Determinants and Barriers to Safe Abortion Care in Nigeria: A Mixed Method Analysis

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Introduction

Abortion is safe according to the World Health Organization (WHO) when the process is carried out in line with the recommended guidelines provided by WHO, appropriate to the pregnancy duration, and by someone who has the required training or skills to handle it in a minimum standard medical environment.[1] Access to safe abortion treatment is critical to the health and well-being of pregnant women and their families. Restrictions on abortion care are seen as a denial of these reproductive rights and a threat to public health[2,3]. However, when women with unwanted pregnancies face barriers to obtaining safe abortion care, they often resort to unsafe abortion.[1] The contribution of unsafe abortions to maternal mortality is becoming more widely acknowledged around the world. Globally, in 2004, about 20 million induced abortions were unsafe[4], the number increased to 21.6 million in 2008, and now 25 million in 2022.[1] In Nigeria, the figure for unsafe abortion is inevitably inaccurate and not completely reliable due to restrictive laws, and ethical and moral considerations.[5,6] In 2018, Bell et al reported that the incidence of abortion was 46 abortions per 1000 women of reproductive age in Nigeria, approximately 66.7% of these were unsafe[7]. A recent study by Akinlusi and others put the rate of unsafe abortion at 10% and that 42.4% of the unsafe abortions were conducted in private hospital facilities or by doctors with undisclosed identities.[5]

Complications arising from unsafe abortions pose a serious threat to women's health and are the major contributor to countries' high levels of maternal death, ill health, and disability.[8,9] In 2020, Nigeria was one of the extremely high maternal mortality rate countries after South Sudan and Chad having more than 1047 deaths per 100,000 live births.[10] There is a large body of literature on abortion in Nigeria. Most of the studies focused on the incidence of abortion,[6] perceptions about abortion treatment,[11] severity in abortion complications,[12] post-abortion care services,[8] treatment of incomplete abortion,[13] and unsafe abortion practices.[14] However, little has been done on the determinants and barriers to safe abortion care in Nigeria from a mixed-method approach. Therefore, this study examined the determinants of safe abortion and identified the barriers using a mixed-method design.

Methods

This study employed a mixed-method approach to investigate the determinants and barriers to safe abortion care in Nigeria. The quantitative aspect of this study used data from the 2019-2020 follow-up survey. These were 1388 women from six Nigerian states who reported an abortion experience in the 2018 baseline cross-sectional survey of Nigeria Performance Monitoring for Action (PMA) datasets. Twenty in-depth interviews were conducted among women who sought post-abortion care in two teaching hospitals in Southwest Nigeria (FETHI and LAUTECH).

Variables and Measures

This study classified abortion based on the location and methods used as either safe or unsafe. Respondents who used abortion services at a health facility such as government hospitals, government health centers, family planning clinics, mobile clinics (public), private hospitals, private doctors, and mobile clinics (private), were categorized as "safe" otherwise it is unsafe. Also, the method used in carrying out the abortion was used to categorize safe and unsafe abortion care. The explanatory variables which are the potential determinants included socio-demographic characteristics of respondents which include age (<19, 20-29, 31-39, 40-49); marital status (single, married, separated/widowed); education

(none, primary, secondary, higher); household wealth index (poor, medium and rich); and place of residence (rural and urban), details of variable measurement is published[24].

Stata version-17 software was used to run the descriptive analysis and the multivariate analysis. The factors influencing safe abortion were modeled using binary logistics regression and the significant variables were discussed at a p-value less than 0.05.

The qualitative data: The interviews were recorded and transcribed. The transcriptions were reviewed against the recordings for accuracy. The data were analyzed using content and thematic analysis. The contents were reviewed to identify reported barriers to abortion care. The responses were disaggregated using a thematic approach under the following heading; legal restrictions, poor economic status, cost of services, and cultural and religious barriers.

Results

Description of the participants and prevalence of safe abortion.
The participants' ages in the qualitative data ranged from 15 to 49 years with an average age of 25 years. Seventy percent of the participants were single while the remaining were married. About 55% of them were undergraduates or women with higher levels of education while 45% had secondary education or lesser education; 12 of the participants were referrers while 8 were self-reported cases. In the quantitative data, only 18% of them were currently using any methods of contraception. The experience with abortion, 78.8% did only one thing while 21.2% of them did multiple things. About 70% reported safe abortion, whereas close to one-third (30.37%) of them reported unsafe abortion.

