PMA ABORTION SURVEY RESULTS: NIGER

January 2022 – May 2022

KEY FINDINGS:

Despite legal restirctions on abortion in Niger, the PMA survey found that there were approximately 6.7 abortions per 1,000 women ages 15-49 in 2021, equivalent to 36,856 abortions.

More than 9 out of 10 abortions are unsafe. Unmarried and rural women are most likely to have an unsafe abortion.

62% of health facilities offer postabortion care (PAC), but only 36% and 14% have all the essential components for providing quality basic and comprehensive PAC, respectively.

ABORTION IN NIGER: LEGALLY RESTRICTED AND RELATIVELY UNCOMMON

Induced abortion is permitted by law in Niger only to save a woman's life or to preserve her health. Nevertheless, some women resort to abortion to regulate their fertility, and international models estimate the annual incidence of induced abortion at 15 per 1,000 women.[1] These global estimates are subject to considerable uncertainty and offer no information about who has an abortion and under what conditions. Many abortions in legally restrictive settings like Niger are unsafe and lead to complications requiring postabortion care (PAC), an essential component of emergency obstetric that should be available regardless of abortion legality.

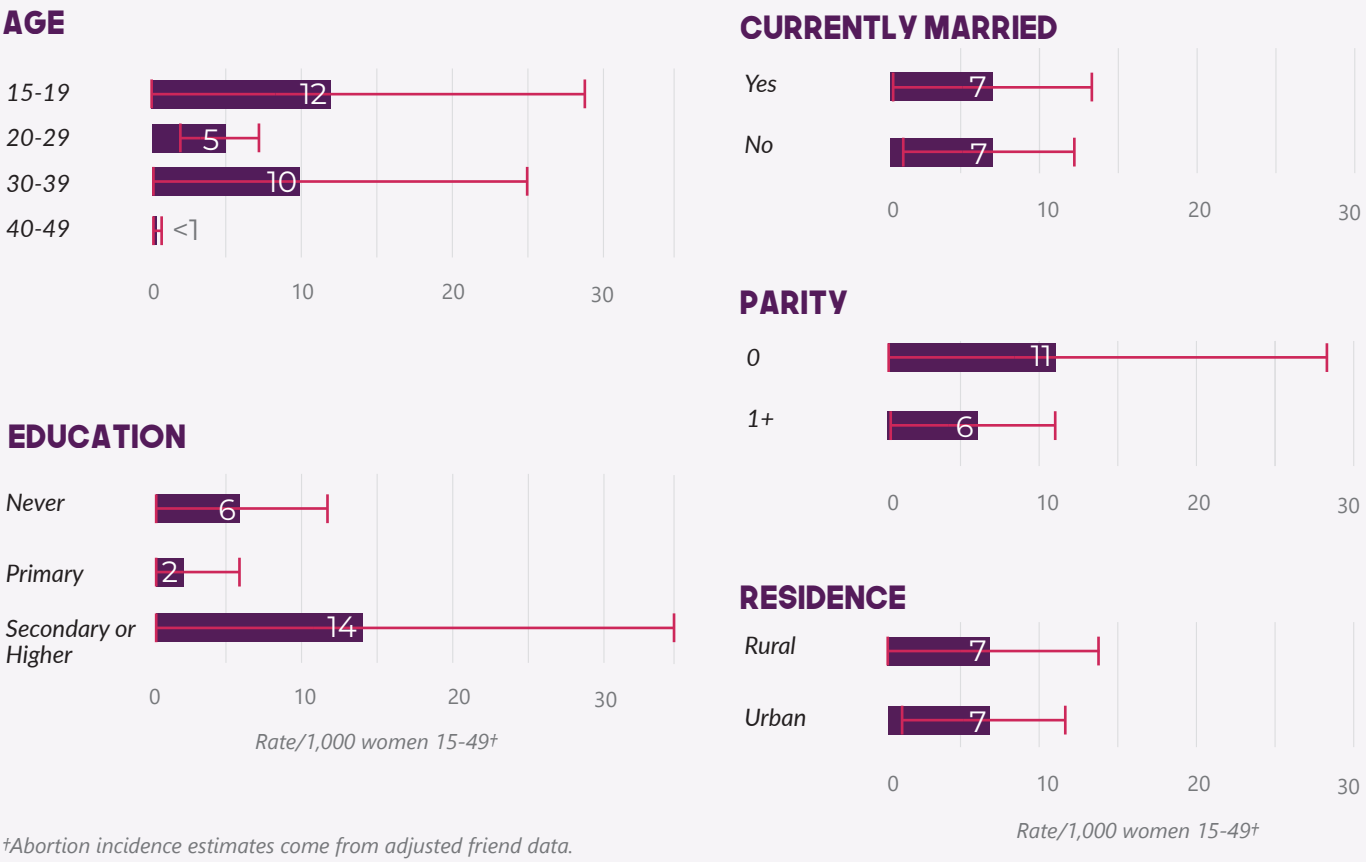
THE PMA NIGER ABORTION STUDY

