CAUSES AND CONSEQUENCES OF INDUCED ABORTION AMONG UNIVERSITY UNDERGRADUATES IN NIGERIA.

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PAPER PREPARED FOR 26TH INTERNATIONAL POPULATION CONFERENCE OF THE INTERNATIONAL UNION FOR THE SCIENTIFIC STUDY OF POPULATION, MARRAKECH, MOROCCO, SEPTEMBER 26th - OCTOBER 2nd, 2009.

ABSTRACT

In Nigeria, out of 5 million pregnancies, it is pathetic that 54,000 result into induced abortion. This study aims at understanding the causes and consequences of abortion among adolescents.

Data was collected through individual-based questionnaire and multi-stage sampling procedure was used to select undergraduate students for the study. In all, 187 respondents were interviewed. Chi-square was used to determine the effects of the explanatory factors on abortion. This was complemented with 10 IDIs.

The data reveal that unmarried adolescent girls are more prone to abortion than the married women (85%). It also found out that contraceptive use has helped in the reduction of unwanted pregnancy and invariably abortion. Education, religion, age and marital status are related to abortion.

The study therefore concludes that there should be the introduction of sex education in secondary schools to stem the tide of abortion.

Key words: Abortion, Poverty, Adolescents, Pregnancy

INTRODUCTION

All over the world, women experience unwanted pregnancy; some of these women seek to terminate the pregnancy by safe medical means, if possible but often by whatever available. The termination of pregnancies most generally known as "abortion" is a universal phenomenon occurring throughout all levels of societal organization and recorded history. Techniques implemented are highly varied, as are circumstances under which it is practiced. Abortion is not unique at any point in time or level of societal organization. It has existed before history started to be recorded and it still exists till today. An abortion by definition is the discarding by the uterus of the product of conception before the 24th week of pregnancy.

Abortion is the expulsion of the foetus from the womb during the first twenty-eight (28) weeks of pregnancy (Oxford Advanced Learners Dictionary 5th Edition '95). To some people in the society particularly the religious, it is a vice affecting every nook and cranny of the world (Jeje, 2001).

The Centre for Human Development, Ile-Ife in conjunction with UNICEF declared that over 50% women in Nigeria are pregnant by the age of 20 (in some communities, it is high as 80%). Of this number, 21-28% undergo parturition between the ages of 15 and 17 and 40% are mothers by the age of 18. This is to say that abortion among adolescents is higher among women. Adolescent is the period when children begin to identify some notable change in their physical body such changes would make them to be aware of their bodies. Changes like growth of the breast, beginning of menstrual period among women, broadness of the chest and growth of hairs in the public areas in both boys and girls. Abortion or termination of unwanted babies among adolescents owes to so many reasons ranging from poverty, illiteracy, incompetence and so many other reasons.

Abortion can be legal or illegal, that is, generally acceptance by law, which is legal or unacceptable by law illegal, which regards it as an offence. Only few countries in Africa, allow abortion and problems relating to pregnancy are the leading causes of death for women of childbearing age(s), with complications from abortion consistently rendering at the top list. For every 100,000 abortion in Africa, 680 women die. This is over twice the average for developing nations and 680 times the number of developed countries.

The overwhelming majority of countries, 97 percent, permit abortion to save the women's life. In five countries, abortion is not permitted. Abortion laws and policies are significantly more restrictive in the developing world. In developed countries, abortion is permitted for economic or social reasons in 78 per cent of countries and on request in 67 per cent of countries. In contrast, 19 percent of developing countries permit abortion for economic or social reasons, while in 15 percent of developing countries abortion is available on request.

Many countries have additional procedural requirements that must be met before an abortion may be legally performed. Additional requirements may relate to the gestational limits within which abortion may be performed, mandatory waiting period parental or spousal consent, third-party authorization, the categories of healthy providers permitted to perform abortions, the types of medical facilities where abortions may be performed and mandatory counseling. In addition, even when abortion is legally permitted, access to abortion services may be limited. It is important to point out that up-to-date information on the status of abortion policy is not readily available for all countries. The information for some countries is either incomplete or unclear.

In Nigeria, the law makes it a criminal act to perform or seek for abortion except it is for the purpose of saving the women indulging in the act and the people demanding for it, abortion is still secretly practiced by medical practitioners and is still on the high side especially among adolescents.

