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Self-managed abortion practices and post-abortion care experiences among women of reproductive age in Southwest Nigeria

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Abstract

Self-managed abortion poses risks and challenges, and the current healthcare system fails to adequately address post-abortion issues. This study aimed to examine self-managed abortion practices, post-abortion care experiences, and the difficulties in accessing abortion drugs in Southwest Nigeria, among women in their reproductive ages. Qualitative research methods were employed. Between February and April 2023, fifteen in-depth interviews were conducted with women aged 15 to 49 years. Self-managed abortions were associated with both satisfying and disappointing outcomes. Women used various drugs such as misoprostol, mifepristone, Mifestad, Cytotec, white quinine, and a combination of 'alabukun' and lime to induce abortion. Accessing abortion drugs presented several challenges. In conclusion, self-managed abortion poses challenges related to accessing safe drugs and resorting to the use of alternative remedies to prescription-based drugs. At least as a harm reduction strategy, it is crucial to ensure the availability of safe abortion medications to discourage women from choosing risky self-managed abortion methods as alternatives. *(Afr J Reprod Health 2026; 30 [3s]: 62-71).*

Keywords: Self-care; women's reproductive health; abortion access; health outcomes

Résumé

L'avortement autogéré présente des risques et des difficultés, et le système de santé actuel ne prend pas suffisamment en charge les problèmes post-avortement. Cette étude visait à examiner les pratiques d'avortement autogéré, les expériences de soins post-avortement et les difficultés d'accès aux médicaments abortifs dans le sud-ouest du Nigéria, chez les femmes en âge de procréer. Une méthodologie de recherche qualitative a été employée. Entre février et avril 2023, quinze entretiens approfondis ont été menés auprès de femmes âgées de 15 à 49 ans. Les avortements autogérés ont été associés à des résultats tantôt satisfaisants, tantôt insatisfaisants. Les femmes ont utilisé divers médicaments tels que le misoprostol, la mifépristone, le Mifestad, le Cytotec, la quinine blanche et une combinaison d'« alabukun » et de chaux pour provoquer un avortement. L'accès aux médicaments abortifs a présenté plusieurs difficultés. En conclusion, l'avortement autogéré pose des problèmes liés à l'accès à des médicaments sûrs et au recours à des remèdes alternatifs aux médicaments sur ordonnance. À tout le moins dans le cadre d'une stratégie de réduction des risques, il est crucial de garantir l'accès à des médicaments abortifs sûrs afin de dissuader les femmes d'opter pour des méthodes d'avortement clandestines risquées. *(Afr J Reprod Health 2026; 30 [3s]: 62-71).*

Mots-clés: Autosoins ; santé reproductive des femmes ; accès à l'avortement ; résultats en matière de santé

Introduction

Induced abortion refers to a deliberate intervention to terminate a pregnancy, aiming to prevent the full development of the fetus and delivery[1]. Globally, 61% of unintended pregnancies among women in their reproductive ages amounting to 73.3 million induce abortion, occur annually. Poorly conducted induced abortions are a significant contributor to maternal mortality worldwide[2]. The availability and accessibility of quality abortion services can help reduce deaths related to induced abortions[3].

In Nigeria, the annual incidence of abortions was 29.0 per 1,000 women age 15 to 49, with about 1.2 to 2.0 million abortions per annum[4]. Also, 56% of unintended pregnancies result in abortion, and 6 out of 10 abortions are considered unsafe with some being self-managed[5]. In 2012, there were 285,000 women who experienced abortion-related complications, and a significant proportion of these were due to self-managed induced abortions[5]. Self-managed induced abortions are prevalent among young people in Nigeria[6] and are a leading cause of maternal morbidity and mortality[7].

However, abortion can be safely managed without loss of life if access to abortion medications is improved and clients seeking such services are supported[8].

In low-resource settings like Nigeria, barriers to accessing quality abortion services exist, leading individuals to resort to self-managed abortion[9]. According to the Penal Code act, abortion is restricted to women whose lives are endangered by pregnancy. Many women who do not meet the eligibility criteria for facility-based induced abortions seek alternative approaches, such as self-managed abortion. Self-managed abortion can be complex, unsafe, and associated with poorly managed post-abortion challenges[7]. It refers to any action taken to terminate a pregnancy without the supervision of a medical practitioner and is often a last resort when other attempts to access quality abortion services fail[10]. Self-managed abortion practices thrive in social settings where barriers and restrictive laws are in place[5]. Self-managed abortion has been documented throughout history and throughout cultures and it is still happening today irrespective of the legal situation. In the US for instance, two studies revealed that about 7% and 1 out of 8 women considered self-managed abortion before seeking care in the hospital[11,12] of which 1 out of 3 attempted to do so[11] .

