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Article · June 2017

DOI: 10.5281/zenodo.1241540

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# Unsafe Abortion and Maternal Mortality in Nigeria: A Review

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## ABSTRACT

**Abstract:** Unsafe abortion is a common cause of maternal mortality in Nigeria. The impact of unsafe abortion on maternal mortality is underappreciated because of the clandestine nature of the practice. The methods used for unsafe abortion are diverse and the reasons given for them are not limited to unwanted and unplanned pregnancies only. Restrictive abortion laws, socio-economic disadvantage, socio-cultural and religious beliefs have been seen as factors that have helped to proliferate the scourge. As a public health measure, preventive strategies are available to reduce unsafe abortion and by extension, maternal mortality. Increase use of contraceptive services, advocacy for liberalization of abortion laws, community participation in reducing the stigma associated with seeking care for complications and correct use of treatment measures by trained healthcare providers are some of these measures. All these will ensure that maternal mortality due to unsafe abortion is reduced to a minimum.

**Keyword:** \_unsafe abortion, maternal mortality, Nigeria

## I. INTRODUCTION

Unsafe abortion and maternal mortality are undeniable public health problems in developing countries, and by extension Nigeria<sup>1</sup>. WHO defines unsafe abortion as a procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards, or both<sup>2</sup>. Almost all unsafe abortions (97%) are in developing countries<sup>3</sup>. In Nigeria abortion is restricted by law, hence, the utilization of unsafe abortion to terminate unwanted pregnancy has become necessary<sup>4</sup>. Termination of pregnancy, although a safe procedure in trained hands, can produce disastrous outcomes when performed by untrained and unauthorized people in improper settings.

In Nigeria, many women are unable to access safe abortion services for unwanted pregnancies on account of the abortion laws among others. It is now widely accepted that restrictive abortion laws do not reduce the incidence of unsafe abortions but rather drive it to the background and increase morbidity and mortality<sup>4-10</sup>. The World Health organization (WHO) indicates that in every eight minutes a woman from one of the developing Nations will die of complications of an unsafe abortion<sup>5</sup>. It is also known that women who live in countries where abortion has been legalized still patronize unskilled persons for termination of unplanned pregnancies because of other reasons including religion and social issues<sup>11</sup>.

Data on unsafe abortions are incomplete because of the clandestine nature of the practice<sup>4</sup>. However, it has been estimated that between 26 million and 53 million induced abortions occur worldwide annually with an estimated 20 million unsafely performed especially in countries with restrictive abortion laws<sup>4</sup>. About 70,000 women die from complications of abortion annually throughout the world with about 69,000 of them occurring in developing countries<sup>4</sup>. An estimated 610,000 induced abortions occur annually and account for about 40% of maternal deaths in Nigeria<sup>4</sup>.

WHO (2005), defines maternal death as "... the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes". The burden of maternal mortality is traditionally measured in terms of the Maternal Mortality Ratio (MMR), which is defined as the number of maternal deaths per 100,000 live births.

Complications arising from induced abortions are the principal cause of maternal mortality associated with unsafe abortion.

**II. CAUSES OF UNSAFE ABORTION**

Unplanned and unwanted pregnancies are the major causes of unsafe abortions<sup>11</sup>. A pregnancy can be termed unwanted if the woman’s plan for her life at the time does not include motherhood<sup>12</sup>. Causes of unwanted pregnancy and hence induced abortion include: sexual permissiveness of the society especially premarital sex, pressure from a sexual partner not to use a contraceptive device, low socio-economic status and poverty. These coupled with poor knowledge, availability and accessibility of family planning services, contraceptive failure and lack of family life (sex) education makes unwanted pregnancy continuing problem in our society<sup>13,14</sup>.

The main reason usually given to procuring an abortion include the desire not to interrupt education or career, tender age of previous babies, pregnancy resulting from rape or incest, relationship problem, age or health problems, too many children and the fear of social stigmatization<sup>14-16</sup>. Regardless of age, marital status and social class, when women are confronted with an unwanted pregnancy, they often seek to terminate it<sup>4</sup>.

**III. METHODS OF UNSAFE ABORTION**

Unsafe abortion methods can be classified into oral and injectable medicines, vaginal preparations, intrauterine foreign bodies, and trauma to the abdomen<sup>17</sup>. The primitive methods used for unsafe abortion show the desperation of the women<sup>18</sup>.

