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Awareness and attitudes of disabled women in southern Ethiopia regarding abortion law: A cross-sectional study

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Abstract

There is currently little information about access to information regarding the current abortion law among disabled people in Ethiopia. This study evaluated awareness and attitudes of disabled reproductive age women concerning the present abortion law and its associated factors in southern Ethiopia. From a total of 605 participants 15.4% and 48.8% had knowledge and favourable attitude about current abortion law. Education (AOR=1 95%CI: 1-3), discussion with family on Sexual and reproductive health issues (AOR=0.05 95%CI: 0.008-0.3), knowledge on unsafe abortion complications (AOR=0.1 95%CI: 0.02-0.4) were factors associated with knowledge. Educational (AOR=0.5 95%CI:0.3-0.9), marital status(AOR=0.6 95%CI:0.3-0.9), pregnancy(AOR=3 95%CI:1.1-6), disability association(AOR=0.1 95%CI:0.08-0.2), Sexual and reproductive health service utilization(AOR=0.4 95%CI:0.2-0.9), were associated with positive attitude. Risk factors for knowledge and attitude towards abortion law among reproductive age women's with disability in Gedeo Zone, highlight the need for policies that improve access to reproductive health services, promote family planning and address the socio-economic challenges reproductive women's with disability face. (*Afr J Reprod Health 2025; 29 [9s]: 137-145*).

Keywords: Abortion law; attitude; knowledge; disability; Ethiopia

Résumé

Il y a actuellement peu d'informations sur l'accès à l'information concernant la législation actuelle sur l'avortement parmi les personnes handicapées en Éthiopie. Cette étude a évalué la sensibilisation et les attitudes des femmes handicapées en âge de procréer concernant la loi sur l'avortement actuelle et ses facteurs associés dans le sud de l'Éthiopie. Sur un total de 605 participants, 15,4 % et 48,8 % avaient des connaissances et une attitude favorable à l'égard de la loi sur l'avortement actuelle. Le niveau d'éducation (AOR=1, IC 95 % : 1-3), les discussions en famille sur les questions de santé sexuelle et reproductive (AOR=0,05, IC 95 % : 0,008-0,3), la connaissance des complications liées à l'avortement non sécurisé (AOR=0,1, IC 95 % : 0,02-0,4) étaient des facteurs associés à la connaissance. Le niveau d'éducation (AOR=0,5, IC 95 % : 0,3-0,9), l'état matrimonial (AOR=0,6, IC 95 % : 0,3-0,9), la grossesse (AOR=3, IC 95 % : 1,1-6), l'association des personnes handicapées (AOR=0,1, IC 95 % : 0,08-0,2), l'utilisation des services de santé sexuelle et reproductive (AOR=0,4, IC 95 % : 0,2-0,9) étaient associés à une attitude positive. Les facteurs de risque associés à la connaissance et à l'attitude envers la loi sur l'avortement chez les femmes en âge de procréer avec handicap dans la zone de Gedeo soulignent la nécessité de politiques qui améliorent l'accès aux services de santé reproductive, promeuvent la planification familiale et s'attaquent aux défis socio-économiques auxquels les femmes en âge de procréer avec handicap font face. (*Afr J Reprod Health 2025; 29 [9s]: 137-145*).

Mots-clés: Loi sur l'avortement; attitude; connaissance; handicap; Éthiopie

Introduction

According to the World Health Organization (WHO) unsafe abortion is a method for ending an unintended pregnancy that is either performed by someone lacking the requisite skills or in a setting devoid of medical norms, or both¹.

Countries with limited legal abortion options are particularly susceptible to a heavy burden of unsafe

abortions and the associated death. Worldwide, 26% of people live in countries where abortion is either completely illegal or only legal under specific circumstances, such as when there is a risk to women's lives. Most of such peoples can be found in developing nations².

In May 2005, Ethiopia changed its abortion laws in specific circumstances. In circumstances of sexual assault, incest, or birth defects, abortion is accepted.

Additionally, if a woman's life or physical health is in danger, if she suffers from a physical or mental impairment, or if she is a minor who is not physically or mentally capable of giving birth, she has the legal right to end the pregnancy³.

Additionally, the Convention on the Rights of People with Disabilities (CRPD) stipulates in article 25 that people with disabilities have the right to the maximum achievable level of health without being subjected to discrimination because of their impairment, especially in the domain of Sexual and reproductive health⁴.