Between January and May 2021, Performance Monitoring for Action (PMA) conducted a population-based survey to generate nationally representative estimates of induced abortion in Niger. The study used representative data from women of reproductive age (15-49 years) and their reports of their and their closest female friend's abortion experiences. PMA also collected data on postabortion care from health service delivery points (SDP) in the country. Additional details regarding the sampling design and information on the survey questions and friend methodology are explained in more detail at the end of this brief.

ABORTION IS MORE COMMON EARLY IN A WOMAN'S REPRODUCTIVE LIFE

In total, the PMA study found about 6.7 (95% confidence interval [CI]; 1.3-12.1) induced abortions per 1,000 women ages 15- 49 in Niger in 2021, or 36,856 induced abortions over one year. The data suggest that abortions are more common among adolescent girls, women with higher levels of education, and women without children. However, these results may underestimate the extent of abortion in Niger.

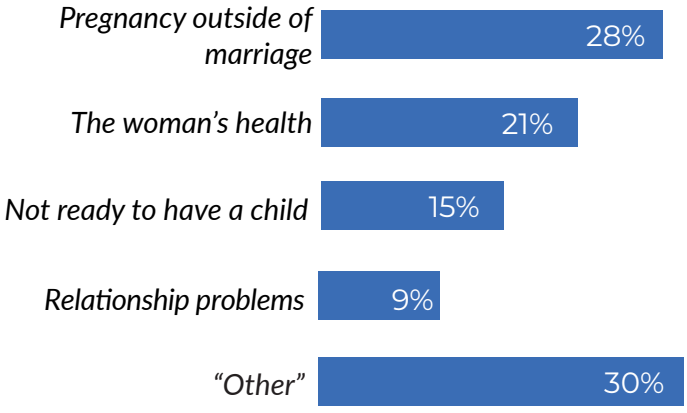
ONE-YEAR ABORTION INCIDENCE IN NIGER, BY WOMEN'S SOCIODEMOGRAPHIC CHARACTERISTICS, 2021 (N=3,380)



†Abortion incidence estimates come from adjusted friend data.

PRIMARY REASONS FOR INDUCED ABORTION IN NIGER (N=20)

The reasons for induced abortion vary over the course of a woman's life, but the PMA study shows that they are often related to not being married (28%) and the desire to preserve health (21%). In addition, 30% of women reported "other" reasons for having an abortion.

