PERFORMANCE MONITORING FOR ACTION

Access to Quality Care for Treating Complications from Unsafe Abortion is Critical for Improving Nigerian Women's Health and Survival

Results from 2018-2020 PMA abortion surveys in Nigeria

Key Findings

More than half of women (56%) who reported an abortion said they experienced a potential complication, with young, uneducated, poor, and rural women most likely to experience negative outcomes that require further treatment.

Postabortion care (PAC) service availability is poor among primary care facilities, which serve the majority of the population; less than half of these facilities reported providing any PAC services.

Disadvantaged women who are most at risk of using unsafe abortion methods and experiencing complications are also least likely to be able to access PAC to treat potential complications.

"When we got to the hospital… I told [the health provider] I took herbs… She asked why I didn't come to the hospital first. I told her I didn't have enough money to spend at the hospital… I went through a lot of complications… I would have felt safer if I had gone to the hospital first instead of choosing to use the traditional method. Because there are experienced health providers there who will offer a safer service."

– Married, late-30s with children at time of abortion

In most of Nigeria, abortion is only legally permitted to save a woman's life. Yet abortion is common, and most abortions are unsafe (i.e., involving a non-recommended method from a non-clinical source), unnecessarily putting women's health at risk. While induced abortion is among the safest medical procedures when performed according to recommended guidelines[1], unsafe abortion is responsible for approximately 10% of maternal deaths in Nigeria[2].

Postabortion care is essential primary health care

The availability, quality, and equitable accessibility of post abortion care (PAC), which is the treatment of complications from unsafe abortion, can reduce the case fatality associated with unsafe abortions and improve outcomes for disadvantaged women, in particular. Recent estimates indicate that 63% of abortions are considered unsafe.[3] These unsafe abortions put women at risk of abortion-related morbidity and mortality, which is disproportionately experienced by poor, rural woman.[4]

This factsheet presents evidence of disparities in abortion complications, receipt of follow-up treatment, and PAC accessibility in Nigeria using data Performance Monitoring for Action (PMA) collected in 2018 and 2019/20.[5]

This information can be used by national and state health officials to inform improvements in reproductive health programming and in the delivery of critical PAC to Nigerian women throughout the country. Advocates and civil society organizations can also use this information to push for necessary changes.

[1] Grimes, D. A., et al. (2006). "Unsafe abortion: the preventable pandemic." The Lancet 368(9550): 1908-1919.
[2] Say, L., et al. (2014). "Global causes of maternal death: a WHO systematic analysis." Lancet Glob Health 2(6): e323-333.
[3] Bell, S. O., et al. (2020). "Inequities in the incidence and safety of abortion in Nigeria." BMJ Global Health 5(1): e001814
[4] Singh, S., et al. (2018). "Abortion Worldwide 2017: Uneven Progress and Unequal Access Abortion Worldwide 2017: Uneven Progress and Unequal Access."
[5] Details on 2018 study methodology are provided elsewhere (see citation 3); 2019/20 data were collected by following up with women who reported an abortion in the 2018 survey

Disparities in abortion symptoms and complications show patterns of inequity

Results demonstrate that inequities in the safety of abortion[3] also manifest in disparities in abortion-related complications experienced by women, with uneducated, poor, young, and rural women most likely to experience negative outcomes that require further treatment.

Potential complications

56% of women who reported an abortion indicated experiencing at least one potential complication. The most commonly reported complications were incomplete abortion (14%) and fever (13%).

1/3 of reported complications were potentially severe, involving heavy bleeding (i.e. to the point of feeling dizzy or for more than three weeks), vaginal discharge, fever, or punctured uterus.

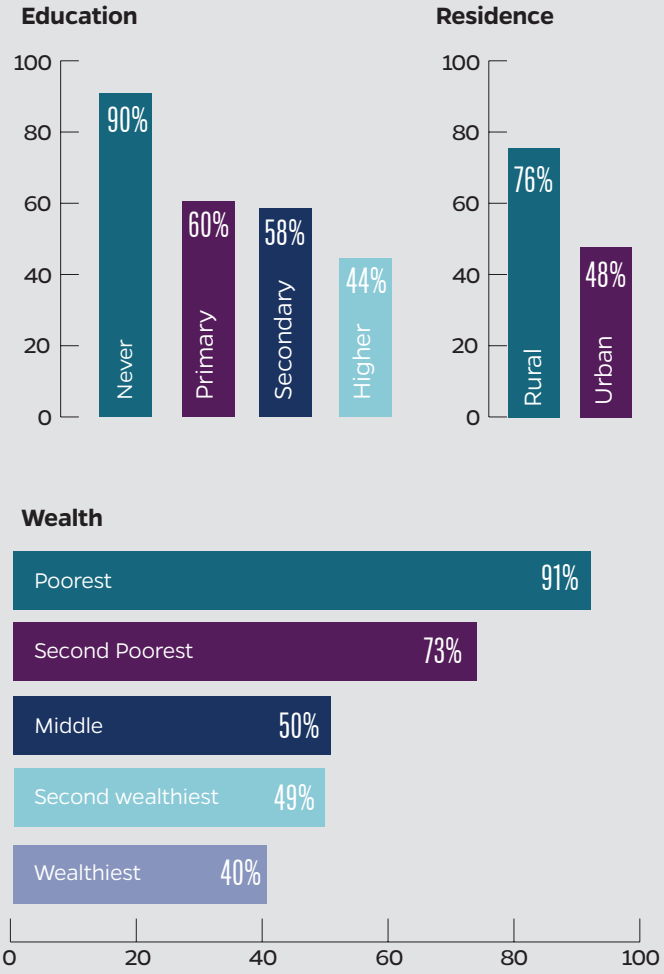
Potentially severe complications were nearly twice as likely to occur among the unsafe abortions (23%) compared to the not unsafe abortions (12%).

