

AN **ENGAGE** PRESENTATION

OUT OF THE SHADOWS:

SAVING WOMEN'S LIVES FROM UNSAFE
ABORTIONS IN LAGOS STATE

PRESENTATION GUIDE



OUT OF THE SHADOWS

SAVING WOMEN'S LIVES FROM UNSAFE ABORTION

IN LAGOS STATE

Presentation Guidelines

ACKNOWLEDGMENTS

"Out of the Shadows: Saving Women's Lives From Unsafe Abortion in Lagos State" is a multimedia advocacy tool developed by Population Reference Bureau (PRB). The presentation was written by Smita Gaith, policy analyst, and Laura Wedeen, senior program director. It was designed and produced by Pamela Mathieson, video and digital producer, and N'Namdi Washington, graphics designer and digital editor. Heidi Worley, editorial director, edited the presentation.

This presentation was developed with guidance from a task force of medical and legal experts and representatives of civil society and Lagos state government. We thank the members of that group and the organizations and institutions they represent for their time and dedication: Lagos State Ministry of Health; Society of Gynaecologists and Obstetricians of Nigeria (SOGON); Action Group on Adolescent Health; Action Health Inc.; Clinton Health Access Initiative; Generation Initiative For Women and Youth Network; Ipas Nigeria; Lagos State University Teaching Hospital; Marie Stopes Nigeria; Lagos State Ministry of Women Affairs; Planned Parenthood Federation Nigeria; Performance, Monitoring, and Accountability 2020 (PMA2020) Nigeria; PSI Nigeria; Women Advocates Research and Documentation Centre (Lagos); Professor Ayodele Atsenuwa; and Professor Innocent A.O. Ujah.

In addition, thank you to Charlotte Feldman-Jacobs, associate vice president, PRB, Kate P. Gilles, program director, PRB, and Toshiko Kaneda, senior research associate, PRB, for their guidance and critical input.

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TABLE OF CONTENTS

INTRODUCTION TO THE PRESENTATION GUIDE.....	1
PRESENTATION GOALS.....	1
OPPORTUNITIES TO GIVE THE PRESENTATION	1
USING THE PRESENTATION WITH DIFFERENT AUDIENCES.....	2
ADDITIONAL CONSIDERATIONS.....	3
PRESENTATION INSTRUCTIONS.....	3
PRESENTATION TRANSCRIPT.....	4
KEY MESSAGES HANDOUT	8
DISCUSSION GUIDE.....	13
FREQUENTLY ASKED QUESTIONS.....	15
ADDITIONAL RESOURCES	21



Introduction to the Presentation Guide

This presentation guide is designed to help users make the most of the “Out of the Shadows: Saving Women’s Lives From Unsafe Abortion in Lagos State” ENGAGE presentation. The guide includes supplemental materials, such as the full presentation transcript; references; key messages with screenshots; FAQs; and a discussion guide that can be used to prompt interaction and dialogue among viewers.

After reviewing the presentation guide, you will know how to:

1. Identify opportunities to use this ENGAGE presentation with various audiences.
2. Respond to frequently asked questions about the presentation.
3. Foster dialogue with audiences about key messages in the presentation.

Presentation Goals

The goal of the “Out of the Shadows: Saving Women’s Lives From Unsafe Abortion in Lagos State” ENGAGE multimedia presentation is to build awareness of causes and consequences of unsafe abortions, particularly in Lagos, and to increase support for greater access to comprehensive reproductive health services including safe abortion services.

The presentation highlights the relationship between policies to restrict abortion, the general abortion rate, and share of abortions that are unsafe, and highlights data showing improvements in safety and reduced maternal mortality following policy changes to expand access to safe abortion services.

Specific objectives of the presentation are to:

- Inform audience members about the prevalence of unsafe abortion in Nigeria and in Lagos specifically, as well as reasons why a woman might seek an abortion.
- Highlight that increased access to safe abortions have led to increased safety of the procedure and reduced maternal death.
- Foster discussion among audience members about the need for increased access to safe abortion services and investments in family planning programs to reduce unintended pregnancies.
- Promote understanding of safe abortion services as a component of essential health care.

Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in reproductive health, safe abortion, and gender equity at all levels—in academic, policy, service delivery, and community settings. The target audiences for this presentation are:

- **Primary:** State governing bodies, policymakers, and the medical establishment, who are in a position to allocate resources and advance safe abortion on the policy and program agenda in Lagos.
- **Secondary:** All of those who influence high-level policymakers—including advocates, news media, civic and religious leaders, program officials, and other community leaders.

We encourage users to deliver this presentation at conferences, policy briefings, expert meetings, and in educational settings where target audiences might be included. The presentation is an effective tool to raise awareness about the burden of unsafe abortion, death and disability related to unsafe abortion, and the need for policy changes to address unsafe abortion using the best available evidence.

Using the Presentation With Different Audiences

The ENGAGE presentation is designed to be used in a variety of settings or environments, especially as African nations implement the Sustainable Development Goals and continue to work towards full implementation of the Maputo Protocol and other regional commitments. Some ways the presentation can be used to reach different audiences are listed below.

POLICYMAKERS

- Educate policymakers about the number of abortions occurring in Lagos and Nigeria, and the fact that legal restrictions against abortion do not make it less common.
- Demonstrate the role that expanded access to safe abortion in some African countries has played in reducing maternal mortality and increasing safety.
- Illustrate the cost-effectiveness of family planning and access to safe abortion, and the need to increase funding dedicated to family planning efforts.
- Reiterate the need to make existing policies and laws regarding abortion consistent with international agreements, such as the Maputo Protocol.

ADVOCATES

- Empower advocates with evidence to appeal to decisionmakers in order to expand access to safe abortion.
- Highlight how greater access to safe abortion will improve women's health and decrease the maternal death rate.
- Provide success stories of policy change that have improved women's health care.

DONORS

- Demonstrate the importance of funding reproductive health services, including family planning programs, to prevent unintended pregnancies.
- Highlight the gap in the continuum of reproductive health care services caused by lack of access to safe abortion, which leads to maternal deaths.