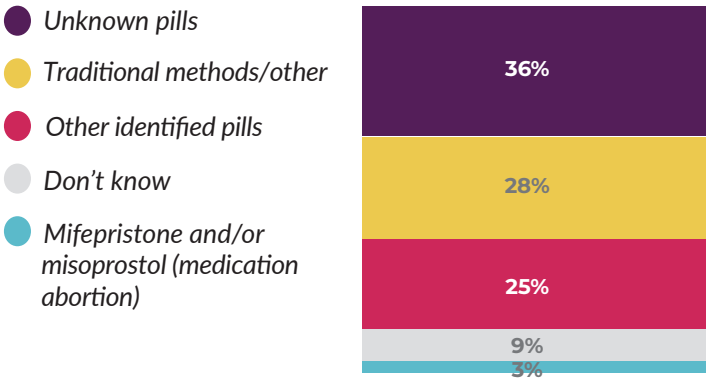


ABORTION TRAJECTORIES ALMOST ALWAYS INVOLVE NON-RECOMMENDED METHODS

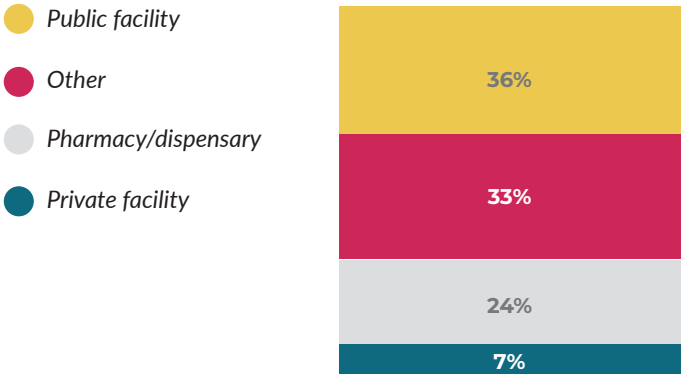
Only 13% of women know a safe abortion method, namely surgical abortion (9%) and medication abortion (6%). Women with secondary education and women living in urban areas are more likely to know a safe abortion method.

Almost all women used non-recommended methods for their abortion, including pills other than those used for medication abortion and traditional methods, with 17% of women doing more than one thing to try to end their pregnancy. About one-third of the women went to public facilities, while one-quarter turned to a pharmacy or dispensary.

ABORTION METHOD*



ABORTION SOURCE*

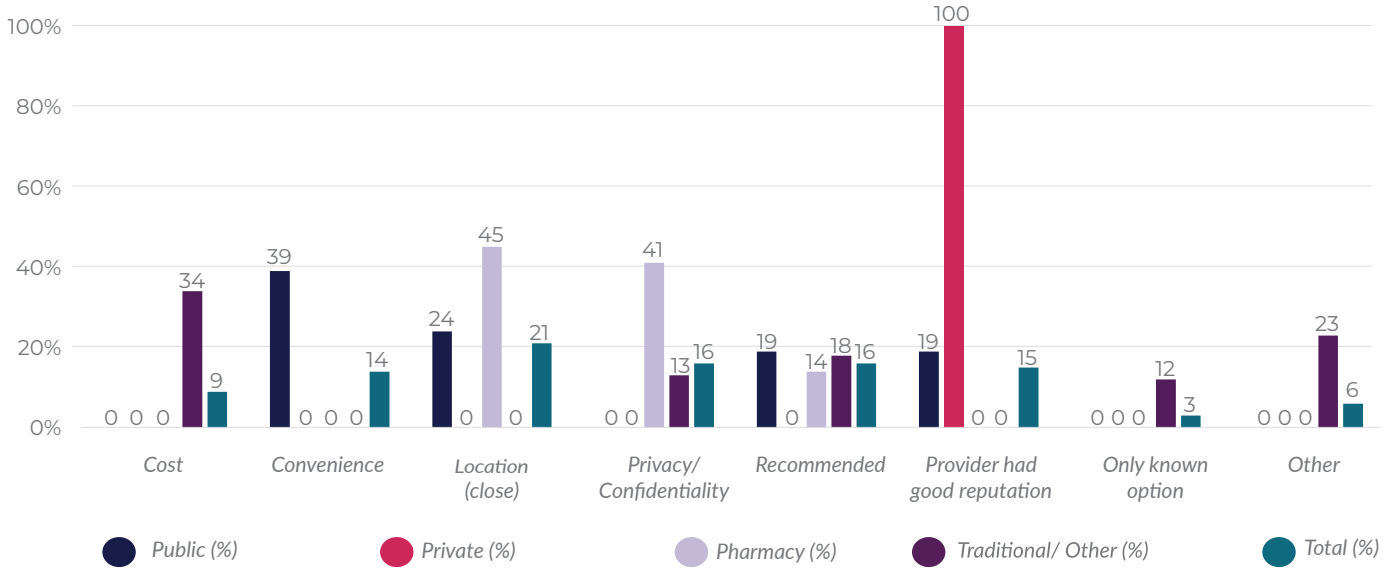


*Method and source estimates come from respondent data.

