



BB-SATA FACT SHEET

Youth Network Against FGM//2018

Unsafe abortion is defined by the World Health Organization (WHO) as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. When women want to limit or postpone childbearing, but contraception is not used or used ineffectively or they are forced into nonconsensual sex, unintended pregnancies occur: some are terminated by induced abortions while others result in unwanted births.

Where abortion laws are restricted or safe abortion services are not widely accessible or are of poor quality, women resort to unskilled providers, risking serious consequences to their health and well-being. It is estimated that of the 210 million pregnancies that occur each year, some 80 million are unintended.

Each year 42 million abortions are estimated to take place, 22 million safely and 20 million unsafely. Unsafe abortion accounts for 70,000 maternal deaths each year and causes a further 5 million women to suffer temporary or permanent disability. Maternal mortality ratios (number of maternal deaths per 100,000 live births) due to complications of unsafe abortion are higher in regions with restricted abortion laws than in regions with no or few restrictions on access to safe and legal abortion.

What is the incidence rate of abortion in Nigeria?

Nigeria has one of the highest maternal mortality ratios in the world. Although the government has acknowledged the problem and is committed to improving maternal health, evidence suggests that progress has been limited, and unsafe abortion remains a major contributor to maternal morbidity and mortality.

Induced abortion is illegal in Nigeria except when performed to save a woman's life. Both the penal code, which is generally applied in the country's northern states, and the criminal code, which generally applies in the southern states, allows this exception, and both regions specify similar criminal penalties for noncompliance. Yet pregnancy terminations are quite common, and because they are often performed clandestinely or by unskilled providers, most are unsafe.

On Nigeria's abortion laws make it one of the most restrictive countries regarding abortion. Nigeria's criminal law system is divided between the northern and southern states of Nigeria.

The Criminal Code is currently enforced in southern states. The abortion laws of the Criminal Code are expressed within sections 228, 229, and 230. Section 228 states that any person providing a miscarriage to a woman is guilty of a felony and up to 14 years of imprisonment. Section 229 states that any woman obtaining a miscarriage is guilty of a felony and up to imprisonment for 7 years. Section 230 states that anyone supplying anything intended for a woman's miscarriage is also guilty of a felony and up to 3 years of imprisonment.

The Penal Code operates in northern states, with abortion laws contained in sections 232, 233, and 234. The sections of the Penal Code parallel the Criminal Code, besides the exception for abortion with the purpose of saving the life of the mother. The Penal Code's punishments include imprisonment, fine, or both. The offenses of these codes are punishable regardless of whether the miscarriage was successful. No provisions have been made to the Criminal Code making exceptions for the preservations of the mother's life

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.

Nigerian Regional Variations

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

What is the incidence rate of unsafe abortion in Nigeria?

According to research done by the Guttmacher Institute, an estimated 456,000 unsafe abortions are done in Nigeria every year.

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.

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 a joint study carried out by the Society of Gynaecologists and Obstetricians of Nigeria and Nigeria's Ministry of Health, estimates of women who engage in unsafe abortion were put at about 20,000 each year. Research has revealed that only 40% of abortions are performed by physicians with improved health facilities while the remaining percentage is performed by non-physicians.

Research has also shown that only about 40% of abortions are performed by physicians.

What is the general overview of unintended pregnancies in Nigeria, Edo/Delta state?

Women and men in Nigeria tend to initiate sexual activity before marriage. Nearly one-quarter of women age 25-49 have had sexual intercourse by age 15 and more than half by age 18. The median age at first sexual intercourse is 17.6 years for women and 21.1 years for men age 25-49 according to NDHS.

Successive studies on unwanted pregnancy in Nigeria indicate between 20-28% of Nigerian women of reproductive age have ever experienced unwanted pregnancy. The most extensive survey on the subject was recently published by Bankole et al, it utilized Demographic Health Survey-style technique to interview 2,978 women of reproductive age in eight states across the country, in 2002-3. The study reported that 27.8% of all the women interviewed had ever experienced unwanted pregnancy and there were no significant geographic variations. The unwanted pregnancy rates for different categories of women were as follows:

32.8% among unmarried women, 26.4% among married women, 26.7% among teenagers (women aged below 20 years), 22.6% among nulliparous women, 30% among women of low socio-economic class, 23% among women of middle class.

