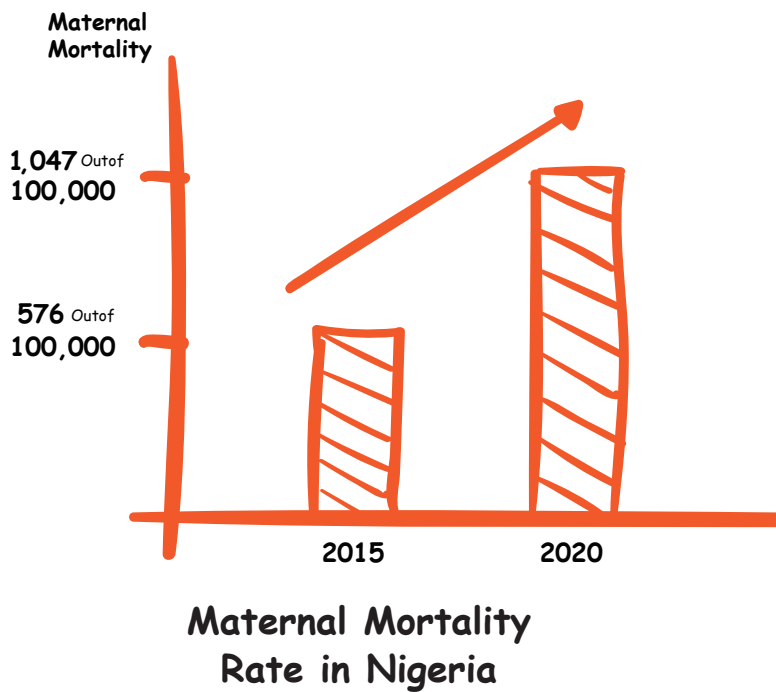




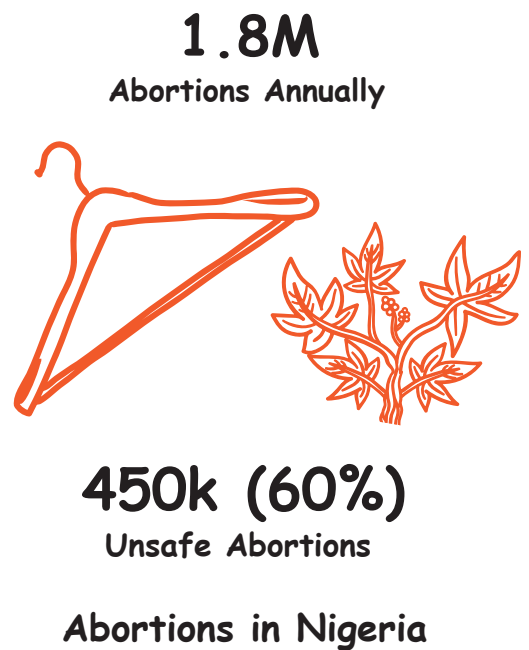
Reproductive Justice: Crashing Maternal Mortality through reduced Unsafe Abortions





Source: WHO, 2020

Unsafe abortions contribute to the Nigeria's high maternal mortality and morbidity which poses a significant public health problem. Despite abortion being legally restricted and permitted only to save a woman's life, it remains widely practiced, often in unsafe conditions by untrained providers and quacks. Legal and policy barriers, limited access to safe abortion services, social stigma, inadequate reproductive health education, and pervasive social stigma drive



Source: Guttmacher Institute, Performance Monitoring & Accountability (PMA 2020)

many women to seek unsafe abortions.

In the last 25 years, Ipas has generated evidence showing the urgent need to save women's life and crash maternal mortality. Yet, our programming continues to show that that abortion care is hidden and shrouded in stigma. This makes many women to procure unsafe procedures, costing lives and fueling preventable deaths.



To highlight critical findings from our generated evidence, we are showcasing research in two broad themes:

Theme 01

Increasing accessibility and availability of abortion care services in low resource and humanitarian settings

Research Brief

The burden of unsafe abortion can be mitigated with safe, accessible and comprehensive services. Yet, we face serious challenges in the lack of adequate capacity amongst healthcare providers, limited knowledge on safe and less invasive method for abortion, including medical abortion and

Manual Vacuum Aspiration (MVA) as well as the limited knowledge of Patent Medicine Vendors. Healthcare centres also suffer high costs of post abortion care service delivery; costs that could be avoided if safe abortion services were accessible.