Abortion during adolescents has led to deaths and health consequences such as barrenness, sterility, infection of the womb, perforating of the uterus, amongst others. Nevertheless, adolescents in Nigeria have continued to seek for abortion with unqualified physicians providing the services in private clinics and hospital where in most cases unsafe methods are used resulting to severe health consequences or even death among the adolescents (Ayanwale, 2001).

In Nigeria, 50% of maternal deaths are adolescents due to illegal abortion while abortion complications accounts for about 72% of all death among girls under the age of 19 (Saka, 2001).

Among adolescents, if there is no premarital sex there cannot be pregnancy, let alone abortion. Abortion is a preventable hazard or medical hazard that should be curtailed all over the world and Nigeria in particular because there are no adequate medical facilities and only about 25% of its population has access to modern health (Awoyemi, 1995). Abortion is a very rampant hazard that endangers the lives of women especially the youths (adolescent) and also it affects their future.

People are influenced by what they see, read or hear. In true senses, the media houses cannot be exonerated from causing this problem given their penchant for pornographic picture, sexually stimulating discussions and stories. Even the kids are known to practice what they see people do on television (Saka, 2001). Ignorance is also a factor causing this problem because it has been observed that abortion is carried out more by people with low education (Saka, 2001). This is as a result of the fact that the individual does not comprehend sex, possible effects and dangers associated with abortion.

Most parents hardly have anytime to educate their children on sex education. Economic crises have also been listed as a factor that brings about abortion, as young ladies go out to cater for themselves in the absence of funds from their parents thereby subjecting themselves to pre-marital sex. It should however be borne in mind that the attitude of the male counterpart determines whether the pregnancy is aborted or not.

The high rate of abortion amongst the adolescents in recent times calls for an urgent appraisal of the factors responsible for it. Abortion in Nigeria is illegal, thus there is no existing registered clinic or hospitals that offer professional services on the issue of abortion, hence many people (adolescents who intended to procure abortion end up in the hands of quack doctors) who leave them either hurt or dead. The productive ability of young girls has been destroyed because of the odious activities of these quack doctors. Abortion still carries a very high stigma in Nigerian society, girls that engage in abortion normally loose their self-esteem and prestige due to the negative reaction towards them by other members of the society (Saka, 2001). Therefore, Why do adolescents get pregnant? Why do adolescents abort? Can parent advice their wards to abort? What are the reasons for abortion after knowing the danger of induced abortion? Should adolescents/teenagers who get pregnant abort? On what

grounds do people think a pregnancy would be terminated? Should government legalize abortion? What are the dangers involved in induced abortion? These and other relevant questions shall be probed into in this paper. The objectives of this study therefore are: To examine societal attitudes toward abortion, what are the effects of abortion on the lives and future of the adolescents in particular and the growth and development of the society in general, what are the factors that leads to abortion among adolescents as well as to examine the socio-demographic profile of respondents.

THEORETICAL FRAMEWORK

Pregnancy among adolescent and the resulting abortion are interrelated problems facing most countries of the world especially the less developed countries youths. Nigerian youths for example, are also faced with the phenomenon. This necessitates the need to examine the attitudes and believes of adult towards abortion as they are meant to be the custodians and guardians of these youth in matters relating to their general welfare even as concerning sex.

Dagunodo (1992) argued that teenage pregnancy is a shameful thing to experience because the society feels that the parents of the girl have failed in their roles as a parent. It is in the light of all these, that one can appreciate the explanation that some parents can tell their wards (children) to abort.

The theoretical orientation of this work is the theory of knowledge. Since this study involves with the course and consequences of abortion among adolescents, therefore tends to depend on knowledge of the individual adolescent as regards what abortion is all about. The theory of knowledge is a theory of social or existential determination of knowledge thought and the social structure in which they emerged. The theory explains why there are variations in thought and perception from one place to another.

Theoretical Perspective: The use of Theory of Knowledge

This theory examines the relationship that exists between thought and society. It attempts to relate the idea in a setting to the socio-historical setting in which they are produced and received. It has something to do with the ideology of a people. Since it concerns itself with

the thought of a society, it constitutes the sociological focus of a much more general problem than that of the existential determination of thought as such.

