms of Discrimination against Women Adopted and opened for signature, ratification and accession by General Assembly resolution 34/180 of 18 December 1979

[76]Cook, Rebecca J. 1993. "International Human Rights and Women's Reproductive Health." Studies in Family Planning 24 (2): 73–86

[77]The Ratification of CEDAW and the Liberalization of Abortion Laws; Kate Hunt; Indiana University; Mike Gruszczynski; Indiana University; (2019), 722–745.

[78]Committee on the Elimination of Discrimination against Women, General Recommendation 24: Women and health, 27, U.N. Doc. HR/GEN/1/Rev.5 (2001)

[79]Committee on the Elimination of Discrimination against Women, General Recommendation 24: Women and health, 14, U.N. Doc. HRI/GEN/1/Rev.5 (2001)

[80]International Covenant on Civil and Political Rights Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966, entry into force 23 March 1976, in accordance with Article 49

[81] ibid

The term inherent refers to something that is deeply rooted in something and cannot be separated involved in the constitution or essential character of something: belonging by nature or habit.[82] Everyone has the right to live, which is crucial for individuals and society as a whole. This fundamental right is essential for the enjoyment of all other human rights and can be informed by other human rights.[83]

The Convention on the Rights of the Child states that a child, Bearing in mind that, as indicated in the Declaration of the Rights of the Child, "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth"[84]. This is particularly important during pregnancy, where the unborn child needs special safeguards and legal protection, even if the convention did not set a minimum age for a child or the beginning of childhood on its articles.

The debate revolves around the right of a fetus to be brought into life, or person hood, and the right of a mother to abortion based on her interests and choice.[85] The question of a fetus' life worth protection under the law is another contentious issue. Some argue that a fetus has no life for weeks, while others believe life starts from the moment of sperm and egg union, which is considered a scientific truth.[86]

The Beijing Platform for Action, a visionary agenda for women's empowerment, aims to eliminate women like CEDAW. The 1995 Beijing Declaration and Platform for Action is the most comprehensive global policy framework for action, providing guidance and inspiration for achieving gender equality and human rights for women and girls worldwide.[87] It emphasizes

[82] https://www.merriam-webster.com/dictionary/
[83]General comment No. 36 Article 6: right to life: International Covenant on Civil and Political Rights September 3: 2019
[84] Convention on the Rights of the Child Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49
[85] Abortion Law in Ethiopia: A Comparative Perspective Tsehai Wada, Mizan Law Review Vol. 2 No.1, Jan 2008.
[86] ibid
[87]Bejing Declaration and Platform for Action; United Nations 1995; All rights reserved; reprinted by UN Women in 2004

women's sexual and reproductive rights, including access to family planning, safe abortion, and maternal health, as essential for achieving gender equality.[88]

## Regional convention/Protocol

The Maputo Protocol, established in 2003, guarantees women comprehensive rights in Africa, including political participation, social equality, reproductive health autonomy, and an end to female genital mutilation (FGM). The African Charter on Human and People's Rights (ACHPR) on Women's Rights in Africa is a crucial document in promoting gender equality and promoting women's rights.[89]

The States Parties to the Women's Right Protocol recognize and guarantee women's rights in all international human rights instruments, including the UDHR, ICCPR, ICESCR, CEDAW, and the African Charter on the Rights and Welfare of the Child. These instruments recognize women's rights as inalienable, interdependent, and indivisible human rights.[90] The African protocol differs from CEDAW in its use of words and statements related to reproductive rights, such as abortion, and is more contextual and closer to the people.

The African Protocol on Women's Rights, as defined in Article 1, defines terms like "women" and "discrimination against women" as any distinction, exclusion, restriction, or differential treatment based on sex that compromises or destroys women's recognition, enjoyment, or exercise of human rights and fundamental freedoms. Violence against women refers to acts that cause physical, sexual, psychological, and economic harm to women, including threats to take such acts or arbitrary restrictions on fundamental freedoms in private or public life during peacetime, armed conflicts, or war.[91]

The protocol emphasizes the importance of women's reproductive rights and health, ensuring that States Parties respect and promote their rights. These rights include controlling fertility, deciding childbirth, choosing contraception methods, self-protection against sexually transmitted infections, being informed about one's health status and partner's health, and receiving family

[88] Bejing +15, No equality without full enjoyment of women sexual and Repryoductive Rights
[89] Maputo Protocol, African Union, 2003
[90] Protocol to the African Charter on Human And Peoples' Rights on the Rights Of Women in Africa; preamble
[91] ibid

planning education. States Parties must also ensure that women's rights are protected against sexually transmitted infections, including HIV/AIDS.[92]

States Parties must provide affordable, accessible health services, including information, education, and communication programs, to women, especially in rural areas. They must also strengthen prenatal, delivery, and post-natal health and nutritional services for pregnant and breastfeeding women.[93]

Unlike the right to health of women that is stated in the CEDAW article, The African protocol explicitly states about abortion in Article 14 (2) (C), protecting women's reproductive rights by authorizing medical abortion in cases of sexual assault, rape, incest, and where continued pregnancy endangers the mental and physical health of the mother or the fetus. The article specifically addresses cases for abortion services, stating that cases where the fetus suffers from deformities incompatible with survival, such as when forced to carry the pregnancy to term, constitute cruel and inhuman treatment.[94]

Women seeking abortion may not require physicians' approval for their physical and mental health status. States must ensure legal frameworks facilitate access to medical abortion when pregnancy poses a threat to the mother's health. Evidence of prior psychiatric examination is not necessary to establish the risk to mental health.[95] State parties must implement adequate, affordable, and accessible health services, including rural areas.

The other protocol is African Charter on the Rights and Welfare of the Child, which stands for African children because of different reasons, for instance the feeling that Africa had been underrepresented during the drafting process of the CRC (only Algeria, Morocco, Senegal and Egypt participated meaningfully in the drafting process), the African Charter on the Rights and Welfare of the Child is a protocol for African children, reflecting the specific needs of the African context. The Charter emerged from the social and cultural values of Africa, including

[92]Protocol to the African Charter on Human And Peoples' Rights on the Rights Of Women in Africa; Article 14
[93] ibid
[94]General Comment No. 2 on Article 14.1 (a), (b), (c) and (f) and Article 14. 2 (a) and (c) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.
[95] ibid

family, community, and society, and takes into account the virtues of cultural heritage, historical background, and African civilization values.[96]

The protocol highlights the critical situation of African children due to socioeconomic, cultural, and developmental factors, natural disasters, armed conflicts, exploitation, and immaturity. They require special safeguards and care due to their physical and mental immaturity.[97]

The African Charter on the Rights and Welfare of the Child states that everyone is entitled to all rights and freedoms, regardless of race, ethnicity, color, sex, language, religion, political opinion, national and social origin, fortune, birth, or other status.[98] This protocol does not grant a right for a child before birth, stating that every child has an inherent right to life and is protected by law. However, this article only protects children under the age of eighteen who are born, as the protocol does not provide protection for unborn babies.

