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In Brief

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Reducing Unsafe Abortion In Nigeria

Abortion is illegal in Nigeria except to save a woman's life. It is also common, and most procedures are performed under unsafe, clandestine conditions. In 1996, an estimated 610,000 abortions occurred (25 per 1,000 women of childbearing age), of which 142,000 resulted in complications severe enough to require hospitalization. The number of abortions is estimated to have risen to 760,000 in 2006.[1] Unsafe abortions are a major reason Nigeria's maternal mortality rate—1,100 deaths per 100,000 live births—is one the world's highest.[2] According to conservative estimates, more than 3,000 women die annually in Nigeria as a result of unsafe abortion.[3]

Research has consistently shown that high rates of abortion reflect high levels of unintended pregnancy, and that is certainly the case in Nigeria. Of the estimated 6.8 million pregnancies that occur annually in Nigeria, one in five are unplanned, and half of these end in an induced abortion (Figure 1, page 2). This issue brief highlights the latest scientific evidence on the causes and consequences of unwanted pregnancy and induced abortion in Nigeria, and identifies the key steps that health care providers, universities and medical schools, and the Nigerian government need to take to address the health, social and economic consequences of unsafe abortion.

Unintended Pregnancy And Contraceptive Use

Approximately one in three Nigerian women of reproductive age have experienced an unwanted pregnancy, a rate likely driven by Nigeria's low levels of contraceptive use. While Nigerian women increasingly want smaller families, their desire to limit and space their births is outpacing their ability to control their fertility: On average, women want five children, but they have close to six, suggesting a need for better access to family planning services and supplies.[4,5] Contraceptive use in Nigeria is low, and many women who have experienced unintended pregnancy were not using any contraceptive when they conceived. Only 13% of married women are currently using contraceptives, and only 8% use a modern method (the pill, injectables, implants, sterilization, the IUD, the diaphragm or male condoms). Among sexually active adolescent women, the proportion using a modern method is slightly higher—10%. Overall, the most commonly used methods are injectables, male condoms, the pill and periodic abstinence; 2% of married women are currently using each of these methods.[5]

Contraceptive use varies significantly by region, highlighting Nigeria's economic and social disparities. Urban married women are more than twice as likely as rural married women to use contraceptives (20% vs. 9%) and to use modern methods (14% vs. 6%). Thirty-three percent of married women living in the wealthier, more urban and more educated South West region use contraceptives, compared with only 4% of women in the North East.[5]

A woman's level of education, the number of children she has and the economic status of her family are also linked to her likelihood of using effective contraceptives. Only 2% of women who have never been to school currently use a method, compared with 22% of college-educated women. Seventeen percent of married women with five or more children are currently using contraceptives, compared with only 2% of those with no children. Women in the wealthiest quintile are more than seven times as likely as the poorest to use contraceptives (30% vs. 4%).[5]

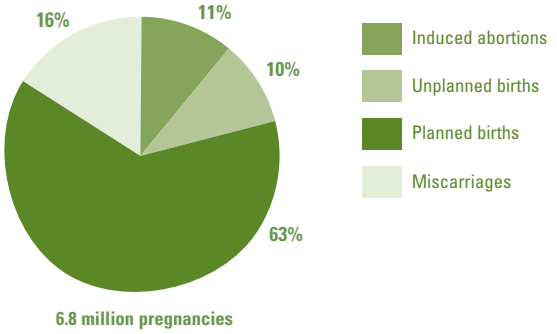
Reasons for nonuse vary. Among women not using a modern method, 38% are not aware of family planning, 19% believe that they are not at risk of getting pregnant, 17% fear the side effects of contraceptives and 6% each lack access to family planning, have partners who object to contraceptive use or have other family members who object to use.[1]

One-quarter (27%) of Nigerian women aged 15–49 have an unmet need for effective contraception—that is, they are able to become pregnant, are sexually active, do not want a child soon or ever, but are

Figure 1

Pregnancy Outcomes

One in five pregnancies each year end in an induced abortion or an unplanned birth.



