

**FACTORS INFLUENCING AND DANGERS OF CRIMINAL ABORTION AMONG
TEENAGERS IN A SENIOR SECONDARY SCHOOL IN EKITI STATE, NIGERIA**Ife Charles Claudius Ajewole¹, Ayodeji Akinwande Fasoro^{2*} and Richard Dele Agbana³¹Department of Community Medicine, Ekiti State Teaching Hospital, Ado-Ekiti, Nigeria.²Department of Public Health, Afe Babalola University, Ado-Ekiti, Nigeria.³Department of Community Medicine, Afe Babalola University, Ado-Ekiti, Nigeria.***Corresponding Author: Ayodeji Akinwande Fasoro**

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ABSTRACT

Background: Abortion poses a huge threat and burden to women's reproductive health most especially in countries where it is illegal. About 210 million pregnancies occur every year all over the world, 80 million are unwanted, 46 million end in induced abortion and nearly 20 million are estimated to be unsafe resulting in the death of 80,000 women annually. An estimated 1.2 million induced abortion take place annually in Nigeria.

Materials and methods: A descriptive cross-sectional study design was employed to assess the knowledge of teenagers in a senior secondary school on what they perceive to be the dangers of and factors responsible for criminal abortion.

Results: Majority of the students were females (73.3%), within ages 16-19 years (51.3%), Christians (49.3%) and Yorubas (56.7%). Poverty (72.7%), early start of sexual activities (56.7%) and ignorance (50.7%) were the most implicated factors for criminal abortion. Most of the students see death (88.7%), infection (80%) and perforated uterus (79.3%) as dangers of criminal abortion.

Conclusion: Abortion still remains an issue of public health concern in Nigeria. It is clear that there is high prevalence of unsafe abortions with its attendant morbidity and mortality in Nigeria. We recommend that besides teenagers' knowledge of the dangers of abortion, other components of sex education such as abstinence and contraception should be introduced into secondary schools' education curriculum. Community sensitization and availability of contraception will also go a long way in reducing the possibility of girls and women engaging in criminal abortion.

KEYWORDS: Criminal abortion, Perception, Health hazards, Cross-sectional, Teenagers.**INTRODUCTION**

Abortion has been defined as the termination of pregnancy before the age of viability (28 weeks of gestation). It can also be defined as the expulsion or extraction of a foetus or an embryo weighing 500 grams or less from its mother.^[1] The World Health Organization (WHO) defined unsafe abortion as a procedure for terminating an unwanted pregnancy, either by a person lacking the necessary skill or in an environment lacking the minimum standard or both.^[2] Criminal (also referred to as unsafe or illegal induced) abortion poses a huge threat and burden to women's reproductive health most especially in countries where it is illegal. About 210 million pregnancies occur every year all over the world, 80 million are unwanted, 46 million end in induced abortion and nearly 20 million are estimated to be unsafe resulting in the death of 80,000 women annually and 95% of these deaths occur in developing countries.^[3, 4, 5] Of these unsafe abortions, the WHO revealed that about 5.3 million women suffer disabilities.^[6] It has been estimated that 97% of criminal abortion occurs in developing countries.^[4] The annual hospitalization rate for complications of abortion is 4-7

per 1000 admissions.^[7] Various factors may be responsible for unwanted pregnancies. These may include social reasons like rape, teenage pregnancies, economic, cultural, and medical reasons.^[5]

Nigeria is one of the countries with restrictive abortion laws majorly because the two main religions (Christianity and Islam) oppose their adherents indulging in both premarital sex and abortion.^[8] Although the term "abortion" is not legally defined under the criminal law in Nigeria, the term "procuring miscarriage" is used instead.^[9] The criminal code is applicable in Southern Nigeria while the penal code is applicable in Northern Nigeria and they both prescribe various forms of punishment ranging from fine to different terms of imprisonment for abortion procurement.^[10] Termination of pregnancy is however only permitted when such poses a risk to the mother and this decision is only to be taken by medical specialists.^[11] In Nigeria, an estimated one in five pregnancies is unplanned and about 28% of women of reproductive age at some point in their lives had had an unwanted pregnancy.^[12] Out of which one in seven (14%) women has tried to abort their pregnancy while

only 10% successfully had the pregnancy aborted.^[12] This accounts for an estimated 1.2 million induced abortion annually in various parts of the country.^[13] A community-based survey conducted in Nigeria by the Alan Guttmacher Institute (AGI) and the Campaign against Unwanted Pregnancy (CAUP) from 2002–2003^[14] reported that 61% of women of reproductive age who have ended an unwanted pregnancy through abortion were not using any method of family planning when they conceived. There are two major groups of women who engage in criminal abortion in Nigeria. These are: young, unmarried, childless women; and married women with children who want to stop the birth of another child.^[12]