## National laws

### America, France and Brazil

Legal abortion can be justified based on medical, eugenic (also termed fetal), humanitarian (also termed ethical or judicial), medico-social (e.g. where pregnancy is the result of a criminal act such as rape or incest), and purely social indications.[99] These grounds include ethical, moral, and medical reasons, as well as social impact. Legislation can be enacted for various reasons, including social impact.

Abortion laws in developed countries have become more liberal, allowing mothers to give birth or abort their unborn babies. Before 1973, Roe v. Wade, a constitutional abortion right case, estimated between 200,000 and 1.2 million illegally induced abortions annually in the United

[96]Does the African Charter on the Rights and Welfare of the Child (ACRWC) only Underlines and Repeats the Convention on the Rights of the Child (CRC)'s Provisions?: Examining the Similarities and the Differences between the ACRWC and the CRC; Osifunke Ekundayo;International Journal of Humanities and Social Science Vol. 5, No. 7(1); July 2015

[97]African Charter on the Rights and Welfare of the Child, preamble

[98]African Charter on the Rights and Welfare of the Child, article 2

[99] Abortion Laws; a Survey of Current World Legislation ;World Health Organization; Geneva, 1971

States.[100] The case involved an 1854 Texas law prohibiting abortion except for saving the mother's life. Norma McCorvey, a plaintiff, sought a purely elective abortion and filed a lawsuit claiming the Texas law deprived her of constitutional rights.[101]

Seven Supreme Court members ruled that abortion is part of an implied "right to privacy" in contraception regulations, despite not being in the Constitution's text. They also ruled that the term "person" in the Constitution does not include a fetus.[102] In 2017, the Guttmacher institute found that the top three reasons women have abortions are socioeconomic concerns, a desire to postpone or space children, and a desire to have no more children.[103]

In the first trimester, abortions are not considered grave threats to the mother's life and health, as the fetus is still undeveloped. The state's interests are not compelling enough to interfere with a woman's right to privacy. In the second trimester, the state's interests become more compelling as complications increase and the fetus develops. Regulations may be made, but not prohibited, as long as they protect the mother's health. In the third trimester, the mother's health becomes the greatest concern, and the state's interests in protecting the mother's health and the fetus' life become more compelling.[104]

The US Supreme Court's Roe.v. Wade decision in June allowed states to ban abortion outright. Since then, 13 states have implemented bans, and abortion is illegal in multiple states. The decision eliminates federal constitutional protections for abortion and requires a "rational basis" for evaluating abortion laws and regulations.[105]

Abortion is now criminally banned in over a dozen US states, with limited exceptions, and at other early stages of pregnancy. However, 26 states are likely to ban abortion. Many laws only permit abortions with a risk of death or severe medical emergency. Nearly three quarters of

[100] Roe v. Wade and the Right to Privacy: center for reproductive health:2003
[101]The best pro-life arguments for secular audiences; family research council; the united states; 2021

[102]Roe v. Wade, 410 U.S. 113, 153-163 (1973).

[103]Sophia Chae, Sheila Desai, Marjorie Crowell, and Gilda Sedgh, “Reasons why women have induced abortions: a synthesis of findings from 14 countries,” Contraception 96: 4 (October 1, 2017),

[104] Roe v. Wade / Summary of Decision: 2020 Street Law, Inc.
[105] U.S. Abortion laws in global context; Sep. 2022

women worldwide live in countries with more liberal abortion laws than those currently in restrictive US states.[106]

The European Union (EU) has nearly all countries legalizing abortion on request or social grounds, with Poland and Malta remaining the only restrictive states.[107] Of these, 41 countries have legalized abortion on request or broad social grounds, with 29 of them legalizing it without reason or distress.[108]

During Napoleon's time, Article 317 of the penal code criminalized abortion by stating that anyone who procured an abortion of a pregnant woman, regardless of her consent, would be punished with imprisonment. Women who procured their own abortion or consented to the use of abortion-related means would also face the same punishment. Health officers, doctors, and pharmacists who provided advice on abortion-related methods would also face hard labor in cases where abortion occurred.[109] In 1939, criminal law allowed abortion under a state of necessity to prevent immediate and serious harm, such as preventing a pregnant woman's death.[110]

France allows abortions at any time to protect a woman's life or health, or on fetal impairment grounds. The decision to continue or end a pregnancy belongs to the pregnant person. Abortion in request is legal in France, as are other countries like Germany, Austria, Italy, Netherlands, Spain, Czech Republic, Denmark, Estonia, Greece, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Romania, Slovakia, Slovenia, and Sweden. Pregnant women must undergo counseling and have a three-day reflection period.[111]In France, the pregnant woman intending to abort must undergo counseling and is subject to a reflection period of three days.[112]

[106] U.S. Abortion laws in global context; Sep. 2022
[107]European Abortion Laws A Comparative Overview

[108] ibid
[109]Knoppers, Bertha Maria, et al. "Abortion Law in Francophone Countries." The American Journal of Comparative law, vol. 38, no. 4, 1990, p. 894
[110]The Politics of Abortion in France and the United States: A Case Study on the Laws, Legislation, Activism, and Advocacy that Determined Abortion Laws Today; Annick Marie Strebin; 2023

[111]European Abortion Laws A Comparative Overview; Cenetr for reproductive rights
[112]France, Public Health Code, Law n. 2001-588/2001 and Criminal Code.