There is a functional relationship between social structures and categories of thought and the ideas operative within such structures. Impression of nature, are compared upon the mind by the sex, age, religion, health and sickness, beauty and deformity and these are likes which are inherent and not extern and again those which are caused by extern fortune as sovereignty, nobility, obscure, birth, riches, want, magistracy, prosperity, adversity and the life (Bacon, 1952).

This shows that an individual is affected in the way he sees things in the society. This might be due to a number of reasons including environmental influences, personality make-up and societal values. This theory of knowledge therefore concerns itself with the social construction or reality. It concerns itself with everything that pauses for "knowledge in the society". The attitudes and believes of an individual about anything at all, especially the issue of abortion will largely depends on his socio-economic status. There are things that will guide the adults in building an attitude or having a belief about abortion. To some, the fear of death may influence their lack of support for it or it might even be ignorant about the hazard involved in abortion that will determine other attitudes.

The theory of knowledge is a theory of social or existential determination thinking. It also concerns with the procedure by which the socio-historical selection of ideational contents is to be studied. It is being understood, that the contents themselves are independent of socio-historical causation and thus inaccessible to sociological analysis. According to a (Mannheim, 1953) all knowledge is bound to a location within the social process. Also, Mannerism believed that different social groups vary greatly in their capacity thus to transcend their own narrow position. At a particular time, a particular group can have fuller access to the understanding of a social phenomenon than other groups, but no group can claim to have a total access to it.

Thought is therefore, culturally relative and time specific. Thus, it can be very interesting to want to know the views attitudes and implication of these adults or the youth will be in

another environment and at a latter date and time may be next century. But this is not provided for in this research work.

Karl Marx (1939) attempted in his early writings to establish a connection between philosophic and the social structures in which they emerged and more specifically, he was concerned with analyzing the ways in which systems of ideas appeared to be dependent on the social position, more particularly the clap position of their proponent. Marx thus attempted to functionalize ideas of individuals to their social roles and to the class position they occupy in society. To him, it is not the consciousness of men that determine their existence but on the contrary the social existence determines their consciousness. Man's thought is concerned with human activity consequent upon this submission the attitude and believes of an adult Doctor/Nurse may tend to oppose a abortion as practice but the attitude of a rural farmer may support it since they might not be aware of the dangers of abortion and are only thinking of the impact the unwanted pregnancy ran have on their image if not terminated especially as unwanted pregnancy before marriage is more often than not the reason for abortion. These variations are as a result of the type of social roles they play within the structure.

Methods and Materials

This study was conducted in Lagos State University. The methods comprise the use of questionnaire, case histories and document analysis. Quantitative method was exhaustively used. Ordinarily, the structured interview helps to generate standardized information from a representative sample of a given population. This was complemented with 10 IDIs.

A sample of university undergraduates was drawn in the following stages: -

Stage 1: Purposive sampling technique was used to select Lagos State University.

Stage two involved the stratification of Lagos State University into four campuses namely: Ojo, Epe, Ikeja and Surulere campuses. The third stage involved the selection of Ojo main campus. Lottery method of simple random sampling was employed here.

The fourth stage was the stratification of the selected campus into faculties/colleges namely: Management Sciences, Social Sciences, Sciences, Arts, Education and Law

Faculties. The fifth stage was the selection of students from the identified faculties. Each student was randomly selected and in all 187 students were interviewed. The unit of analysis was the individual student. Chi square test statistics was used in analysis.

RESULTS

Socio-Demographic Profile

Information provided by 187 undergraduates is analyzed in this study. It should able be mentioned that all respondents are students both married and single form all levels and cutting across all faculties in LASU, Ojo.

| S/No. | Characteristics | Variables | Frequency | Percentage |
|-------|-----------------|-----------------|-----------|------------|
| 1. | Sex | Male | - | - |
| | | Female | 187 | 100% |
| 2. | Age | Less than 20yrs | 12 | 6.4 |
| | | 20 – 24 yrs | 97 | 51.9 |
| | | 25 – 29yrs | 72 | 38.5 |
| | | 30 – 34yrs | 6 | 3.2 |
| 3. | Ethnic Group | Yoruba | 123 | 65.8 |
| | | Hausa | 20 | 10.7 |
| | | Igbo | 31 | 16.6 |
| | | Others | 13 | 6.9 |
| 4. | Religion | Islam | 75 | 40.1 |
| | | Christianity | 112 | 59.9 |
| | | Traditional | - | - |

| 5. | Marital Status | Single | 137 | 73.3 |
|----|----------------|---------|-----|------|
| | | Married | 21 | 11.2 |
| | | Others | 29 | 15.5 |
| | | | | |

Source: Fieldwork 2008.