Decision-making

Convenience and cost were the two main factors that determined women's decisions about where to have an abortion. Proximity to the location was the most commor reason for choosing an abortion source overall (18%) and among women who went to a pharmacy (45%). Reputation (100%) was the omst commonly cited reason among women using private facilities, while convenience (39%) was the most important factor among woen using public facilities. Finally, cost (34%) was the most common reason cited by women who used a traditional method or "other" means to abort.

REASONS BY SOURCE

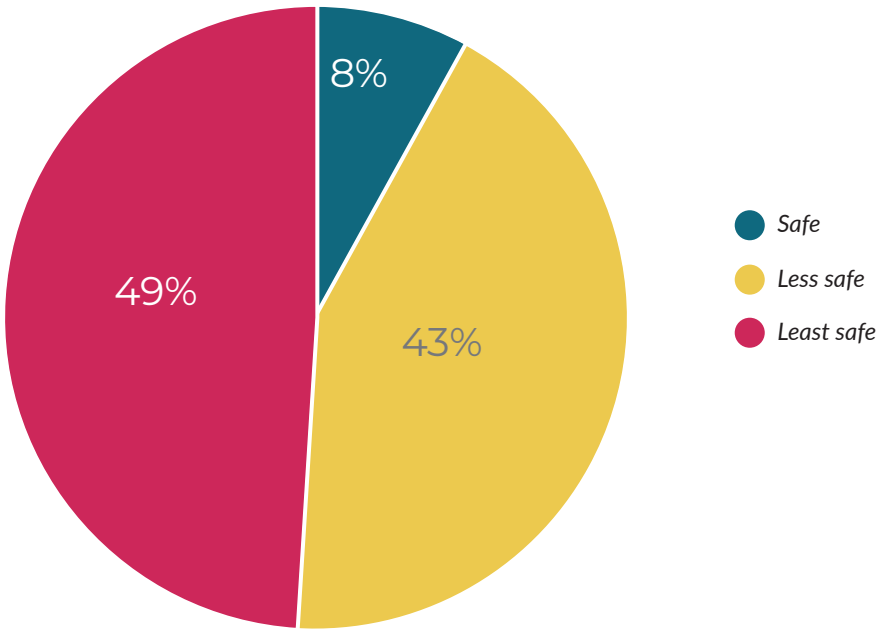


Respondents could select more than one reason

ALMOST ALL ABORTIONS ARE UNSAFE

More than 9 out of 10 induced abortions are unsafe (92%), not involving surgery from a clinical source or medication abortion pills at any point in the abortion care trajectory. The survey results suggest that older, married, and rural women are more likely to have an unsafe abortion, but there is little variability, with overall levels of unsafe abortion being very high.

DISTRIBUTION OF ABORTION SAFETY ACCORDING TO WHO GUIDELINES *



** Estimates of abortion safety come from adjusted friend data (n=25)*

PMA DEFINITIONS OF ABORTION SAFETY

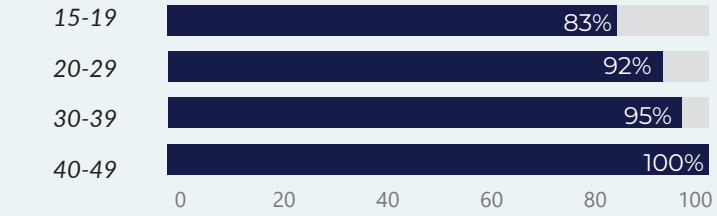
Abortion safety was operationalized into three categories, similar to the World Health Organization (WHO) measurement.[2] This definition reflects recent changes to WHO safe abortion guidelines that include self-managed medication abortion.[3] The safety categories are as follows:

1. Safe: surgery in a clinical setting or medication abortion pills regardless of provider
2. Less safe: surgery from a non-clinical source or non-recommended method from clinical source
3. Least safe: neither a recommended method nor a clinical source

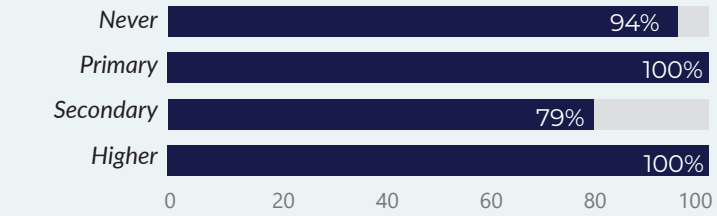
*Less safe and least safe categories combined are considered unsafe abortions.