Brazil's abortion law is illegal except for women's life or rape cases, as per the 1940 Brazilian Penal Code.[113] In rape cases, the pregnant woman must consent to the abortion or her legal representative. Bill PL no. 5,069 reintroduces the requirement for a raped woman to file a police report and undergo a medical examination. Brazilian women suspected of terminating pregnancies and those involved in abortions face prosecution if reported.[114] The current Brazilian Penal Code (art. 128) only holds the woman and the doctor performing the procedure accountable. The new bill would extend criminal proceedings to health professionals who assist or inform women about abortive procedures, with a possible prison sentence of up to ten years.[115]

## African Countries

The legislation of various countries reveals the reasons behind their abortion laws. Most recently independent African states have retained the legislation introduced by their colonial country, resulting in abortion being authorized only when it is necessary to preserve the life of a pregnant woman.[116] This is due to colonialism, as England was the first colonial power to liberalize its abortion law in 1967. Countries in Africa can be classified into six categories based on the reasons for which abortion is legally permitted. All African Union member states permit abortion for the purpose of saving a woman's life.[117] Although most African countries have laws explicitly allowing abortion to save a woman's life. However, the general criminal law defense of 'necessity' should apply in these countries, allowing abortion to be performed on the rationale that it was necessary to preserve the woman's life.[118]

[113]The human right to liberty and Brazilian abortion practices; Milene Consenso Tonetto; 2018
[114] ibid
[115] ibid
[116] Abortion Laws; a Survey of Current World Legislation ;World Health Organization; Geneva, 1971
[117]Abortion Law in Ethiopia: A Comparative Perspective; Tsehai Wada
[118] Interpreting and implementing Existing Abortion Laws in Africa; Ipas; 2013

| Current African Union Member States reasons for implementing abortion laws | To preserve the woman's health- including mental health (also to save her life) | Rape or Incest | Fontal impairment | Socioeconomic Reasons |
|---|---|---|---|---|
| **Countries** | **Algeria**, Benin, **Botswana,** Burkina Faso, Burundi, Cameroon, Chad, Comoros, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, **Gambia, Ghana,** Guinea, Kenya, Lesotho, **Liberia,** Maldives, Morocco, Mozambique, **Namibia**, Niger, Rwanda, **Seychelles, Sierra Leone, Swaziland**, Togo, Zimbabwe | Benin, Botswana, Burkina Faso, Burundi, Cameroon, Ethiopia, Ghana, Guinea, Lesotho, Liberia, Mali, Namibia, Rwanda, Seychelles, Sudan, Swaziland, Togo and Zimbabwe | Benin, Botswana, Burkina Faso, Chad, Ethiopia, Ghana, Guinea, Lesotho, Liberia, Namibia, Niger, Seychelles, Swaziland, Togo and Zimbabwe | Zambia |
| **Explanation** | Countries in bold additionally recognize an exception to preserve a woman's mental health. All other countries' laws permit abortion on grounds of 'health', with no limitations to physical health; only the Zimbabwean law limits grounds to physical health. | | | While Ethiopia and Rwanda, for example, do not allow on broad socioeconomic grounds, they do allow on limited enumerated grounds relating to woman's age, capacity to care for a child, and financial status. |

(source on the footnote)[119]

South Africa, Tunisia, and Cape Verde allow abortion on request during the first 12 weeks of pregnancy and later indications, allowing women to choose their own abortion.[120]

[119] Interpreting and implementing Existing Abortion Laws in Africa; Ipas; 2013
[120] Interpreting and implementing Existing Abortion Laws in Africa; Ipas; 2013

**Abortion Law in Ethiopia**

The 1957 penal code of Ethiopia strictly prohibited abortion services and actions, including advertising and selling contraceptives.[121] The grounds for abortion were to save a woman's life and preserve physical and mental health, with exceptions for rape, incest, fetal impairment, economic or social reasons, and women's requests for abortion.[122]

According to Article 529 and Article 530 it stated the actions and punishment, self-abortion was punishable with simple imprisonment from three months to five years, while procuring means or aiding was punishable with simple imprisonment from one to five years. Abortion procured by another (upon consent) entailed rigorous imprisonment not exceeding five years. Termination of pregnancy on medical grounds is not punishable if it saves a pregnant woman from grave and permanent danger to life or health, provided it conforms to legal requirements. The Sub Article requires a registered medical practitioner to diagnose and certified the danger of abortion after examining the applicant's health. This framework ensures that only recognized health centers can provide abortion services, and it also outlines responsibility for health professionals and women.

The termination of a pregnancy is contingent upon two conditions: (a) the findings and opinion of a second doctor with expertise in the alleged health defect, and (b) the pregnant woman's consent, substantiated by her next of kin or legal representative. The doctor cannot evade these conditions by invoking their professional duty (Art. 65). If the doctor terminates the pregnancy without observing legal safeguards, they become liable to abortion provisions.

Ethiopia's previous abortion legislation, enacted in 1957, allowed women to abort unborn babies if the pregnancy was dangerous and justified by a doctor. The current legislation, accepted by the Federal Ministry of Health, outlines technical and procedural guidelines for safe abortion services in Ethiopia. The criminal code Article law details the details of the criminal code.

[121]African Journal of Reproductive Health , Meaza Ashenafi; Apr., 2004, Vol. 8, No. 1 (Apr., 2004), pp. 79-84
[122]http://www.un.org/esa/population/publications/abortion/profiles.htm ; January 13, 2008

## The current Ethiopian law about abortion

The current abortion law in Ethiopia was influenced by NGO campaigns like IPAS and the Ethiopian Society of Gynecologists and Obstetricians (ESOG). The largest study on unsafe abortion in Ethiopia, conducted by ESOG and IPAS, significantly impacted the 1957 abortion law revision.[123] Data from various hospitals across the country was collected for research.

The Ministry of Health found that abortion was the leading cause of hospital admission for women in 1994/95 and the second most frequent cause of death, following tuberculosis.[124] Data from 1295 IAS and 1075 ESOG cases was collected from urban hospitals. Hospital services are insufficient for revising laws on sensitive issues like abortion, which require deep investigation and data collection covering the entire country. The number of cases is weak, making it difficult to generalize the rest. Pro-life defenders also raised concerns about the lack of coverage of rural areas in research by pro-choice groups, which may justify the decriminalization of abortion.[125] This hasty generalization is illogical and fallacious, as it excludes women outside of hospitals and fails to show the whole picture.

According to Proclamation No.414/2004 the criminal code of the Federal Democratic Republic of Ethiopia (FDRE), Crimes against Life Unborn; Abortion article 545, Principle.

(1) The intentional termination of a pregnancy, at whatever stage or however affected, is punishable according to the following provisions, except as otherwise provided under Article 551.

(2) The nature and extent of the punishment given for intentional abortion shall be determined according to whether it is procured by the pregnant woman herself or by another, and in the latter case according to whether or not the pregnant woman gave her consent. This sub article revised the 1957 penal code of article 530 that is abortion procured by another (upon consent) entailed rigorous imprisonment not exceeding five years.