From the table above, it can be deduced that all the respondents were female, accounting for 100%. Also from the in-depth interview conducted all the respondents were female, as it is only females that can experience abortion. The table also indicates that respondents under the age bracket of 20-24 represents well over half of the result while one-third (1/3) of them fell under ages 25-29 and one-tenth (1/10) fell under ages 15-19 leaving the remaining less than one-tenth under the ages of 30-34. This implies that most of the respondents were between the ages of 20-24 years. This implies that adolescents under this age bracket responded more to the questionnaire.

The table also reveals that most of the respondents were Yoruba with almost three-quarters (3/4) of them representing the Yoruba ethnic group, close to one fifty (1/5) represented the Igbo ethnic group, one-tenth 1/10 represented the Hausa ethnic group and more than one-tenth (1/10) represented other ethnic groups. This was due to the area of study, which is the western part of the country (Nigeria) and mostly comprises of Yoruba people.

According to the table, most of the respondents were Christians with almost three-quarter (3/4) of the respondents and leaving less than half of the respondents as Muslims and none represented traditional religion or other religions. The table further reveals that most of the respondents were not married with three-quarter (3/4) of them representing single and one-quarter (1/4) were married. Moreover, from the in-depth interview conducted, more than half of the respondents were not married while close to one-quarter (1/4) of the respondents were married. This owes to the facts that single adolescent girls are more prone to abortion than the married ones.

Believes and Attitude Towards Abortion

Table 2 shows that majority of the respondents perceives abortion to be a problem facing adolescent girls today with close to three quarter (3/4) accepting to that it is a problem. One-tenth (1/10) did not accept it to be a problem and less than one-twelfth of the respondents did not respond to the question. This was further buttressed in the in-depth interview where it was agreed that abortion is a problem facing adolescent today as over three-quarter (3/4) of the respondents agreed that it is a problem while one-quarter said is not really a problem.

According to the analysis from the table, half (1/2) of the respondents see abortion to be very common among adolescent girls, three-quarter (3/4) says it is common, while close to one-tenth (1/10) says it is not common and the remaining did not actually respond to the question.

| S/No. | Characteristics | Variables | Frequency | Percentage |
|-------|---|-------------------|-----------|------------|
| 1. | Is abortion considered a problem facing adolescent' | Yes | 129 | 68.4 |
| | girls today? | No | 20 | 10.7 |
| | | I don't know | 14 | 7.5 |
| | | Not really | 22 | 11.8 |
| | | Missing | 3 | 1.6 |
| 2. | How common is the | It is very common | 196 | 51.4 |
| | problem of abortion among adolescent girls today? | Common | 70 | 37.4 |
| | | Not common | 18 | 9.6 |
| | | Missing | 3 | 1.6 |
| 3. | Have you ever had an abortion? | Yes | 79 | 42.2 |
| | | No | 104 | 55.6 |
| | | Missing | 4 | 2.2 |
| 4. | Is abortion considered to | Yes | 152 | 81.2 |

| Table 2: | Believes | and | Attitude | Towards | Abortion |
|-----------|----------|-----|------------|---------|---------------|
| 1 (1010 - | Deneves | | Intervenue | 10// 40 | 1 IO OI CIOII |

| dangerous? | No | 15 | 8.1 |
|------------|--------------|----|-----|
| | I don't know | 7 | 3.7 |
| | Not really | 10 | 5.3 |
| | Missing | 30 | 1.6 |

Source: Fieldwork 2008.

From table two, close to half (1/2) of the respondents said they have had an abortion before and over half (1/2) said they have not had it before while the remaining respondents did not answer the question.

