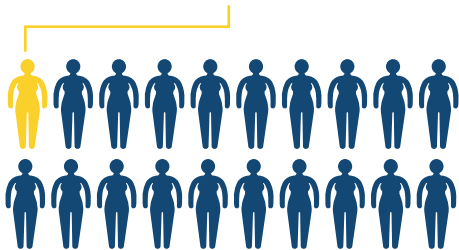


Thousands of Nigerian Women Die Needlessly Each Year. Their Lives Can Be Saved With Equal Access to Safe Abortion.

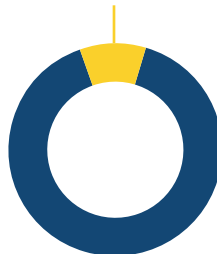
Every year
1 IN 20

Nigerian women in their childbearing years (ages 15 to 49) has an abortion, adding up to about 2 million abortions annually.



Every year, about
6,000

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



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

Most of these deaths could be prevented if safe abortion were more accessible and more equal.

- **More than three in five abortions in Nigeria are unsafe.** Unsafe abortion can lead to a range of health complications—and even death—for women.
- **Women with disadvantages are most likely to have unsafe abortions** and least likely to receive treatment for complications because of inequities in access to safe care.
- Most Nigerian women who have abortions are **already mothers** and have husbands or live-in partners.

YOUR QUESTIONS ANSWERED

Is abortion legal in Nigeria?

In most states, abortion is legal only to save a woman's life.

What happens if an abortion is unsafe?

Women who have unsafe abortions risk heavy bleeding, infection, and punctures to their internal organs, which can lead to long-term health problems or death.

If abortion is illegal in most circumstances, does that mean it rarely happens?

No, women still have abortions, but the procedures are more likely to be unsafe.

Is any abortion safe?

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

WHAT MAKES ABORTION SAFE OR UNSAFE?



Abortion is considered safe if the person providing or supporting the abortion is trained and uses one of the two methods approved by the World Health Organization:

- **Medication abortion** is induced by pills. It often includes a combination of mifepristone taken by mouth, followed by misoprostol taken by mouth or inserted into the vagina. It can also include misoprostol only.
- **Abortion surgery** is performed by a trained provider with a manual or electric aspirator, which removes the contents of a woman's uterus (womb) using suction.



Abortion is unsafe when it is carried out by an unskilled provider, or in an environment that does not meet minimal medical standards, or both. For example:

- A health care worker uses a method that is no longer recommended, such as inserting a sharp instrument into the uterus.
- A woman takes pills or traditional mixtures at home and does not know a trained person to contact if she needs help.

Source: World Health Organization, "Preventing Unsafe Abortion," *Evidence Brief*, Human Reproduction Programme (2019).

Women who seek abortions are from all different backgrounds, ages, family types, and places.

They have abortions for diverse reasons, including when the pregnancy threatens their health, when they can't afford to feed or care for a child, and when adding another child will compromise the well-being of their existing children.

"I was so worried. I felt that way because I would have had to stop school. It would have disturbed my education. If you are pregnant and in school, other students will mock you... If my parents had found out, I don't know what would have become of me."

—Age unknown, childless, unmarried

"Myself and my husband were not together anymore... The problems I would have faced would have been too much: I put my two children in school, then the house rent, maintenance, and feeding allowance. There was nobody to carry the burden with me."

—Age 44, two children, separated

"Because of the suffering and hardship in my family, I decided to abort the pregnancy. I could not afford to give birth to a child under such hardship."

—Age 38, three children, married

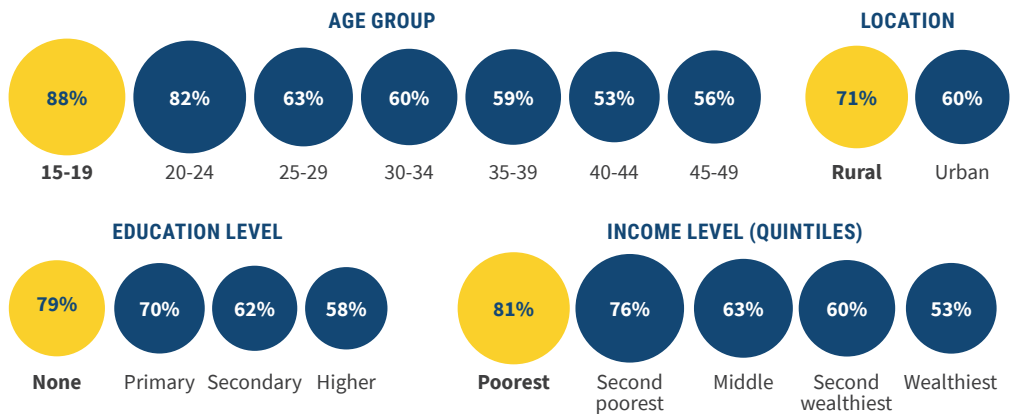
Most recent abortions occurred among women who were:

- Already mothers of one or more children.
- Married or living with a partner.
- Residents of urban areas.
- Current or former attendees of secondary school or higher.
- In their 20s.

A woman's income, location, age, and education level influence whether she can access safe care.

Adolescents and women who are poor, have little schooling, or live in rural areas are most likely to have unsafe abortions.

They are also more likely than other women in Nigeria to experience complications and death because they cannot access postabortion care. These figures show the percent of unsafe abortions, as defined by PMA, by population characteristics:



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

Women's abortion decisions are guided by proximity, privacy, knowledge, and cost—not medical safety.

1 IN 4

women said privacy at the primary reason for their choice of abortion method and source.

69%

sought care at the closest available option.

1/3

of women said cost and distance were barriers to their preferred abortion care options.

Most women in Nigeria have not heard about either of the two safe abortion methods. This lack of knowledge puts their health at risk.

91%

did not know about medication abortion.

75%

did not know about abortion surgery.

HOW CAN JOURNALISTS REPORT ON THIS TOPIC?



Break news. The data and conclusions presented in this fact sheet are newly released from the most recent nationwide study of abortion and its links to economic, health, and policy questions.



Combat misinformation. Correct myths and stereotypes about who has abortions and why they have them.



Consider solutions in the public interest. Increased access to safe abortion could prevent women from dying. What are the barriers to making abortion safer? Could expanding access to family planning reduce unsafe abortion?



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 (PMA).

Source: 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.