THE MEDIA

- Educate the news media on the importance of increasing access to safe abortion and reproductive health services.
- Inform the media on the accurate and reliable data about abortion that exist.
- Emphasize the benefits that increased access to safe abortion can have on society and women and girls in particular.

Additional Considerations

You can make this presentation more interesting to your audience by adding information about local experiences and practices, especially those that apply to your audience. We encourage you to personalize the script or add details specific to your audience.

- **Size of the Audience.** With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time before or after the presentation to define general concepts and ensure the presentation is relevant to all viewers.
- **Knowledge Level.** It is always safest to assume that the audience may not be familiar with the technical terms you might use in the presentation.

Presentation Instructions

This ENGAGE presentation is formatted as a presentation with a voiceover. It plays as a video and does NOT require you to advance slides. You can stream the video or download it directly from www.prb.org. This presentation requires a movie player such Windows Media Player in order to be viewed on a computer.

TECHNOLOGY REQUIREMENTS

To give ENGAGE presentations, you will need a laptop or computer with:

- At least 2.4 Ghz.
- At least 3 GB of RAM.
- An Intel Core 2 Duo processor.
- Adobe Flash program. If your laptop or computer does not have Flash, you can download a free version of the program at www.adobe.com/products/flashplayer/ (required for non-voiceover presentation); OR
- A movie player such as Windows Media Player (required for voiceover, narrated presentation).

TO OPEN AND PLAY THE PRESENTATION

- Double click on the video file. The end of the file name will be “.mp4”.
- Resize the window. The window may open in a small size, off-center on your computer screen. You can resize the window by dragging the top bar or dragging the corners to be smaller or larger. Enter full-screen by pressing Control + F on your keyboard.
- Check to ensure your computer speakers are working and the volume is turned up. You may find it helpful to use a portable speaker to amplify the sound for large groups.
- Click the “play” button. The presentation will play like a video.

PRESENTATION TRANSCRIPT

Out of the Shadows:

Saving Women's Lives From Unsafe Abortion in Lagos State

An ENGAGE Multimedia Presentation

Nigeria is the bustling center of Africa. And Lagos is the center for health care in Nigeria, particularly for women.

But, our state faces barriers that slow progress and force women to seek health care in the shadows. Restrictive abortion laws and intense stigma compromise access to safe abortions and contribute to needless deaths. And low contraceptive use leads to unplanned pregnancies that can increase the demand for safe abortion services.

We can prevent these needless deaths if decisionmakers prioritize **access to safe abortion**.

A woman or girl might choose to end a pregnancy for many reasons...

- I had a serious health concern.
- I couldn't bear to be pregnant as a victim of sexual assault.
- I gave birth very recently, and my husband and I couldn't take care of another child so soon.
- I was so worried about our finances, and I knew it wasn't time.
- I felt so ashamed for becoming pregnant outside of marriage.

Often women have nowhere to turn.

Data show that in 2012, more than 9 million pregnancies occurred in Nigeria. Twenty-five percent of these pregnancies were unintended, and more than half of those unintended pregnancies ended in abortion.¹ In 2017, 1.8 million to 2.7 million pregnancies in Nigeria ended in abortion.²

Most of these abortions are unsafe—performed by someone without formal medical training or in a substandard environment, or both.³

[TESTIMONIAL: ADENIHUN OLADUNNI BOLARINWA, CHIEF MATRON]

“There are so many physical consequences of unsafe abortion. They will be brought here bleeding. Some will have sepsis to their reproductive organs, from the cervix to the uterus, and even generalized infection, septicemia. [...] There could be damage to their reproductive organs which they will not want to discuss with anybody. They will have that emotional disturbance within them.”

Current available estimates of Nigeria's maternal mortality ratio range from 576 to 814 deaths for every 100,000 live births. Unsafe abortions contribute to Nigeria's rising maternal mortality ratio, which is among the highest in the world.⁴

Estimates show that unsafe abortions account for roughly 5,000 maternal deaths every year in Nigeria, or on average, 14 maternal deaths each day.⁵

Yet when an abortion is performed in a timely manner, under the supervision or care of a trained health provider, and in a facility that meets minimum medical standards, major complications are very rare.

So, why do women resort to having abortions under unsafe conditions?

Restrictive abortion laws, prohibitive costs, poor access to safe health services, and intense social stigma are barriers that prevent women from accessing safe and legal abortion.

One key barrier to safe abortion in Lagos, and throughout Nigeria, is a lack of awareness of safe abortion laws.

So, what *is* the current legal framework for abortion in Lagos State?

First, the Lagos Criminal Code that governs abortion, updated in 2011, stipulates that abortion is legal to preserve the life *and* physical health of a woman.

Second, medication abortion, such as Mifepak or Miprist, is allowed up to nine weeks of gestation, as stipulated by the National Agency for Food and Drug Administration and Control.

Protection of a woman's physical health as a condition for *legal abortion* is a unique feature of the Lagos Criminal Code. But very few people are aware of the provision.

In one survey of 49 Nigerian policymakers and executives responsible for maternal health legislation, none could correctly state the specific provisions for a legal abortion.⁶ Law enforcement officials may wrongly prosecute service providers who are operating within the law.

[TESTIMONIAL: PROFESSOR ADETOKUNBO FABAMWO]

“As we speak, even public health facilities are not in any state of preparedness to offer legal abortions. One, because most of the medical and nursing personnel are not even well-informed about the law. There is a narrow window of the law that gives permission, or that allows public health facilities to provide legal abortion [...] we must now, going forward, put our public health facilities, especially the secondary health facilities, in a state of preparedness to offer such legal abortion service. And the populace must be made to know about it.”

Importantly, the Lagos Ministry of Health is currently taking steps to disseminate the 2011 criminal code across the health system and to require that safe abortion services be provided within legal indications, including protecting the physical health of the woman.

