COMMENTARY

Post-Abortion Care: A Neglected Aspect of Reproductive Health Services in Nigeria

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Each year an estimated 20 million unsafe abortions take place worldwide, 95% of which occur in the developing world. Of the 1.1 billion adolescents aged 10–19 years, 85% live in developing countries. These boys and girls face multiple sexual and reproductive health risks. The young women, however, are especially vulnerable because of intersecting between three conditions: unwanted pregnancy, unsafe abortion, and infection with HIV and other STDs. Unfortunately, post-abortion care is the least emphasized aspect of reproductive health in these areas where unsafe abortion contributes significantly to maternal morbidity and mortality.

In Nigeria, increased unprotected sexual activity among male and female adolescents leading to unwanted pregnancies and illegal abortions posing serious health problems. Approximately 610,000 abortions are performed in Nigeria annually, (60%) of which are thought to be unsafe. The maternal mortality ratio in Nigeria is 1,500 deaths per 100,000 live births. Of these, 12% are estimated to be due to unsafe abortion. In some regions, unsafe abortion accounted for up to 40% of maternal mortality. The average unsafe abortion mortality ratio in Africa is 110 deaths per 100,000 live births. Additionally, the high incidence of serious complications and mortality following unsafe abortion in Nigeria is worrisome. Many authors have several emphasized these complications.

In view of the above concerns, post-abortion care, an unfortunately neglected vital tool of the reproductive health care package of our women, should be seriously revisited, revitalised and promised. The international community has long recognised unsafe abortion as a major public health problem and has called on health systems to take specific steps to provide safe and accessible services. In Nigeria, despite the recent abortion law, unsafe induced abortion has assumed a major reproductive health problem. Post-abortion care, therefore, should receive serious emphasis as an important intervention to address problems of unsafe abortion, not only in Nigeria but also in most developing countries where there are still deficient quality standards for post-abortion care. There are several areas that need emphasis in this regard.

Women who have unwanted pregnancies should have access to reliable information and compassionate counselling. Post-abortion counseling is non-existent in most African countries. The psychological consequences of unwanted pregnancy in our women are vast but more profound among our adolescent girls undergoing formal education. As many schools dismiss pregnant girls, the pregnant girls...
adolescent is likely to be found to abandon her
education unless some other solution is found; that
solution is illegal abortion with its attendant risks
of neglect, stress and varying degrees of emotional
crisis, especially if there is no provision of pre and
post-abortion counseling. Counseling sessions
should also include sex education, encouragement
of responsible attitudes towards sexual behaviors,
information on the risks and consequences of
precipitated abortion and information on contracep
tive services. Counseling should also include providing
emotional and physical support for the young girls,
as many of them develop psychosexual problems
subsequently. It has been shown that some of the
reasons given by some women for delay before
seeking abortion services include inexperience in
recognizing pregnancy. Proper education on
reproductive physiology will not only help in
preventing unwanted pregnancy but will also make
these women to present early for medical attention.

In all cases, women should have access to quality
services for the management of complications
arising from abortion. Where the law permits, there
should be provision of quality standards for abortion
providers. A variety of life-threatening complications
occur in women following induced unsafe
abortion. Thus, there should be provision of emergency
care for abortion complications, which must be accessible,
affordable, available and user friendly. The manual
vacuum aspiration (MVA) method, which can be
used by mid-level providers such as nurses permits
treatment of incomplete abortions in an outpatient
setting. This emergency care should also include
prevention and treatment of post-abortion sepsis
and tetanus and treatment of sexually transmitted
diseases and reproductive tract infections.

Appropriate arrangements should be made for
appropriate referrals for any services that are not
available on-site. Referral networks exist in various
health systems where health service providers can
refer patients either up or down the ladder depending
on need, availability and accessibility. Also, in order
to improve efficiency, communities can liaison with
post-abortion care (PAC) service providers to identify
those that need PAC services and make appropriate
contacts so that these vulnerable groups can
have access to quality care. This is called
community and service provider partnership.
Enlightenment seminars and symposium on problems
of abortion and unwanted pregnancy for students,
with a social and gender perspective, should be made
part of available post-abortion services. Government,
non-governmental organizations and
donor agencies should sponsor such enlightenment
campaigns.

Family planning services, advice and counseling
should be emphasized as a core point of post-
abortion care for our women, especially the teenage
girls. In no case should abortion be promoted as a
method of family planning. Knowledge and practice
of modern family planning methods are generally
low in Nigeria, as only 3.5% of married Nigerian
women actively use a modern contraceptive
method. Also, in most sub-Saharan African
countries contraceptive prevalence rates below 5%
for the 15-19-year age group have been recorded.8
One of the main reasons for the low contraceptive
prevalence is that adolescents lack access to
contraception, and existing institutional service
delivery points do not provide counseling/advice.
Adolescent friendly reproductive health services do not exist in many
places and free family planning services are often
limited to adults or married women so that single
adolescents do not easily obtain contraceptives.

Covulation has been shown to occur within one
month of the first menstrual abortion in over 50%
women.11 It is essential, therefore, that contraception
be commenced immediately following abortion.
Birthplace to encourage this is the post-abortion
counsel. Immediate post-abortion family planning
advice has been shown to improve significantly the
number of contraceptive acceptors after an
unwanted pregnancy and the provision of these
family planning advice and methods on the
Gynaecological ward by ward staff was found to be
the preferred and most effective model. Cunningham
wants such model so that those treated for
abortion complications will have access to prompt
family planning services. This will also help to avoid
repeat abortions.

Family planning service providers should be
enlightened to be more sympathetic and more
receptive and helpful to women or girls who
come to them for help. Government and other concerned organisations should help by making available reliable information and services on family planning, and by developing more effective contraceptive methods.

In addition to issues discussed above, women's right on reproduction should be protected and promoted. Rights to education, career pursuits and rights to autonomy should be protected and promoted through advocacy. Abrogation of obnoxious traditional laws that are inimical to the protection and promotion of women's reproductive health is vital especially in Africa where traditional laws are sacred. Appropriate measures should be taken to deal with unplanned and/or unwanted adolescent pregnancies. Laws and regulations prohibiting pregnant teenagers from attending school should be revoked so that the young women can continue their education. Non-government organisations or donor agencies and religious groups can organise free support groups for unmarried pregnant girls and encourage their early and regular attendance at antenatal care to minimise the chances of pregnancy-related complications.

In conclusion, unsafe abortion is a clear contributory to poor maternal health and significant maternal deaths, hence, it should become a priority for donors and governments interested in improving the reproductive health. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion through pervasive family programme. In circumstances that abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion care should be emphasised to all health care providers and such services as post-abortion counseling, education and family planning services should be offered promptly. There is urgent need to integrate PAC and related services into the overall reproductive health care and as a part of the broader safe motherhood initiative in Nigeria, as has been advocated in Kenya.12 Governments, policymakers and donor agencies should create the enabling environment for the establishment of efficient, effective and functional post-abortion services in all health institutions in Nigeria, and indeed in all sub-Saharan African countries.

REFERENCES