Unsafe abortions mostly put the life and health of any woman in jeopardy. Almost six in 10 abortions are carried out by medical professionals in hospitals or clinics—55% in private ones and 3% in public ones.^[14] One in four women obtaining abortions in Nigeria does experience serious complications.^[12] The most common complications reported by women hospitalized include excessive pain (68%), bleeding (62%) and fever (21%).^[12] Physicians also report that they treat women who had unsafe abortions mostly for retained products of conception, haemorrhage, fever, sepsis and instrumental injury.^[12] It may be difficult to ascertain the statistics of maternal mortality due to criminal abortion in Nigeria. However, the Society of Gynaecologist and Obstetrician of Nigeria and Henshaw and colleagues revealed that about 3000 women die from complications of unsafe abortions each year.^[15,16] More than half of these women were adolescents.^[15,16]

The aim of this study was to assess the knowledge of teenagers in a senior secondary school on what they perceive to be the factors responsible for criminal abortion. Also to assess their knowledge on perceived dangers associated with criminal abortion.

METHODOLOGY

Study population

The study population included teenagers in a senior secondary school in Ido-Ekiti, Nigeria.

Study design

A cross-sectional study design was adopted for this study.

Study location

The study was conducted in Ido-Ekiti, Ekiti State, Nigeria. Ekiti state was created on 1st October, 1996 and has 16 local government areas and well over 1120 towns and villages. Ido-Ekiti is the headquarters of Ido-Osi Local Government Area. Farming is the major occupation of the residents of Ido-Ekiti. The major crops grown include yam, cassava, maize and plantain.

Data collection/study instrument

A structured questionnaire was developed, validated and administered to the respondents. The structured, face-validated questionnaire was used for data collection. The questionnaire was divided into three sections which included the socio-demographic characteristics of the respondents, perceived factors responsible for criminal abortion and perceived dangers of criminal abortion.

Ethics

Approval to conduct this study was obtained from the Department of Nursing Science, School of Health Sciences, National Open University, Ado-Ekiti study centre. The anonymity and confidentiality of the respondents' identity as well as their responses were guaranteed. Participation was also made voluntary. A verbal consent was also obtained from all the participants and their parents.

Statistical analysis

The questionnaires were sorted for completeness. The completed data were manually entered, cleaned and analysed using IBM Statistical Package for Social Sciences (SPSS) version 20. The data were presented in frequencies and percentages in tabular form.

RESULTS

Table 1 shows the sociodemographic characteristics of the respondents. Majority of the students were females (73.3%), within ages 16-19 years (51.3%), Christians (49.3%), Yoruba (56.7%) and were in the second year of their senior secondary school (52.0%). Table 2 shows that poverty (72.7%) was considered the most important factor for criminal abortion. Others were early start of sexual activities (56.7%) and ignorance (50.7%). Most of the students (88.7%) see death as a danger of criminal abortion (Table 3). Infection (80%) was also reported as one of the dangers of criminal abortion.

Table 1: Sociodemographic characteristics of the respondents.

Variables	Frequency	Percentage
Age group		
13 – 15	73	48.7
16 – 19	77	51.3
Gender		
Male	40	26.7
Female	110	73.3
Religion		
Christianity	74	49.3
Islam	66	44.0
Traditional	10	6.7
Ethnicity		
Yoruba	85	56.7
Igbo	29	19.3
Hausa	13	8.7
Others	23	15.3
Educational level		
Senior secondary 1	31	20.7
Senior secondary 2	78	52.0
Senior secondary 3	41	27.3

Table 2: Perceived factors responsible for criminal abortion among teenagers.

