PERFORMANCE MONITORING FOR ACTION

Deaths and Injuries from Unsafe Abortion in Nigeria Entirely Preventable: Timely Action Needed from Government Stakeholders and Advocates

Results from 2018-2020 PMA abortion surveys in Nigeria

Key Findings

Most women don't know safe abortion methods or sources and instead rely on convenient options that are private but put women at risk.

Abortion is an important public health and health equity issue. More than 6 out of 10 abortions in Nigeria are unsafe, involving non-recommended methods from non-clinical sources, with disadvantaged women most likely to have an unsafe abortion.

Disadvantaged women are also more likely to report difficulty accessing care and receive poor-quality care.

"I decided [to have an abortion] because we didn't have money. No need to have children that will suffer. Let me raise the ones we have and raise them well. The ones I have, it's even very tough before they eat. It's just by the grace of God."

— Married woman in mid-30s with three children at time of abortion

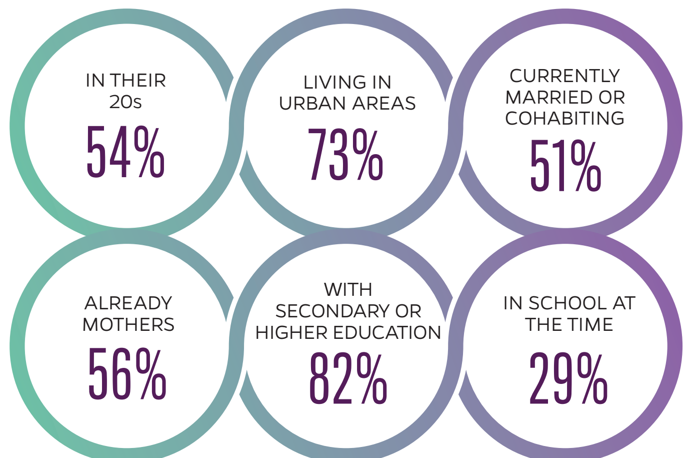
Abortion is common but risky for women in Nigeria

In most of Nigeria, induced abortion is only legally permitted to save a woman's life. Nonetheless, abortion is common. A recent Performance Monitoring for Action (PMA) study found that 4.6% of reproductive aged women undergo an abortion each year, equaling nearly 2 million abortions annually.[1] A majority of these abortions are considered unsafe as they involve non-recommended methods (i.e. something other than abortion surgery or medication) in non-clinical settings. Such unsafe procedures contribute to 10% of maternal deaths[2], equivalent to approximately 6,000 women dying each year.[3] These preventable abortion-related deaths disproportionately occur among disadvantaged women, including poor and rural women who are more likely to have an unsafe abortion and are less likely to access care to treat abortion complications.[4]

This fact sheet presents evidence of disparities in abortion knowledge, safety, and quality of care in Nigeria from data collected by PMA in 2018 and 2019/20.[5] These findings can be used by national and state health officials and primary health care boards in programming and delivering critical reproductive health care to Nigerian women throughout the country, and advocates can push for these critical changes.

Who has abortions?

While **all types of women have abortions**, recent abortions in Nigeria were most likely to occur among women:



[1] Bell, S. O., et al. (2020). "Inequities in the incidence and safety of abortion in Nigeria." BMJ Global Health 5(1): e001814
[2] Say, L., et al. (2014). "Global causes of maternal death: a WHO systematic analysis." Lancet Glob Health 2(6): e323-333.
[3] National Population Commission (NPC) [Nigeria] and ICF (2019). Nigeria Demographic and Health Survey 2018. Abuja, Nigeria and Rockville, Maryland, USA, NPC and ICP.
[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 1); 2019/20 data were collected by following up with women who reported an abortion in the 2018 survey.

Women need accurate information

Concerted harm reduction efforts are urgently needed to provide women with accurate, reliable medical information on recommended abortion methods in order to reduce the reliance on unsafe abortion methods that can cause injuries and deaths.

Knowledge

Among all women of reproductive age in Nigeria

25% had heard of surgical, or "in-clinic" abortion

9% had heard of medication abortion pills

29% had heard of a recommended method (surgery or medication abortion pills)

Teenagers (20%), women living in rural areas (19%), the poorest women (14%), and those with no education (11%) were the least likely to know of recommended methods.

Among women who had an abortion in Nigeria

At the time they were deciding to end their pregnancy,

47% knew about medication abortion drugs

79% knew about surgical abortion

Women with less education, poorer women, young women, and those living in rural areas were the least likely to know of one of these safer methods.

"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

Decision-making

69% of women who underwent an abortion reported that their source of care was the closest option to them.

Primary reason for their selected abortion method/source

Percent	Reason
24%	Privacy
18%	Convenience
12%	Reputation
11%	Cost

These priorities were similar across groups of women, although wealthy women were somewhat less likely to prioritize cost, instead prioritizing provider reputation and convenience.