But in terms of correspondence and availability, most of the health promotion and prevention programs frequently do not focus on persons with disabilities. The fields of health status, preventative screening programs and health-promoting behaviours all exhibit health disparities and inequity for this reason⁵.

Women's awareness of the law around abortion is crucial since it affects their ability to receive medically approved abortion procedures⁶.

The percentage of women who correctly understand the legal status of abortion is one indicator for gauging access to information about safe abortion, according to the WHO guideline on the procedure⁷.

Women who lack correct legal information may choose unsafe abortions even when safe, legal abortion services are accessible because they are unaware of their eligibility for the service or the legal prerequisites for getting an abortion⁸.

The lack of awareness & attitudes of women towards abortion law may be the cause. It is a truth that legal reforms by itself cannot minimize mortality related to abortion in any country, particularly in Ethiopia. It is essential to raise community awareness through various initiatives to change society's perspectives on abortion, stop hazardous and illegal behaviour, and provide information about safe and legal abortion care options.

People are unlikely to gain from legal change and services if government does not try to improve their understanding and attitude. To close the information gap, this study was conducted with the objective of exploring knowledge and attitude of reproductive age women with disability towards Ethiopian

abortion law and factors associated with it in Gedio zone southern Ethiopia.

Methods

Study area and period

A community based cross-sectional study was employed in Gedeo Zone, Southern Ethiopia in 2024E.C.

Eligibility criteria

Reproductive Age Women with disability (physical, hearing impairment, visual impairment, unable to speak) who are identified by the Gedio zone social affair were included in the study, a reproductive age women with disabilities who are critically ill during an interview were excluded.

Sample size

The sample size has been determined using a single population proportion formula.

$$n = [(Za/2)2p(1-p)]/d^2$$

assumption: with the assumption of 95% CI, 5% desired precision, prevalence 50%, and design effect (d= 1.5), the formula yields n=576, after adding 10% non-respondent rate the total sample size increases to 634.

Sampling procedure/technique

From eight districts of Gedeo zone; four (Wonago, Dilla Town, and Dilla Zuria woredas; Yirga Chefe woreda) were randomly chosen through a lottery method. Using random sampling technique, the lists of women with disabilities in the reproductive age group in each district were gathered from the Gedeo Zone Social Affair and proportionally allocated based on the calculated sample size and study subjects were sampled using random sampling technique. Figure 1

Data collection procedure

Structured questionnaire was adapted from various literatures. Data was collected by 12 data collectors