The table reveals that abortion is very dangerous with over (3/4) of the respondents accepting it to be dangerous, less than one-tenth (1/10) says it is not dangerous, less than one-tenth (1/10) says it is not really dangerous, while the remaining responses were missing. The implication of this is that abortion is actually considered to be dangerous.

From table 2 also, the analysis shows that young people do not procure abortion from qualified doctors with over half of the respondents saying No, close to one-quarter |(1/4) said yes while over one-tenth (1/10) represented other means.

Causes of Abortion

The study therefore was interested in knowing the causes of abortion among the respondents. It was discovered that lack of sex education accounts more for abortion among adolescents with over half (1/2) of the respondents accepting to it, over one-third (1/3) of the respondents says it is due to moral decadence and one-tenth (1/10) said it is due to failure of parents to provide guidance while the remaining result were missing. Moreover, about three-quarter of the respondents from the in-depth interview believes that lack of sex education is a major reason for abortion among adolescent girls. This implies that adolescent girls procure abortion because they lack proper sex education or sexual knowledge.

Table 3: Causes of Abortion

| S/No. | Characteristics | Variables | Frequency | Percentage |
|-------|--|--|-----------|------------|
| 1. | Reasons for abortion | Moral decadence | 70 | 37.4 |
| | among adolescents? | Lack of sex education | 94 | 50.3 |
| | | Failure of parents to provide guidance | 19 | 10.2 |
| | | Missing | 22 | 2.1 |
| 2. | Do young people actually procure abortion from | Yes | 55 | 29.4 |
| | procure abortion from qualified doctors? | No | 100 | 53.5 |
| | | Others | 27 | 14.4 |
| | | Missing | 5 | 2.7 |
| 3. | Do you think the level of education influences the | Yes | 85 | 45.5 |
| | education influences the decision of aborting? | No | 99 | 52.9 |
| | | Don't know | 1 | 0.5 |
| | | Missing | 2 | 1.1 |
| 4. | Do you think young girls | Yes | 100 | 53.5 |
| | will engage in abortion if they know that it is | No | 75 | 40.1 |
| | dangerous? | Don't know | 12 | 6.4 |

Sources: Fieldwork 2008

Furthermore, the three level of education does not influence the decision to abort with over half of the respondents affirming this while over one-tenth of the respondents felt otherwise. This indicates that there is no significant relationship between education and the decision to have an abortion.

The above table further depicts that more than half of the respondents would procure an abortion even if they know it was dangerous while about two-fifths of them felt otherwise

and less than one-tenth (1/10) said they don't know. This indicates that even if young girls are aware of the dangers of abortion, they would still engage in the act.

Consequences of Abortion

The study at this point wanted to know the consequences of abortion on the individuals. The respondents reveal that the possible consequences of abortion include: death, infertility, infection. The table below reflects the possible consequences of abortion among the respondents.

| Table 4: Consequences of Abortion | |
|-----------------------------------|--|
| | |

| S/No. | Characteristics | Variables | Frequency | Percentage |
|-------|-----------------------|----------------------------|-----------|------------|
| 1. | What are the possible | It can lead to death | 56 | 29.9 |
| | dangers of abortion? | It can lead to infertility | 76 | 40.7 |
| | | It can lead to infection | 50 | 26.7 |
| | | Missing | 5 | 2.7 |

Source: Fieldwork 2008.

Way Forward

The study sought to know the way forward and it decided that sex education can help curtail abortion among adolescent girls in the society with over half of the respondents choosing sex education, close to one-third (1/3) of the respondents chose instilling moral values and over one-tenth of the respondents chose proper parental guidance while the remaining responses were missing. Furthermore, the in-depth interview showed that most of the respondents feel that sex education can help to curb unwanted pregnancy and invariably abortion.

Table 5: Way Forward

| S/No. | Characteristics | Variables | Frequency | Percentage |
|-------|--|---------------|-----------|------------|
| 1. | How can abortion among adolescent girls be | Sex education | 96 | 51.3 |

| | curtailed in the society? | Instilling more values | 60 | 32.1 |
|----|--|--------------------------|-----|------|
| | | Proper parental guidance | 29 | 15.5 |
| | | Missing | 2 | 1.1 |
| 2. | If teaching sex education could curb unwanted | Yes | 163 | 87.2 |
| | pregnancy and invariably | No | 20 | 10.7 |
| | abortion | Missing | 4 | 21.1 |
| 3. | Should abortion be legalized in the society | Yes | 60 | 32.1 |
| | leganzed in the society | No | 110 | 58.8 |
| | | Don't know | 14 | 7.5 |
| | | Missing | 3 | 1.6 |
| 4. | Do you think the use of | Yes | 128 | 68.5 |
| | contraceptives can prevent unwanted pregnancy and | No | 29 | 15.5 |
| | invariably abortion? | Not really | 10 | 5.3 |
| | | Don't know | 20 | 10.7 |

Source: Fieldwork 2008.