At the same time, Lagos State has yet to take two important steps to prevent unsafe abortions.

For starters, Lagos has not yet adopted the 2015 Violence Against Persons Prohibition (VAPP) Act.⁷ The VAPP Act protects girls, women, and marginalized communities from abuse. And it is an important tool to reduce unsafe abortions because it ensures comprehensive medical services for victims of rape and incest. Without the VAPP Act, victims of abuse may feel compelled to take abortion into their own hands, and risk compromising their physical and reproductive health.

In addition, abortion laws in many countries, including the United Kingdom's landmark case, *Rex vs. Bourne*, recognize the mental distress of unwanted pregnancy as a contributor to physical health. But, Lagos' legal framework stops short of recognizing the mental burden of unwanted pregnancy for women and girls.

The experiences of countries around the world show that making abortion illegal only makes it less safe, because safe abortions become costly or limited to private practices in urban areas. In these settings, poorer and rural women are forced to seek services from quacks and other less safe options.

In 2007, despite deep religious opposition in a country with the second-largest Catholic population in the world, Mexico City legalized abortion up to 12 weeks without restriction due to growing concern about the high number of unsafe abortions.⁸ A number of reproductive health policies were implemented in the city, including free abortion services at some public clinics. Maternal deaths from 2008-2012 were up to 16 percent lower than 2001-2007, because of these policy reforms.⁹

Unsafe abortions are also costly to women and health care systems. Postabortion care in hospitals, which is often needed to treat complications of unsafe abortion, can be as much as six times more expensive than a safe abortion.¹⁰ A 2005 study found that the average patient in Nigeria pays 11,000 Naira for postabortion care.¹¹

Another study found that in 2012, public hospitals in Lagos, Ogun, and the Federal Capital

Territory spent 123 million Naira to treat abortion complications.¹²

If safe abortions are available within the full extent of the law, we can decrease this significant financial burden on women and the state.

In Lagos, access to safe abortion is an equity issue: Women in rural areas, women with less education, and those in the lowest wealth quintile are the most likely to have an abortion without appropriate surgical procedures or medications outside of appropriate health facilities.¹³

In a PMA2020 survey, less than half of respondents confirmed using a medically acceptable procedure to complete their abortions. More than half of respondents used other types of pills, medications, or dangerous and ineffective methods like forks, potash, or ink.¹⁴ Women can face dangerous consequences as a result.

[TESTIMONIAL: ANONYMOUS PATIENT]

“It was very, very painful. I don’t see blood, just water and it stinks. When I was unconscious for about six hours, I couldn’t walk, I couldn’t eat, I couldn’t do anything. They said my womb has been destroyed.”¹⁵

Social stigma is another a significant barrier to safe abortion that makes it hard for women and girls to know where to go for the procedure, and for service providers to offer safe services. Stigma complicates efforts to dispel myths, collect data, and improve quality of care.

[TESTIMONIAL: DR. OLUFUNKE ADENIKE OLAMIGOKE]

“We still stigmatize. When somebody comes in, you don’t even listen to her story, you don’t even know where she’s coming from. All you want to say is ‘Oh, she’s here to procure an abortion’ and you look down on her. And so, sometimes, if I know that, ‘Oh, I’m not going to be accepted,’ why would I go there?”

Despite the highly restrictive laws, and economic and social barriers, women still seek abortions in Lagos.

Estimates show that in Lagos, 4 to 6 percent of women of reproductive age may have had abortions in the past year. Over 60 percent of

these abortions were carried out unsafely, likely adding to maternal death and disability.¹⁶

[TESTIMONIAL: PROFESSOR ADETOKUNBO FABAMWO]

We saw complications like perforated uterus. We saw bowel involvement. We saw sepsis. We saw hemorrhage, acute renal failure... And a lot of them had to have either repair of perforated uterus, or in fact, removal of the entire uterus. Not to talk of high-level treatment with very, very strong antibiotics. ...We had quite a number of mortalities from these cases. It was that bad.

When performed safely, abortion is an uncomplicated procedure.

What can be done to end unsafe abortions and reduce maternal deaths in Lagos?

First, public and private health facilities throughout Lagos State should implement the State Ministry of Health directive to ensure that high-quality abortion services are available within the full extent of the law—that means, performed by a medical doctor to protect the life and physical health of the woman.

In support of this important measure, it will be critical that the Lagos Ministry of Health adapt the nationally approved clinical guidelines on safe abortion for legal indications to include provisions to cover the physical health of the woman. Hospitals and health centres across Lagos State—particularly public facilities—should also receive the necessary material and training support to provide high-quality abortion services.

Second, the health and women’s affairs committees of the Lagos Assembly should move quickly to press for adoption of the VAPP Act, supporting women to terminate a pregnancy caused by rape or incest. The VAPP Act has now been adopted in five states and the Federal Capital Territory.¹⁷

And in the longer term, Lagos should push forward new legal and health system reforms.

First, Lagos should honor Nigeria’s commitment to the Maputo Protocol, which ensures access to safe abortion when a woman’s life, physical health, or mental health are in danger.¹⁸

Second, Lagos should expand training for medical doctors, so they can operate within the full extent of the law.

And finally, Lagos should continue to strengthen the health care system by ensuring universal health coverage that includes family planning and safe abortion.

Bans and restrictions do not prevent abortions from taking place, but they do make abortion less affordable, less available, and less safe, and put women's lives and well-being at risk.

Let's take these steps to make girls, women, and families in Lagos safer and healthier. Lagos can set an example for the rest of the country by improving access to safe abortion and averting preventable deaths.