28% women experienced severe pain during their abortion.

34%	42%	33%	31%
ADOLESCENT	POOR	RURAL	UNEDUCATED

women were significantly more likely to experience severe pain than other less disadvantaged women.

Percent of women reporting any potential complication by background characteristics



"I went to the hospital and spoke with the health providers about my decision to terminate the pregnancy... but they said they couldn't help me because they did not offer abortion services... After that, [my friend] said ... I should follow her to a chemist... The medicine vendor gave me the necessary drugs and I took it there... After a few hours, I saw my menstrual flow... I also had some strange discharges from my vagina. The stomach and abdominal pains did not stop... I also had fever and running stomach... So, I went back to that hospital because of the way I was feeling."

— Married, late 20s with 5 children at time of abortion

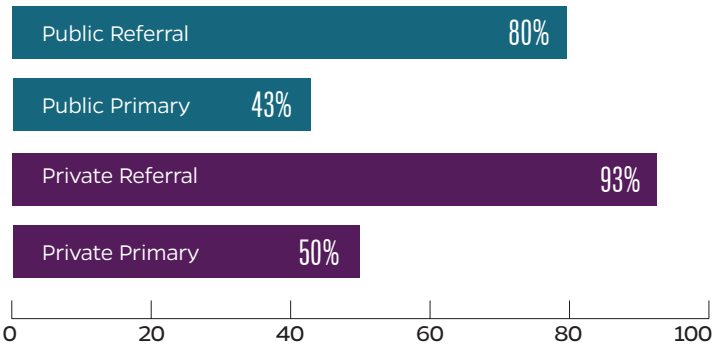
PAC services are essential but difficult to access for women who most need them

PAC service availability is poor among primary care facilities, which serve the majority of the population. Disadvantaged women who are most at risk of using unsafe abortion methods are also least likely to be able to access PAC to treat potential complications. As an essential component of emergency obstetric care, targeted efforts are needed to ensure equitable access to quality PAC for all reproductive age women.

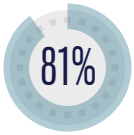
PAC availability

In the states involved in the study, 84% of facilities are public primary facilities, however, only 43% of these facilities offer any PAC.

Percentage of facilities offering any PAC by facility type



PAC accessibility

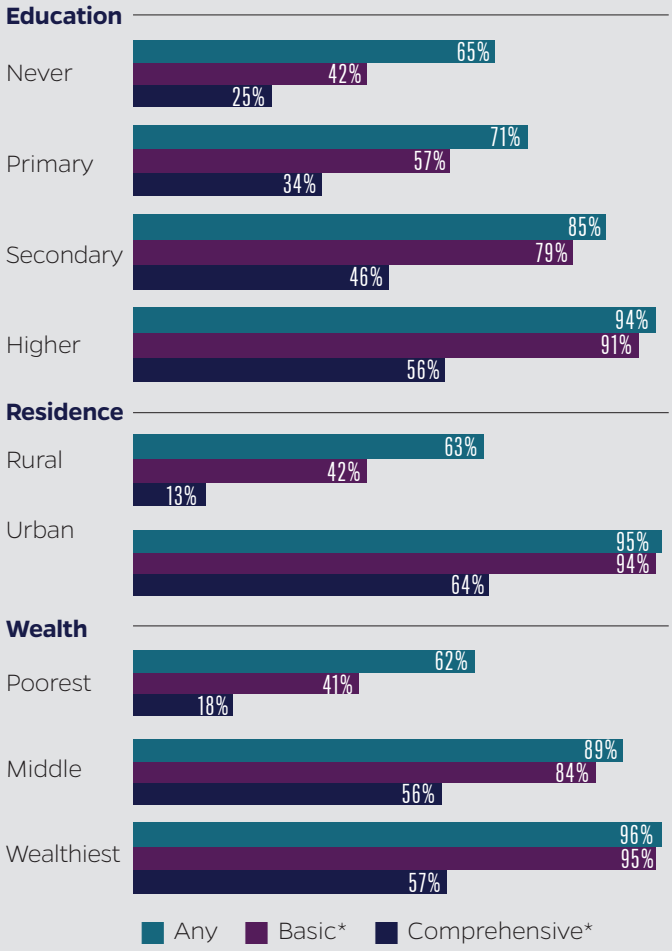


of reproductive age women in Nigeria lived within 10 kms of a facility that provided PAC.