[123]Recorded from the interview video of Dr. Seyoum Antonios with Yeneta Media.intitled by" □□□□□ □□□□□ □□□ □□□□□ □□□□ □□□ – □□□ □□ □□□□□□ □□□ □□□□□ □□□ □□□□□ □□□ □□□□ □□ □□□□ □□"

[124]Ministry of Health of Ethiopia, Health and Health Related Indicators, Jan. 1998, p.32.

[125]A Concise Introduction To Logic; Patrick J. Hurley; University of San Diego; Eleventh Edition

Article 551.-Cases: where Terminating Pregnancy is allowed by Law.

(1) Termination of pregnancy by a recognized medical institution within the period permitted by the profession is not punishable where:

a) the pregnancy is the result of rape or incest; or

b) the continuance of the pregnancy endangers the life of the mother or the child or the health of the mother or where the birth of the child is a risk to the life or health of the mother; or

c) where the child has an incurable and serious deformity; or

d) where the pregnant woman, owing to a physical or mental deficiency she suffers from or her minority, is physically as well as mentally unfit to bring up the child.

(2) In the case of grave and imminent danger which can be averted only by an immediate intervention, an act of terminating pregnancy in accordance with the provision of Article 75 of this Code is not punishable.

Article 552- Procedure of Terminating Pregnancy and the penalty of violating the Procedure:

(1) The Ministry of Health shall shortly issue a directive whereby pregnancy may be terminated under the conditions specified in Article 551 above, in a manner which does not affect the interest of pregnant women.

(2) In the case of terminating pregnancy in accordance with sub article (1) (a) of Article 551 the mere statement by the woman is adequate to prove that her pregnancy is the result of rape or incest.

(3) Any person who violated the directive mentioned in sub-article (1) above is punishable with fine not exceeding one thousand Birr, or simple imprisonment not exceeding three months.

The rights and punishments are for whatever the case of abortion is, whether it is repeated or first time. If the pregnancy occurs by the case that is stated above the women should have the access to get the abortion service in abortion centers.

Ethiopia's liberal abortion law allows women to terminate their pregnancy under four conditions, without submitting evidence or identifying the offender.[126] The abortion health policy allows women to be free to pursue abortion services without the need for written papers or evidence from health professionals. This allows women to terminate their pregnancy without fear of retaliation or legal consequences.

The continuation of a pregnancy can endangers the mother's life, child's health, or the mother's health. Women and professionals cannot handle the risk of childbirth, and if the pregnancy is threatening the mother's life, termination is logical to protect her life.

The abortion health policy emphasizes good faith in abortion services, stating that providers should believe women without evidence of endangering their life. They should follow standard medical indications to terminate pregnancy to save the mother's life or health. The health provider is responsible for assessing the woman's conditions and determining if the pregnancy or fetus' birth poses a threat to her health or life. Even minor health issues need evidence to prevent complications. The abortion law is directly related to women's health, making it easier for providers to practice this serious issue in good faith.

The implementation guide for Article 551 sub article 1D outlines how a provider determines if a pregnant woman is under 18 by using the medical record's stated age. A disabled person is someone with a condition that interferes with their ability to perform daily activities, and providers should assess if the woman is suffering from any form of mental or physical disability. No additional proof is required.[127]

A disabled person is one who has a condition called disability that interferes with his or her ability to perform one or more activities of every day living. Disability can be broadly categorized as mental or physical. The provider should assess if the woman is suffering from any form of mental or physical disability.[128]

The counseling guideline emphasizes providing accurate information on pregnancy termination methods and the risks associated with continuing the pregnancy to term. It includes options

[126]Technical and Procedural Guidelines for Safe Abortion Services in Ethiopia; Second edition; June 2014
[127] ibid
[128] ibid

counseling, available methods, pain control, advantages and disadvantages, procedure details, risks, resumption of menses, and follow-up care. The information should be clear, objective, non-coercive, and written in a language understandable to the client. It also requires documentation of women's medical history, including age, reproductive history, first date of last normal menstrual date (LNMP), gestational age, drug allergy history, and any medical or surgical illness. Assessment of life-threatening illnesses and known medical and surgical illnesses that may need special care should be given due emphasis.[129]

The guideline implicitly grants liberal rights for women to terminate their pregnancies, in principle it stated reason that should be applicable in the service of abortion is not included "available on request" but in practice it is available on request as the guidline stated Although the reason for termination is not explicitly stated, doctors or health professionals must terminate the pregnancy on good faith or without evidence of rape or incest. Women can terminate their pregnancy without any evidence of rape, even if the case is not rape.

[129]Technical and Procedural Guidelines for Safe Abortion Services in Ethiopia; Second edition; June 2014

# Chapter Four

# Results and Case Analysis

This chapter discusses the research findings and results based on interviews, discussions, and guiding questions from 28 participants, primarily women and men, from three health centers. The participants provide personal experiences and support the study through their personal experiences. The researcher and participants' ideas are not directly quoted, but rather paraphrased, highlighting their backgrounds, reasons for abortion, time of abortion, marital status, career, and the impact of previous abortions on their health. The results provide valuable insights into the participants' perspectives and experiences in the field of abortion.

## Repeated abortion cases which have legal support on the ground of Article 551 sub article 1B

The Ethiopian abortion law and policy guidelines provide legal support for repeated abortions due to health-related issues. The law states that continuation of pregnancy endangers the mother's life, child's health, or the mother's health. The policy is based on good faith rather than evidence, and participants are allowed to abort multiple times. Participant 1: A 39-year-old married woman with four children recently visited an abortion center for the second time. Her first abortion occurred at 20 years old, when she accidentally had a pregnancy due to unprotected sex with her boyfriend at a friend's birthday party. The woman was in trouble due to losing her virginity and being dependent on her parents. She was not ready to have a baby due to her current health condition and having enough children. She was using a lope contraceptive, which did not work for her due to her blood pressure and potential health complications. Initially uncomfortable with the lope, she adapted to it after four and five months. The woman's unworked contraceptive was not like others, as she would go to the health center when it was painful to touch her body.

Participant 2: A 32-year-old married woman with a six-year-old child has had two previous abortions, both of which were unsuccessful. The current abortion is her third due to the dead babies in her womb. The woman testified that she saw blood and a doctor said the baby's heart

stopped, but other doctors confirmed the same. She decided to abort the baby three times, despite the pain and bleeding. She believes she is cursed for her sinful actions and her in-laws insult her for the repeated abortions. The woman's desire to have babies is driven by the complexity of her unborn baby's condition, which pushes her to abort, even if the case is different from the other participants in the research.