Consequently, self-managed abortion is a common part of the path to accessing care in a health facility, and it is common mostly among women who have preference for at-home care[12]. Even while there is proof that it happens there is still a lot we do not know about self-managed abortion, including its prevalence worldwide, the experiences, traits, and outcome of those who choose it[13]. However, evidence abounds on self-managed abortion techniques, which primarily involve the use of drugs obtained outside of the medical context, due the difficulties in accessing reproductive health care.

Despite the high prevalence of self-managed abortion practices, there is limited knowledge about the decision-making process and the experiences of individuals who choose this option. This study focuses on the experiences of women who have undergone self-managed abortions and explores the reasons why they opted for self-management. Additionally, the study examines the challenges women face when accessing abortion drugs and their experiences with post-abortion care.

Methods

Study design, study participant and study setting

The present study employed a qualitative approach to gather data. Between February and April 2023, in-depth phone interviews (IDI) were conducted by research experts with women aged 15 to 49 years who had a history of self-managed abortion. The interview questions focused on women's self-managed abortion experiences, steps taken in ending their pregnancy, abortion outcome and challenges with access to abortion drugs and care. Participation in the study was voluntary, and the participants provided informed consent. The selection of participants followed a two-stage procedure. Initially, a pre-IDI questionnaire was administered to identify individuals who met the inclusion criteria such as must be a woman between age 15 to 49 and had had a history of self-managed abortion. Subsequently, those who met the criteria were invited to participate in the study and were asked to provide their consent. Only those who willingly consented were included in the study.

Study participants recruitment

To identify women who had a history of self-managed abortion, a pre-interview questionnaire link was shared on social media platforms such as WhatsApp and Facebook groups, as well as with individual contacts. The link provided details about the survey content and the specific characteristics of eligible participants, allowing potential respondents to gain an understanding of the study

before accessing the link. Women who met the inclusion criteria and indicated interest in participating in the study were invited for interview.

Data collection

The in-depth interview (IDI) guide was translated into local language Yoruba and then back translated into English to ensure the consistency of the explored concepts. The interview guide sought information from respondents on their personal experiences with self-managed abortion, steps taken in ending pregnancy, self-managed abortion outcome and the challenges faced when trying to access abortion pills, as well as challenges in accessing abortion and post abortion care from the respondents. All IDI sessions were conducted by a social scientist and the authors, both of whom possess training and experience in qualitative research methods. The data collection process continued until an adequate number of participants relevant to the study had been included and saturation appeared to be reached. Each session was audio-recorded, and the audio recordings were transcribed verbatim by an experienced transcriber using standard transcription techniques. The transcripts were subsequently edited to ensure accuracy.

Data analysis

The transcripts were carefully edited to ensure accuracy and then imported into NVIVO software (version 12). Themes were established based on the research objectives using a deductive approach. A cross-case, thematic content analysis method was employed to develop a codebook. This codebook was refined through iterative discussions among the team members, involving the examination of themes, until a final set of codes was established. To ensure intercoder reliability, an independent researcher was engaged to conduct additional coding. This process continued until agreement and saturation were reached between the team member and the independent researcher. The codes and themes were confirmed and validated among the analysts through peer debriefing of the coding process and thematic analysis, aiming to accurately represent the challenges and personal experiences of individuals who self-managed abortion and sought abortion care.

Ethical considerations

The protocol for the study was approved by the Research and Ethics Committee of Obafemi Awolowo University, Ile-Ife, Nigeria (IPH/OAU/12/2041). Informed consent was obtained from all participants. All documents were de-identified.

Results

As shown in Table 1, a total of 15 participants, with an average age of 30.4years old, were recruited for the study. Most of the participants had attained tertiary education, and on average, they had fewer than two (1.9) previous abortions in the past five years. Out of the 15 participants, four were married, while 11 were either never in a union or not currently in a union. However, some women who had self-managed abortion declined to participate in the study. Half of these 24 women were currently married with an average age of about 28 years old.

Process of self-managing abortion

According to all the participants, self-management of abortion was considered the primary choice for young females facing unintended pregnancies. The participants further revealed that while some individuals may panic and seek assistance, particularly if they have prior knowledge of methods to terminate a pregnancy, those with experience would promptly act to self-manage the abortion using medication, alcohol, or herbal remedies. Inexperienced individuals, especially young females, often consider using herbs and alcohol before attempting to use medications.

