



Creating a healthy future for Nigerian women

Nigeria has the largest population in Sub-Saharan Africa — an estimated 140 million. It also has one of the world's highest maternal mortality ratios, between 800 and 1,100 deaths per 100,000 live births. For the vast majority of Nigerian women, critical reproductive health services, including contraception and safe abortion, remain elusive.

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Almost one-third of Nigerian women of childbearing age say they have had an unwanted pregnancy; of those, half have attempted to obtain an abortion. Unsafe abortion is one of the most significant and preventable causes of maternal death and injury in Nigeria. Research suggests that approximately 760,000 abortions occur each year (Bankole 2006) and that approximately 142,000 women are treated each year for complications from unsafe abortion (Henshaw 2008). Abortion is legally permitted only to save a woman's life in Nigeria, which means that many induced abortions are clandestine and unsafe.

Since the late 1980s, Ipas has worked successfully with government authorities, leading health-care providers, women's health advocates and other nongovernmental organizations to increase Nigerian women's access to high-quality postabortion care, including treatment for abortion complications and family planning counseling and services to help women prevent future unintended pregnancies. Through training, distribution of

appropriate technologies and support to health-care facilities, Ipas and its partners have helped ensure the sustainability of this essential element of reproductive health care. Along with advocacy on behalf of women's rights, these collective efforts have also significantly raised the profile of unsafe abortion as a topic for national discussion and helped erode the harmful stigma surrounding abortion.

Postabortion care — a public health intervention that works

The impact of Ipas and its partners' work in Nigeria can be illustrated in Kano, a socially conservative northern state facing daunting maternal health and other challenges (see "Kano: a state in need").

Before Ipas introduced woman-centered postabortion care, women seeking treatment for complications of unsafe abortion

overwhelmed many hospitals in the region. Some had only one doctor — and many more women in need of care than that doctor could help.

“Every morning,” said Dr. H.M. Sadauki, former director of Murtala Mohammed Specialist Hospital, “they’d be lying on the floor from the ward to theater, lined up waiting, wrapped only in a sheet. After the procedure, they’d be wheeled back to a place on the floor.”

Health-care workers’ difficulty meeting women’s treatment needs was due not only to the magnitude of the problem of unsafe abortion but also to how they provided care. Reliance on dilatation and curettage (D&C), a clinical method for uterine evacuation that employs sharp metal curettes to scrape out the lining of the uterus, meant that all such procedures were performed in the operating theater by doctors. Women typically had to stay in the hospital overnight, contributing to crowded conditions and increasing costs.

Now, Murtala Mohammed Specialist Hospital offers state-of-the-art postabortion care, and women and health-care providers alike benefit. Trained nurses and midwives treat women suffering from incomplete abortion with manual vacuum aspiration (MVA) in a dedicated procedure room. Care is available 24 hours a day. Women normally wait only 30 minutes to be treated, and most go home within an hour after treatment, after receiving counseling and choosing a contraceptive method. Medical professionals take pride in their ability to provide women the care they need in a timely manner.

“All the attendant risks for women have been eliminated,” said Dr. Oladapo Shittu, who has implemented Ipas’s model of postabortion care as head of Obstetrics and Gynaecology at Ahmadu Bello University Teaching Hospital in Zaria. “The expenses, the difficulties imposed on the health system. Those of us who have experience with both sides of it can tell you that it has helped tremendously.”

Murtala Mohammed Hospital offers but one example of how Ipas has helped improve the quality and accessibility of postabortion care available to Nigerian women. In Kano State, hundreds of health-care workers have been trained to provide MVA and postabortion family planning in more than 30

Kano: a state in need

Roughly 12 million people live in Kano State in northern Nigeria. For its mostly rural residents, life can be tough. Sixty-one percent live in poverty, fewer than 40 percent have access to running water, and life expectancy is only about 50 (UNDP). The infant mortality ratio is roughly 100 per 1,000 live births, and the maternal mortality ratio is 1,700 per 100,000 live births, though some studies indicate that more than 2,400 women die in childbirth per 100,000 live births (Adamu 2003). The health indicators paint a dire picture — but Kano’s government is working for positive change.