Factors	Frequency	Percentage
Religion		
Yes	43	28.7
No	71	47.3
Don't know	36	24.0
Early start of sexual activities		
Yes	85	56.7
No	55	36.7
Don't know	10	6.6
Ignorance		
Yes	76	50.7
No	51	34.0
Don't know	23	15.3
Poverty		
Yes	109	72.7
No	38	25.3
Don't know	3	2.0

Table 3: Perceived dangers of criminal abortion among teenagers.

Factors	Frequency	Percentage
Death		
Yes	133	88.7
No	11	7.3
Don't know	6	4.0
Infection		
Yes	120	80.0
No	16	10.7
Don't know	14	9.3
Severe bleeding		
Yes	111	74.0
No	23	15.3
Don't know	16	10.7
Perforated uterus		
Yes	119	79.3
No	13	8.7
Don't know	18	12.0
Infertility		
Yes	113	75.3
No	26	17.3
Don't know	11	7.4
Discontinued Education		
Yes	128	85.4
No	14	9.3
Don't know	8	5.3

DISCUSSION

Criminal abortion is no doubt a burden and an important public health issue in Nigeria and most developing countries. This study shows that the students were well aware of what abortion is. Nearly half (47.3%) of the students did not believe religion plays any role in criminal abortion. Some studies also did not find any association between religion and induced abortion.^[8] In contrast, some studies found a relationship between religious beliefs and abortion.^[12,17,18] Bankole and colleagues^[12] reported that religion is a factor that influences abortion in Nigeria. In their study, the proportion of abortion was higher among Catholic Christians (19%) compared to Muslims (5%). This was explained to be so because the prevalence in the South (mostly Christians) was compared with that of the North (mostly Muslims). This report must have been influenced by the fact that there were possibly more educated women in the South than in the North. It is also important to note that the mean age of marriage in the north is 15.2 years while that of the south is 22.8 years.^[19] Their report also indicated that abortion was practised by women (18%) with university degree more than women (5%) with only primary education.^[12]

Many of the teenagers (72.7%) also perceived poverty as a major reason for engaging in illegal induced abortion. This could be probably because they felt they may not have the resources to take care of the baby or if they had had enough money, they would probably go to qualified doctors for the abortion. In contrast, Bankole and colleagues^[12] reported that prosperity is a factor that promotes abortion. In their study, women of high socioeconomic class (59%) tend to undergo surgical procedure performed by medically trained professionals compared with 29% poor women.^[12]

Serious complications arise from illegal abortion which eventually results into maternal morbidity and mortality.^[20] A study among undergraduates in a university in South-East, Nigeria reported that a large proportion of the students (98.8) were aware of complications of abortion.^[8] In our study, majority of the teenagers (88.7%) identified death as a major health hazard of illegal induced abortion. This is higher compared to 52.5% reported among lawyers in Anambra state, Nigeria.^[10] About 75% of these lawyers knew people who had died from the complications of abortion.^[10] The restrictive abortion laws in Nigeria have left abortion services in the hands of quacks with the probable end result of the abortion being death.^[21]

In this study, 80%, 74%, 79.3% and 75.3% reported that the dangers of induced abortion are infection, severe bleeding, perforated uterus and infertility respectively. Several studies have reported these factors as health hazards of induced abortion.^[10] Ubajaka and colleagues^[10] reported that lawyers recognized infertility (53%) and bleeding (42.5%) as health hazards associated with abortion. A study conducted among undergraduate

students of a university in Kaduna State, Nigeria reported vaginal bleeding and abdominal pain. Other complications include post-abortion septicaemia, anaemia, peritonitis and uterine perforation.^[22] No doubt that there are many complications that may result from induced abortion – even when done by medically trained professionals – let alone quacks.

CONCLUSION

Abortion still remains an issue of public health concern most especially in developing countries like Nigeria. It has been estimated that 35 million induced abortions occur in developing countries compared to 7 million in developed countries.^[23] It is also clear that there is high prevalence of unsafe abortions with its attendant morbidity and mortality in Nigeria.^[24,25] Majority of the teenagers in this study are well informed about some factors responsible for induced abortions and health hazards of illegal induced abortion. However, this may not necessarily translate to safe sex practices. We recommend that besides their knowledge of the dangers of abortion, other components of sex education such as abstinence and contraception should be introduced into their school's education curriculum. Community sensitization and availability of contraception will also go a long way in reducing the possibility of girls and women engaging in illegal induced abortion.

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