

Abortion in Nigeria

- In Nigeria, abortion is legal only when performed to save a woman's life. Still, abortions are common, and most are unsafe because they are done clandestinely, by unskilled providers or both.

- Unsafe abortion is a major contributor to the country's high levels of maternal death, ill health and disability. Nigeria has one of the highest maternal mortality ratios in the world, and little improvement has occurred in recent years.

- Contraceptive use remains low in Nigeria. In 2013, only 16% of all women of reproductive age (15–49) were using any contraceptive method, and only 11% were using a modern method—levels that remain virtually unchanged since 2008.

ONE IN FOUR PREGNANCIES ARE UNINTENDED

- On average, Nigerian women want 5.2 children, compared with the 5.5 children they are currently having.

- Fourteen percent of all women aged 15–49 in Nigeria have an unmet need for family planning: They are married and/or sexually active and they want to space their births or stop childbearing, but are not using contraceptives. Among sexually active unmarried women, 22% have an unmet need.

- In 2012, about one-fourth of Nigeria's 9.2 million pregnancies were unintended—a rate of 59 unintended pregnancies per 1,000 women aged 15–49.

- More than half (56%) of these unintended pregnancies ended in an induced abortion; 32% ended in an unplanned birth and 12% in a miscarriage.

DESPITE LEGAL RESTRICTIONS, ABORTION IS COMMON

- In spite of Nigeria's highly restrictive abortion law, an estimated 1.25 million induced abortions occurred in 2012. The number doubled from an estimated 610,000 in 1996 because of both population growth and an increase in the rate of abortion.

- The estimated abortion rate was 33 abortions per 1,000 women aged 15–49 in 2012. Although this rate is greater than the 1996 rate (23 per 1,000) estimated in a previous study, the most prudent conclusion may be that the abortion rate has increased only slightly, as the two rates were calculated using different approaches.

- Nationally, one in seven pregnancies (14%) ended in induced abortion in 2012.

REGIONAL VARIATION IN ABORTION RATES

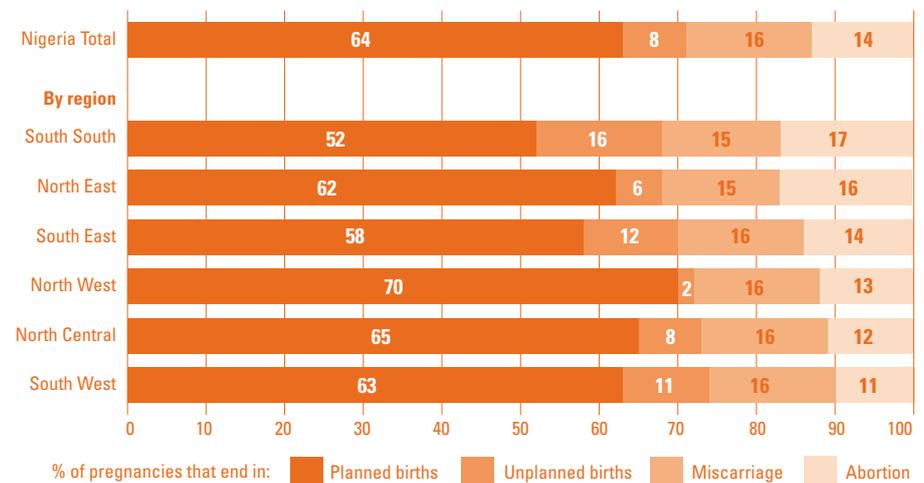
- Within Nigeria, rates of abortion vary: In 2012, there were 27 abortions per 1,000 women aged 15–49 in the South West and North Central zones; 31 per 1,000 in the North West and South East zones; and 41 and 44 per 1,000 in the North East and South South zones, respectively.

- The proportion of pregnancies ending in induced abortion was lowest in the South West (11%), and highest in the North East (16%) and South South (17%).

- The higher rates of abortion in the North East and South South zones can be explained by two of the main underlying factors that increase women's need for abortion: the desire for smaller families and the nonuse of contraception. Women in the North East have the country's

Pregnancy Outcomes by Region, Nigeria, 2012

One in seven pregnancies end in an induced abortion



Note: Percentages may not total 100% because of rounding.

lowest rate of contraceptive use (only 3% are using a method), and women in the South South have the lowest desired number of children (3.9 on average).

- The slow uptake of family planning in Nigeria has contributed to the high levels of unintended pregnancy and abortion. As the number of children that women and couples want declines, their need for modern contraceptive methods to achieve their desired family size increases.

UNSAFE ABORTION IS DANGEROUS AND COSTLY

- Complications of unsafe abortion range from pain and bleeding to more serious conditions, including sepsis (systemic infection), pelvic infections and injury from instruments—and even death. About 40% of women undergoing abortion experience complications serious enough to require medical treatment.

- Among women treated in Nigerian secondary and tertiary hospitals in 2012 for complications of pregnancy or delivery, almost 10% of “near-miss events”—cases in which women would have died had the health system not intervened—were estimated to be due to unsafe abortion.

- In 2012, 212,000 women were treated in health facilities for complications of induced abortion. In addition, an estimated 285,000 women had complications from unsafe abortion serious enough to require treatment in health facilities, but did not obtain the care they needed.

- Unsafe abortion places a serious burden on the nation’s health system as well on the health and well-being of women and their families. The economic burden is substantial: A Guttmacher study found that in 2005, postabortion care in Nigerian hospitals cost US\$132 per patient, of which US\$95 was paid by families.

IMPLICATIONS AND POLICY RECOMMENDATIONS

- Most abortions result from unintended pregnancy. Levels of both unintended pregnancy and unsafe abortion could be reduced if the Nigerian government and its local and international partners increased efforts to expand and promote family planning programs as well as sexuality and family life education throughout the country. Programs should offer high-quality care that includes counseling on a wide range of contraceptive methods and the ability to easily switch methods when needed.

- Even with improved contraceptive care, some women will still have unintended pregnancies and thus seek unsafe abortions. Expansion of postabortion care services must continue to help these women avoid disability and death. Efforts should focus on providing modern and less invasive methods of postabortion care, such as manual vacuum aspiration and misoprostol, along with training of health personnel to provide prompt care for women suffering from complications of unsafe procedures.

- Although only a small number of women are eligible for legal abortion under current law (to save their life), an efficient process should be established that will give these women access to safe abortion services as early as possible in the pregnancy, so that they can benefit from the use of modern, less invasive methods.

- As more women and couples in Nigeria choose to have small families, they will use a combination of means to achieve their goals. Additional efforts are therefore needed to prevent unwanted pregnancy and to reduce levels of unsafe abortion and its attendant health, economic and social consequences. While greater access to family planning and abortion care as allowed by current law is needed, the facts point to the additional need for informed debate on legal reforms that would expand access to comprehensive abortion care for Nigerian women.

SOURCES

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CREDITS

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