nurse or midwife to obtain an abortion. Thus, it is not always true, as some anecdotal evidence suggests, that poor women, presumably unable to afford physicians’ fees, invariably resort to traditional providers, and invariably face the increased risks of an abortion performed under dangerous and unsanitary conditions. Poor women in rural areas are believed to be the least likely of all four subgroups to go to trained medical professionals: About one-third are expected to do so. They are thought to be more likely to seek an abortion from a traditional provider or a chemist (more than half do so) or to induce the abortion themselves (about one in nine).

Poor rural women in the Southwest are thought to be somewhat more likely than those in other parts of the country to utilize medically trained providers for induced abortion: About half are believed to do so, compared with one-third or fewer elsewhere. This is partly because of the greater access to doctors in this region.

Cost of an Abortion
Overall, the cost of an abortion is believed to be lowest if it is done by a traditional provider and highest if it is performed by a doctor. Respondents’ estimates of the average cost of an abortion for poor women in urban areas range from about 160 naira (roughly US $2) for herbs purchased from a traditional provider to about 1,900 naira (approximately US $24) for an abortion performed by a doctor at a private clinic. Even the lowest price is a significant amount to a poor woman: For example, 160 naira is the price of basic meals for two days for one person.

Nonpoor urban women are believed to pay about twice as much as their poor counterparts for an abortion, regardless of the type of provider—for example, about 260 naira for herbs and about 4,000 naira for the service of a doctor at a private hospital. The pattern of costs and the differences among poor and nonpoor women is similar in rural areas. This finding is plausible and may be partly a result of providers’ charging more to those whom they consider better able to pay, as well as better-off women’s paying more for a higher quality and more confidential health service.

Abortion-Related Complications
In assessing the hazards that clandestine abortion poses to a woman’s health and life, we considered both extremely serious complications (excessive loss of blood, lacerations or tears in the vagina or cervix, perforation of the uterus, and sepsis or septic shock) and incomplete abortions, which are usually identified by heavy bleeding and present a somewhat less severe health risk but require hospitalization. Respondents were presented with a list of these conditions and were asked: “Out of 10 poor [nonpoor] women in urban [rural] areas who have an abortion performed by each type of provider ..., about how many would experience a medical complication that should receive medical treatment?”

Respondents perceive that the procedure is likely to have the highest risk of a medical complication if it is performed by traditional providers or chemists, or is self-induced: More than half of women using these means are expected to have a complication. The proportion of women expected to have complications is also quite high (up to two-fifths, depending on the subgroup) when the procedure is performed by a nurse or midwife. Even among women obtaining abortions from physicians, as many as one-fifth are thought to experience complications.

The study participants estimate that slightly more than two-fifths of all Nigerian women having abortions experience a medical complication (Table 3). This proportion is lowest (about one-fifth) among nonpoor urban women, substantially higher (about one-third) among nonpoor women in rural areas and even higher among poor women (two-fifths to one-half).

Respondents see relatively little regional disparity. They feel that women in the North are only slightly more likely than those in the South to have medical complications. The fact that poorer women and men in the North tend to obtain abortions from traditional providers explains their slightly higher risk of medical complications. By comparison, nonpoor and southern women are more likely to use trained physicians, minimizing their risk of complications.

Hospitalization Following Abortion
Nationally, respondents estimate that almost half of women who experience an abortion complication are treated in a hospital (Table 3). The chance that women with medical complications will be treated in a hospital depends on their relative affluence and whether they live in an urban or rural area. About two-thirds of relatively well-off women in both urban and rural areas are considered likely to be hospitalized if an abortion results in a complication, compared with only about one-half of urban poor women and about one-third of rural poor women. The very low proportion for poor rural women results partly from the fact that the majority of secondary and tertiary health facilities and physicians are located in cities and towns. This pattern is found in both the North and the South, and differences in this measure are relatively small between the two regions.

The overall probability of hospitalization among women obtaining abortions reflects the effect of both the level of unsafe abortion and access to hospitals. Thus, we estimate this probability by combining two sets of information: the proportion of women expected to have a complication and the proportion expected to be hospitalized.

Respondents expect that almost one-fifth of all Nigerian women obtaining abortions are hospitalized because of a medical complication (Table 3). The probability of being hospitalized ranges from about one in seven among nonpoor urban women who have an abortion to almost one in four among nonpoor rural women. About one-fifth of poor women in both rural and urban areas who obtain an induced abortion are expected to be hospitalized.

The relatively low level of hospitalization for nonpoor urban women reflects that they are more likely than any other subgroup to use physicians, and are therefore likely to have fewer medical complications. By comparison, the higher levels of hospitalization among nonpoor rural women are probably due to different factors in each region: in the North, higher proportions of women obtaining an unsafe abortion, given the more common use of traditional providers; and