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Review Article

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A Critical Review of Unsafe Abortion in Nigeria Relative to the Theories and Principles of Public Health

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Abstract

Abortion has been a great challenge in developing countries like Nigeria due to restrictive abortion laws. Quackery practices have increased mortality and thus made abortion unsafe and life-threatening. Currently, about 75% of global maternal deaths are due to unsafe abortion. Incidence of abortion in Nigeria is likened to lack of adequate health care resources and infrastructure, restrictive abortion laws and religious beliefs. This review explored a few pieces of research revealing population perspectives and social justices relating to unsafe abortion in Nigeria. Based on their outcomes, challenges, and recommendations, unsafe abortion risks are perceived as preventable and controllable and can be achieved through community and behavioural changes which could involve adaptation to both global responses to international programs and policies. To achieve this, culture and religion will also play an influential role as Nigeria is multi-cultural and has different religion.

Keywords

Unsafe abortion; Medical model; Contraceptive; Pregnancy; Liberalisation

Introduction

The termination of pregnancy performed with unsafe and unhygienic equipment or by individuals who are not qualified is known as unsafe abortion [1,2]. It is mostly found in areas or regions with restricted or no access to legal abortion [3]. This act of unsafe abortion results in several health complications, thus making it a public health issue [3]. Some of the medical outcomes of unsafe abortion include incomplete abortion, Sepsis, Haemorrhage and Internal organ damage [3]. In Nigeria, about 40 million women are in their childbearing ages and the country accounts for about 2.4% of world population, however, unsafe abortion and pregnancy-related deaths in Nigeria results to about 10% of global deaths [4], this, therefore, suggest that incidence of unsafe abortion is high in Nigeria. In view of this, review is aimed at exploring abortion incidence, causes and possible solutions in Nigeria so as to proffer lasting solution to the high mortality and morbidity linked to unsafe abortion in Nigeria.

Population Perspective

Unsafe abortion has remained a highly pandemic and persistent public health issue worldwide. Amongst other sexual and reproductive health problems, it is, however, the most neglected [5]. There has been a significant increase in the health burden associated with unsafe abortion, recording over 15 million unsafe abortions out of 42 million pregnancies that were voluntarily terminated globally, with 98% occurrence in under-developed and developing countries [6]. The findings of this study are consistent with findings of past studies by Grimes et al. [5], which stated a 1995 worldwide estimation of unsafe abortion; 26 million legal abortions and 20 million illegal abortions are carried out yearly, leaving over 68,000 women die because of increased complications associated with unsafe abortion. More so, 97% of these unsafe abortions carried out are in developing countries such as Nigeria. Data and statistics of abortion rate were collected over a period of four years (2010 to 2014) and about 86% of 56.3 million abortions that occurred globally were carried out in low-income countries [7].

Restrictive Abortion Laws

In Nigeria, the topic of abortion is seen as being controversial as it ranks amongst the first category of developing countries with abortion restriction laws [8]. The two codes governing the Nigerian law system on abortion are the Criminal code, which governs the southern parts of Nigeria and the Penal codes, which governs the northern parts of Nigeria. These codes are expressed in three sections; sections 228, 229 and 230 of the Criminal code and sections 232, 233 and 234 of the Penal code [9]. As stated by the Criminal code, there is a 14 years' imprisonment penalty for anyone carrying out an abortion for a woman (section 228 of the Criminal code), a 7 years' imprisonment penalty for any woman procuring an abortion (section 229 of the Criminal code) and a 3 years, imprisonment penalty for anyone supporting, supplying or encouraging a woman's miscarriage (section 230 of the Criminal code) with an accusation of felony [9]. The Penal code, however, portrays equal punishment measures with the Criminal code (fine and imprisonment) both (Criminal and Penal code) having an exemption of carrying out an abortion with reasons of saving the mother's life when at risk (physical or mental reason) [8,10-12].