Participant 3: A 39-year-old married woman with four children recently visited the center for the second time in two years. The reason for her two abortions was due to medical issues with her unborn baby, which stopped her baby's pulse rate in the second month of pregnancy. The family wants more children and is financially stable. The doctor advised her to abort the abortion due to the risk of injury and complications. Despite her desire to wait for God's hand, the doctor warned her it was risky and could lead to death. The woman discussed her decision with her husband, and the same decision was made for her first abortion.

Participant 4: A 25-year-old security officer works in an organization and has experienced two abortions. The first was due to a car accident during the first trimester, causing bleeding from the uterus. The health officer advised her to abort the fetus to prevent serious complications. Despite her health issues, she decided to abort the fetus. The second abortion was not intentional but occurred six months after the first, causing continuous bleeding and making it difficult for her to give birth. The woman is unsure of the reasons behind her experiences, but she accepts the situation.

## Repeated abortion cases on the ground of Article 551 sub article 1D

This sub section of the law states that if a pregnant woman has a physical or mental deficiency or minority, she is unfit to raise the child, the service provider uses the medical record's stated age to determine if the person is under 18. No additional proof is required. This applies to two participants under the age of 18.

Participant 5: A 17-year-old girl has had an abortion twice before and has a boyfriend in grade 11. They used different time intervals for sex, but for two previous and current pregnancies, the contraceptive did not work. The girl is too young to have a child and raise the child, and her boyfriend is not willing to help. The girl's boyfriend's response is that if she wants to give birth,

she can raise the baby herself. The reason for this is not only the unworked contraceptive but also the boyfriend's unwillingness. The girl wants to have a baby, and she is using the contraceptive to satisfy her boyfriend, not for her own sake.

Participant 6: A 17-year-old grade 11 student at a private school visited a health center for the second time seven months before her first abortion. She had sex with her boyfriend, a first-year student, and had unprotected sex. The girl used post-menstruation post-pills, which she usually used for three days. The tablet, from Germany, was given to her by her sister, but it wasn't always effective. The girl had a big dream for her future and wanted to give birth during this time. She questioned the researcher's question about abstaining from before-marriage sex, as she loves her boyfriend and believes it's the only choice she has. If an emergency occurs, she plans to continue her efforts to be with her boyfriend and meet her goals side by side.

## Reasons of repeated abortions which have no legal support under the Ethiopian law

The subsection lacks legal support but suppresses abortion causes using factors like rape, mental or physical health, and age. Repeated cases are based on different reasons or the same reasons used by other participants.

Participant 7: A 27-year-old prostitute woman at a restaurant is unwilling to give birth due to her rural background and the dependency of her family, especially her younger brothers. The pregnancy occurred accidentally, and the researcher raised concerns about contraceptive methods like condoms and implants. Some of her sexual partners do not use condoms, and other contraceptive methods are not suitable for her body system. She has attempted to abort her child three times, the first after six months of starting work and the second before one year. Her plan to have a baby is after five years, when she becomes economically stable and settles down. She acknowledges that aborting a child is not a right or sinful action according to her religion, but she has no choice.

The lady comes from an economically poor family with two students, grade 8 and 10, and a clever tenth-grade brother. Her father has passed away, and her mother works selling liquor in their rural area. She knows that giving birth will cause her family to suffer, and her brothers will

also stop their schooling. Even her family doesn't know her work, and she becomes sick and falls in bed if they know.

To ensure financial stability for the owner and their family, the owner often uses condoms for customers, particularly those with a luxurious lifestyle. One of these customers, a married man, uses condoms due to his other place of residence. The other two customers, who prefer not to use protection, often refuse. The owner must prioritize their needs and prioritize their personal interests, as their money is crucial to the owner. They typically pay between 4000 and 6000 ETB per night, sometimes even not providing the money.

Contraceptives like injections and implants are not suitable for me due to their potential to disrupt menstruation and cause issues with my customers' periods. I have tried injectable contraceptives but found them difficult to control and itching my reproductive organs. I sometimes use post-pills for these customers, but only when I am uncertain and not feeling good within two or three days. I prefer to consult a clinic before using these contraceptives.

Participant 8: A 27-year-old married woman with two twines has had two abortions. Her first abortion occurred after her wedding, and the pregnancy occurred immediately after. The woman, who was not ready for a baby, decided to abort the fetus. Her husband was also not ready, and after two years, they gave birth. The woman's current situation differs from most women in the study. She cheated on her husband while out of the city, causing her to get pregnant. When asked about her decision to abort, she was one month pregnant and thought of giving birth to her husband, but she couldn't. She feels guilty for the mistake she made and aborting for the second time, but she has no choice to save her marriage. She loves her husband but cannot tell him the truth and face the consequences, so she prefers not to give birth.

Participant 9: A 29-year-old married woman, financially unstable and housewife, is considering aborting her second child due to her inability to give birth. She prefers using the natural method based on her period dates, which she refuses to use contraceptive for. The woman believes that abortion is not recommended for women who are not giving birth and may cause infertility. The researcher asked if abortion is better than contraceptive, but the woman disagreed, stating that it is not recommended for women who are not giving birth and can hurt their uterus. The woman's husband's income is not enough to raise children, so she decided to work for a monthly income

to support her family. This decision is not only for the sake of giving birth but also for the economic problems of her family. She has decided to share the burden of her family with her husband, aiming to improve her situation and provide for her family.

Participant 10: A 19-year-old girl, who attended a health center for the third time, has experienced multiple pregnancies. Her first pregnancy occurred when she was 17, and she was depressed and concerned about it. She sought an abortion from a friend, who took her to the center for an abortion. The second and current abortions were due to an unworked contraceptive. The girl used an implant to prevent pregnancy, but it was uncomfortable and she tried different contraceptives. She received advice from her married cousin, who used an implant to protect her from unwanted pregnancy. After two years of marriage, she became pregnant due to the implant. The girl decided to use the implant to maintain consistency, but without a diagnosis of her hormonal type. The nurse advised her to check her blood type and consider other contraceptives. The girl's parents believe she is a decent child, but she is not. She is advised to be cautious in the future and be cautious about her health.

Participant 11: A 22-year-old servant in a house experienced an abortion due to her fiance's lifestyle. The researcher interviewed him as a participant in the study. The woman refused to use contraceptive methods, stating that they were not suitable for her. She tried two types of contraceptives: "merfe" in Amharic and "choice" tablet. The first was hard and caused weight gain, leading to suspicion from her Madame. After refusing the tablet, she refused to use it.