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Eighteen-year-old Rabi Musa went to Murtala hospital after a miscarriage.

“Of all the other hospitals, there is none that can manage this problem,” she said. “I and my husband have trust that they know what they are doing here.

“They did not disgrace me but cared for me. ...

In some places they do not take care and have no sympathy or feeling for the patients, and the doctors have no empathy. But here at Murtala it is not so.”



facilities, making services accessible for women, even in remote parts of the region.

Ipas and its partners have also made high-quality postabortion care nationally available, through training, distribution of MVA instruments, facility upgrades and ongoing support. As of late 2009, nearly 600 health-care facilities across the country, ranging from community-based clinics to large referral hospitals, provide woman-centered postabortion care. From July 2008 to June 2009 alone, nearly 9,000 MVA instruments were distributed in Nigeria — enabling more than 200,000 women to be treated with this safe and effective technology.

Training central to expanding access

At the core of Ipas’s work to increase women’s access to safe postabortion care is a basic strategy: increase the number of health-care providers in Nigeria with the skills, authority and medical supplies necessary to offer women with abortion complications the high-quality care and counseling they need. Since 2005 Ipas has worked with state and federal health authorities to train more than 5,000 clinical providers across a range of health-care cadres; by conservative estimates, this means that roughly 200,000 women have received woman-centered postabortion care each year.

Institutionalizing training in abortion care in medical education has been a key success of Ipas’s work: 25 of the country’s 40 medical schools and all its nurse-midwifery schools (see box “Midlevel providers make a difference”) now include comprehensive abortion care in their curricula. Each year more than 4,000 providers graduate from these institutions with knowledge and skills in postabortion care.

This pre-service training is cost-efficient and promotes sustainability of high-quality postabortion care services. When new health-care professionals graduate with necessary skills, there is less need, once they are in the workforce, for them to leave their posts to obtain training, minimizing service interruption. This approach also helps to combat service-delivery problems related to attrition and turnover, since when a trained provider leaves a facility, she or he can be replaced by another provider who has already undergone training in postabortion care.



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Building support for improved care

To further sustain high-quality reproductive health care, Ipas also supports providers and facility managers in the field. In partnership with the Ministry of Health and the Nursing and Midwifery Council of Nigeria, Ipas instituted a program of facilitative supervision to improve the quality of abortion care at training and clinical sites. Four times each year, representatives of Ipas and local health authorities visit sites to review the organization of services, recordkeeping practices, contraceptive services and instrument supplies.

The power of prevention

Helping women prevent repeat unintended pregnancies is an integral part of high-quality postabortion care. Overall contraceptive use in Nigeria is very low — fewer than 10 percent of married women use modern contraceptive methods (PRB 2008). To combat this problem, Ipas supports provision of postabortion and postpartum family planning at health-care facilities in its six priority states (Borno, Kano, Katsina, Kebbi, Sokoto and Zamfara) and in many teaching hospitals. Each facility is equipped with cupboards, seed stocks of various contraceptive commodities and other supplies. As part of their postabortion care education, providers are trained to offer effective contraceptive counseling, focusing on helping individual women choose the method that is best suited to their personal circumstances. Monitoring and evaluation data indicate that 52 percent of women who receive postabortion care at Ipas-supported health-care facilities accept a contraceptive method.

Expanding access to innovative, effective technologies

Another way Ipas has contributed to sustainable service delivery is by working through health-system and commercial channels to make safe, affordable technologies for high-quality abortion-related care, including MVA and misoprostol, more widely available. Although misoprostol, which offers distinct advantages for abortion care in rural and low-resource areas, is registered for postpartum hemorrhage in Nigeria, it is not widely available and knowledge about it is not widespread. Ipas is collaborating with the Society of Gynaecology and Obstetrics of Nigeria (SOGON) to expand awareness of the drug's ob/gyn uses and to determine the role of providers and pharmaceutical outlets in provision of medical abortion. Researchers and clinicians are also working with three Nigerian hospitals to evaluate misoprostol for treatment of postabortion complications. This study is one of the first in the country to assess the feasibility and acceptability of the method for both providers and women seeking postabortion care. Ipas has also incorporated a module on medical abortion in its postabortion/comprehensive abortion care curriculum.