In 1996, the first national study carried out to carefully observe the incidence of abortion in Nigeria recorded about 610,000 abortions (25 per 1,000 women) spanning across 15 years to 44 years of age [11]. Similarly, several studies have explained that over 600,000 abortion procedures carried out to save the mother's life as stated by the abortion law, many were performed by unqualified persons and in unsafe conditions [13-15]. Despite the restriction placed on abortion in Nigeria, unsafe abortion remains widespread. The Nigerian Demographic and Health Survey (NDHS) conducted in 2003 stated that about 12% of pregnancies in Nigeria end in abortion [13], however, in 2012, as stated by Oginni et al. [8], there was a treatment rate of 5.6 per 1,000 women of reproductive age (212,000 women) and over 3,000 deaths were recorded because of complications associated with unsafe abortion. Furthermore, Bankole et al. [11] stated similar findings in 2012 having an estimate of 1.25 million induced abortions (33 abortions per 1,000 women), 56% of 59 per 1,000 unintended pregnancies ended in abortion, 212,000 women were treated for complications arising from unsafe abortions and 285,000 women who

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experienced severe health complications but could not be treated. Still pointing out the incidence of unsafe abortion, the society of gynaecology and obstetrics reported that about 20,000 Nigerian women die due to complications associated with unsafe abortion [16].

Demographic Characteristics

According to Chae Desai et al. [7], the knowledge of the demographic characteristics of women seeking an abortion could be of help in curbing the consequences of unsafe abortion in Nigeria. However, several studies have under-seen the profile of women seeking induced [11,14]. The incidence of abortion has been seen in women of single marital status and women in their adolescence age. It was argued in a study presented by Bankole Singh et al. [10], stating that 80% of women admitted with complications associated with unsafe abortion were young girls in their adolescence age. Globally, over 2.44 million adolescence procure an abortion after being pregnant [17], similarly, 50% of all abortion-related mortality recorded in the African region is women within the age brackets of 15 to 24 years [12]. A study conducted over a period of 12 years in Osun state (Ille-Ife); a south-western part of Nigeria showed a 30% maternal mortality rate amongst women between the ages of 15-20 years; which 37% of them were students [18]. In addition, several studies argued that poorly educated women, women of low socioeconomic status, women living in urban areas, women with no record of children, blacks, the price of procuring an abortion and the woman's religious belief are positively associated with the demand of Bankole A et al., WHO, Brown RW, Grossman M et al., Kane TJ et al., Medoff HM and Medoff MH [10,12,19-24]. There are so many reasons associated with the demand for abortion by women, in the study presented by Lamina MA [25], it was argued that unintended pregnancy is a major cause of abortion in Nigeria. He further explained in his studies that low use of contraceptives (11% to 13%), Non-consensual sex, increased sexual activity and early initiation to sexual activity, are factors that contribute to unintended pregnancy; thus, posing a major economic, social, psychological or religious challenge on women of reproductive age. However, Grimes et al. and Okonofua [5,26] explained that socioeconomic concerns such as poverty, no support from partner, fear of discontinuity in education or work, relationship problems and wants like termination of pregnancy when perceived it is a female. In addition, family building preferences for example; healthy birth spacing or postpone childbirth, pregnancies resulting from rape or incest, contraceptive failure (some religion and culture frown at the use of contraceptives), risk to maternal or foetal health and poor access to health facilities are factors that also lead to abortion [5,26].

Discussion

Social justice

The effect and complications of unsafe abortion are life-threatening. Mitsunaga et al. [16] in his studies grouped the complications of unsafe abortion into an infection, bleeding and long-term complications (Table 1). The government of Nigeria having acknowledged that unsafe abortion remains the leading course of maternal mortality and morbidity in Nigeria has committed to improving maternal health [11]. However, there has been no recorded progress to the issue of maternal mortality thus leaving Nigeria as one of the countries with the highest rate of maternal mortality worldwide [11].

Table 1: Summary of complications of unsafe abortion.

Complications	Examples
Infection	Pelvic inflammatory disease, bacterial vaginosis, gonorrhoea, chlamydial infection etc.
Bleeding	Uterine fibroids, parity etc.
Long-term complications	Reproductive tract infection, ectopic pregnancy, premature delivery, death etc.