6.8 million pregnancies

not using any contraceptive (22%) or are using traditional methods (5%), which have high failure rates. Seventeen percent of Nigerian women aged 15–19, or 1.2 million of these women, have an unmet need for family planning services.[6]

Unsafe Abortion

Official statistics on the prevalence of abortion in Nigeria do not exist because abortion is severely restricted. Unofficially, one in 10 Nigerian women of childbearing age say that they have had an abortion. Among women who have had an abortion, four in 10 have had at least two. A 1996 study based on a nationally representative sample of 672 health facilities that were considered potential providers of abortions or postabortion care estimated that 610,000 abortions occurred each year in Nigeria. With the country's growing population, the annual number of abortions is estimated to have increased to 760,000 abortions by 2006.[1]

Women of all backgrounds have abortions, but the proportion varies among population groups. While rates of unwanted pregnancy are similar between the country's North and South regions, higher proportions of women in the South have obtained an abortion. Possible reasons for this disparity may be that women in the South have better access to hospitals and clinics that will perform abortions than their counterparts in the North, and are more likely to have the means to pay for one. Fifty-five percent of women obtaining abortions are younger than 25, 63% have never been married and 60% are childless. The proportion of women who have ever had an abortion is higher among Catholics (19%) than among Protestants and Muslims (11% and 5%, respectively), higher among women with some university education than among those with no schooling (18% vs. 5%), and higher among nonpoor women than among poor women (15% vs. 8%).[1]

Furthermore, age and marital status are primary factors in the decision to obtain an abortion. Overall, 27% of women who have had an abortion say that the reason they wanted to terminate their pregnancy was that they were unmarried, while 19% report that they were still in school or were too young to have a child. Among women who were younger than 20 at the time of their abortion, one in three indicated that they ended the pregnancy because they were too young or because they would have had to leave school if they had a baby. By contrast, women who were in their 30s and 40s, most of whom were married, reported that the primary reason they had an abortion was to stop or delay further childbearing.[1]

Abortion Providers And Techniques

Despite legal restrictions, some women go directly to a hospital or clinic to have an abortion. A study of women admitted into 33 private and public hospitals for abortion-related services found that 33% of them were seeking to obtain an abortion, while the remainder were seeking treatment of complications of abortions carried out elsewhere, presumably under much less safe conditions.[3]

Thirty-five percent of women in the study reported that it took them more than one attempt to terminate their pregnancy: Some 35% had consulted a chemist; 13% had gone to a nurse or midwife; 10% had relied on a friend, partner or relative; and 6% had turned to a traditional healer before reaching a hospital.[3]

Techniques vary greatly among abortion providers. Hospital and medical facilities typically employ safe procedures, such as surgical abortions using either dilation and curettage or manual vacuum aspiration (MVA); the latter is widely believed to be the safer method. Chemists typically provide liquid concoctions made from herbs and other ingredients, dispense tablets, give injections or insert objects into women's bodies to induce bleeding. Many chemists lack medical training in appropriate use of medications. Given that a high proportion of women who arrive at hospitals for abortion-related services have already attempted a pregnancy termination, it is evident that these measures are often ineffective and life-threatening.[1]

Health Consequences Of Unsafe Abortion

Unsafe abortion impacts every level of Nigerian society. It compromises the health and well-being of women, thereby compromising the well-being of their families and communities. It also imposes a tremendous burden on Nigeria's health care system, as postabortion care diminishes the system's capacity to provide other services.

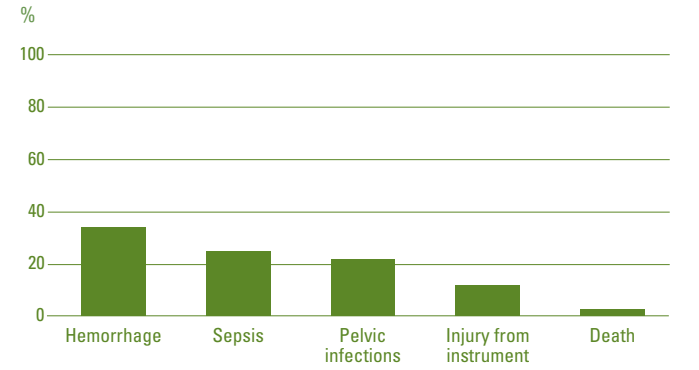
Nigerian women experience a variety of complications from unsafe procedures. These include retained pregnancy tissue, infection, hemorrhage, septic shock, anemia, intra-abdominal injury (including perforation of the uterus and damage to the cervix or bowel) and reactions to chemicals or drugs used to induce abortion. Other long-term medical problems, such as chronic pelvic pain or pelvic inflammatory disease, an increased risk of ectopic pregnancy and infertility may result if complications are not promptly or properly treated.

In a 2002–2003 survey of women and providers in hospitals, 52% of all women who had had induced abortions reportedly had complications ranging from manageable pain and bleeding to serious infection and death.

