

## **Incidence of Induced Abortion and Differential Access to Post-Abortion Care Among Women in Osun State: Evidence from Indirect Measures.**

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### **ABSTRACT**

Estimates of induced abortion are essential for unravelling women's exposure to unsafe abortion in settings where abortion is legally restrictive. It also reflects the amount of post-abortion care services required. In Nigeria, available estimates of induced abortion may be unreliable because of reliance on direct reporting, which could motivate a deliberate misreporting due to social stigma and fear of legal sanctions. This study compared the incidence rates of induced abortion from both direct and indirect methods. It analysed the complication rates and the likelihood of getting hospital care, by residential and income statuses in Osun state.

We adopted the Abortion Incidence Complications Methodology (AICM), an estimation method designed for use in legally/socially restrictive settings, to provide indirect estimates. AICM relies on data obtained from health facilities and health professionals surveys. A community-based survey was implemented to provide direct measures of induced abortion. Supplementary data were used from the latest (2018) Nigeria Demographic and Health Survey to compute AICM's weighting multipliers and the rate of spontaneous miscarriages.

Results from AICM showed that 37 per 1,000 women had induced abortion, compared with 24 per 1,000, which was obtained through the direct measure. The highest computed complication rate (57.6%) was found among rural poor women, and they also had the least likelihood (0.46) of obtaining hospital care following abortion. Complication rates were the lowest (30.1%) among the urban non-poor, with the highest likelihood (0.89) of getting hospital care following abortion. The AICM multiplier was 3.71, which indicates that for every woman seen receiving post-abortion care in the health facilities, about four were not seen.

In Osun state, the incidence of abortion is not only higher than reported through direct measures, but the complication rates are also disproportionately higher among poor and rural women. Large-scale post-abortion care services, specifically targeting rural-poor women, are recommended.