Transcript References

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- 3 Izugbara, Wekesah, and Adedini, *Maternal Health in Nigeria*.
- 4 World Health Organization (WHO), UNICEF, UNFPA, World Bank, and the United Nations (UN) Population Division, *Trends in Maternal Mortality: 1990 to 2015* (Geneva: WHO, 2015); and Lale Say et al., "Global Causes of Maternal Death: A WHO Systematic Analysis," *Lancet* 2, no. 6 (2014): pe323–e333; and National Population Commission (NPC) and ICF International, *Nigeria Demographic and Health Survey 2013* (Abuja, Nigeria and Rockville, Md: NPC and ICF International, 2014).
- 5 Say et al., "Global Causes of Maternal Death"; and PMA2020, "PMA2020/Lagos, Nigeria, April-May 2018 (Round 5), Key Family Planning Indicators," accessed at www.pma2020.org/sites/default/files/PMA2020-Lagos-NG-R5-FPbrief.pdf, on April 8, 2019; Using estimates for the proportion of maternal deaths due to unsafe abortion (Say et al.), PMA2020 estimates approximately 5,000 unsafe abortion-related deaths annually in Nigeria.
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- 7 Sade Oguntola, "Only Three States Have Domesticated the VAPP Act – Adewole," *Nigerian Tribune*, March 14, 2018.
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- 14 PMA2020, "Abortion Incidence and Safety in Nigeria"; PMA2020, "PMA2020 Abortion Survey Results: Nigeria, April-May 2018"; and interview with Bolarinwa, Feb. 8, 2019, Lagos Island Maternity Hospital.
- 15 Folasade Adenike Bello et al., Unpublished data from "Trends in Misoprostol Use and Abortion Complications: A Cross-Sectional Study From Nine Referral Hospitals in Nigeria," *PLoS ONE* 13, no. 12 (2018): e0209415, used with permission.
- 16 "Likely abortions" are calculated by PMA2020 based on self-reported likely abortion data (pregnancy removal and period regulation combined) provided by women; PMA2020, "Abortion Incidence and Safety in Nigeria."
- 17 Oguntola, "Only Three States Have Domesticated the VAPP Act"; and personal communication with Abiola Akiyode-Afolabi, executive director, Women Advocates Research and Documentation Center.
- 18 African Union, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, accessed at <https://au.int/en/treaties/protocol-african-charterhuman-and-peoples-rights-rightswomen-africa>, on April 14, 2019.

Key Messages Handout

The Key Messages handout is a short handout that includes visual “snapshots” from the ENGAGE presentation. The handout is intended to be succinct, serving as a visual aid as well as a readable document. We encourage you to use this handout when giving the presentation to an audience.

OUT OF THE SHADOWS: SAVING WOMEN'S LIVES FROM UNSAFE ABORTION IN LAGOS STATE

KEY MESSAGES

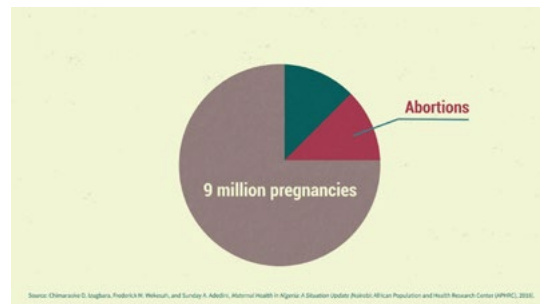
Lagos is the center for health care in Nigeria, particularly for women. But, our state faces barriers that slow progress and force women to seek health care in the shadows.

Restrictive abortion laws and intense stigma compromise access to safe abortions and contribute to needless deaths. And low contraceptive use leads to unplanned pregnancies that can increase the demand for safe abortion services.



Data show that in 2012, more than 9 million pregnancies occurred in Nigeria. Twenty-five percent of these pregnancies are unintended, and more than half of those unintended pregnancies end in abortion.¹

Most of these abortions are unsafe—performed by someone without the necessary skills or in a substandard environment, or both.



Unsafe abortions contribute to Nigeria's rising maternal mortality ratio, which is among the highest in the world.²

Estimates show that unsafe abortions account for roughly 5,000 maternal deaths every year in Nigeria, or on average, 14 maternal deaths each day.³



Yet when an abortion is performed in a timely manner, under the supervision or care of a trained health provider, and in a facility that meets minimum medical standards, major complications are very rare.

Restrictive abortion laws, prohibitive costs, poor access to safe health services, and intense social stigma are barriers that prevent women from accessing safe and legal abortion.



The Lagos Criminal Code that governs abortion, updated in 2011, stipulates that abortion is legal to preserve the life and physical health of a woman.

The code also requires that abortion be provided by a medical doctor.

Medication abortion, such as Mifepak or Mariprist, is allowed up to nine weeks of gestation, as stipulated by the National Agency for Food and Drug Administration and Control.



At the same time, Lagos State has yet to take two important steps to prevent unsafe abortions:

- Adopting the 2015 Violence Against Persons Prohibition (VAPP) Act.⁴
- Recognizing the mental burden of unwanted pregnancy for women and girls.



In 2007, despite deep religious opposition in a country with the second-largest Catholic population in the world, Mexico City, legalized abortion up to 12 weeks without restriction due to growing concern about the high number of unsafe abortions.

Maternal deaths from 2008-2012 were up to 16 percent lower than in 2001-2007, because of these policy reforms.



Unsafe abortions are costly to women and health care systems. Postabortion care in hospitals, which is often needed to treat complications of unsafe abortion, can be as much as six times more expensive than a safe abortion.⁵



In Lagos, access to safe abortion is an equity issue: Women in rural areas, women with less education, and those in the lowest wealth quintile are the most likely to have an abortion without appropriate surgical procedures or medications outside of appropriate health facilities.⁶



Social stigma is another a significant barrier to safe abortion that makes it hard for women and girls to know where to go for the procedure, and for service providers to offer safe services. Stigma complicates efforts to dispel myths, collect data, and improve quality of care.



Despite the highly restrictive laws, and economic and social barriers, women still seek abortions in Lagos.