Table 1: Socio-demographic profile of study participants

S/N	Age	Level of education	Marital status	Number of abortions in the past five years	Year of first abortion experience	Year of last abortion experience
1	31	Tertiary	Currently married	1	2011	2019
2	39	Tertiary	Not currently in union	2	2019	2021
3	29	Tertiary	Never in union	1	2013	2018
4	32	Tertiary	Never in union	3	2015	2019
5	33	Tertiary	Never in union	1	2019	2019
6	29	Tertiary	Never in union	2	2019	2021
7	35	Tertiary	Currently married	1	2021	2021
8	25	O'level	Never in union	3	2016	2022
9	25	Tertiary	Never in union	3	2017	2022
10	31	Tertiary	Never in union	1	2018	2018
11	32	Tertiary	Married	5+	2016	2022
12	25	O'level	Never in union	2	2017	2022
13	27	Tertiary	Never in union	1	2022	2022
14	42	Tertiary	Currently married	1	2021	2021
15	21	Tertiary	Never in union	1	2019	2019

Challenges with access to drugs for abortion

"I'm sure the first thing they do is to go to the pharmacy and ask for an abortion pill. That's the major thing they do. Or some will say they take malaria drugs or some other form of alcohol before they even consider a pharmacy. But those that have already had the experience before, they may just go to the pharmacy straight." Never in a union, 33 years old, had last abortion experience in 2019

Some can easily abort it with tablets, some use local herbs, while some do direct abortion through the use of Somethings in the hospital. Taking of injection is also included when trying to do the abortion, but in some cases, if it doesn't work, that is when they go for normal abortion in the hospitals. Never in a union, 29 years old, had last abortion experience in 2018

As per the participants' accounts, certain women do not contemplate abortion until they have informed their partners, and the decision to terminate the pregnancy is significantly influenced by their partners' stance on whether to continue or end the pregnancy. However, for others, the decision to have an abortion is made without consulting their partners.

Apart from getting rid of it like thinking of getting rid of the pregnancy, they will have to inform the man responsible, the person responsible and then I guess the person's response also depends on her decision. So, it depends on whatever the person says. Never in a union, 25 years old, had last abortion experience in 2022

Reasons for abortion

Unmarried participants provided various reasons for seeking abortion. These reasons included reaching a mutual agreement with their partners that they were not prepared to start a family at that time. Other factors included making an unwilling decision due to the partner's refusal to assume responsibility for the child or the belief that childbirth would cause them distress. It is worth noting that certain women would consider abortion even if their partners disapproved of it.

"The following day after I talked to my boyfriend, and he was like okay. The best thing was that we were going to remove the pregnancy. Get rid of the pregnancy. I was like "Even if he has not said I should get rid of the pregnancy, I am not going to keep it". Never in a union, 29 years old, had last abortion experience in 2013

Furthermore, several participants opted for abortion because they believed that continuing the pregnancy would have disrupted their studies and brought shame to their families, despite being advised against it. One participant specifically expressed that she might not have chosen abortion if she had been fully aware of the potential negative consequences. She explained that her decision would have been different if she had better information regarding the potential repercussions of abortion, as she had a deep fear associated with it.

"If I had met somebody like that who said you might die, you might get a damaged womb, you might have a separated womb, I actually may not have aborted the pregnancy. Because the truth is, I was really scared". Never in a union, 29 years old, had last abortion experience in 2013

"The doctor actually asked me if I wanted to keep it. ….He asked for my age, my level of education and all. I told him I didn't want to keep it and he was like okay. But I should go discuss with my boyfriend. ….. I went back to my hostel that day, and the following day after I have talked to my boyfriend, and he was like okay. The best thing was that we are going to remove the pregnancy. I was like even if he has not said I should get rid of the pregnancy, I was not going to keep it. Because first of all, I was in part one in school and second of all, my parents were pastors. And then it was going to be whole lot on them". Not currently in union, 39 years old, had last abortion experience in 2019

Participants' personal experiences in procuring self-managed abortion

Steps taken when pregnant

The participants outlined various steps involved in obtaining an abortion. These steps included taking home pregnancy tests, informing a spouse or trusted individual (such as a close friend or sister), deciding on the course of action, and acquiring abortion pills from a chemist or pharmacy for self-managed abortion. Taking a home pregnancy test to confirm pregnancy was a common initial step reported by participants. However, it should be noted that not all participants underwent a pregnancy test before using abortion medications.

