

Postabortion Care Can Save Women’s Lives. In Nigeria, Most Women Can’t Access That Care.

56%

of all abortions in Nigeria result in potential health complications.



Many of these complications can be effectively treated with postabortion care. Complications are much more likely to result from unsafe abortion than safe abortion.

63%

of all abortions in Nigeria are unsafe.



Unsafe abortion, as defined by Performance Monitoring for Action, is performed with a non-recommended method and in an environment that does not meet minimal medical standards.

More than half (62%) of adolescent girls who have abortions report complications, some of them severe.

Among all women who experience complications from abortion...

- One-third report severe complications such as heavy bleeding, fever (a sign of infection), or punctured uterus, which can result in long-term health consequences and death.
- Two-thirds do not receive treatment in a medical facility or elsewhere.
- About one in four women who have an abortion report having severe pain during the procedure.

The most-reported complications from abortion include incomplete abortion—when some of the tissue remains in the woman’s womb—and fever.

YOUR QUESTIONS ANSWERED



What is postabortion care?

Postabortion care includes emergency treatment for immediate and life-threatening complications after an abortion, as well as longer-term services such as counseling, health checks, and family planning that help women avoid future unwanted pregnancies.



Why aren’t women getting the care they need?

Postabortion care services are not available in all health care facilities. When services are available, they are often limited because health facilities don’t have the medications, medical supplies, or personnel needed for postabortion care.

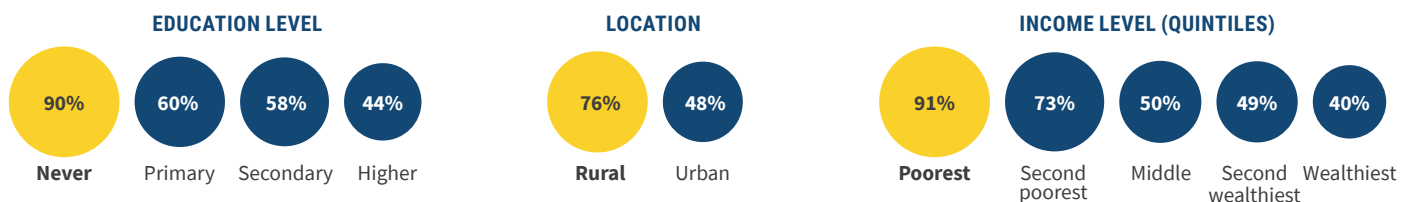


Is any abortion safe?

Yes. When performed using a medically approved method administered by a skilled provider, abortion is among the safest medical procedures.

Women with the most risk of complications from abortion and least access to care are poor, have little education, and live in rural areas.

Percent of women reporting any complication by background characteristics



Note: Wealth quintiles divide households into five roughly equal-sized groups based on household assets and access to water and sanitation.

“When I got to the hospital, I didn’t tell them what I had done, I only told them I was having fever, running stomach, back pains and abdominal pains. ... the doctor asked me if I had terminated a pregnancy. Then I opened up to her and told her the truth, that I had to come to the hospital because of the complications I was facing. After the scanning, the result showed I had incomplete abortion, so an evacuation was done.”

—Age 30, five children, married

“I told them [hospital staff] I took herbal medication, but I was still unwell. ... I was advised on the dangers of herbal medicines... Then I was referred to the chemist where we got drugs, and after a month, I was better.”

—Age 30, two children, married

“When I drank the herbs given to me, after a few minutes I started bleeding, I bled a lot until I was rushed to the hospital. ... I told [the nurse] I didn’t have enough money to spend at the hospital, which was why I went for the native method. ... [An injection] was administered on me to stop the bleeding. ... When the doctor came, he checked me and ordered for blood transfusion that same day.”

—Age 37, one child of eight months, married (3rd wife)

NUMBERS TO KNOW

ABOUT **6,000**

Nigerian women die from complications related to unsafe abortion annually, representing 10% of the nation’s pregnancy- and childbirth-related deaths.

MORE THAN **3 IN 5**

abortions in Nigeria are unsafe, meaning they are carried out using methods not recommended by health professionals and not in a health facility.

NEARLY **1 IN 20**

Nigerian women has an abortion every year, resulting in an annual total of around 2 million abortions.

Distance to facilities and availability of services are barriers to receiving postabortion care.

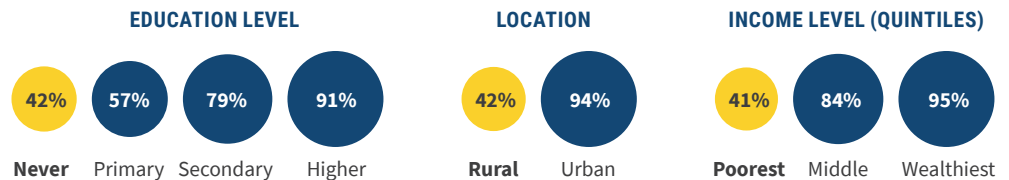
Postabortion care is not available at all medical facilities, and not all facilities provide the same level of care. Some facilities offer *basic* postabortion care, providing the necessary treatments and medications for less complex postabortion-care services. Fewer facilities offer *comprehensive* postabortion care, including the necessary treatments and medications for more complex postabortion-care services such as blood transfusion. Women who are poor, have little or no education, and live in rural areas are least likely to live near a facility that offers even basic care.



About 1 in 4 Nigerian women of childbearing age lives more than 10 kilometers from a health facility providing basic postabortion care. Fewer than half of all women live within 10 kilometers of a facility providing comprehensive care.



Percent of Nigerian women who live within 10 kilometers of a facility offering basic postabortion care



Among the one-third of women who receive postabortion care, poor and rural women are less likely to receive care in a health facility than their urban and wealthy peers.

HOW CAN JOURNALISTS REPORT ON THIS TOPIC?



Investigate health policies and budgets.

Postabortion care is basic primary health care. What are the obstacles to making it more accessible?



Examine the impact on children and families.

Mothers disabled by complications from unsafe abortion may be unable to earn income for their families and care for their children. Children below age 5 whose mothers die are four times more likely to die than other children.



Draw attention to inequities.

Women who are poor, have little education, and live in rural areas have less access to safe abortion and comprehensive postabortion care options than their wealthier, urban, and better-educated peers. Why is good health so much a matter of privilege?



Above all, don’t forget that abortion is about people. Tell the stories of the women, families, and communities affected.

Notes: These findings are based on surveys of Nigerian women conducted between 2018 and 2020 by Performance Monitoring for Action.

Sources: Suzanne O. Bell et al., “Inequities in the Incidence and Safety of Abortion in Nigeria,” *BMJ Global Health* 5 (2020): e001814, doi:10.1136/bmjgh-2019-001814; and David Grimes, et al., “Unsafe Abortion: The Preventable Pandemic,” *The Lancet: Sexual and Reproductive Health Series* 368, no. 9550 (2006): P1908-19.