According to the above table, the use of contraceptives can prevent unwanted pregnancy and invariably abortion as close to three-quarter (3/4) of the respondents said it can help and about one-quarter of the respondents felt otherwise and less than one-tenth (1/10) said not really. It was also discovered from the in-depth interview that the use of contraceptive can help to reduce abortion among adolescent as over half of the respondents agreed to the fact that it can but abstinence is the best prevention of abortion. This implies that if adolescent actually use contraceptives or even abstain from sex, then the rate of abortion among them would be reduced. It was further that abortion should not be legalized as over half of the respondents said 'no' close to one-quarter said 'yes' it should be legalized and close to one-tenth (1/10) said they don't know.

EVER HAD ABORTION

When asked if ever had an abortion? If yes, how common is the problem of abortion among adolescent girl today?

| | If yes, how c adolescent girl | | | | |
|-----------------------|----------------------------------|----------------------|--------|------------|-----|
| Have you | | It is very common | Common | Not common | |
| ever had an abortion? | Yes | 53 | 25 | 0 | 78 |
| | No | 41 | 43 | 18 | 102 |
| | Total | 94 | 68 | 18 | 180 |

Chi-square Tests

| | Value | Df | Assymp. Sig. (2-sided) |
|------------------------|--------|----|---------------------------|
| Pearson Chi-square | 21.478 | 2 | 000 |
| Likelihood ratio | 28.102 | 2 | 000 |
| Linear-by-linear | 20.407 | 1 | 000 |
| No. of old valid cases | 180 | | |

Sources: Fieldwork 2008

a. O cells (.0%) have expected count less than 5. the minimum expected count is 7.80

Chi-square value is 21.478

For chi-square tabulated

Degree of freedom is 2

Checking for 2 under 0.05 in chi-square table gives 5.991.

Decision Rule

Since chi-square (χ^2) calculated is greater than chi-square (χ^2) tabulated, we reject the Null hypothesis and accept the alternative hypothesis.

USE OF CONTRACEPTIVE AND ABORTION

- Ho: The use of contraceptive among adolescents has not helped in the reduction of unwanted pregnancy and invariably abortion.
- Hi: The use of contraceptive among adolescents has helped in the reduction of unwanted pregnancy and invariably abortion.

Do you think the use of contraceptive can help to curb unwanted pregnancy and invariably abortion?

| | Do you think teaching sex education could curb unwanted pregnancy and invariably abortion? | | | |
|--------------------------------------|--|-----|----|-------|
| | | Yes | No | Total |
| Have you ever had an abortion? | Yes | 117 | 8 | 125 |
| | No | 28 | 0 | 28 |
| | Not really | 11 | 0 | 11 |
| | I don't know | 7 | 12 | 19 |
| | Total | 163 | 20 | 183 |

Source: Fieldwork 2008

Chi-square Tests

| | Value | Df | Assymp. Sig. (2-sided) |
|--------------------|---------------------|----|---------------------------|
| Pearson Chi-square | 60.662 ^a | 3 | 000 |
| Likelihood ratio | 41.813 | 3 | 000 |
| Linear-by-linear | 33.451 | 1 | 000 |

| No. of valid cases | 183 | |
|--------------------|-----|--|
| | | |

Source: Fieldwork 2008

Chi-square value is 60.662

For chi-square tabulated

Degree of freedom is 3

Checking for 2 under 0.05 in chi-square table gives 7.815

Decision Rule

Since chi-square (χ^2) calculated is greater than chi-square (χ^2) tabulated, we reject the null hypothesis and accept the alternative hypothesis.

AGE AND ABORTION

Ho: There is no significant relationship between age and those who seek abortion.