Our Findings



Relevant midwifery schools do not have trained educators on Post Abortion Care.

| Research title: An evaluation of a national intervention to improve the postabortion care content of midwifery education in Nigeria, (2010)



Annual Post Abortion Care (PAC) costs in public health hospitals totaled **US\$807,442**, draining public health resources.

— PAC for moderate complications cost **US\$112** per case (**60%** more than simple PAC at **US\$70**); dilation and curettage (D&C) cost 18% more than MVA (**US\$80 vs. US\$68**). (\$1 = 152 naira) | Research Title: Public hospital costs of treatment of abortion complications in Nigeria (2012)



Only **4%** of patent medicine stores had stocked Misoprostol previously, and **3%** had it on shelves at the time of survey. Among those stocking it, none mentioned Post Partum Hemorrhage treatment/prevention as a recommended use; indications were often incorrect or unrelated. | Research Title: The availability of Misoprostol in pharmacies and patent medicine stores in two Nigerian cities (2007)



95% of women were satisfied/very satisfied with misoprostol; **86%** would choose it again, and **93%** would recommend it. | Research Title: Introducing Misoprostol for the Treatment of Incomplete Abortion in Nigeria (2014)

99% of women would return to the Patent Medicine Vendors for future services; Patent Medicine Vendors reported high satisfaction with misoprostol's ease and ability to redirect resources. | Research Title: Drug sellers' knowledge and practices, and client perspectives after an intervention to improve the quality of safe abortion care outside of formal clinics in Nigeria (2020)

01

Public hospital costs of treatment of abortion complications in Nigeria (2012)

This economic analysis estimates per-case and annual costs of PAC in public hospitals in Ogun, Lagos states, and the Federal Capital Territory.

**02**

Improving health worker performance of abortion services: an assessment of post-training support to providers in India, Nepal and Nigeria (2017)

This multi-country study (India, Nepal, Nigeria) evaluates post-training support to improve abortion service performance among 3,471 providers.

**03**

Strengthening healthcare providers' capacity for safe abortion and postabortion care services in humanitarian settings: lessons learned from the clinical outreach refresher training model (S-CORT) in Uganda, Nigeria, and the Democratic Republic of Congo (2021)

This case study describes the Sexual and Reproductive Health Clinical Outreach Refresher Training (S-CORT) model to update providers' skills on uterine evacuation (medications and MVA) in humanitarian settings in Uganda, Nigeria, and the Democratic Republic of Congo (DRC).



04

Assessing post-abortion care using the WHO quality of care framework for maternal and newborn health: a cross-sectional study in two African hospitals in humanitarian settings (2024)

This cross-sectional study assesses PAC quality in two Médecins Sans Frontières-supported hospitals in humanitarian settings: Jigawa (Nigeria) and Bangui (Central African Republic, CAR).

**05**

Implementation Process and Comparative Analysis: Classroom and Facility-based Post-Abortion Care Service Delivery On the Job Training for Health Workers in Six States in Nigeria (2023)

This report compares implementation processes for classroom-based vs. facility-based on-the-job training (OJT) for PAC service delivery among health workers in six Nigerian states.

**06**

Introducing Misoprostol for the Treatment of Incomplete Abortion in Nigeria (2011)

This study assesses the feasibility, acceptability, and safety of introducing misoprostol for incomplete abortion treatment in three Nigerian hospitals.



07

An evaluation of a national intervention to improve the postabortion care content of midwifery education in Nigeria (2010)

This paper evaluates a national intervention in Nigeria to enhance the post-abortion care (PAC) content in midwifery education.

**08**

The availability of Misoprostol in pharmacies and patent medicine stores in two Nigerian cities (2010)

This cross-sectional study examines the availability of misoprostol (registered for postpartum hemorrhage [PPH] in Nigeria) in pharmacies and patent medicine vendors (PMVs) in Abuja and Lagos.

**09**

Drug sellers' knowledge and practices, and client perspectives after an intervention to improve the quality of safe abortion care outside of formal clinics in Nigeria (2010)

This retrospective study assesses a harm-reduction intervention to improve PMVs' (patent medicine vendors) knowledge and practices for providing misoprostol-based medication abortion in Nigeria.