"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

40% of women sought input on the method/source from their partner

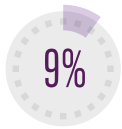
30% sought input from a friend

0% reported seeking input from the internet or calling a hotline.

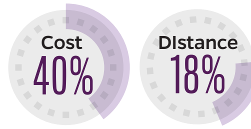
Accessing abortion care is challenging for many women

of women had no direct interaction with the abortion provider, relying on partners, friends or relatives to obtain the abortion medication instead.

1 in 4 women reported they would have preferred to use a different abortion method or source.



of women reported being refused care at some point in the process of seeking an abortion.

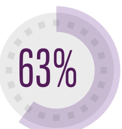


were the main reasons for not using one's preferred method or source.

of women said it was somewhat or very difficult to pay for the cost of the abortion, with the poorest women (52%) and women living in rural areas (44%) most likely to cite difficulty paying.

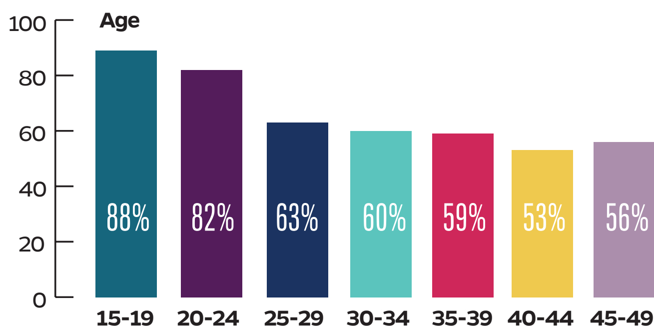
Unsafe abortion is common and disproportionately experienced by disadvantaged women

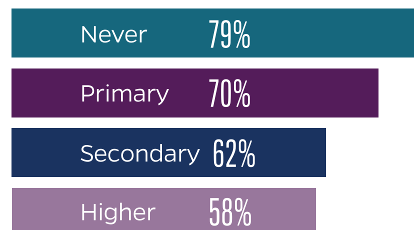
Nearly two-thirds of abortions were unsafe, with women in rural areas, women with no education, the poorest women, and girls aged 15-19 being the most likely to have an unsafe abortion.

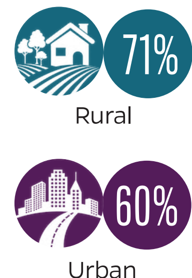


of abortions were considered unsafe, i.e., involving a non-recommended method from a non-clinical source. Non-recommended methods most often included other pills like antibiotics, antimalarial pills, and pills of unknown type; injections, herbs, and home remedies were also common.

Percent of abortions considered unsafe, by background characteristics







Quality of clinical and non-clinical abortion care needs improvement

While most women were treated well by their abortion provider (whether in a clinical setting or a pharmacy or chemist shop) and would recommend the source, they also identified areas of concern, including geographic accessibility, cost, and lack of privacy. Access issues and poor-quality care were more likely to affect women from disadvantaged groups.

"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

Quality of care

11% of women reported that their provider made judgmental comments and 8% felt disrespected. Women with no schooling (31%) had more than three times the likelihood of feeling judged than women with at least some education (10%).

18% of women who had a surgical abortion reported their provider did not formally ask for their consent before beginning the procedure

37% of women would not recommend their termination source to a friend or family member in need of this service, with pharmacies or chemists least likely to be recommended (45%) and public facilities most likely to be recommended (75%). Women with no education (16%) were the least likely to recommend their source.

Room for improvement

68% of women reported that aspects of their abortion process could have been improved.

Women with no education (92%), women residing in rural areas (84%), and the poorest women (94%) were significantly more likely to report elements of their abortion experience that could have been improved compared to women with higher education (61%), urban residents (60%), and the wealthiest women (52%).

Women most often reported that their abortion care could have been improved if it was:

Recommendations

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

- **Improve availability of information on sexual and reproductive health services.** Women are often not aware of the legal indications for safe abortion in their state, or the availability of postabortion care for treatment of complications. Governments should increase women's knowledge through improved sex education in schools and public information campaigns.
- **Ensure that safe abortion and PAC services are available** to the full extent of the law in a given state. This can be achieved through provider training and provision of necessary commodities like manual vacuum aspirator kits and mifepristone and misoprostol.
- **Expand legal indications for safe abortion beyond situations in which the woman's life is at risk.** Five states and the Federal Capital Territory have already expanded legal conditions to include rape and incest through adoption of the 2015 Violence Against Persons Prohibition (VAPP) Act. Encourage other states and the national government to pass the VAPP Act and to ensure access to safe abortion when a woman's "physical or mental health are in danger" in accordance with the Maputo Protocol that Nigeria has signed and ratified. Making these changes could significantly reduce women's use of unsafe abortion methods.
- **Increase availability of quality, voluntary contraceptive services** throughout the healthcare system to prevent unintended pregnancies.

Local advocacy groups should use this evidence to appeal to decisionmakers 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 inequities 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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