

Facts on Unwanted Pregnancy and Induced Abortion in Nigeria

POPULATION AND FERTILITY

- Roughly 125 million people live in Nigeria, making it the most populous country in Sub-Saharan Africa. The country's population growth rate of 2.8% per year means a doubling in size every 25 years.
- Of the 6.8 million pregnancies that occur each year in Nigeria, 63% end in planned births, 10% in mistimed or unwanted births, 11% in induced abortion and 16% in miscarriage.

UNPLANNED PREGNANCY

- Roughly one in five pregnancies each year in Nigeria are unplanned; of those, slightly more than half end in abortion.
- Almost one-third of Nigerian women of childbearing age say they have had an unwanted pregnancy; of those, half have attempted to obtain an abortion at some time.
- Women in the North and in the South are equally likely to have experienced an unwanted pregnancy.

ABORTION

- About three-quarters of a million Nigerian women have an induced abortion each year.
- Most Nigerian women who have abortions obtain them early in pregnancy: Eighty-seven percent of women who ended a pregnancy did so before 12 weeks of gestation.
- Two-thirds of women obtaining abortions have discussed the decision with their partner, a friend or, to a much lesser degree, their mother or sister.

- About six in 10 women obtaining abortions did so with the approval of their partner, indicating a high level of male involvement in the decision-making process.
- Abortion is officially permitted only to save the life of the woman.

PRIMARY REASONS WHY WOMEN HAVE ABORTIONS

- Twenty-seven percent of women nationwide who ended an unwanted pregnancy did so because they were not married at the time. However, this figure masks regional differences—35% of those in the North and 20% of those in the South cite marital status.
- Nineteen percent of women said they were too young or still in school (16% in the North and 22% in the South).
- Nineteen percent of women said that their partner did not want the child, claimed he was not the father or had left her (10% in the North and 26% in the South).
- Seventeen percent of women said that they wished to space the next birth or

avoid having any more children (20% in the North and 14% in the South).

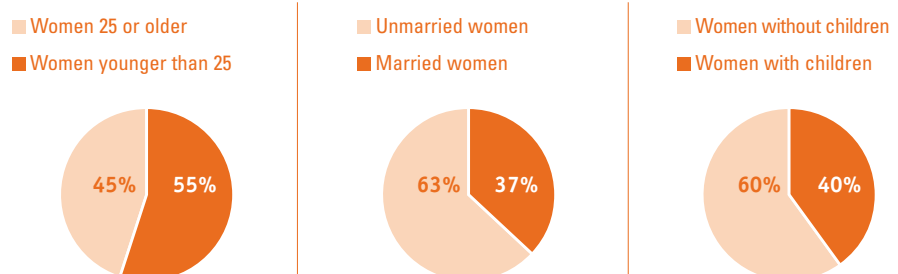
PROVIDERS

- Almost six in 10 abortions are carried out in private or public hospitals or clinics. Another two in 10 are initiated through medications or treatment given by chemists. The remainder are performed by a traditional provider, by a friend or by the woman herself.
- Poor women are more likely than nonpoor women to obtain abortions from untrained providers: Only 44% of poor women, compared with 66% of nonpoor women, had an abortion performed by a medically trained professional in a hospital or clinic; 30% of poor women, compared with 14% of nonpoor women, went to a traditional healer or induced the abortion themselves.
- Northern women are more likely than Southern women to obtain unsafe abortions: Forty-eight percent of abortions in the North take place in a medical facility, compared with 66% in the South. In addition, 29% of abortions

Figure 1

Who Has Abortions?

Nigerian women in all circumstances have had an abortion.



in the North are performed by a traditional healer or at a home, compared with 12% in the South.

COMPLICATIONS

- One in four women having abortions experience serious complications, but only one-third of women with serious complications seek treatment.
- Poor women are more likely than nonpoor women to have complications (30% vs. 21%).
- A surprisingly high proportion (25%) of women undergoing surgical abortion report serious complications, possibly due to inexperienced or improperly trained providers.
- Poorly performed abortions are known to contribute to Nigeria's high maternal mortality rate, which is estimated to be 800 per 100,000 live births.
- Hospital patients admitted with complications from unsafe abortions were treated for the retained products of conception (50%), fever (35%), hemorrhage (34%), sepsis (24%), pelvic infection (22%),

instrumental injury (11%) and shock (4%).