Theme 02

Unwanted pregnancy and sexual violence: Re-evaluating social, moral, and legal barriers to abortion care in Nigeria

Research Brief

There are multiple barriers that limit abortion care uptake in Nigeria, from moral to legal restrictions. These fuel reduction in sourcing for safe abortion care, inducing fears, stigma and shame. Produced media also fuel the misinformation on abortion resulting in

death, because of heightened abortion stigma over the years. There are multiple factors that induce abortion including unwanted pregnancies from sexual violence. From the research we have conducted over the years, these were our findings.

Our Findings



1 in 10 women have had an abortion in their lifetime. | Research Title: Public hospital costs of treatment of abortion complications in Nigeria (2012)



Community attitudes towards abortion are negative contrary to nuanced personal beliefs; 43% feared death from complications like excessive bleeding or infection. Research title: Correlates of individual-level abortion stigma among women seeking elective abortion in Nigeria(2018)



48% used drugs for termination (e.g., quinine 8%, gynaecosid 6%, menstrogen 6%); only 1% knew/used misoprostol, none mifepristone/methotrexate. | Research Title: knowledge and practices among medical abortion seekers in southeastern Nigeria(2012)



86% had sex by age 18; 72% under 24 years, reflecting youth vulnerability, with 64% of respondents having secondary school education. | Research Title: Knowledge and practices among medical abortion seekers in southeastern Nigeria(2012)



Stigma hurts health/well-being, affects decisions on safe/unsafe abortion and disclosure. | Research Title: Correlates of individual-level abortion stigma among women seeking elective abortion in Nigeria (2018)



3 of 25 girls that suffer sexual violence procure abortion services, mostly unsafe. | Research Title: Building Evidence to Address the Menace of Unsafe Abortions and Sexual Violence in Nigeria (2024)

01

Knowledge and Practices Among Medical Abortion Seekers in Southeastern Nigeria (2012)

This cross-sectional survey examines socio-demographic characteristics, abortion practices, and medical abortion experiences among 100 seekers in southeastern Nigeria.

**02**

“I just have to hope that this abortion should go well”: Perceptions, fears, and experiences of abortion clients in Nigeria (2023)

This qualitative study explores how abortion clients in Nigeria perceive abortion, their fears, and experiences seeking care through three models (facility-based, community-based, and self-managed with accompaniment).

**03**

Development and validation of a perceived abortion self-efficacy scale: results from Bolivia, Nepal and Nigeria (2023)

This mixed-methods study develops and validates a perceived abortion self-efficacy (PASE) scale across Bolivia, Nepal, and Nigeria.

**04**

Correlates of individual-level abortion stigma among women seeking elective abortion in Nigeria (2018)

This secondary analysis from a cross-sectional survey measures individual-level abortion stigma (ILAS) and its correlates among 382 women seeking safe elective abortion in Nigeria.



05

The Burden of Unsafe Abortion in Humanitarian Settings in Nigeria (2025)

This mixed-methods study assesses abortion incidence and unsafe abortion burden in Borno State, Nigeria.

**06**

An Evaluation of the Implementation of the Violence Against Persons Prohibition Act/Law in Nigeria (2023)

This report evaluates the Violence Against Persons Prohibition (VAPP) Act/Law implementation in Nigeria.

**07**

Building Evidence to Address the Menace of Sexual Violence and Unsafe Abortions in Nigeria (2024)

This report evaluates unsafe abortions and sexual violence in Nigeria, focusing on survivors aged 15–49.

**08**

High severity of abortion complications in fragile and conflict-affected settings: a cross-sectional study in two referral hospitals in sub-Saharan Africa (2023)

This cross-sectional study (AMoCo) assesses abortion complication severity in two MSF-supported referral hospitals in fragile settings



09

Reasons for delay in reaching healthcare with severe abortion-related morbidities: Qualitative results from women in the fragile context of Jigawa state, Nigeria (2023)

This qualitative study examines delays in care for severe abortion-related morbidities in Jigawa State, Nigeria



10

Assessment of the Bauchi State Law for Persons with Disabilities (2025)

This analyzes the implementation of the Bauchi State's law for Persons with Disabilities as it relates access to sexual and reproductive health



Ipas Nigeria Health Foundation works to empower women and girls to have bodily autonomy and exercise their sexual and reproductive health and rights. As partners for reproductive justice, we build collective action that transforms societies to enable women, girls, and vulnerable persons to manage their fertility and realize their full potential.

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