Survey estimates show that in Lagos, 4 to 6 percent of women of reproductive age may have had abortions in the past year. Over 60 percent of these abortions were carried out unsafely, likely adding to maternal death and disability.⁷



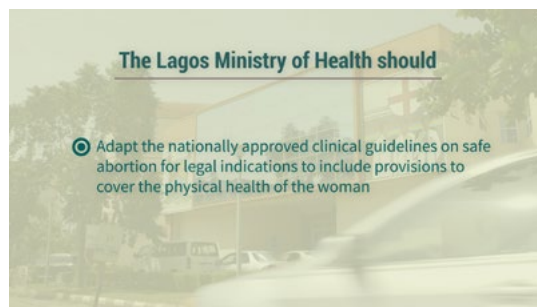
What can be done to end unsafe abortions and reduce maternal deaths in Lagos?

First, the leadership of public and private health facilities in Lagos State should implement the State Ministry of Health directive to ensure that high-quality abortion services are available within the full extent of the law—that means, performed by a medical doctor to protect the life and physical health of the woman.



In support of this important measure, it will be critical that the Lagos Ministry of Health adapt the nationally approved clinical guidelines on safe abortion for legal indications to include provisions to cover the physical health of the woman.

Hospitals and health centers across Lagos State—particularly public facilities—should also receive the necessary material and training support to provide high-quality abortion services.



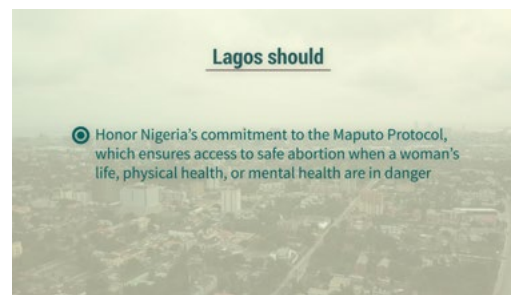
Second, the health and women's affairs committees of the Lagos Assembly should move quickly to press for adoption of the VAPP Act, supporting women to terminate a pregnancy caused by rape or incest.

The VAPP Act has now been adopted in five states and the Federal Capital Territory.⁸

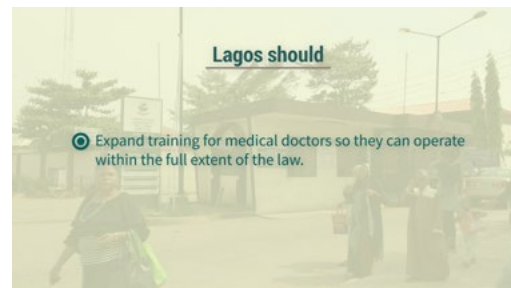


In the longer term, Lagos should push forward two new legal and health system reforms:

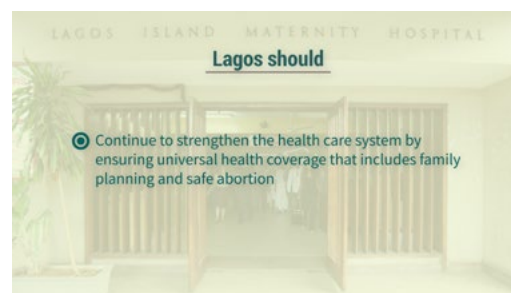
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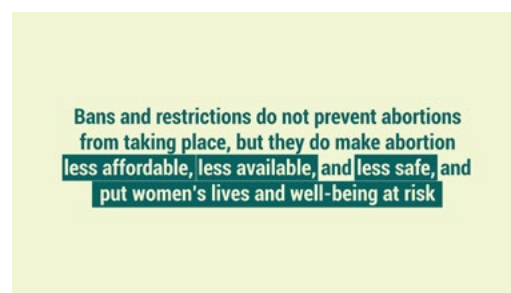


Finally, Lagos should continue to strengthen the health care system by ensuring universal health coverage that includes family planning and safe abortion.



Bans and restrictions do not prevent abortions from taking place, but they do make abortion less affordable, less available, and less safe, and put women's lives and well-being at risk.

Lagos can set an example for the rest of the country by improving access to safe abortion and averting preventable deaths.



Key Messages Handout References

- 1 Chimaraoko O. Izugbara, Frederick M. Wekesah, and Sunday A. Adedini, *Maternal Health in Nigeria: A Situation Update* (Nairobi: African Population and Health Research Center (APHRC), 2016).
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- 3 Say et al., "Global Causes of Maternal Death"; and PMA2020, "PMA2020/Lagos, Nigeria, Key Family Planning Indicators"; Using estimates for the proportion of maternal deaths due to unsafe abortion (Say et al.), PMA2020 estimates approximately 5,000 unsafe abortion-related deaths annually in Nigeria.
- 4 Sade Ogunola, "Only Three States Have Domesticated the VAPP Act – Adewole," *Nigerian Tribune*, March 14, 2018.
- 5 Prada E, Bankole A, Oladapo OT, Awolude OA, Adewole IF, Onda T. Maternal Near-Miss Due to Unsafe Abortion and Associated Short-Term Health and Socio-Economic Consequences in Nigeria. *Afr J Reprod Health*. 2015;19: 52–62.
- 6 PMA2020, "Abortion Incidence and Safety in Nigeria"
- 7 "Likely abortions" are calculated by PMA2020 based on self-reported likely abortion data (pregnancy removal and period regulation combined) provided by women. PMA2020, "Abortion Incidence and Safety in Nigeria."
- 8 Ogunola, "Only Three States Have Domesticated the VAPP Act," and personal communication with Abiola Akiyode-Afolabi, executive director, Women Advocates Research and Documentation Center.
- 9 African Union, *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*, accessed at <https://au.int/en/treaties/protocol-african-charterhuman-and-peoples-rights-rightswomen-africa>, on April 14, 2019.

View the full presentation online at:
www.prb.org/SAFE-ENGAGE



Discussion Guide

After delivering the ENGAGE presentation, “Out of the Shadows: Saving Women’s Lives From Unsafe Abortion in Lagos State” you may have the opportunity to facilitate discussion among the audience members. We encourage you to make the discussion specific to the recommendations included in the presentation and ask your audience members what types of actions they can take to influence or increase access to safe abortion.