"The first thing I did was a test when I missed my period. And after the test, I discovered that I was pregnant and the next thing was to go for medical advice. I actually went to a pharmacist because my medical doctor was not around". Never in a union, 29 years old, had last abortion experience in 2021

"The last time I had an abortion, … I took pills without actually checking if I was pregnant or not because I was so sure I was pregnant, I didn't do a test". Never in a union, 25 years old, had last abortion experience in 2022

After confirming their pregnancy, some participants chose to inform their partners, while others confided in someone close to them. Subsequently, decisions were made regarding the procurement of an abortion and the method to be used. It was reported by all participants that the individuals they confided in advised them to consider obtaining an abortion. Most participants opted to seek abortion pills from a chemist or pharmacy in order to terminate their pregnancy.

"The first thing was to inform my partner that this is what has happened. So, we had to get steps to

remove it". Married, 31 years old, had last abortion experience in 2011

"The *last time I did it, I got drugs and took them because I had already been trained on that, so I knew what drugs to take by myself. So, I had to buy Mifestad and oxytocin injections and inject myself, and then I took the Mifestad and inserted one in the virginal".* Never in a union, 27 years old, had last abortion experience in 2022

The outcome of self-managed abortion

Participants obtained information about which drugs to use for abortion from various sources, including doctors, pharmacists, the internet, as well as friends or close family members who were not healthcare providers. Some participants reported a successful abortion on their first attempt, while others required multiple attempts using different medications to terminate the pregnancy. The effectiveness of the medications used for abortion could not be determined precisely, as many participants utilized multiple medications. The onset and continuation of bleeding were seen as key indicators that the abortion process had commenced and was still in progress.

"Then the first day, nothing was seen. I didn't experience any stains, and I had to go back to the pharmacist again. He told me to take a very hot Coke, and then I should also take Andrew's liver salt so that it will speed up the process when it starts coming out. Then when lying down, I should lay with my belly to ensure it comes out, but this did not really work, so since there was already a little blood stain for like, two days, I was advised to go for evacuation, and that was what happened". Never in a union, 32 years old, had last abortion experience in 2019

when I got pregnant, the person I got pregnant for was not ready to keep the baby and me too I wasn't ready to keep the baby. So, we went to a pharmacy, and we got some tablets. That was what we used even though it did not work. Never in a union, 25 years old, had last abortion experience in 2022

Some experienced physical health complications following the abortion such as pain. Others experienced emotional distress such as the feeling of guilt and regrets. *"Maybe after a month or two, I was hospitalized... I couldn't stand well. I had to stager when I am walking. The drug did not really have any effect, but then it went to just stay in my system".* Never in a union, 25 years old, had last abortion experience in 2022

"It was a sad experience. I lived with that guilt for years. Then, as time went by, I started getting over it, but the thought comes back like you have killed somebody before. Most times the thoughts come when I see babies. When I see little children, I feel like I have actually denied them the right to live. There were times I repeatedly asked for forgiveness from God. and then, I guess, I think I am over it now". Never in a union, 29 years old, had last abortion experience in 2013

Challenges with access to drugs for abortion

Figure 1 provides a visual depiction of the obstacles encountered when attempting to access abortion drugs. The study revealed that affordability was a significant challenge in obtaining these drugs. Access to abortion drugs is further hindered by certain conditions that must be met, such as presenting a prescription, obtaining a referral, obtaining partner approval, or being a medical professional. Participants identified several major challenges in accessing abortion drugs, including their unavailability in their place of residence, uncertainty about where to obtain them, feelings of shame when entering a pharmacy to request such drugs, and financial constraints. However, some participants did not face difficulties in raising the necessary funds for abortion drugs because their partners were supportive and desired the pregnancy to be terminated.