PERCENTAGE OF UNSAFE INDUCED ABORTIONS IN NIGER BY SOCIODEMOGRAPHIC CHARACTERISTICS (N=25)*

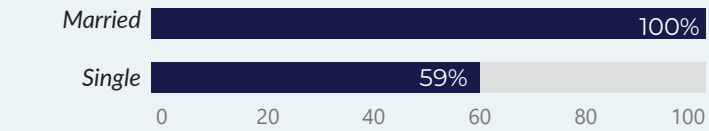
AGE



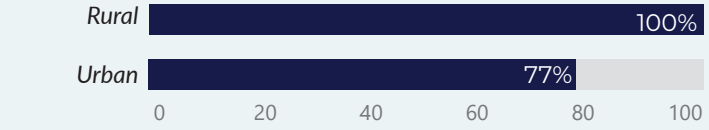
EDUCATION



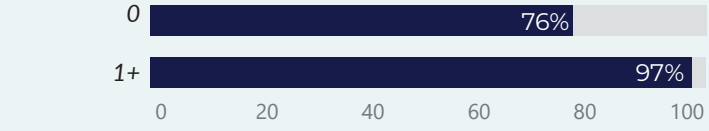
MARITAL STATUS



RESIDENCE



PARITY



** Abortion safety estimates come from respondent data*

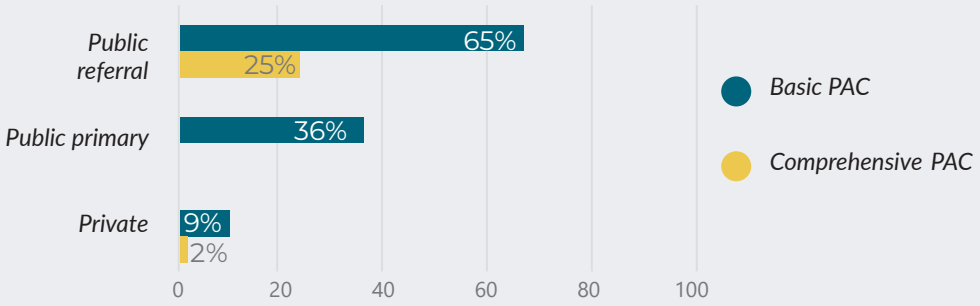
QUALITY POSTABORTION CARE IS NEEDED TO TREAT COMPLICATIONS RESULTING FROM UNSAFE ABORTIONS

More than 4 in 10 women (43%) reported experiencing potentially serious complications (fever, vaginal discharge or complications requiring surgery). Only 40% of those with potentially serious complications reported seeking postabortion care (PAC) at a health facility.

Low availability and readiness of comprehensive PAC

Overall, 62% of health facilities serving a representative sample of women of reproductive age in Niger report providing PAC. However, only 37% are prepared to provide all elements of basic PAC*, and only 14% are prepared to provide all elements of comprehensive PAC**.