Hi: There is significant relationship between age and those who seek abortion.

| Have you ever had an abortion? | | | |
|--------------------------------|-----|----|-------|
| Age | Yes | No | Total |
| 15-19 | 0 | 4 | 4 |
| 20-24 | 20 | 51 | 71 |
| 25-29 | 29 | 29 | 58 |
| 30-34 | 6 | 0 | 6 |
| Total | 55 | 84 | 139 |

Source: Fieldwork 2008

Chi-square Tests

| | Value | Df | Assymp. Sig. (2-sided) |
|--------------------|---------------------|----|---------------------------|
| Pearson Chi-square | 18.281 ^a | 3 | 000 |
| Likelihood ratio | 21,770 | 3 | 000 |
| Linear-by-linear | 16,829 | 1 | 000 |
| No. of valid cases | 139 | | |

Source: Fieldwork 2008

a. 4 Cells (50.0%) have expected count less than 5. The minimum expected count is 1.58.

b. O cells (.0%) have expected count less than 5. the minimum expected count is 10.79

Chi-square value is 18.281.

For chi-square tabulated

Degree of freedom is 3

Checking for 3 under 0.05 in chi-square table gives 7.815

Decision Rule

Since chi-square (χ^2) calculated is greater than chi-square (χ^2) tabulated, we reject the null hypothesis and accept the alternative hypothesis.

DISCUSSION OF FINDINGS

Adolescence is often a turbulent time, caught between childhood and adulthood. The adolescents face some unique problems. It is also referred to as the period between puberty and maturity (that is, between 11 to 18 years of age).

Generally, several factors were adduced as reasons why people (Females) engage in the practice of abortion. These reasons vary among women of all ages and circumstance surrounding the pregnancy. However, Adiele (2004) identified some of the major causes or

factors responsible for the practice of abortion among adolescent and these factors are as follows:

• Lack of Financial Assistance

Due to the poor economic situation economic imbroglio – a complex and complicating economic situation the fear for financial difficulty to arise the child, what other people might think or say concerning the nine months of pregnancy and the psychological fear of scaling through the nine months is one of the major factors or causes of the practice of abortion among most adolescents. This could also be said to be a consequence of lack of confidence in God since the most beautiful desire of a woman should be her own child i.e. having her own child. In respect tot adolescents who in their young age might lack finance to rarise a child especially when their partners do not own to the responsibility of the pregnancy. Also, the false value society we all are living in which the economic situation sees to be deteriorating and as such making child bearing and rearing a luxury.

• Fear of What Parents Might Say

Most adolescents stand in awe of their parents and as such nurse the fear of what would or might be the parents response should they caught pregnant. The fear of carrying it for nine months, all the discomfort – in each stages of each trimester, all subsequently lead to abortion especially where the carrier is inexperienced as in the case of adolescents (i.e. teenage girls).

• Another Situation can be Attributed to Rape

Rape is a horrible abuse with traumatic effect for many of its victims. For a teenage girl who carries in her entrails, a creature fruit of a rape is not helpful at all, to know that pregnancy rarely happed in these cases. Other causes responsible for abortion which does not necessarily have to do with the adolescents alone are those resulting from ill death or health problems, hormonal contraceptive and so on.

CONSEQUENCES OF ABORTION

In the case of cervical methods of abortion where dilation of the uterus is required, series of instruments of increasing size are inserted into the cervix, the forceful stretching by the abortionist to open the cervix which of course takes over a period of many hours can result in permanent physical injury to the mother.

- More so, in suction abortion, where smaller tubes requiring little dilation of the cervix. That in "menstrual extraction" where the fatal remains are not removed completely, infection often results, which will therefore require a full dilation of the cervix and scraping out of the womb.
- Another consequence can be seen in the case of Hysterectomy or caesarean section, used mainly in the last three months of pregnancy (7 months). The womb is entered by surgery through the wall of the abdomen. The technique is similar to a caesarean delivery, except that the umbilical cord is usually cut while the baby is still in the womb. The possible resultant effect of this section is death, as some women do not survive it, and some who survive are often faced up with other complications such as damaged wombs, perennial cervix pain and so on.

As a matter of fact for young women ages 15-19 worldwide who engage in the act of abortion it is the leading cause of disease, infertility, birth complications and ultimately death.