COSTS

- Women report that the average cost of an abortion was 1,805 naira (US\$15). If the woman tried to perform the abortion herself or relied on a friend, the average cost was 491 naira (US\$4).
- On average, the costs to women treated for abortion-related complications are about 13,819 naira (US\$115).
- Abortions performed by medically trained practitioners are typically too costly for many women. Women who cannot afford appropriate care run the risk of long-term, and often dangerous and costly, consequences to their health.
- At the national level, unsafe abortion drains the country's already depleted health care infrastructure; hospitals must allocate scarce medical resources and personnel to assist women suffering from life-threatening complications.

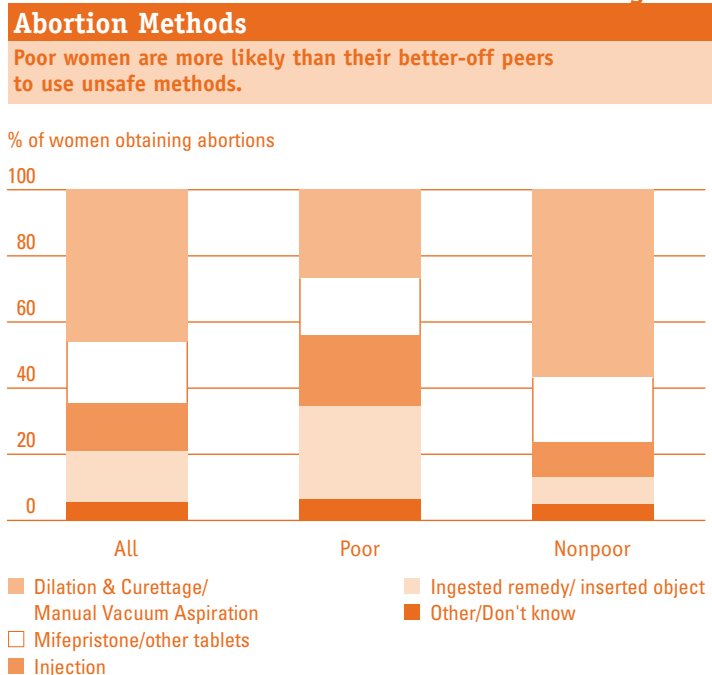
UNMET NEED FOR CONTRACEPTION

- About one in four women of childbearing age are in need of family planning: They are sexually active and able to have a child, but do not want one soon or ever and are not using any contraceptive method.
- Six in 10 Nigerian women who had had an abortion say they were not practicing family planning at the time they became pregnant.
- Women having abortions who are least likely to use contraceptives are poor women (80%), women with no schooling (78%), adolescents (72%) and those living in the North (71%).
- Women who had an abortion and were not using contraceptives at the time they became pregnant were often unaware of family planning (38%). Others believed that they would not get pregnant (19%), feared the side effects of contraceptives (17%), did not have access to contraceptives (6%) or were concerned about the objections of their partners or family members (6%).

- Make abortion care safer by improving training for medical staff: All medical practitioners should be trained in the correct use of surgical and medical techniques.
- Improve postabortion services. The World Health Organization strongly advises that all health facilities that treat women with incomplete abortions should have the appropriate equipment and trained staff needed to ensure that care is consistently available and provided at a reasonable cost.

These data are the most current available and are from Reducing Unintended Pregnancy in Nigeria and Unwanted Pregnancy and Induced Abortion in Nigeria: Causes and Consequences, by Akinrinola Bankole, Boniface Oye-Adeniran, Susheela Singh, Isaac Adewole, Deirdre Wulf, Gilda Sedgh and Rubina Hussain. Funding for both documents was provided by The David and Lucile Packard Foundation and The John D. and Catherine T. MacArthur Foundation.

Figure 2



WHAT CAN BE DONE TO REDUCE UNWANTED PREGNANCY AND UNSAFE ABORTION?

- Improve contraceptive services and information to ensure greater and correct use of contraceptive methods.
- Provide sex education in all secondary schools and make contraceptive services more accessible to young people.
- Reform school policies so that school-age girls can return to school to complete their education following the delivery of a baby.



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