PAC AVAILABILITY BY FACILITY TYPE §

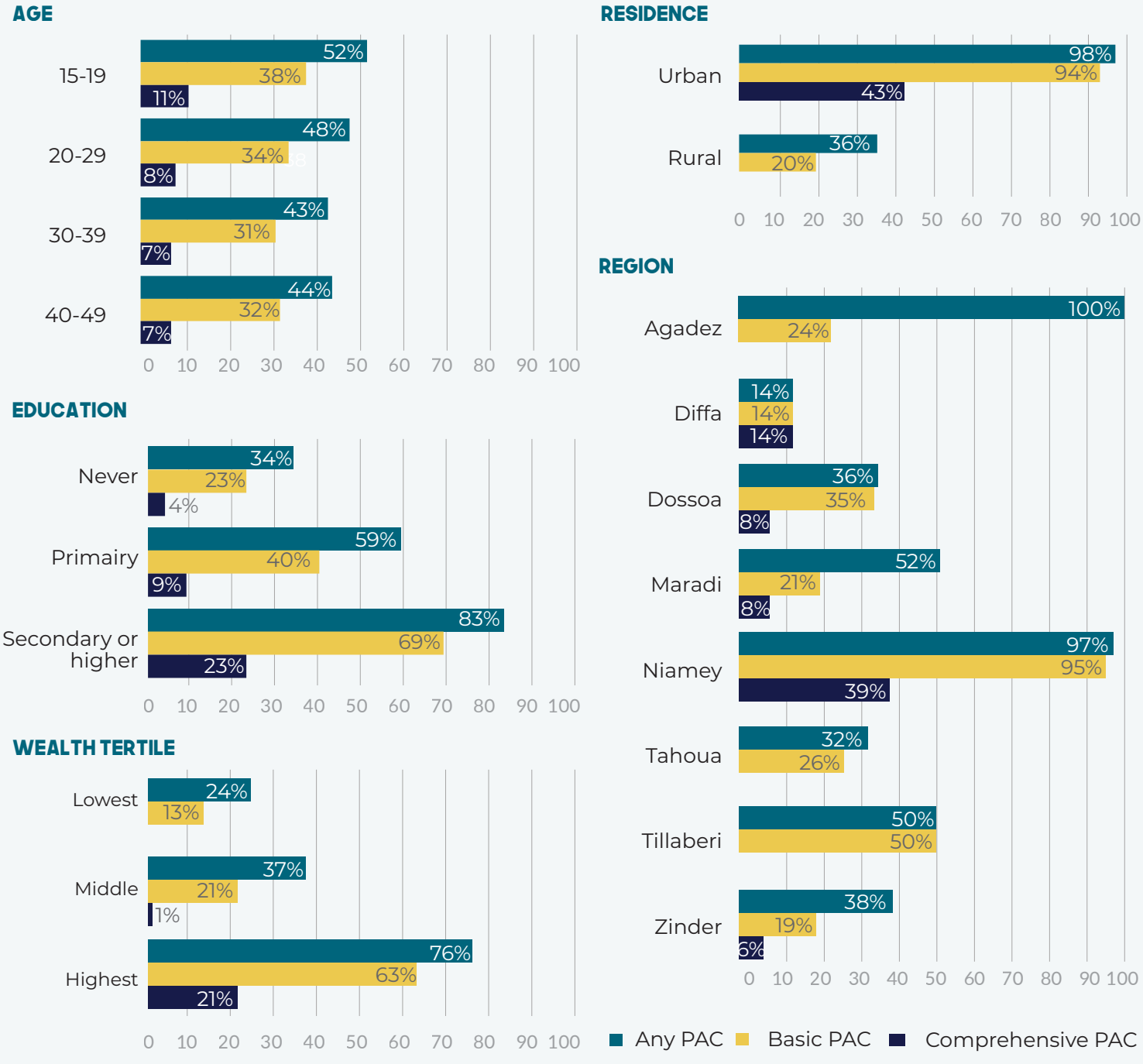


**Basic PAC includes the following: PAC ≤12 weeks gestation; antibiotics; oxytocics; intravenous fluid replacement; any contraceptive method.*
***Comprehensive PAC includes: all elements of basic PAC; PAC >12 weeks gestation; blood transfusion; laparotomy; 24/7 PAC services; long-acting reversible contraceptive methods (LARC). LARC methods include implants and intrauterine devices (IUDs).*
§Public referral facilities include general, national, regional and district public hospitals, Madonna Centers, and public polyclinics. Primary public facilities include health huts and integrated health centers. Private facilties include private health rooms and offices, as well as any other facilties operated by private parties.