In a study of post-abortion patients, only 8 weeks after their abortion researcher found that 44% complained of nervous disorders, 36% had experienced sleep disturbance, 1% had regret their decision, and 11% had been described psychotropic medicine by their family doctors.

Women who have had abortions are significantly more likely than others to subsequently require admission to a psychiatric hospital, at especially high risk are teenagers and women with a history of more than one abortion attempt, such complications or post abortion affects or post-abortion syndrome (PAS) as it is commonly called, that are common to women especially adolescents are as follow.

CONCLUSION

It should be noted that parents, government and youths all have their rules to play in making sure that this social ill is eradicated in every facet of life. In the overall analysis, more enlightenment needs to be done to make sure people known the evils involved in this issue of abortion. There is the need for family planning to intensify in the different localities of the country. Women are advised to keep their bodies and abstain from sex except with their husband. People should rather go for the other alternatives and not endanger their lives through procuring abortion. Abortion in all ways should be discouraged because a very high

percentage of people have died due to this abortion practices especially here in this country where healthcare facilities are inadequate.

Lastly, people should help one another and not wait only for government to do all things for them as more could be achieved through individuals and communal efforts or societal efforts than government effort. It would be interesting to know the view of other adults in other areas of the country to see whether there is a convergence of view on this same issue of abortion or not.

REFERENCES

Ademola, A. (2001). Adolescent Pregnancy: Social Implications (A publication of Lagos State University Medical Students Association).

Adetoro, O.O. (1989). A 15 Years Study of Illegal Induced Abortion in Ilorin, Nigeria. An International Journal of Obstetrics and Gynecology, 10(3):162-176.

Aggarnal, R. and Mahil, A. (1980). Review of Abortion of Kenyatta National Hospital Nairobi. *An African Medical Journal*, 22(1):85-100.

Akingba, I.B. and Gbajumo, S.A. (1972). Procured Abortion. *Journal of the Nigerian Medical Association*, 3:106-117.

Archibong, E.I. (1991). Illegal Induced Abortion: A Continuing Problem in Nigeria. An *International Journal of Gynecology and Obstetrics*, 10(3):162-176.

Ayanwale, J. (2001). Experts from Interview: The scalpel. (A publication of Lagos State University Medical Students Association).

Berner, C. (2004). Incidence of post abortion Psychosis. *A prospective study of British Medical Journal*, 65(2):123-127.

Blaney, C.L.(1979). Sex Education Lead to Safer Sex. *Network Family Health International,* 23(4):35-38.

Bleek, W. (1996). Illegal Abortion in Southern Ghana. *Methods, Motives and Consequences,* 45 (4): 333-334.

Callaha, D. (2005). Abortion Law, Choice and Mortality. New York: Macmillan Publishing Co. p.55-59.

Dagunodo, A. (1999). Against the Baby Mothers. Daily Times (Lagos) 26, February 1999).

Davies, H.P. (2005). Abortion in Europe: A Public Health Perspective. *Studies in Family Planning*, 23(1): 1-19.

Dewey, J. (1997). Interpretation of the Savage Mind. Psychology Review, 46(4):25-27.

Gyepi G. (1985). *Adolescent Fertility in Sub-Saharan African: An Overview*. Boston: Pathfinder Press.

Hodgson, J.E. (2006). Abortion and Sterilization: Medical and Social Aspects. London: Academy Press.p. 49-57.

Jeje, J.J. (2001). Teenage Pregnancy and Abortion: The Scalpel (A publication of Lagos State University Medical Students Association).

Mannheim, K. (1985). *Essays in Sociology and Social Psychology. New York:*, New York Press.

Mopudi, A. (2001). Taking African Reproductive Health Challenges of the 21st Century: Need for Regional Cooperation.

Okonufua et al, (1991). Illegal Induced Abortion: In-depth Study of 74 New Cases in Its Life Nigeria. *Tropical Doctor*,35(2):121-124.

Ononufua, F.E. (1999). Women Experiencing Unwanted Pregnancy and Induced Abortion in Nigeria. *Tropical Doctor*, 41(1):34-40.

Oladipo, O.A. (1997) Illegal Abortion and Effects on Medical Practice and Public Health, pg. 53-60.