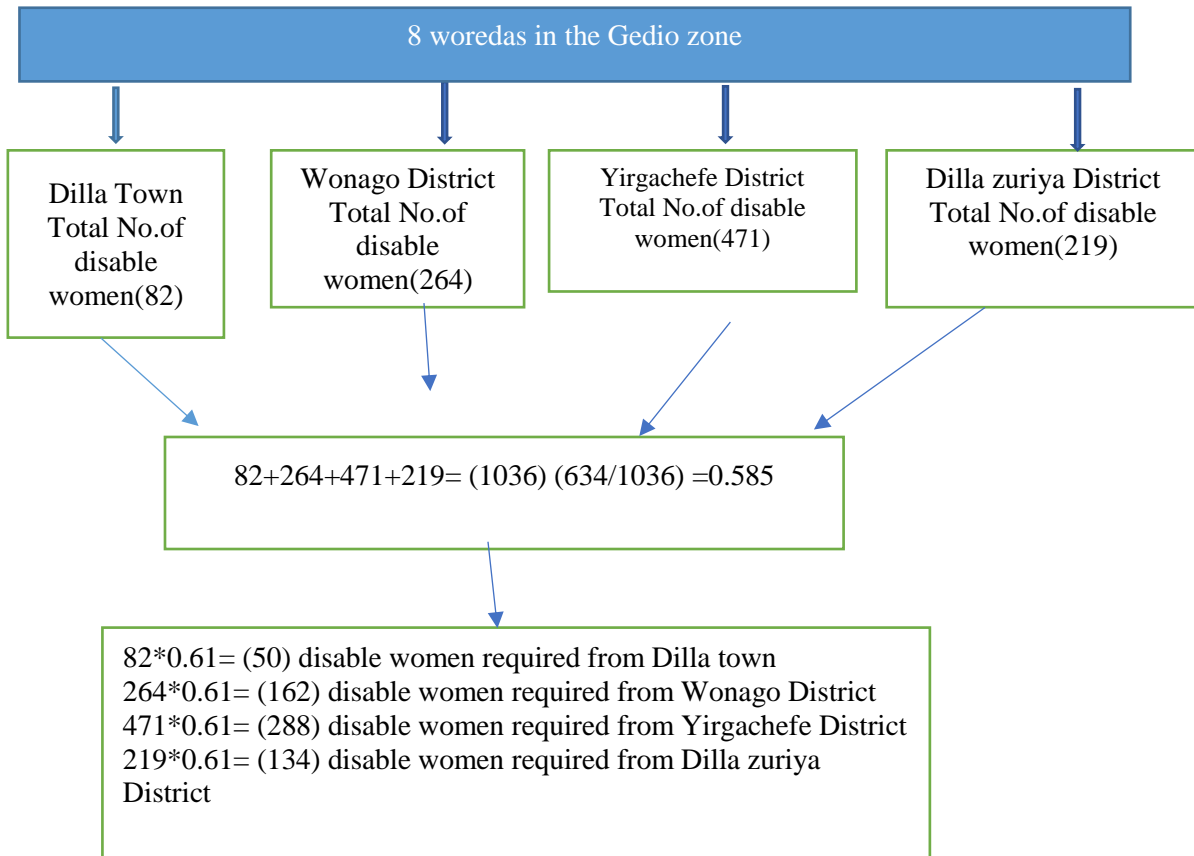


Figure 1: Schematic presentation of the Sampling Procedure among women with disabilities in Gedeo zone, Southern Ethiopia

who can communicate by sign language and 4 with bachelor's degrees. A comprehensive questionnaire was field out by each participant, which include socio-demographic characteristics (age, residence, sex, educational status, marital status...), knowledge related, attitude related, obstetric-related, and disability related questions.

Operational definitions

Women with disability: women with physical, visual, and hearing impairment.

Good knowledge: was evaluated using seven closed-ended questions (Ethiopian current abortion law permits termination of a pregnancy when: The women are raped, Pregnancy endangered for a women, The fetus is endangered, The women is physically and psychologically unprepared, The women age is <18 years, The women’s gets pregnant

from her relatives,The composite score of knowledge on Ethiopian current abortion law). Out of the seven, the responses to the seven questions were totalled. The respondents were classified as having good knowledge if their scores were higher than the median (median knowledge score = 4).

Favourable attitude: was assessed by posing five closed-ended questions that can get either positive or negative feedback. Women who responded favourably or agreed are seen as having an optimistic attitude if their scores were higher than the median (median attitude score = 3).

Physical disability: restriction on a person's ability to move, perform physically, or have endurance¹⁴.

Data quality control

The structured questionnaire was prepared in English version and translated to Amharic and local

language gedeo-uffa then retranslated back to English by third person to settle accuracy of the translation. Pre-test was done on 5% of calculated sample size in kebele which were not included in the study, which was accompanied by necessary correction and adjustment on the questionnaire’s wording and phrasing. Data collectors and supervisors were trained on the data collection tools and the techniques to stick during the actual data collection for two days. Besides, principal investigator and supervisors was strictly checked for the completeness, accuracy, and clarity of the data collected.

Data analysis procedures

The data was imported into SPSS version 27, where it was undergoing data cleaning, coding, and analysis using the same program. The study population and pertinent factors are described by using frequencies and summary statistics. A multivariable logistic regression analysis was performed on predictors with p-value of < 0.25 to examine any relationships between the independent and dependent variables. In every scenario, the found predictors with p-values less than <0.05 was considered as a factor, and additional checks for multicollinearity and model fitness was made.

Ethical consideration

Ethical permission was obtained from Dilla University institutional review board with certificate number duirb/057/28-11. Informed written consent was taken from all the participants after full explanation of the purpose and procedures used in the study.