PAC Accessibility

In Niger, 47% of women live within 5 kilometers of a health facility offering PAC, and 33% and 8% live within 5 kilometers of a facility offering all elements of basic and comprehensive PAC, respectively. Women with lower levels of education, living in greater poverty, and living in rural areas are less likely to live within 5 kilometers of a facility that meets any of these criteria, with greater inequities in terms of distance to a facility that meets all of the basic and comprehensive PAC criteria. These disparities may explain previous research findings that show that poorer, rural women are more likely to experience the negative impacts of unsafe abortion (Singh et al 2010). Thus, limited access to PAC facilities may exacerbate inequities in unsafe abortion-related injuries and deaths in Niger.

PERCENTAGE OF WOMEN LIVING WITHIN 5 KILOMETERS OF A HEALTH FACILITY OFFERING ANY PAC, ALL COMPONENTS OF BASIC PAC, AND ALL COMPONENTS OF COMPREHENSIVE PAC



Postabortion Contraception

Only 26% (n=6) of women who reported having an abortion adopted a contraceptive method after their abortion. All women who adopted contraception received a modern method, of which 68% chose the pill, 32% the implant and 17% emergency contraception.

RECOMMENDATIONS

PMA study results indicate that some women in Niger have abortions-almost always under unsafe conditions. Many women experience complications, and most do not receive any postabortion care. Only 62% of health facilities offer PAC, forcing a significant proportion of the population to travel more than 5 kilometers to access basic PAC services. In light of these findings, the following actions can be taken to reduce unsafe abortion and its associated negative impacts on maternal health:

- Increase information about family planning methods and services, including in school curricula, and improve access to contraceptive methods to prevent unintended pregnancies.
- Train providers and ensure the availability of safe abortion services and quality postabortion care to the extent permitted by law, particularly in primary health care facilities.
- Increase awareness of the public health consequences of unsafe abortion.

Taken together, these actions can significantly reduce the magnitude of unsafe abortions, their associated complications, and injuries and deaths related to unsafe abortion that occur each year in Niger.

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[1] Bearak J et al., Country-specific estimates of unintended pregnancy and abortion incidence: a global comparative analysis of levels in 2015–2019, BMJ Global Health, 2022, 7(3); [2]Ganatra, B., et al. Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. The Lancet.2017; 390(10110): 2372-8; [3]World Health Organization (WHO). Abortion care guideline. 2022. Geneva: WHO.

Sample Design

PMA Niger collected information on knowledge, practices, and coverage of family planning services in 103 selected enumeration areas using a multi-stage stratified cluster survey design with urban and rural strata. Results are representative at the national level and urban/rural areas. Phase 2 survey data were collected between January and May 2022 from 3428 households (98.8% response rate), 3696 women aged 15-49 (96.3% response rate), and 288 health facilities (97.6% response rate). Only health facilities that were expected to provide any postabortion care were included in the final analytic sample (n=258); this excluded pharmacies and shops. These facilities serve the nationally representative sample of women. . For more information on sampling and full datasets, visit www.pmadata.org/countries/niger.

For this phase of data collection, we introduced an abortion module to estimate the incidence and safety of abortion among the women surveyed and a proxy sample of their closest confidants. This indirect approach assumes that the confidant sample is similar to the respondent sample, that respondents are aware of their confidants' abortion experiences, and that they would be more likely to talk about their friends' experiences than their own. The confidant methodology and the abortion survey module are explained in more detail elsewhere [Bell, S. O., M. Shankar, E. Omoluabi, A. Khanna, H. K. Andoh, F. OlaOlorun, D. Ahmad, G. Guiella, S. Ahmed, and C. Moreau (2020). "Social network-based measurement of abortion incidence: promising findings from population-based surveys in Nigeria, Cote d'Ivoire, and Rajasthan, India." Population Health Metrics 18(1): 1-15; Bell, S. O., E. Omoluabi, F. OlaOlorun, M. Shankar, and C. Moreau (2020). "Inequities in the incidence and safety of abortion in Nigeria." BMJ Global Health 5(1): e001814.].

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key health and family planning indicators in Africa and Asia. PMA Niger is led by the National Institute of Statistics of Niger. Overall strategy and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins University and Jhpiego. Funding for PMA is provided by the Bill & Melinda Gates Foundation; funding for the abortion module was provided by the Hewlett Foundation.

PMA NIGER
PERFORMANCE MONITORING FOR ACTION

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