Participant 12: A 37-year-old single mother, who divorced her husband five years ago, is raising her two children by herself. She has a boyfriend, and this is her third time aborting her unborn babies. The researcher asked why she doesn't give birth to her boyfriend, as he is not willing to have a child if they are not married. The mother wishes to have one more child but doesn't want to marry him and raise her children by step father. She plans to give birth to her boyfriend without marrying him, while her boyfriend doesn't want to give birth and marry a woman who had another life. The mother is concerned about contraceptive issues and has used natural methods for her children. She decided to give birth without telling her boyfriend, but he knew she was pregnant due to morning sickness. He told her to find another man to give his name for the child, as he would not be a father for the baby. The mother's intention is not for her sons' sake but to give them a sister, as they often ask her for a sister.

Participant 13: A 19-year-old student at Addis Ababa University, living with strict parents, is facing a second abortion due to fearing her parents. She fears her mother, a strict and stubborn person, will kill her if she hears her pregnancy. She is also afraid of taking contraceptive pills due to her mother's strict and conservative nature. The abortion is her second attempt to escape her parents' control.

Participant 14: A 29-year-old banker visits the clinic for the fourth time due to recurrent abortions. She prefers not using contraceptive methods like implants and lope, which disrupt her period cycle. She acknowledges aborting is not right, even according to her religion, and blames herself for her actions. She also admits to drinking and spending time with friends, ignoring her inner voice.

Participant 15: A 35-year-old widow with a child, who is afraid of her in-laws starting a new life, visits a clinic for the second time. She has been using an injection contraceptive for years, but stopped due to her inability to have a baby. Her boyfriend is aware of her use, but she is not in a suitable condition to give birth.

Participant 16: A 26-year-old woman working in an international NGO experienced her second abortion in a year. She and her boyfriend made a mistake and decided to abort the womb, believing they were not ready for a baby. However, this time, she received an education scholarship from a foreign country before they got married. She knew she was pregnant at the time, and if she gave birth, she would lose her scholarship. She decided to abort the pregnancy and give birth when she returns after her education.

Participant 17: A 27-year-old prostitute has experienced multiple abortions due to her boyfriend's knowledge of her work and his desire to live with her. Despite her income being insufficient to get married, she uses protection like condoms with all customers except her boyfriend. She explains that life is not as simple as it seems, and she must satisfy her customers and meet their needs. She has been pregnant multiple times due to her lack of protection with her boyfriend, and her boyfriend knows her work and loves her. She has been working this job to live a good life, and she started her education by starting a distance course. She has a big dream of changing her work and starting her life by marrying her current boyfriend. Despite her struggles, she remains committed to her work and pursuing her dreams.

The woman is against using contraceptives, except for condoms, as she believes it may cause infertility. She plans to be a mother for multiple children with her boyfriend and uses protection for herself and her boyfriend. She also takes HIV AIDS tests to monitor her health. Despite her sinful actions, God protects her from life-threatening diseases. She prefers abortion to avoid suffering her innocent babies. On her second pregnancy, she decided to give birth, but faced concerns about work, family, boyfriend, and unstable economic status. She fears repeated abortions may harm her womb and prevent her from carrying a baby for the future.

Participant 18: A 35-year-old divorced woman with two daughters has recently had an abortion due to her husband's cheating and a disagreement over their divorce. The woman's decision to have a second abortion was influenced by anger and the situation between her and her husband. She had previously aborted her first child, but after seeing her husband cheating on her, she decided to stop. After her first abortion, she started using contraceptives to prevent repeat abortions. She wanted to give a brother for her children and wanted to add one more, so she stopped her abortion. Upon hearing about her husband's repeated outings with other women, she was hesitant to forgive him. She questioned why she couldn't give birth, as she would always think of his cheating and foolishness. The woman's last option is abortion, as she wants to punish her husband by aborting his child.

The individual contemplates divorce from their partner due to the fetus they had during their hospital checkup. They believe it would be difficult to give birth after their ups and downs, and they fear the separation would make life more difficult. They prefer a repeated abortion due to the thought of their partner being with another woman.

Participant 19: A 29-year-old woman, living with her boyfriend, has experienced multiple abortions due to financial issues. The first abortion occurred accidentally and she did not use any contraceptives. After the first abortion, she started taking injections. Despite trying different contraceptives, they were not effective. The woman stopped using injections due to their unsuitability for her hormones and gained wait. She also tried lope, which is better for daily labor but not suitable for her work. Despite her efforts, she continues to abort repeatedly.

Participant 20; A 21-year-old sociology student, who has aborted twice in the past, is currently using contraceptives due to religious issues between her and her boyfriend. She believes that

taking contraceptives according to her religion is sinful, as it ceases the work of God, which is life. The reason for her decision to abort is not economic or other, but rather because she is not willing to give birth or to distract from her education. She believes that not only abortion but also taking contraceptive for one healthy woman is sinful, and that aborting a child from another religious institution is better than giving birth and marrying him. In her city, there are many couples living together with different religious institutions, but the young woman believes that her religion is more important than anything else. She believes that her father will kill her and her boy friend if he hears about her decision to abort a child from a different religious institution.

Participants 21: A 19-year-old high school student and her boyfriend, a college student, has experienced a third induced abortion. They typically use post-menstruation contraceptives, but this pregnancy occurred for the third time. The girl, who lives with a middle-class family, prefers the morning after pill over other contraceptives due to potential weight gain or complications. She has visited a health center four months before and has been using the morning after pill for three consecutive pregnancy cycles.

Participant 22: A 20-year-old student at a government university in Addis Ababa has had her second abortion, her first before nine months. The reason for her pregnancy is unprotected sex with her partner. Most girls in her environment use morning after pills, but she has no other choice. She believes it may cause infertility for women who did not give birth, so she uses morning after pills. She has no other choice but to have babies after her class when it comes the right time. Her boyfriend does not want to use condoms.

Participant 23: A 19-year-old grade 12 student has had three abortions in the past. The reason for the third abortion is unwanted pregnancy and insufficient readiness for childbirth. She has a dream of becoming an independent woman, educated, and having a good marriage. She is using post-pregnancy pills, similar to her peers, to achieve her goals. Her parents are not willing to support her, and she has decided to use the post-pregnancy pill.