Sample discussion questions are listed below:

DISCUSSION ABOUT ACCESS TO SAFE ABORTION

1. Were you aware of the high number of abortions happening in Lagos and prevalence of maternal deaths related to unsafe abortions? What did you learn today about these relationships?
2. This presentation shared data showing that the number of abortions that take place has little connection to the laws, and in some countries where abortion is legal and accessible, the number of abortions is quite low. Were you aware of this relationship before? What did you learn about the impacts of restrictive legislation on safe abortion? How can we help more people to understand that abortions take place even when legally restricted?
3. People have diverse views about abortion. Has this presentation affected the way that you think about the issue or about the women who access abortion services?
4. Women from all socioeconomic backgrounds seek out abortions. What are some of the reasons women seek out abortions? What are the reasons women obtain an unsafe abortion?
5. This presentation discussed the burden of unsafe abortion on society in terms of deaths and costs to the health system, but there are many other types of costs from unsafe abortions. What are additional potential costs to women, families, society, and government?
6. Were you aware that the current legal indications for safe abortion in Lagos State include a provision for the physical health of a woman? What factors contribute to low knowledge of the laws? How might you use this presentation to increase knowledge of the law and advocate for inclusion of mental health as an indication for legal abortion?
7. How can an increased focus on sexual and reproductive health services for men and women help them achieve their full potential and lead to better development outcomes for Nigerians? How can improving access to safe abortion impact a country’s development?
8. What are the potential benefits for families of reducing unintended pregnancies and unsafe abortion?

DISCUSSION ABOUT FAMILY PLANNING AND REPRODUCTIVE HEALTH

9. Family planning use has increased in Lagos and the rest of sub-Saharan Africa, but many women do not use contraceptives even though they don’t want to become pregnant. Why do you think this is?
10. People have diverse views about family planning. Did you learn anything that makes you think differently about family planning, especially with regard to how access to family planning affects health and well-being?
11. How does geographic location (for example, living in a rural area versus an urban area) affect a person’s ability to access health care services, including reproductive health care? Is this an issue of equity?

12. What are some of the obstacles women, men, and couples face when trying to space their pregnancies or prevent future pregnancies?
13. How do you think family planning makes a difference for: (a) families, (b) communities, and (c) nations?

DISCUSSION ABOUT RECOMMENDATIONS

14. The presentation included several actions that were recommended for leaders of Lagos' tertiary and secondary health facilities, the health and women's affairs committees of the State Assembly, and lawmakers more generally. In addition to those actions, what else do you think you can do, in your personal life or in your profession, to support greater access to safe abortion services? Who else could you share this presentation with? (Encourage people to be specific and feasible in the actions they suggest).
15. One of the recommendations in this presentation is to adopt and implement the Violence Against Persons Prohibition (VAPP) act in Lagos State. What are the current barriers to this? What can we each do to ensure the VAPP Act is adopted in Lagos?
16. What sorts of commitments and policies can governments and regional governing bodies make and implement to reduce maternal death due to unsafe abortion and expand access to affordable reproductive health care?
17. Universal health coverage (UHC) that includes access to comprehensive reproductive health services, including family planning and safe abortion, can lessen the burden of unsafe abortion. In what ways does the policy environment support UHC? What are the barriers to including family planning and safe abortion as part of UHC in Lagos and Nigeria?
18. How can governments, donors and policymakers ensure that health care providers are empowered with the skills, resources, and support to provide services safely and effectively?

Frequently Asked Questions

Often, audience members have questions about the presentation. Some of these questions may be specific to the actual presentation (data, pictures, figures, sources of information), while other questions may be related to the content of the presentation.

Below are some frequently asked questions and scripted answers:

QUESTIONS ABOUT THE PRESENTATION

Q. How accurate are your data?

A. The data that we have shared in this presentation are from the most accurate sources available. These sources include scientific journals such as *The Lancet* and *International Perspectives on Sexual and Reproductive Health*, research organizations and initiatives such as the Guttmacher Institute and Performance Monitoring and Accountability 2020 (PMA2020), and regional bodies including the World Health Organization and the United Nations Population Fund.

Q. How do you know how many abortions take place each year?

A. Data on abortion are difficult to obtain because of the stigma and legal restrictions associated with obtaining and providing abortion services. We use estimates from the Guttmacher Institute, a research organization that collaborates with experts worldwide to determine the number of abortions that occur annually. They have tested and refined their methodology over several decades. Additionally, we incorporate some recent data from PMA2020. PMA2020 collects data through household and individual interviews in Lagos. Finally, we also use data from peer-reviewed research articles. For these articles, abortions are typically estimated indirectly using other available data, such as total numbers of births, pregnancies, percentages of pregnancies reported to be intended or unintended, percentages of pregnancies known to end in miscarriage, numbers of maternal deaths, contraceptive users, rates of contraceptive failure, and so forth. Because these data are estimates, at times you may see different numbers reported by different sources. This variation is due to the sources of data and statistical methods used.

Q. Why did you make a comparison between Lagos and Mexico City? What about other countries?

A. Like Lagos, Mexico City is deeply religious with the second largest population of Catholics in the world. Despite deep religious opposition, policymakers recognized that unsafe abortions were contributing to alarming maternal mortality rates and revised the law to make safe abortions more accessible. Several other countries have also reformed laws to expand access to safe abortion, which has led to improved health outcomes for women of reproductive age and their families. For example, in 2005, the government of Ethiopia recognized that many women were dying from unsafe abortion, so they removed some of the restrictions to obtaining a legal abortion. Since then, between 2008 and 2014, the proportion of abortions taking place safely in a health facility increased from 25 percent to more than 50 percent.¹

Q. Have the people in the photographs and videos in your presentation given their consent?

A. We have the legal right to use every photograph and video that was included in this presentation. The photographs in this presentation are for illustrative purposes only. They do not imply any particular health status or behaviors of the people featured in this presentation.