<p><b>Treatments taken by mouth</b>                  Toxic solutions                  Turpentine                  Laundry bleach                  Detergent solutions                  Acid                  Laundry bluing                  Cottonseed oil                  Arak (a strong liquor)</p> <p><b>Teas and herbal remedies</b>                  Strong tea                  Tea made of livestock manure                  Boiled and ground avocado or basil leaves                  Wine boiled with raisins and cinnamon                  Black beer boiled with soap, oregano, and parsley                  Boiled apio (celery plant) water with aspirin                  Tea with apio, avocado bark, ginger, etc                  “Bitter concoction”                  Assorted herbal medications</p> <p><b>Drugs</b>                  Uterine stimulants, such as misoprostol or oxytocin (used in obstetrics)                  Quinine and chloroquine (used for treating malaria)                  Oral contraceptive pills (ineffective in causing abortion)</p> <p><b>Enemas</b>                  Soap                  Shih tea (wormwood)</p>	<p><b>Intramuscular injections</b>                  Two cholera immunizations</p> <p><b>Foreign bodies placed into the uterus through the cervix</b>                  Stick, sometimes dipped in oil                  Lump of sugar                  Hard green bean                  Root or leaf of plant                  Wire                  Knitting needle                  Rubber catheter                  Bougie (large rubber catheter)                  Intrauterine contraceptive device                  Coat hanger                  Ballpoint pen                  Chicken bone                  Bicycle spoke                  Air blown in by a syringe or turkey baster                  Sharp curette</p> <p><b>Trauma</b>                  Abdominal or back massage                  Lifting heavy weights                  Jumping from top of stairs or roof</p>
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**IV. ABORTION LAWS IN NIGERIA**

Abortion in Nigeria is regulated by two different laws - the Penal Code, Law No. 18 of 1959 in Northern Nigeria, and the Criminal Code of 1916 in Southern Nigeria<sup>19</sup>. Under the Penal Code, an abortion may be legally performed only to save the life of the pregnant woman. Except for this, a person who voluntarily

causes a woman with child to miscarry is subject to up to fourteen years' imprisonment and/or payment of a fine. A woman who causes her own miscarriage is subject to the same penalty. Harsher penalties are applied if the woman dies as a result of the miscarriage<sup>20</sup>.

The Criminal Code permits an abortion to be legally performed only to save the life of the woman<sup>19</sup>. Section 297 provides that —a person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon an unborn child for the preservation of the mother's life if the performance of the operation is reasonable, having regard to the patient's state at the time and all the circumstances of the case. Any person who, with intent to procure the miscarriage of a woman, unlawfully administers to her any noxious thing or uses any other means is subject to fourteen years' imprisonment. A woman who undertakes the same act with respect to herself or consents to it is subject to seven years' imprisonment. Any person who supplies anything knowing that it is intended to be unlawfully used to procure a miscarriage is subject to three years' imprisonment<sup>20</sup>.

Abortion is only permitted in Nigeria to save the life of the woman, to preserve physical and mental health, but not permitted for rape or incest, foetal impairment, economic or social reasons or on request<sup>19</sup>. A 1982 attempt to liberalize abortion law in Nigeria was defeated. Two physicians are required to certify that the pregnancy poses a serious threat to the life of the woman<sup>20</sup>.

## V. FACTORS ASSOCIATED WITH UNSAFE ABORTION IN NIGERIA

Like other developing countries, the abortion laws in Nigeria were derived from laws of its Britain colonizers. Britain has modernized its laws, but Nigeria has continued to maintain the old laws despite years of independence. Contrary to its intended purpose, restrictive abortion laws have not prevented abortion in Nigeria; instead the laws have criminalized the practice of abortion and driven it underground, making it unsafe for women.<sup>21</sup> Abortion related deaths are seen to be more frequent in countries with more restrictive abortion laws (34 deaths per 100,000 childbirths) than in countries with less restrictive laws (1 or fewer per 100,000 childbirths)<sup>22</sup>.

In countries with restrictive abortion laws, abortion services by skilled providers are often too expensive to be affordable and accessible to women of low socio-economic status.<sup>21</sup> When these women suffer complications, they are less likely to seek treatment by skilled providers in public health because they believe such treatment is expensive<sup>21</sup>.

Social, cultural, and religious factors in Nigeria also prevent women who suffer complications of unsafe abortion from seeking timely medical care. These women often fear religious or social stigma should they attend formal health institutions and be discovered to have had induced abortion. Such personal and social fears further reduce women's access to effective and high-quality post-abortion care following unsafe abortion in Nigeria<sup>21</sup>.