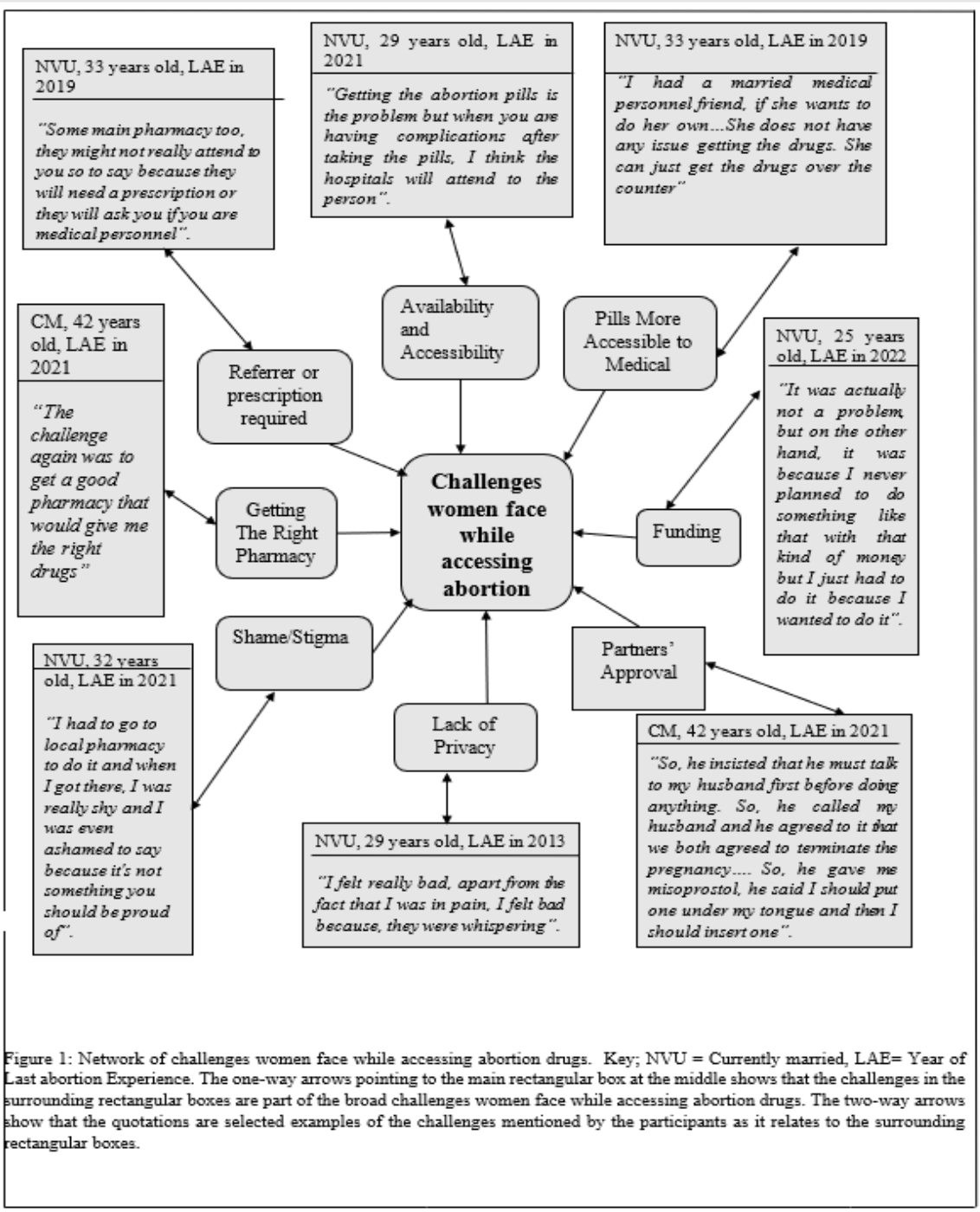

Figure 1: Network of challenges women face while accessing abortion drugs. Key; NVU = Currently married, LAE= Year of Last abortion Experience. The one-way arrows pointing to the main rectangular box at the middle shows that the challenges in the surrounding rectangular boxes are part of the broad challenges women face while accessing abortion drugs. The two-way arrows show that the quotations are selected examples of the challenges mentioned by the participants as it relates to the surrounding rectangular boxes.

Despite these obstacles, participants were determined to access the abortion drugs promptly, as they understood that delays could increase the risks associated with self-managed abortion.

Discussion

This study provides evidence that women who self-manage abortion resort to self-management methods such as medication (e.g., alabukun, ampiclox, misoprostol & mifepristone, misoprostol only, mifestad, white quinine, and Cytotec), despite the challenges with access to these medications. Alcohol, herbs, or the use of sharp objects were also inserted into the vagina as a method of self-managing abortion[14] . Even though some of these methods have been associated with complications yet they seem to be the methods available and accessible[15]. Sometimes, complications arise from inappropriate use of medications. Though self-managed medication abortion has been documented to be safe and effective when effective medications are utilised but only a few women have adequate knowledge of effective self-managed abortion methods. Accurate knowledge about self-managed abortion methods and access to health care will make self-managed abortion safe and acceptable by most women. Consistent with previous studies, women rely on various sources for abortion procurement and information, including the internet, friends, relatives, pharmacists, chemists, and healthcare providers. Sourcing information from the internet and friends seem to be the most preferred and most reported source of information on abortion procurement. Sourcing information from the internet is safer and more confidential compared to other sources due to the sensitivity of abortion especially in settings with restrictive abortion laws[15,16].