Determinants of safe abortion care

Table 3 presents the binary logistic regression analysis of the odds of safe abortion among the sampled women. It was found that young adults (15-24) were less likely to seek safe abortion compared to older women (OR=0.64, p<0.01). The rural dwellers were less likely to seek safe abortion care compared to those living in the urban centers (OR=0.63, p<0.01). Similarly, education is found to contribute to higher odds for safe abortion compared to no education having the following odds ratio; primary (OR=1.83, p<0.01), secondary (OR=2.62, p<0.01), and higher (OR=3.84, p<0.01). Find details in the binary logistic regression below.

Table 3: Logistic Regression on factors influencing safe abortion among the sample women

Safe Abortion	Odd Ratio	p-value	95% conf. interval]
Current of Age			
Old Adults(25-49)	1.00		
Young Adults (15-24)	0.64*	0.026	0.42-0.94
Residence			
Urban	1.00		
Rural	0.63	0.006	0.45-0.88
Currently Using any methods of Contraceptives			
Yes	1.00		
No	0.94	0.695	0.70 - 1.26
Educational Attainment			
None	1.00		
Primary	1.83*	0.036	1.04 - 3.24
Secondary	2.62***	0.000	1.55 - 4.42
Higher	3.84***	0.000	2.09 - 7.05
Marital Status			
Married	1.00		
Separated	2.02*	0.014	1.15 - 3.56
Single	1.17	0.404	0.80 -1.73

Wealth index			
Poor	1.00		
Middle	1.43	0.087	0.94 -2.18
Rich	1.87**	0.002	1.25 - 2.82

Source: Author Analysis from Nigeria PMA, 2020.

Barriers to safe abortion care

Furthermore, in the qualitative analysis, the sampled patients elaborated on different barriers to safe abortion in Nigeria. The aggregated content analysis of the in-depth interviews was presented in three themes as follows: economic barriers, social and cultural norms, and, legal restrictions.

Economic Barriers

Most of the respondents revealed that women who seek abortion do not visit government hospitals or high-profile health facilities because they presume it will be more expensive. They seek alternative and cheaper care.

> *……When I got to know that I was pregnant for four weeks, I was afraid because it was about two months after that terrible experience of robbery in our compound……my parents didn't have huge money the doctor charged us when we got back home my friend took me to one madam house, I don't know if she is a nurse, she gave me that terrible tablet…. (Unmarried woman, 18, IDI-17)*

Social and cultural norms and religion

The social stigma attachment to abortion either safe or unsafe is a major barrier. Some of the respondents reported that these barriers led many young girls to suicide if they could not secure safe care. Some of the respondents reported social/cultural barriers such as religious perception of abortion as evil; and stigmatization of people associated with abortion ranging from the patients to the health workers.

> *…… Yes social stigma, probably when you meet your relative there (at the hospital), ...to go to hospital where I will see relative, I will never…, so that is the reason people can just go for unsafe methods that can kill them or damage their womb.* (Married woman, 39, IDI-5).

Discussion

Results in this study provide insight into the determinants and barriers to safe abortion care in Nigeria. The study found that among women who had induced abortion only 30% had unsafe abortion. This finding relates to Akinlusi's findings that 42.5% of unsafe abortions were reported in health facilities.[5] Similarly, Bell and others in inequalities in the incidence and safety of abortion in Nigeria found that the incidence of abortion rate was 46 per 1000 women and 66.6% had unsafe abortions.[7] These increasing rates of unsafe abortion dragging between 30% in this current study as well as 42.5%, and 66.6% by different authors in the same country, require serious attention from major policymakers and government agencies to address the public health issue in the community. Moreover, the variation in these statistics may not be far from socio-cultural barriers to safe abortion care as well as restrictive legislation against the practice of abortion leading many women into unsafe methods of terminating unwanted pregnancies.

Conclusion and Recommendations

Most of the respondents had access to safe abortion care, but a considerable number made up of younger women of low social economic status were at a higher risk of unsafe abortion in Nigeria. The results demonstrate that barriers to safe abortion care include legal, economic, and social constraints. The policy and program strategies employed to improve safe abortion should address these bottlenecks to safe abortion

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