Results

Socio demographic characteristics

Out of 634 reproductive age women with disability expected to participate in this study, a total of 605 were interviewed and making the response rate 95.4%.As shown in Table 1, the mean age of the respondents was 27.82 (SD±6.5) years. About 29.9% of the respondents were in the age group of

Table 1: socio demographic and disability characteristics of reproductive age women with disability living in Gedeo zone, Southern Ethiopia, 2024

Variable	choose	Frequency	Percent
Age	<28	345	57
	>28	260	43
	Total	605	100
Mean age of respondents	Mean	27.82 ±6.5	
Marital status	Not married	407	67.3
	Married	198	32.7
	Total	605	100
Educational status	Literate	396	65.5
	illiterate	209	34.5
	Total	605	100
Residence	Rural	519	85.8
	Urban	86	14.2
	Total	605	
Type of disability	Physical impairment	376	62.1
	Hearing impairment	167	27.6
	Visual impairment	59	9.8
	Unable to speak	3	0.5
	Total	605	100

21-25 years old. Most 402 (66.4%) of the study participants were protestant religion followers. More than half 323(53.4%) of the participants were single. Regarding level of education, 209(34.5%) of the participants had unable to read and write. Residential place for most of the participants was found to be a rural area.

Obstetrics characteristics and disability characteristics

Among women who were included in the current study 260(43%) had ever experienced pregnancy while 17(2.8%) had a history of abortion and from these 9(52.9%) were induced abortion. Rape 1(11.11%) was mentioned as one of the reasons for going through induced abortion. Being student and their marital status were other reasons. Majority 5 (29.4) of the abortions took place at home. Majority 572(94.5%) of the respondents were not using any type of family planning method currently.

Table 2: knowledge characteristics of reproductive age women with disability living in Gedeo zone, Southern Ethiopia, 2024

Variables	Choose	Frequency	Percentage
Ever heard about the current Ethiopian abortion law	No	492	81.3
	Yes	113	18.7
Ethiopian current abortion law permits termination of a pregnancy when:			
The women are raped	No	483	79.8
	Yes	122	20.2
Pregnancy endangered for a women	No	477	78.8
	Yes	128	21.2
The fetus is endangered	No	471	77.9
	Yes	134	22.1
The women is physically and psychologically unprepared	No	473	78.2
	Yes	132	21.8
The women age is <18 years?	No	464	76.7
	Yes	141	23.3
The women’s gets pregnant from her relatives	No	472	78.0
	Yes	133	22.0
The composite score of knowledge on Ethiopian current abortion law	Poor knowledge	512	84.6
	Good knowledge	93	15.4

Out of those utilizing abortion, half 15(46.8%) used the injectable type of contraceptive.

Knowledge by characteristics of reproductive age women with disability towards Ethiopian abortion law.

As shown in Table 2, only 113(18.7%) of the reproductive age women with disability had heard of the Ethiopian current abortion law.

Regarding their knowledge level, considering 7 knowledge questions, 15.4% had a good knowledge of the Ethiopian current abortion law.

Table 3: Attitude characteristics of reproductive age women with disability living in Gedeo zone, Southern Ethiopia, 2024

Variable	Choose	Frequency	Percentage
abortion should be legal	No	558	92.2
	Yes	47	7.8
pregnancy should interrupt	No	570	94.2
	Yes	35	5.8
pregnancy occur from rape should be interrupted	No	210	34.7
	Yes	395	65.3
the pregnancy from relatives should be interrupted	No	176	29.1
	Yes	429	70.9
pregnancy should be interrupted when it endangers women and fetuses	No	219	36.2
	Yes	386	63.8
pregnancy should be interrupted by economically poor women	No	550	90.9
	Yes	55	9.1
pregnancy should be interrupted by age <18year	No	544	89.9
	Yes	61	10.1
pregnancy should be interrupted if fetus abnormality	No	223	36.9
	Yes	382	63.1
pregnancy should be interrupted mental abnormality	No	211	34.9
	Yes	394	65.1
pregnancy should be interrupted out of health institute	No	594	98.2
	Yes	11	1.8
Will you obey the abortion law when you are pregnant and wish to terminate a pregnancy	No	77	12.7
	Yes	528	87.3
The composite score of attitudes on Ethiopian current abortion law	Unfavourable attitude	310	51.2
	Favourable attitude	295	48.8

Attitude related to characteristics of reproductive age women with disability towards Ethiopian abortion law,

Taking 11 attitude assessing questions into consideration, the composite score of respondents having a favourable attitude to Ethiopian current abortion law was about 48.8%.