Q. Do your statistics refer to both spontaneous abortion (miscarriage) and induced abortion?

A. This presentation states that there were an estimated 1.8 million to 2.7 million abortions Nigeria in 2017. This number is calculated based on household and individual interviews by PMA2020. It refers to induced abortions and does not include spontaneous abortion or miscarriage.²

QUESTIONS ABOUT ABORTION³

Q. You talk about unwanted children in this presentation. There are no unwanted children in Nigeria or Lagos.

A. In this presentation we focus on unintended pregnancies. Unintended pregnancies can be either unwanted or mistimed, meaning the woman wants to have a child but not at this time.

Q. We should promote adoption instead of abortion. Why didn't you address adoption in this presentation?

A. Adoption is an important component of comprehensive services for unintended pregnancy. In this presentation, however, we focus on the issue of maternal health and examine the contribution of unsafe abortion to maternal death and disability.

Q. Isn't abortion just some Western idea being forced onto African nations by outsiders?

A. It is my experience that women from all countries have a mind and a will of their own, and the data show that there are many women in Africa seeking abortion. The Maputo Protocol, which was developed by African countries, through the African Union, includes Article 14: Health and Reproductive Rights, which states that parties shall ensure that the right to health for women, including sexual and reproductive health, is respected and promoted, including: the right for women to control their fertility; the right for women to decide whether to have children, the number of children, and the spacing of children; the right to choose any method of contraception; the right to family planning education; and the right to adequate, affordable, and accessible health services including information, education, and communication programs to women, especially in rural areas.

Q. When abortion is legal, doesn't it cause more abortions to take place?

A. As shared in this presentation, data from around the world show that restricting abortion does NOT reduce the number of abortions that take place. Western Europe, with liberal abortion laws, has the lowest rates of abortion, while many parts of Africa and Latin America, with very restrictive laws, have much higher rates of abortion. Legalizing abortion makes it safe and reduces the likelihood that women will resort to unsafely performed abortion. The best way to reduce the number of abortions is to ensure that all women have access to quality, reliable contraception, so that they may choose whether and when to have children.

Q. Abortion is an instrument of population control.

A. We are against population control, and we oppose coercion in reproductive health, including whether to have a child or not. We want to reduce the number of women who harm themselves because they are seeking and using unsafe abortion. Women should be able to make all decisions about their health and well-being, including those related to their sexual and reproductive health, voluntarily and free from coercion.

Q. My religion says that abortion is immoral.

A. Everyone has their own beliefs about faith and religion, and individuals should be free to make decisions about their lives that are in line with their personal beliefs. Women who terminate their pregnancy and are not able to access safe abortion care may risk their health or life with an unsafe abortion. Many people feel that not providing safe services and thus allowing women to die from unsafe abortion is immoral. We believe that each woman should be free to make health decisions in light of her own morals and religious beliefs, and free from coercion.

Q. A man has just as much say about the continuation of a pregnancy as a woman. There should be a law that requires his permission before a woman can get an abortion.

A. We encourage women to consult their partners about the decision to end a pregnancy, provided that they feel safe doing so. We also encourage men to respect women's choices about childbearing, particularly given the unequal burden of pregnancy on women. By legally requiring a man's consent for an abortion, we perpetuate barriers that may cause women to seek clandestine, unsafe abortion and put their lives at risk.

Q. Can't abortion drugs be misused?

A. Similar to all prescription drugs, there is a potential for the drugs used for medication abortion to be misused. However, these drugs have been deemed safe and registered for use in some African countries. Abortion providers, as all health care providers, oversee the correct use of these drugs, and monitor for adverse reactions.

QUESTIONS ABOUT FAMILY PLANNING

Q. You discussed family planning in this presentation, but you didn't describe anything about family planning. What are the choices for family planning or contraception?

A. There is a wide range of contraceptive methods available for both women and men depending on the reproductive needs of each individual. Some methods are more effective than others. The most common methods used in Africa are oral contraceptive pills, hormonal injections, and condoms. The most effective methods are long-acting or permanent: IUDs, female sterilization, and vasectomy. Couples can also use other methods that rely on knowing when a woman's fertile period is and abstaining from sex or using another method on fertile days.

Q. Isn't it true that many forms of family planning have negative side effects?

A. All medications can have side effects, but in the case of contraceptives, these are minimal and differ for each method. Each woman or couple needs to find the method that is most suitable for them. In every case, the side effects have to be weighed against the risks of becoming pregnant and the potential health consequences of an unwanted pregnancy. It's best to seek counseling from someone who is trained to provide family planning and related health care to select an appropriate method and learn about the possible side effects.

Q. Nigerian women want to have many children. It is our tradition to have large families. So how can you say that women in Lagos want to have fewer children?

A. Each woman can make her own decision about a pregnancy, and whether or not she wants a child at that time. Being from Lagos or Nigeria does not automatically mean that a woman wants many children. Some women and men may want many children, but many others prefer to have a small family, or no children at all. The data that we shared during this presentation show that many women who could benefit from family planning and contraception aren't using it. By increasing access to family planning, we can ensure that all women and couples who want to use contraception are able to.

Q. Some children continue to die from things like malaria, infectious diseases, or malnutrition. Is it still important to invest in reproductive health and family planning when there is no guarantee our children will survive?

A. There are many serious threats to child survival. However, family planning can help countries improve child survival rates and child health. Family planning empowers women and families to make healthy decisions about when to have children, how to space their children, and how many children to have. Family planning can reduce the number of births that occur less than two years apart, as well as reduce births among very young and older women whose children are at greater risk for reproductive health complications. For example, if women spaced their births at least 36 months apart, almost 3 million deaths to children under age five could be averted. At the same time, families with fewer children are better able to invest in the health and education of each child and contribute to the family's income.

Q. Isn't it true that we need a large population to drive economic growth?

A. While it is true that countries like China and Brazil have large economies and large populations, the fertility rates, or the number of children per woman, are very low, and have declined over time. When fertility declined in these countries and the right investments were in place, economic growth took off. At the same time, there are many examples of countries with very small populations who have also made the right investments and were able to spur strong economic growth, like South Korea, Singapore, and Rwanda. Factors like the population age structure, health and education systems, economic policy, and governance together play a much greater role in spurring economic growth than just the population size.