Women in sub-Saharan Africa seeking treatment for complications following abortion tend to seek the same inexperienced provider who procured their unsafe abortion, resulting in delayed appropriate treatment and high mortality<sup>21</sup>.

## VI. PREVENTION OF MORTALITY AND MORBIDITY ASSOCIATED WITH UNSAFE ABORTION

Abortion is a largely preventable cause of maternal mortality<sup>21</sup>. A World Bank analysis indicates that 90% of abortion-related mortality could be reduced simply by providing safe abortion care<sup>23</sup>. The prevention of mortality and morbidity associated with unsafe abortion can be achieved at the levels of primary prevention, secondary prevention, and tertiary prevention.

### Primary Prevention of Abortion Mortality

Primary prevention includes the prevention of unwanted pregnancies that lead to unsafe abortion. Low contraceptive prevalence rates in Nigeria accounts for the high rate of unwanted pregnancies that lead to unsafe abortion-related mortality<sup>21</sup>. Data from the National Demographic Health Survey tags the Unmet Need of Contraception (percentage of married women ages 15- 49 who do not want to become pregnant but are not using contraception) as 16.10% in 2013, the lowest in the past decade<sup>24</sup>.

Barriers to the use of contraception in Nigeria include the lack of access to information and services about effective contraception<sup>25</sup>; social-cultural and religious beliefs that prevent women and men from seeking

available contraceptives<sup>26,27</sup>; and service delivery systems that have limited capacity to manage and sustain the delivery of effective contraceptive methods<sup>28</sup>.

Higher contraceptive prevalence rates will result in a reduced incidence of abortion and abortion-related mortality<sup>29</sup>. Hence, effective contraception should be promoted for women at risk of unwanted pregnancies, especially unmarried adolescents and highly parous married women. Such interventions must seek to provide appropriate information and services for contraceptive delivery and to eliminate barriers that currently limit women's and men's access to contraception in developing countries<sup>21</sup>. Post-abortion care for women who have been victims of complications of unsafe abortion should include contraceptive awareness and provision of contraceptive services.

### **Secondary Prevention of Abortion Mortality**

Secondary prevention of abortion mortality involves the safe termination of unwanted pregnancy and the development of programs that increase women's access to safe abortion methods<sup>21</sup>. Even when abortion laws are restrictive, there are often provisions within the laws that allow health providers to offer safe abortion services to save women's lives or for other broad social or health reasons. However, health workers in developing countries are often ignorant of the legal grounds on which abortion can be provided and often adopt the view that abortion is illegal in all circumstances<sup>30, 31</sup>.

The abortion laws in Nigeria need to be liberalized to accommodate valid indications for seeking safe abortion services<sup>32-35</sup>. When this is done, health care workers will be taught on the safe use of these methods to guarantee effective service provision as a secondary measure of preventing unsafe abortion<sup>36-39</sup>. Advocacy efforts are necessary to liberalize laws that restrict women's access to safe abortion<sup>35</sup>. Policies that ensure that needed services are provided and that women have the necessary information and means to use such services should be in place<sup>21</sup>.

### **Tertiary Prevention of Abortion Mortality**

Tertiary prevention of abortion mortality includes the prompt and appropriate treatment in health institutions that can reduce the risk of progression to mortality<sup>21</sup>. As a result of the stigma associated with abortion in several developing countries, many women with complications will either refuse to seek treatment or will seek treatment from the same clandestine and unskilled provider who offered the induced abortion<sup>21</sup>. Community participation in solving the problem of unsafe abortion can reduce silence and shame and increase the chance that women will use appropriate health facilities when they suffer complications of unsafe abortion<sup>35</sup>. Public education, dialogue, and mobilization to sensitize individuals to the problems of unwanted pregnancy and unsafe abortion have been shown to generate local action promoting prompt treatment of complications<sup>41, 42</sup>.

Community initiatives to be implemented include the training and re-orientation of private medical practitioners, mid-level providers, and alternative providers to ensure that they make early referrals of women suffering from complications from abortion to appropriate health facilities where they can be treated<sup>21</sup>. Prompt treatment of complications like incomplete abortion using Manual Vacuum aspiration (MVA) is more cost-effective and safer<sup>43-45</sup>. Other complications like septic shock, severe bowel injuries, acute renal failure, and tetanus should be promptly addressed in appropriate centres<sup>8</sup>.

## **VII. CONCLUSION**

Unsafe abortion is an avoidable cause of maternal mortality in Nigeria. Increasing contraceptive prevalence, liberalizing abortion thereby making it safe and prompt treatment of complications are good preventive measures.

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