Findings from these studies suggest that unintended pregnancy—the root cause of most abortions—is still occurring at moderately high levels in Nigeria. The high rates of unintended pregnancy and abortion are probably due largely to the combination of low prevalence of contraceptive use (especially use of modern methods) and the high proportion of women who need methods to avoid unwanted births or (particularly in the case of sexually active unmarried young women) to delay their first pregnancy. Women with the latter need are not an insignificant group: According to the 2013 NDHS, 40% of never-married women aged 15–19 had had sex, and about three-quarters of this group had done so within the past year.

Find out the incidence rate of unsafe abortion in Delta State and Benin City

Nigeria.

There hasn't been a recent survey on this. However, previous statistics shows that of 140 abortion cases, 59 were illegally induced. This statistics has gone way above this, as the rate of unsafe abortion has increased due to lack of proper knowledge on contraceptives and the law that has made it almost impossible to access or seek medical attention from medical professionals.

How many girls in the schools visited know about abortion?

One can successfully all the female students were aware of abortion. Some of the male students were aware but not all.

How many girls in the schools visited know about unsafe abortion? Most of them are aware of unsafe abortion, but not all of them. Some out of the number who are aware of unsafe abortion had either gone through one or have friends who have gone through the process. Some confirmed the loss of their friends through unsafe abortions.

What is the availability of guidance and counsellors in the schools visited?

The availability most times isn't the problem, as this is a pre-requisite for setting up a school. The problem therefore lies on the level of confidence and communication relationship existing between the students and the counsellors. Most of these students are not able to confide in these counsellors for fear of stigmatization, abuse, harassments, etc. Reasons why they opt to visiting quacks, road side chemists, peer groups for advice on what next to do. It has also been discovered that most students are not able to also confide in their parents, while in some cases it is the mothers who take their children to quacks to carry out the process on them.

Therefore, the availability of guidance and counsellors are present but there is no working relationship between the students and these counsellors.

Who are the providers of unsafe abortion in Edo/Delta State?

Quacks, road side chemists, TBA's, etc.

What are the health consequences of unsafe abortion?

The complications arising from unsafe abortions are numerous. Some of them include Sepsis, abnormal vaginal bleeding, abdominal pain,

haemorrhage, damage to genital tract, death, etc.

What are the legal consequences of abortion in Edo/Delta state and in Nigeria?

Generally, in Nigeria abortion is considered to be illegal except in situations where the life of the mother is threatened. The penal code which is adopted at the northern region of Nigeria and the Criminal Code which is adopted at the southern region of Nigeria are all similar in stating that abortion can only be considered if the life of the mother is threatened. However, in 2015 the VAPP act was passed into law. This act is meant to provide sexual assault and relationship violence survivors with aid. This act is helping women get the contraceptives they need to prevent unwanted pregnancy, the leading cause for abortions.

Referral pathways to curb unsafe abortions in schools

This for one is one of the most reliable and even a more realistic approach. Considering that, because these students lack proper guidance on where to get medical services from, they opt to road side chemists and suggestions from peer groups on unsafe methods to abortions. A referral pathway would not only create a link between the students and the medical professionals, it will help enhance the quality of information these students have regarding sexual and reproductive health as well as how to be in charge of their bodies in general. It will further create a system where these children would have medical professionals to seek counselling from in times of need and worry as regards their health, as some students do not have much confidence to discuss with their parents.

Finally, a referral system would also reduce the aftermath complications that come with unsafe abortions. The awareness that they are linked to a medical professional who would guide them without having to face embarrassments and stigmatizations for their choice of action would go a long way to boost not only their confidence, but also to curb unsafe abortions.

Conclusion

Women are likely to resort to an unsafe abortion when faced with an unplanned pregnancy and provisions for safe abortions are restricted, unavailable or inaccessible. Where abortions are highly restricted by law, abortions are mostly unsafe.

An increase in the use of effective contraceptive methods results in reducing unintended pregnancies and, consequently, the incidence of abortion.

It is estimated that three out of four induced abortions could be eliminated if the need for family planning were fully met by expanding and improving family planning services and choices.

No contraceptive method is 100% effective and some women become pregnant while using a method.

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.

The number of unsafe abortions is likely to continue to increase unless women's access to safe abortion and contraception – and support to empower women (including their freedom to decide whether and when to have a child) – are put in place and further strengthened.

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