Figure 2

Complications of Unsafe Abortions

Many women hospitalized after unsafe abortions have serious complications.



Among women who had obtained an unsafe abortion before coming to a hospital, two-thirds experienced serious health consequences, including hemorrhage (34%), sepsis (24%), pelvic infections (21%) and injury from instruments used in an unsafe procedure (11%); 2% died from their complications (Figure 2).[3]

Experts believe that unsafe abortions account for at least 13%, and possibly 30–40%, of maternal deaths in Nigeria. An estimated 142,000 women are treated annually for abortion-related complications; 2% of them—more than 3,000 women—die from complications.[3,7] The actual number of deaths is likely much higher,[8,9] because these estimates exclude women who died before reaching a hospital or before being interviewed for the studies on which the estimates are based.

Economic Costs Of Unsafe Abortion

Unsafe abortion and related complications create an economic burden for women and their families, and are a drain on the health system's resources. Abortion fees vary by provider and technique, and many women cannot afford the cost of an abortion performed by medically trained personnel.

The average cost of an abortion performed between 1990 and 2003 was 1,805 naira (about US$15). Women with serious complications paid an average of 13,900 naira, including 2,900 naira for the procedure that caused the complications—no small sum for the average Nigerian woman. By comparison, women without complications paid an average of 3,800 naira for the procedure.[3]

Women who went directly to clinics or private hospitals paid, on average, 2,157 naira, while those who went to chemists and traditional healers averaged 1,377 naira and 1,380 naira, respectively. For women who performed an abortion on themselves or relied on a friend, the average cost was 491 naira.[3]

Safer procedures cost more. The cost of MVA averaged 3,466 naira, while dilation and curettage and tablets were reported to average 2,431 naira and 1,559 naira, respectively.[3] Even though MVA is commonly used for early procedures and is more cost-effective in the long run, doctors charge high fees, possibly because they are transferring the cost of the new equipment to patients.[3,10]

Postabortion care incurs even greater costs. In a hospital-based study, treatment of complications from unsafe abortion cost women and their families almost four times what a safe hospital abortion cost.[3] The economic burden for both the hospital and the community also is enormous. The study calculated the cost of treatment for three groups of women: those who had attempted to induce abortion and came to the hospital with complications; those who had had a miscarriage with no serious complications before admission or had come directly to the hospital to seek a termination; and women who had had a spontaneous abortion.

The greatest expense, averaging nearly 11,000 naira per patient, was for women treated for serious complications of an abortion attempted outside the hospital (who had already paid an average of 2,900 naira for the attempted abortion). In comparison, women needing treatment of spontaneous abortion paid 5,100 naira, on average; those who had had a miscarriage with no serious complications or had come directly to the hospital for an abortion paid costs averaging 3,800 naira.[3]

A study that used the Mother-Baby Package developed by the World Health Organization and data collected in the country estimated the cost of treating induced abortion complications in Nigeria as $19 million (or 2.28 billion naira) in 2005. The study also estimated that the costs of providing hospital-based postabortion care total 15,840 naira ($132) per client. Of this total, the woman and her family pay approximately 11,400 naira, or 71% of the cost, while the health care system covers the rest.[11]

Key Action Points

Unsafe abortion has a significant negative impact on the well-being of Nigerian women and their families. Circumstances are unlikely to dramatically change without active policy and programmatic interventions. Clearly, the most cost-effective approach is to prevent unwanted pregnancies that lead to unsafe abortions, but action must also be taken in protecting women's health throughout pregnancy.

Key action steps to help reduce unsafe abortion's burden on women, their families and the health system, and to improve sexual and reproductive health in Nigeria, include the following:

- Providers should disseminate accurate information about contraception, and provide the full range of contraceptive services and supplies.

- The government should subsidize the full range of contraceptive services and supplies.

- Providers should offer counseling to aid couples in choosing the contraceptive method that works best for them and in using it correctly and consistently.

- Universities and medical schools should provide more effective and widespread train-

ing of Nigerian doctors in abortion procedures.

• The government should increase the availability of effective and efficient post-abortion care technology, such as MVA equipment, at low cost; train physicians in its operation and maintenance; and train nurses to provide contraceptive counseling after treatment.

• The government should increase and facilitate the acquisition of supplies for providing the most cost-effective and safest post-abortion care.

• To better prevent unintended pregnancy among young people and help reduce the demand for abortion, schools should offer medically accurate and age-appropriate family life education for adolescents, including information about modern contraception.

• The government should reform existing laws restricting access to safe abortions.

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CREDITS

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