Despite the restrictions on abortion in most settings, women in their reproductive ages still find means to exercise this reproductive right. The decision to terminate pregnancy is not a sole decision of the woman involved but the interplay of many other factors of which partners influence is key. Individual and parental factors are the other factors. Partners influence play significant roles in shaping women's abortion decisions, emphasizing the importance of involving men in sexual and reproductive health issues especially in a patriarchal society[17]. Men involvement in abortion decision is essential because women whose partners fail to accept responsibility for their partners pregnancy are more likely to consider abortion.

The process of procuring abortion involves several steps, often starting with taking a pregnancy test, informing a confidant (who can either be sexual partners, close friends, or relatives), seeking help, and sourcing drugs. However, obtaining abortion drugs presents various challenges making access to reproductive health care more difficult. Women face difficulties such as the requirement of prescription sheets, partner's approval, lack of knowledge about where to obtain abortion drugs, feelings of shame, financial constraints, and limited availability of drugs in their local areas. similarly, a study also found that accessing medication abortion in environments with restrictive abortion laws poses challenges, requiring prescriptions or finding a friendly pharmacists[18]. Similarly, another study reported that women faced difficulties in deciding where to seek abortion services due to higher costs and longer travel times in restrictive settings[19]. To ensure the safety of women procuring drugs for abortions, these difficulties must be prevented or eliminated.

Women had diverse experiences while self-managing abortion. Bleeding served as a crucial indicator of the abortion process's initiation and progression. However, while some women had satisfactory abortion outcomes, others experienced unsatisfactory outcomes, such as ongoing pregnancy after attempted abortion, lack of expected bleeding, multiple attempts with the same or different drugs, the need for surgical intervention, pain, and signs of infection[20-22]. These variations could be attributed to differences in the types and dosages of medications used by different

women. Consequently, while some women experienced successful self-managed abortions, others did not. As a result, some women faced physical health complications following the abortion, such as pain, while others experienced emotional distress, including feelings of guilt and regret.

Strengths and limitations of study

To our knowledge, this study provides unique insights into the practices, experiences, and challenges faced by women who self-manage abortion in Nigeria. Utilizing a qualitative approach, we explore the types of abortion medication commonly used, the difficulties encountered in accessing abortion care, and the experiences of abortion and post-abortion care. These findings are valuable in addressing the challenges faced by individuals seeking safe and timely self-managed abortions.

The study had a few limitations. The data presented in this report specifically represent women between the ages of 21 and 42 who have self-managed abortions. Although the study was open to women aged 15-49, only those within the 21-42 age range participated. Therefore, the interpretations of self-managed abortion practices, experiences, and challenges may not be applicable to women outside this age range. To minimize social desirability bias during data collection, we conducted interviews over the phone by study team members who were not familiar to the participants. Additionally, participants were assured of confidentiality during the informed consent process to encourage open sharing. It is worth noting that the recruitment of study participants through social media platforms may have excluded uneducated women who self-managed abortion but lacked access to these platforms.

Conclusion

Self-managed abortions among women in Nigeria usually start with the use of drugs with and without herbs and ends with the use of sharp instruments when the medications do not work. Women prioritize abortion when having to deal with an unintended pregnancy. Access to abortion drugs is challenging due to structural barriers and lack of privacy. Abortion is often a choice when decisions have to be made about attaining educational goals and access to social and financial support for child's upkeep. Self-managed medication abortions can result in both successful and unsatisfactory outcomes such as physical complications and emotional challenges. The study findings provide valuable insights for improving access to safe abortion practices in Nigeria, emphasizing the importance of wider availability of abortion medications with proper medical supervision and prescription. Promoting accessibility to effective abortion drugs and care will help reduce the risks associated with abortion practices.

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Author's contribution

Through the supervision of the people acknowledged in this manuscript, I conceptualized, designed, and executed this study. Together with a team of trained personnels and experts, I participated in the data collection, analysis, interpretation, and manuscript drafting. I also

participated in critical manuscript revision and final approval.

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