Social consequences of abortion

Bankole et al. described that aside maternal mortality and morbidity, unsafe abortion also has a social cost effect on Nigerian women and their household by increasing the risk of going contrary to the restrictive abortion law of the country and the possibility of strong social sanctions [11]. In the studies conducted by Singh S [27], the consequences of abortion were classified into economic and social consequences. The economic consequences are categorized into the direct cost of providing medical care for women who are hospitalized as a result of abortion complications and indirect cost to the woman and her family [27]. The direct cost explains that the larger portion of cost is born by the woman's family despite the subsidized cost by the public sector while the indirect cost explains the loss of productivity by the woman from abortion-related morbidity or mortality [27]. This may possibly result in negative wellbeing of her children or in extreme cases push the household into poverty [27]. The social consequences associated with unsafe abortion include the impact of mother's health on her children, effect on the stability of marriage (leading to breakups because of infertility or infidelity to partner). These social consequences lead to stigmatization [27]. Stigmatization is not only seen as being harmful to women who seek an abortion, but it also has a unique role in the decision making of women (whether to have a safe abortion or not) [8]. The strong social sanctions against pre-marital sex in Nigeria are very consequential for young and unmarried women and as such may lead to stigmatization such as difficulties in finding a life partner [27].

Several policies have been put in place to reduce the incidence of complications (Maternal mortality) that arises due to unsafe abortion in Nigeria. These policies are; The National Policy and Strategy to Achieve Health for all Nigerians (1998); the National Policy on Population for Development, Unity Progress and Self-reliance (1998); Post-Abortion Care Services (1997); Making Pregnancy Safer (MPS) by WHO (2001); The National Economic Empowerment Development Strategy (1999); The National Reproductive Health Strategy Framework (2002), National Guidelines for Women's Health (2003); Free Maternal Healthcare Policy (2009); The National Family Planning and Reproductive Health Policy Guidelines and Standards of Practice (2004); National Safe Motherhood and Birth Preparedness Plan (2005) and An Integrated Maternal Newborn and Child Health (IMNCH) (2007) [28]. However, despite putting into law these policies for a better maternal health outcome, achieving a healthy maternal outcome/ reducing the incidence of maternal health complications associated with unsafe abortion has failed due to a lack of governmental commitment in the implementation of these policies [28].

Possible solutions

The liberalization of abortion in developed countries have been found effective in curbing complications associated with unsafe abortion, thereby promoting safe abortion. This policy has been encouraged in developing countries like Nigeria, to reduce the incidence of unsafe abortion [6,29]. However, the implementation of induced abortion has failed twice in Nigeria, suggesting that it is a very sensitive issue in the country due to its deeply rooted religious and moral beliefs [6]. In the liberalization of abortion, doctors who are seen to be able to act as advocates in campaigning for increased

access to safe abortion services in Nigeria tend to be indecisive on the effect of liberalization of abortion on maternal mortality. Most of them in support of the liberalization of abortion suggests that it will reduce the stigmatization associated with abortion and also, make abortion procedure safe as it will be carried out by trained medical staff. However, those of them who are not in support of the liberalization of abortion explained that it will not only increase quackery but also it will increase sexual promiscuity. Putting into consideration religion, moral and fetal right to life, they further explained that doctors are trained to protect life not destroy it [6]. Several reasons were given by the doctors who opposed the liberalization of abortion in Nigeria; these reasons were religious and moral reasons, consideration of induced abortion being unethical and being outside their scope of practice, however, abstinence from pre-marital sex, use of contraceptives, and sex education were encouraged by these doctors as methods of avoiding induced abortion [6].

There is a pressing need for women empowerment; this is to encourage women to take charge of their lives. The one out of the many ways through which this can be achieved is education (United Nation Population Fund [UNFPA], (2014). In addition, the ability to pursue quality life has been seen amongst educated [30].

Certain behaviour and religious beliefs have also been seen to endanger the health of women [31-38]. To create positive and healthier lives for women, health promotion policies should be targeted at changing attitudes or beliefs that can be life-threatening.

Conclusion

In Nigeria, unsafe abortion can be brought to a minimum by a proper community or behavioural change. This can be achieved by creating awareness, enlightening the community and adapting to global responses to international programs and policies putting into consideration the peoples' way of life.

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