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# Impact of COVID-19 Lockdown on Access to Safe Abortion in Nigeria

On March 30, 2020, the Federal Government of Nigeria began a total lockdown in the Federal Capital Territory (FCT) and Lagos and Ogun States to limit the spread of COVID-19. The lockdown, along with reassignment of health workers to support COVID-19 efforts, had many negative impacts on health care: cancelled and postponed appointments, limited access to surgical procedures, decreased public transportation to health facilities, and shortages of medicines, diagnostics, and other technologies. The pandemic also disrupted many sexual and reproductive health services, including abortion and contraceptive care.

**ABOVE:** Group photo at a comprehensive abortion care training for health professionals led by Ipas Nigeria.

During the COVID-19 pandemic, Ipas Nigeria has worked to ensure that abortion and contraceptive care remain essential health services—and that all people can access them. We know that sexual and reproductive health care is often neglected or difficult to access during a crisis, and this can in turn drive more people to seek unsafe abortions that risk their health and lives. For these reasons, Ipas Nigeria conducted a study to understand the impact of Nigeria's COVID-19 lockdowns on access to safe abortion.

## ABORTION IN NIGERIA

Unsafe abortion is one of the most significant and preventable causes of maternal death and injury in Nigeria. Abortion is legal only to save a woman's life and procedures are often inaccessible even for women who meet this requirement—forcing women to seek out clandestine procedures with unsafe methods. The pandemic only worsened women's access to safe abortion—and also limited access to treatment for complications of unsafe abortion.

## Study method

We conducted a simulation model study to estimate the impact of COVID-19 lockdowns on women's access to safe abortion. The study period was 158 days, based on the Federal Government's phased lockdown from March 30 – Sept. 3, 2020.

The model estimated the number of anticipated abortions and number of abortions denied at public and private health facilities that provide comprehensive abortion care in two of the three states where there was a complete lockdown (Ogun State and the Federal Capital

Territory) and at comparison sites where there were no lockdowns (Taraba and Gombe states). We used a secondary data analysis of comprehensive abortion care service data, population projection data from the National Bureau of Statistics, and data on subnational incidences of abortion in Nigeria.

## Key findings

Overall, study findings show that COVID-19 lockdowns exacerbated the pandemic's impact on women's access to safe abortion services:

- An estimated 20,625 women were denied safe abortion services in the study sites with lockdowns, and an estimated 16,804 women were denied services in the comparison sites without lockdowns.
- A higher proportion of women anticipated to have abortions were denied safe services in sites with lockdowns (64%) than in comparison sites without lockdowns (49%).
- Very few health-care facilities, pharmacies and drug stores were allowed to operate during the lockdown. This meant fewer available health-care professionals who had to prioritize care for COVID-19 patients, thus reducing access to care for everyone else.

Of the thousands of women denied access to safe abortions during lockdown, many women may have resorted to clandestine, unsafe abortions that caused injury and at times death. The number of unsafe abortions caused by this denial of services is unknown, but we do know that unsafe abortion has increased in Nigeria during the COVID-19 pandemic.

## Recommendations

The COVID-19 pandemic continues to negatively impact Nigeria's health system, and our study findings show that even without lockdowns, many women are being denied access to abortion care. Accordingly, our findings suggest there are many opportunities to improve women's access to safe abortion care within the limitations created by the pandemic and beyond. Key recommendations for improving abortion access include:

- Continue to document the impact of COVID-19 on access to and use of reproductive health services to better understand how to address women's and girls' needs—especially those who experience sexual and gender-based violence.
- Expand women's ability to access abortion services without having to visit a health center by building telemedicine solutions and supporting women to self-manage abortion with pills, which decreases pressure on the health system and the need for in-person contact with a health provider.
- Use the findings and recommendations from this study to raise awareness of the pandemic's impact on abortion access with government officials, key stakeholders, and partners working on sexual and reproductive health programming.
- Give health-care providers the information, training and supplies they need—including personal protective equipment—to safely continue offering abortion and contraceptive care.
- Provide youth and their communities with education on sexual and reproductive health and where to access contraception and care for complications of unsafe abortion when needed.