

When 21-year-old Faith discovered she was pregnant, she stole a few thousand naira (\$40 USD) from her mother to pay for a back-street abortion. With a daily income of barely 300 naira (\$2.50 USD), Faith says she wasn't financially or emotionally prepared to have a baby. So, without access to services or support, she sought out an illegal abortion from a village quack.

"They put iron inside me," Faith said. "It [hurt] a lot. I was vomiting and felt sad." Despite her experience, however, Faith feels lucky to be alive (Walker 2007).

Background

For the vast majority of Nigeria's women, abortion, contraceptives and other forms of reproductive health care remain elusive. Less than 10 percent of married women in Nigeria use modern contraceptive methods (PRB 2007), and a staggering number of women who face unintended pregnancies self-induce or seek out abortions from unskilled providers — many of these women die at home or in the country's under-resourced hospitals.

Unsafe abortion is one of the most significant and preventable causes of maternal death and injury in Nigeria, which has one of the world's highest maternal mortality rates — 1100 deaths per 100,000 live births (Hill et al. 2007). Like many developing countries, Nigeria has high fertility rates, a vast unmet need for family planning services, urban-rural disparities and unreliable health-care infrastructure; however, restrictive laws also play a

significant role in the incidence of maternal death. Abortion is illegal in Nigeria except to save the life of the woman, and procedures are often inaccessible even for women who meet these requirements, forcing women to seek out clandestine procedures.

Regional disparities also effect access to safe services. Nigeria is roughly divided into the mostly Muslim north and the predominantly Christian south, which are separated by different criminal codes. Despite the national law, in some instances, the criminal code in the south has been interpreted more broadly to allow abortion to preserve the mental health of a woman.

Based in Abuja, Ipas Nigeria works to increase women's access to vital reproductive health care, including postabortion and postpartum family planning, which can prevent unwanted pregnancies and reduce the need for unsafe abortions; postabortion care (PAC), through in-service and pre-service training models; and manual vacuum aspiration (MVA) and technological advances in abortion care.

In Nigeria, Ipas also advocates for increased funding for reproductive health; creates and strengthens alliances and partnerships in support of women's sexual and reproductive health and rights; works with the media to increase accurate coverage of reproductive health issues, as well as raise awareness and educate the public; works to ensure community participation in reproductive health issues and services; and advocates for the reform of laws that harm women.

Statistic	Data
National population	144,400,000
Total fertility rate for women aged 15–49	5.9
Maternal mortality ratio (deaths per 100,000 live births)	1100
Percent age of married women married aged 15–49 using modern contraception	8

What Ipas's work means for women

Ipas Nigeria has been one of the few prominent advocates for improving women's sexual and reproductive health and rights in Nigeria. Through identifying and linking with diverse partners, conducting community sensitization and mobilization interventions, educating journalists and advocating for broader access to and awareness of reproductive health care, Ipas Nigeria has begun to engender increasingly vocal commitment to reproductive health and rights by women themselves.

Ipas Nigeria is currently working with women's groups to translate their growing commitment to sexual and reproductive rights-related issues into effective advocacy. Primarily by providing small grants for personnel, equipment, advocacy materials and activities, Ipas Nigeria has supported the following groups: the National Council of Women Societies, Women Advancement for Economic and Leadership Empowerment, the Federation of Muslim Women's Associations of Nigeria, the International Federation of Women Lawyers in Nigeria, the Nigerian Association of Women Journalists, the Medical Women Association of Nigeria, and the Civil Resource Development and Documentation Center. Ipas Nigeria's small grants have helped these groups to increase their advocacy capacity and mobilize their networks and constituents to actively support law reform.

Works cited

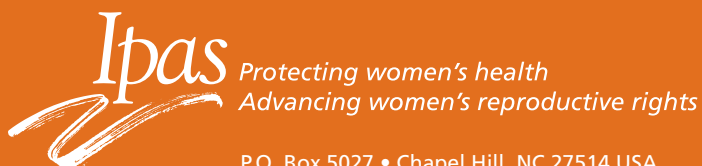
Hill, K., K. Thomas, C. AbouZahr, N. Walker, L. Say, M. Inoue, and E. Suzuki. 2007. Estimates of maternal mortality worldwide between 1990 and 2005: An assessment of available data. *Lancet*, 370 (9595): 1311-1319.

Population Reference Bureau. 2007. 2007 World population data sheet. Washington, DC: PRB.

Walker, Andrew. 2007. Saving Nigerians from risky abortions. *BBC News*, April 7. <http://news.bbc.co.uk/2/hi/africa/7328830.stm>.

Key accomplishments

- In January 2008, Ipas Nigeria received a letter of commendation from the National Planning Commission of Nigeria, which reviewed Ipas programs with partners, beneficiaries and other stakeholders and noted the "tremendous impact" of Ipas interventions "in the reduction of complications, injuries and deaths in pre- and postabortion cases."
- Ipas opened a sub-office in Southern part of the country to increase the spread of program activities that help reduce unsafe abortion-related maternal mortality.
- Ipas Nigeria has successfully urged teaching hospitals to include PAC in medical-intern education and trained community-health workers to identify and refer PAC patients to facilities capable of treating them. With model training centers across the nation, Ipas Nigeria ensures that health systems are staffed with workers equipped to handle patients suffering from unsafe abortion complications.
- Ipas Nigeria has been instrumental in expanding PAC to nurse-midwifery schools. Today, all such facilities incorporate this vital component of reproductive health care in their curricula — a marked change from the past in which nurse-midwives received no pre-service PAC training.
- In addition to widening the availability of PAC, Ipas Nigeria strives to foster a collaborative environment where NGO and government partners actively address unsafe abortion as a serious public health problem. Through its efforts, faith-based and civic organizations, including the National Council of Women's Societies, have also become engaged in the campaign against this major cause of death for Nigeria's women and girls.



P.O. Box 5027 • Chapel Hill, NC 27514 USA
1.919.967.7052 • ipas@ipas.org
www.ipas.org

Photo: © Martin Adler/Panos Pictures

The photographs used in this publication are for illustrative purposes only; they do not imply any particular attitudes, behaviors, or actions on the part of any person who appears in the photographs.