Table 4: Factors associated with knowledge of reproductive age women with disability living in Gedeo Zone, Southern Ethiopia, 2024

Variable	choose	Good knowledge N(%)	Poor Knowledge N(%)	COR (95%CI)	AOR (95%CI)	P value
Marital status	Not married	87.7	12.2	0.5(0.3-0.7)	0.8(1-3)	
	married	78.3	21.7	1		
Educational status	Literate	81.5	18.5	2(1-3)	1.9(1-3)	0.02
	illiterate	90.4	9.5	1		
SRH use	No	96.2	3.8	0.1(0.06-0.5)	1(0.3-3.5)	
	Yes	82.2	17.8	1	1	
Knowledge about unsafe abortion complication	No	98.3	1.7	0.07(0.01-0.3)	0.1(0.02-0.4)	0.004
	Yes	81.4	18.6	1	1	
Membership to any disability association	No	77.5	22.5	19.5(6.1-62)	12(3-44)	
	Yes	98.5	1.5	1	1	
Discussion about SRH with family members	No			0.06(0.01-0.3)	0.05(0.008-0.3)	0.002
	Yes			1	1	

Table 5: Factors associated with Attitude of reproductive age women with disability living in Gedeo zone, Southern Ethiopia, 2024

Variable	Choose	Favourable attitude N(%)	Negative attitude N(%)	COR (95%CI)	AOR (95%CI)	P
Age	<=28	46.4	53.6	1.5(1-2)	0.9(0.5-1)	
	>28	57.7	42.3			
Marital status	Not married	47.4	52.5	1.6(1-2)	0.6(0.3-0.9)	0.04
	married	59.1	40.9			
Educational status	Literate	56.7	43.3	0.5(0.3-0.7)	0.6(0.3-0.9)	0.02
	illiterate	41.2	58.8			
Ever been pregnant	No	40.6	59.4	2(1-3)	3(1-6)	0.001
	Yes	65.4	34.6			
Current contraceptive use	No	50	50	2(1-5)	2(0.8-6)	
	Yes	72.7	27.3			
Knowledge about unsafe abortion complication	No	79.1	20.9	0.2(0.1-0.3)	0.1(0.07-0.2)	0.001
	Yes	44.7	55.3			
Membership to any disability association	No	59.8	40.2	0.3(0.2-0.5)	0.1(0.08-0.2)	0.001
	Yes	34.6	65.4			

Regarding the response to the question ‘do you think induced abortion should be legal about 92.2% of the study participants thought induced abortion should not be legalized. Table 3

Factors associated with knowledge of reproductive age women with disability towards Ethiopian abortion law

After adjustment for confounders in multivariate analysis; ever being pregnant, knowing about unsafe

abortion complications, discussing about SRH issues with family members was found to be significantly associated with knowledge towards Ethiopian abortion law.

Those women who have literate educational status were 1.9 times more likely knowledgeable [AOR =1.9: 95% CI (1-3)] as compared to respondents who are illiterates. Women who had no knowledge about unsafe abortion complications were decreased their

knowledge by 90% [AOR **0.1**:95% CI (**0.01-0.40**)] than respondents who had knowledge on unsafe abortion complications.

Among respondents who had a discussion on SRH issues with family members were decreased their knowledge regarding current Ethiopian abortion law by 95% [AOR = **0.05**: 95% CI (**0.01-0.30**)] as compared to respondents who had no discussion on SRH issues with their family members. Table 4

Factors associated with attitude towards current Ethiopian abortion law among reproductive age women with disability

After adjustment for confounders in multivariate analysis; age, occupation, knowledge about unsafe abortion complications and membership to any disability associations was found to be significantly associated with attitude towards Ethiopian abortion law. The result of multivariable analysis revealed that women of reproductive age who are married have a favourable attitude by 94% [AOR = **0.6**: 95% CI (**0.3-0.9**)] as compared to respondents who are not married.

Women who had no knowledge about unsafe abortion complications were 90% [AOR = **0.1**: 95% CI (**0.07-0.2**)] less likely to have had a favourable attitude than respondents who had knowledge on unsafe abortion complications.

Among study participants who are not members to any disability association were 0.13 times [AOR = **0.1**: 95% CI (**0.08-0.20**)] less likely have a favourable attitude as compared to those who are participated or members in and disability related association, those women who are never been pregnant were 3 times more likely have a favourable attitude [AOR = **3**: 95% CI (**1-6**)] as compared to ever been pregnant respondents. Table 5.

Discussion

This study assessed the knowledge, attitude, and associated factors regarding Ethiopian abortion laws among reproductive-age women with disabilities in Gedeo Zone, Southern Ethiopia. The findings revealed that only 15.4% of respondents had good knowledge of the current abortion law, while 48.8% expressed a favorable attitude towards it. These results suggest that despite some positive

perceptions, awareness about the law remains very low among this population.