## The effects of repeated induced abortion on women's health

Abortion has a significant health impact on women's health, and repeated procedures can lead to complications such as infections and bleeding.[130] In Finland, a study found that one out of twenty women underwent "safe" surgical abortion and 25% underwent "safe" medical abortion, resulting in complications such as hemorrhage, incomplete abortion, and need for repeat surgery.[131] In the United States, the FDA documented 605 reported complications from medical abortions in the first three years of using Mifepristone, a drug used to block progesterone use in abortions. One-third of these complications involved severe bleeding and emergency surgery.[132]

The study analyzed 23 participants who experienced the consequences of abortion on their previous history. Out of them, 14 experienced high volumes of bleeding, vomiting, and loss of appetite. The remaining 9 experienced additional symptoms, including nightmares lasting over 3 months, hemorrhage, depression, and nightmares. Participant 4 experienced high bleeding health effects after receiving an abortion service, lasting for over 12 days. She visited health professionals and began drinking holy water to seek mercy from God, fearing the wrath of God.

Participant 7 and Participant 16 experienced nightmares and depression after aborting for the first time. Participant 7 reflects on her guilt for killing a baby, which she felt she could not refuse or protect herself from. She also experienced a sense of guilt when she went to bed and heard the baby's voice cries. To cope, she started drinking alcohol and chewing chat, which felt like anesthesia for hours. Participant 16 also experienced this psychological effect.

During her sleep, she would see a crying baby in her dreams, raising questions about her aunt and friends about the baby. She would also analyze her cousin's child's development and wonder if her family and friends would think she was disciplined and focused on her job. She also

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[130] https://www.unodc.org/mexicoandcentralamerica/es/webstories/2018/unodc-onu-mujeres-unfpa-yonudhmexico,html (accessed June 2020).

[131] Niinimäki, M., M.D., Pouta, A., M.D. PhD, Bloigu, A., Gissler, M., BSc, PhD, Hemminki, E., M.D, PhD, Suhonen, S., M.D., PHD, Heikinheimo, M.D. PhD. Immediate complications after medical compared with surgical Termination of pregnancy. Obstetrics and Gyneocology vol 114, No 4 October 2009, pp 795-804

[132] Gary, M.M., and Harrison, D.J., Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient The Annals of Pharmacotherapy 2006 Feb. Vol 40 (Online, 27 Dec 2005, www.theannals.com, DOI10.1345/aph.1G481).

worried about the consequences if her family knew about her abort, as they would assume she was a disciplined child.

Participants 5 and 10 were 17 and 19 years old, experiencing high levels of depression due to fear of parents and guilt consciousness. They described feeling like killing an innocent baby to protect themselves from abortion after aborting the fetus. One participant experienced poor sleep for five days.

This study focuses on male participants who are husbands and boyfriends of women. Out of five participants, only five are willing to give interviews and explain their reasons for pushing them to have abortions. The number of men involved is small, but it is important to understand their views on aborting their unborn baby.

Male participant 1: A boyfriend of a graduating student at Addis Ababa University, who is dependent on their families, decided to abort their unborn baby. The boyfriend argued that their girlfriend's conservative parents would likely throw her out or kill her if they heard about the decision. The boyfriend and girlfriend were stressed out, leading to the decision to abort the baby. The boyfriend emphasized that they are responsible for their own pregnancy and abortion decisions, and if they could control their sexual feelings, the situation would not occur in their relationship.

Male participant 2: The husband of participant 4 is a security officer working at a financial institution. His wife, a housewife, has been married for four years and has a third pregnancy. The husband refuses to raise their children, citing his own struggles and the possibility of success in other jobs. He believes that after two or three years, they may be able to raise children, and he pushes her to do so.

Male participant 3: A 22-year-old partner of participant 17 and his girlfriend, a second-year student, shared an interview with the researcher about their religious differences. Both partners are willing to give birth and marry, and their families, including their girlfriend's, are also willing to marry. However, their gap is significant and requires a bridge to bridge. The partner believes in love, which gives life, and is willing to give birth regardless of their beliefs. He acknowledges that aborting an unborn baby is not right, but he cannot force her to do so if she is not willing to do so.

Male participant 4: The husband of participant 20 and her children's father, a man, initially hesitated to give an interview but has recently changed his mind. He believes the reason for the abortion is due to the deformity of the unborn baby, which was previously a miscarriage. The couple has no economic issues, but the health issue is the main reason. The man is willing to have a baby, even if it is not accidental, and they have four children. The couple has never used contraceptives, and they have always given birth according to their plan. The man is trying to calm his wife and is trying to calm himself.

Male participant 5: The adult man, husband of participant 11, is a driver in Ethiopian airlines and works online shopping with his wife. They have a good income for their children and family. The man believes it is not an abortion of superfluity but for the sake of his wife, who is his priority. The couple may have other children in the future, but for now, they accept that it is not the right time to give birth. The woman took contraceptive lope even when they started their marriage, possibly four years and half before. The doctor warned them about her blood pressure after giving birth, as the labor was complicated and she lost much blood. After giving birth, she also had medication treatment, and the doctor advised them to be cautious about her health status. While most women have abortions due to economic or family issues, this man's preference is health, and they prefer to abort the child for his wife's sake.

The researcher observed that 15-25-year-old women seeking abortion services in clinics and outside are mostly high school, college, and university students. Despite living with their parents, they continue to engage in illegal activities. To be considered legal, abortion must be legal, as it can be applied if it occurs due to rape, incest, or deformity in the womb.

The study surveyed 23 women participants, 30% of whom are students, and found that abortions were primarily related to their dependency on parents and age. 8% of the participants faced economic problems, while 13% were affected by health issues for mothers and unborn babies. The remaining 43% were caused by other factors, such as lack of readiness, work situations, multi-sexual partners, and marital status. Unworked contraceptives were also a contributing factor. The study highlights the importance of understanding the factors influencing abortion rates among women and men.

Men's hands play a significant role in women's abortions, with some participants citing their partner's unwillingness to have a baby as a reason. Others, who don't mention their partners, also influence their decision to have an abortion.

Many women visit health centers and use both artificial and natural contraceptives. The natural method involves calculating their periodic cycle and self-control to avoid sex. Only one participant uses this method. Six or 26% of participants use post-pills, mostly high school and college students, and most of their age peers also use them. This study highlights the prevalence of both natural and artificial contraceptives among women.

# Chapter Five

# Conclusion and Recommendation

This chapter discusses the conclusion and recommendations of the study, focusing on primary and secondary sources. The researcher recommends ideas for women's rights to health related to repeated induced abortion, particularly for under-23-year-olds. The recommendations also address the gap in the law regarding the guideline principle on abortion and its practical application. Health service providers and lawyers should provide services and rights related to abortion, addressing the practical gaps in the legal framework.