However, significantly fewer lived that close to a facility with all drugs and equipment required to provide quality basic PAC (72%) or comprehensive PAC (42%).*

Women who had no education, rural residents, and the poorest women were significantly less likely to live near a facility providing any PAC or those with all basic or comprehensive PAC components.

Percent of women who live within 10 kms of facility that offers any PAC, that has all criteria to provide basic PAC, or that has all criteria to provide comprehensive PAC by background characteristics



*Basic PAC includes ≤12 weeks gestation removal of retained products, antibiotics, oxytocics, intravenous replacement fluids, and provision of any contraception; comprehensive PAC include ability to provide all basic PAC components plus >12 weeks removal of retained products, blood transfusion, laparotomy, 24/7 PAC service availability, and provision of long-acting reversible contraception.

"Most women have unwanted pregnancies but don't have means to terminate it because abortion is not legalized in the community. These women will have no other choice than to go to these medicine vendors... and in the long run, they are faced with side effects and complications. Because some women have cogent reasons for terminating their unwanted pregnancy, such as family size, economic status and other reasons that should be considered by the government, so, I think access to abortion should be improved in this community."

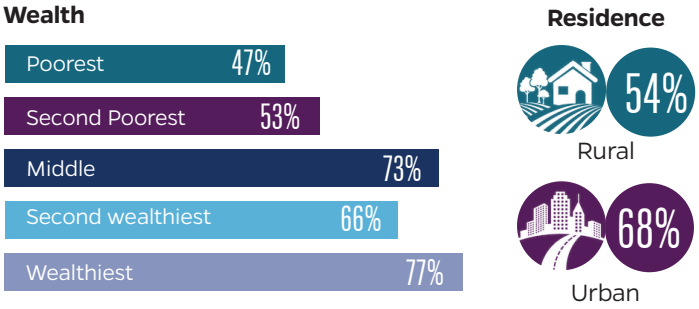
– Unmarried, mid-20s with 2 children at time of abortion

Follow-up treatment

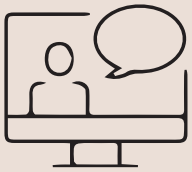
of women received further treatment or took additional medicines to address potential complications or incomplete abortions, with no significant differences by characteristics.

Among women who received further treatment, 62% of women who received treatment for potential complications received care in a clinical setting; the poorest women and women in rural areas were significantly less likely to receive care in a clinical setting compared to the wealthiest women and those living in urban areas.

Percent who received follow-up treatment for potential complications in a clinical setting



> "I want to plead with the government to make available information about abortion and family planning methods via radio, television and through health provider. This will help women and give them knowledge on what to do."
>
> *– Married, late-30s, with children at time of abortion*



Recommendations

Nigerian national- and state-level Ministries of Health, as well as the National Primary Health Care Development Agency and State Primary Health Care Boards, can take the following actions to reduce the burden of unsafe abortion-related maternal death and injury:

- **Improve access to PAC by increasing the availability of basic PAC at public primary health care facilities.** This can be achieved through provider training and provision of necessary commodities like manual vacuum aspirator kits and misoprostol.
- **Ensure availability of quality, voluntary contraceptive services throughout the healthcare system.**
- Along with leadership of public and private facilities, **ensure that safe abortion services are available to the full extent of the law in a given state**, particularly at primary level facilities, which are most accessible to women and yet most lacking in the availability of these services.
- **Inform communities and women about contraception, safe abortion, and PAC and the locations where these services can be availed.**

Local advocacy groups should use this evidence to appeal to decision makers in advocating for these changes at the national, state, and local levels. Civil society organizations can be very effective at demanding change. Together, these changes have the potential to significantly reduce disparities in access to PAC and safe abortion services and to reduce the thousands of preventable unsafe abortion-related maternal deaths that occur each year in Nigeria.

What is PMA?

The PMA project is implemented by local universities and research organizations in 9 countries, deploying a cadre of female resident interviewers trained in mobile-assisted data collection. The Centre for Research, Evaluation Resources and Development (CRERD) implemented the PMA/Nigeria project with overall direction and support provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. An Anonymous Donor provided funding for the abortion module development, implementation, and analysis. The Nigeria survey is endorsed and supported by the Federal Ministry of Health, the National Population Commission, the National Bureau of Statistics, and State Ministries of Health.

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For Better Understanding

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