Q. Is it true that as women become more empowered, men will lose status and power, and this will be a negative consequence for them?

A. Research shows that gender inequities and power disparities harm men as well as women. For example, in many settings, gender norms for men mean being tough, brave, and aggressive. Consequently, men are more likely to take risks which can lead to poor health, such as violent activity or unsafe sex. Everyone—boys and girls, men and women—is therefore made vulnerable by harmful gender norms and behaviors. At the same time, everyone can benefit from greater gender equality.

Q. Some people say that family planning is an instrument of population control to keep poor people from having too many children. What do you think about this statement?

A. It is important that women never feel coerced in reproductive health matters. The data in this presentation show that many women and couples in Africa want to use family planning to delay, space, or limit their pregnancies. By ensuring that women and couples who want to use family planning are able to, women and couples can choose the timing, spacing, and size of their families, leading to better health and well-being for the family, community, and ultimately the entire nation.

Q. Some religious leaders do not support family planning use, especially for young people. What can I do to change attitudes among religious leaders about family planning?

A. Throughout the world, religious leaders are looked to for guidance and advice on all aspects of life. Access to contraception and family planning is not just about child spacing but about maintaining optimal health at all stages of life and in all issues related to women's and men's reproductive health. In many religious communities, people are faced with reproductive health challenges such as the illness and death of women during childbirth; health problems associated with pregnancies that are too early in life or too close together; violence against women; and sexually transmitted infections, including HIV/AIDS. In order to win the support of a religious leader, it is helpful to frame the issues within the values, beliefs, and directives of the religion you are addressing. There are examples from around the world of leaders within all major religious groups who do support family planning. Work with them to create messages that show where in the Bible or the Qur'an child spacing is supported and promoted for the health of the mother and child. It is important for programs to partner with these "champions" to design messages and community outreach strategies that support family planning within religious frameworks.

PERSONAL ATTACKS

Q. How can you, a woman with no children, talk about abortion? Or, how can you, as a man, talk about abortion?

A. We believe that abortion is an issue that everyone has a right and an obligation to take seriously. I am not here to discuss my personal experience with this issue, but rather to talk about what data and research show about abortion and maternal health in African countries.

Q. Have you ever had an abortion?

A. That is a private medical question and inappropriate to this discussion. That is not why I am here today. I am here because we are dealing with a political, social, and health issue in our society. It is not about me personally.

Q. You are a doctor. Have you ever performed an abortion?

A. As a health provider, I have been trained in how to perform an abortion, because abortion is medically indicated in some circumstances. The circumstances of each procedure are not the subject of this presentation. It is important to me, as a health care provider, to take care of my patients' health care needs and also respect their privacy.

Q. You are promoting abortion even though it endangers women's health.

A. The evidence and research in this presentation shows that women are suffering from death and disability because of unsafe abortion. We want to make abortion-related services safe, so that when women seek an abortion, they can do so safely, without endangering their lives. With increasing use of family planning, fewer women will want to seek abortions in the first place. Through expanding family planning programs and increasing access to abortion-related services, we can promote women's health.

Q. Are you doing this presentation for financial gain because, as a doctor, you will earn a lot of money performing abortions?

A. Doctors make money practicing medicine in general, whether it is for performing abortions, delivering babies, or performing surgery. In fact, if safe abortion were more widely available, it would become less expensive, as we have seen in countries that have introduced medication abortion. As a doctor, I want to make abortion safe.

QUESTIONS ABOUT FUNDING AND PARTNERS

Q. Who developed this presentation?

A. This presentation was developed by Population Reference Bureau, in partnership with Society of Gynaecologists and Obstetricians of Nigeria (SOGON) and with the guidance of a local task force comprised of researchers, advocates, and medical and legal professionals. The task force was chaired by Dr. Jide Idris, the Honorable Commissioner of Health.

Q. What is the SAFE ENGAGE Project?

A. SAFE ENGAGE is a three-year project that began in November 2017. SAFE ENGAGE supports access to safe abortion by providing decisionmakers with the latest data on abortion and maternal health, and building the capacity of advocates and other decisionmakers to use evidence to achieve policy goals.

Q. Who is funding the SAFE ENGAGE Project?

A. The Population Reference Bureau received private funds to lead the SAFE ENGAGE project. We worked with a task force of policymakers, medical and legal experts, advocates, and researchers to develop content relevant to Lagos state.

Q. Is PRB an advocacy group?

A. PRB is a nonprofit, private, educational organization that focuses on providing accurate data and facts. As such they do not directly advocate or plead in favor of specific outcomes or recommendations in countries. However, they do help local partners communicate by making sure that their messages are based on the best and latest data and information.

Q. Are there funding sources for recommendations in this video?

A. Additional funding is needed to ensure safe, high quality abortion services are available through secondary and tertiary facilities in Lagos. The Lagos Ministry of Health, PRB, and other task force members will continue to work to ensure funding for expansion of safe abortions services in Lagos.

To use this resource in your own work, you can access the video and supplemental materials online:

www.prb.org/SAFE-ENGAGE

Frequently Asked Questions References

- 1 Ann M. Moore et al., "The Estimated Incidence of Induced Abortion in Ethiopia, 2014: Changes in the Provision of Services Since 2008," *International Perspectives on Sexual and Reproductive Health* 42, No. 3 (2016): 111-20.
- 2 Performance, Monitoring, and Accountability (PMA) 2020, "Abortion Incidence and Safety in Nigeria: Findings From a Population-Based Survey, Select Results From the Fifth Round of PMA2020 in Lagos State," unpublished presentation on Dec. 10, 2018.
- 3 Many of the frequently asked questions and responses about abortion were adapted from materials published by Catholics for Choice, specifically, *Telling the Truth About Reproductive Health: A Guide to Successful Communications* (Washington, DC: Catholics for Choice, 2012).

Additional Resources

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