## Conclusion

This study focuses on repeated induced abortion, revealing that most women seek abortion services due to unwanted pregnancy and premarital sex, particularly among unmarried women. Pushing factors play a significant role in the actions of repeated abortion. The law grants women the right to abortion on request, but it is implicitly granted to girls under 18 without documented or written evidence. This highlights the importance of understanding the legal framework and addressing the root causes of abortion in order to prevent this harmful practice. The researcher observed that most women seeking abortion services at health centers are between 17-22 years old and high school and college students. The FDRE law and abortion guidelines provide rights for abortion for rape and related issues. However, the study participants are not under the case of rape. Respecting the laws under the FDRE government is mandatory, and citizens should be aware of the consequences if they do not comply. Some participants may not even know the country's abortion laws.

The research focuses on 23 participants, with 4 having physical and mental health-related reasons and 2 related to age. These groups have legal support, while the remaining 17 have no legal grounds to seek abortion services. Repeated abortions have a negative impact on their physical and mental health, potentially causing trauma in their future. Contraceptive issues are also a significant reason for unwanted pregnancy, as most abortions are due to unworked

contraceptives like the post-pill. Married women prefer alternative contraceptives like lope, implant, and tablet.

Some participants lack knowledge of the country's abortion laws, and most give reasons for seeking abortion services, such as rape or age. This suggests that the guideline policy may open the door for illegal activities without legal support. The study highlights the need for better legal support for these types of activities.

The law has gaps in its punishments, particularly in relation to abortion. Abortion is not a simple service and action, with health consequences such as induced repeated abortions and pain and bleeding. The law should aim to protect women from messy lives, including health and economy. Limiting the number of abortions for women's uterus is necessary to ensure the uterus remains in use. Research in Finland found that one out of twenty women who underwent "safe" surgical abortion and 25% of women undergoing "safe" medical abortion had complications, including hemorrhage, incomplete abortion, and need for repeat surgery.[133]

The Food and Drug Administration (FDA) in the US has documented 605 reported complications from medical abortions in the first three years of using Mifepristone in medical abortions. One third of these complications involved severe bleeding and emergency surgery.[134] Health professionals must ask patients' abortion history properly to provide appropriate services for women. Research shows that states that ban or restrict abortion law decline maternal mortality by a high percentage rate. Chile's maternal mortality rate declined from 41.3 to 12.7/100,000 live births after making abortion illegal in 1989.

Poland's maternal mortality rate decreased from 15/100,000 in 1990 to 7.3/100,000 in 1999. Malta, the only European country where abortion remains illegal, has a very low maternal

[133]Niinimäki, M., M.D., Pouta, A., M.D. PhD, Bloigu, A., Gissler, M., BSc, PhD, Hemminki, E., M.D, PhD, Suhonen, S., M.D., PhD, Heikinheimo, O., M.D. PhD. Immediate Complications After Medical Compared With Surgical Termination of Pregnancy. OB- STETRICS & GYNECOLOGY Vol 114, No 4, October 2009 795-804.

[134]Gary, M.M., and Harrison, D.J., Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient The Annals of Pharmacotherapy 2006 Feb. Vol 40 (Online, 27 Dec 2005, www.theannals.com, DOI 10.1345/aph.1G481).

mortality rate of 8/100,000.[135] The Republic of Ireland had very restrictive abortion laws but had a very low maternal mortality rate (8/100,000 live births). The United Kingdom has permissive abortion laws and similar maternal mortality rate. However, Ireland had lower rates of breast cancer, low birthweight, and mental health disorders before legalizing abortion.[136]

## Recommendation

Study recommends recommendations for lawmakers, health professionals, and school administrators, including nurses, pharmacists, and psychologists.

- Women who practice abortion are not covered by proclamation No.414/2004 criminal code due to the absence of induced repeated abortion phrases. The law must be clear and clear for such abortions. The law implicitly grants women the right to abortion upon request, but it needs revision and restrictions on procedures. Evidence-based methods, such as identification cards, are necessary to determine the appropriate age for women or girls.
- The Ethiopian law on abortion services should be evidence-based and strict on abortion service providers and women who receive services. If the law were revised based on logical grounds, such as written or diagnosed evidence, the number of cases may decrease. However, most cases use the reason of rape, as stated in Ethiopia's abortion guidelines policy. Women who request termination of pregnancy after rape and incest are not required to submit evidence or identify the offender for an abortion. This would help reduce the number of cases and ensure that women receive the services they need.
- In health centers, psychology and psychiatry professionals provide counseling services for patients seeking abortion services. These professionals must be responsible for providing appropriate treatment to women seeking repeat abortions, considering the psychological and health consequences of the procedure. The guidelines aim to provide accurate information on pregnancy termination methods and the risks associated with

[135]Ingrid Skop, "Abortion Safety: At Home and Abroad," Issues in Law & Medicine 34, no. 1 (2019): 69-70.

[136]Ingrid Skop, "Abortion Safety: At Home and Abroad," Issues in Law & Medicine 34, no. 1 (2019): 69-70.

continuing the pregnancy or terminating it. This information should include options for counseling, available methods, pain control, advantages and disadvantages, and the procedures during and after the procedure. Risks associated with termination of pregnancy, both short and long term, must also be considered.

- Health centers should conduct awareness sessions on contraceptives for specific hormone and blood types, nationwide, and supported by the Ministry of Health. The awareness should cover not only contraceptives but also the effects of abortion on physical and mental health.
- School administrators should propose health clubs that provide information on reproductive health issues like premarital sex, abortion, and sexual transmitted diseases. These clubs should be shaped by the country's culture and moral grounds.
- University or college should establish health centers for girls, as women and men face unique health and reproductive issues. These centers should provide suitable, effective reproductive health services, including psychologists, to awaken women and protect their future. Protecting the body from harmful actions is crucial for a healthy life and a better future for women.

- Adult women, particularly students, who started sex with their partners instead of repeated abortions can use contraceptives for their hormonal type. In marriage or those not ready to give birth after economic or life stability, they can consult with doctors or professionals for contraceptive advice. Women who suffered from abortion shared their experiences on a website, describing coercion, overwhelming guilt, nightmares, excessive drinking, drug abuse, promiscuity, inability to form relationships, and difficulty bonding with future children.[137]

[137] abort73.com/testimony

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**Video**

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