Increasing social and political momentum for addressing unsafe abortion

Effective community education and engagement are essential to Ipas's work to increase Nigerian women's access to postabortion care. In partnership with myriad stakeholders, Ipas has helped build an enabling social environment for comprehensive

reproductive health care through community, media and policymaker sensitization, mobilization, and advocacy for women's sexual and reproductive health and rights. Such efforts have helped to build support for legal reform and have improved the overall scope and tone of media coverage of abortion and other reproductive health issues in Nigeria.

An important element of this strategy is building the capacity of women's groups through advocacy, issue training and small grants. Advocacy by women's organizations — especially the National Council of Women's Societies — has been instrumental in convincing policymakers in seven states to authorize provision of free maternal health services, including postabortion care.

Midlevel providers make a difference

In Nigeria, there are far more midlevel providers than doctors, especially in rural settings. In Kano State, for example, there are three doctors and 17 registered nurse midwives per 10,000 people (WHO 2009). In addition to creating a model for training physicians in MVA, postabortion contraception, and other elements of postabortion care, therefore, Ipas has focused on leveraging midlevel providers' expertise to bring services to more women, particularly by ensuring that future nurse-midwives receive relevant training as part of their professional education.

In 2003, after obtaining support from the Federal Ministry of Health and the Nursing and Midwifery Council of Nigeria, Ipas developed and distributed a postabortion care curriculum for use in nurse-midwifery schools and prepared a core group of trainers and clinical instructors. Ipas also provides nurse-midwifery schools with practical training opportunities and materials, including pelvic models and MVA instruments.

The effort thus far has yielded more than 300 educators representing 69 midwifery schools who are now qualified postabortion care trainers. It has also led to development of training centers in each of Nigeria's six geopolitical zones. Together, these centers have the capacity to train thousands of nursing and midwifery students each year who are poised to offer lifesaving skills to women wherever they work. Recognizing the effectiveness of midlevel providers — and the need for greater access to skilled care — in 2009, the Ministry of Health initiated a program to employ 10,000 nurse-midwives to work in rural areas around the country.

Making — and sustaining — an impact

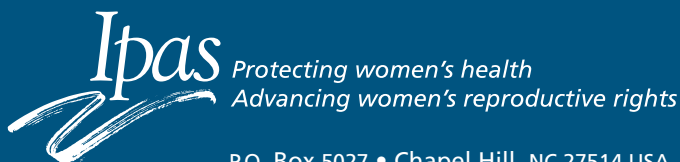
With its partners, Ipas has been able to reach tens of thousands of women with high-quality reproductive health care. In 2008 Nigeria's National Planning Commission honored Ipas Nigeria with a letter of commendation, after reviewing its programs with partners, beneficiaries and other stakeholders. The Commission noted the "tremendous impact" that Ipas interventions had "in the reduction of complications, injuries and deaths in pre- and postabortion cases."

Nigeria's political climate and overall health system infrastructure continue to pose challenges for wide acceptance of women's rights and reproductive health care. Resources in this extremely populous country are constrained, and opposition to sexual and reproductive health reforms is relatively strong. But Ipas's resolve is equally strong, if not stronger. Through multiple targeted efforts, Ipas Nigeria will continue to work to improve women's health and rights, in cooperation with health-care providers; the government and its partners, including women's organizations; and the media.

The work is far from done, but today Nigerian women and girls do not have to die because they decide not to carry an unintended pregnancy to term. Even in a country where access to safe abortion is subject to severe legal restrictions, Ipas's experience in Nigeria proves that strengthening postabortion care is a feasible, effective intervention to protect women's health.

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