The proportion of women with good knowledge in this study was lower than reports from Arba Minch⁹, Bahir Dar¹⁰, and Bule Hora¹¹. The discrepancy may be explained by differences in study populations, as those studies included women without disabilities, who are more likely to have better access to information sources. In the present study, most participants lived in rural areas and a third were unable to read or write, which could have limited their exposure to legal and reproductive health information. However, our finding was higher than that of a study from Mizan Aman²⁸, possibly due to recent government and NGO-led awareness efforts in Gedeo Zone.

Attitude towards abortion law in our study was comparable to findings from Arba Minch⁹, Bahir Dar¹⁰, and Bule Hora¹¹, with nearly half of respondents demonstrating favorable views. This suggests that while knowledge gaps exist, some degree of openness to the law is present, possibly shaped by personal or community experiences with unsafe abortion and its consequences.

Educational status emerged as a key determinant of knowledge, with literate women being nearly twice as likely to have good knowledge compared to their illiterate counterparts. This aligns with the evidence from Bule Hora¹¹ and other Ethiopian settings, highlighting education as a pathway to increased access to information and improved comprehension of reproductive rights and laws.

Knowledge of unsafe abortion complications was also strongly associated with better awareness of the abortion law and the study in lined with other study conducted in Axum town Ethiopia¹³. Women who understood the risks of unsafe abortion were more likely to be informed about legal provisions, likely because both topics are addressed in reproductive health education and advocacy programs.

Membership in disability associations was associated with a more favorable attitude towards the law. These associations may serve as important platforms for information exchange, peer learning, and empowerment, which could help shape more

supportive attitudes. This finding differs from other Ethiopian studies, possibly because our research specifically focused on women with disabilities, for whom such networks may play a particularly influential role.

Attitude towards the law was also positively associated with marital status, pregnancy history, and knowledge of unsafe abortion complications. Married women and those who had never been pregnant were more likely to hold favorable attitudes, possibly reflecting different life experiences, social expectations, and perceived risks. Moreover, women with knowledge about unsafe abortion complications were significantly more likely to support the law, underscoring the importance of health education in shaping positive legal perceptions.

Overall, the low knowledge level found in this study may be attributed to a combination of limited formal education, rural residence, and insufficient targeted communication strategies for women with disabilities. The relatively better attitude scores suggest that with improved access to accurate and disability-inclusive information, there is potential to bridge the knowledge gap and enhance informed decision-making.

Strengths and limitations

Since the study was community based; the result can be generalized for all reproductive age women with disability in Gedeo Zone and other similar areas.

The study's implications suggest a need for comprehensive approaches that consider the unique perspectives of disabled women. This can lead to more effective policies and practices that ensure their reproductive rights are respected and upheld.

Limitations of the study

The study was affected by recall bias. There was a lack of similar studies to make more comparative discussion. The study is able to infer association between the dependent variable and independent variables but cannot establish causation. Thus, the finding of this study should be interpreted considering these limitations.

Conclusion

Knowledge and attitude towards the Ethiopian current abortion law are low as per, the national standard. The study revealed that 15.4% of respondents had good knowledge and 48.8% had a favourable attitude towards the Ethiopian current abortion law. Seventeen respondents had a history of abortion. History of previous pregnancy, know about unsafe abortion complications, discuss about SRH issues with family members determine whether the woman had knowledge about the abortion law; favourable attitudes towards the law are related to age, occupation, know about unsafe abortion complications and membership to any disability associations.

Recommendation

Based on these findings, the following recommendations are proposed to enhance knowledge and attitudes towards the current Ethiopian abortion law among reproductive-age women with disabilities.

Local and National health officials

Implement community-based health education programs to improve health care seeking behaviour and disseminate accurate information about the current Ethiopian abortion law among reproductive age women with disabilities.

Collaborate with and strengthen existing disability associations to effectively reach and support this vulnerable population with regards to sexual and reproductive health (SRH) issues.

For future Research

Conduct further research using more rigorous methodologies to address gaps in evidence found in this study. This could involve larger sample sizes, more diverse study populations, and more in-depth qualitative research methods.

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Authors' contributions

All authors contributed from proposal development to data analysis and preparation of the article, gave final approval of the version to be published, and agree to be accountable for all aspects of the work.

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Data availability

All data included in the manuscript can be accessed from the corresponding author upon request via memymine0@gmail.com

Conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

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