

INDUCED abortion: testimonies of survivors, the consequences and the policy implications

UNFPA (1994) estimated that of the 500, 000 maternal deaths recorded yearly, approximately 200, 000 were as a result of unsafe abortions. Two decades after the launch of the WHO Safe Motherhood Initiative, pregnancy is not safer for women in Nigeria. Annually, an estimated 59,000 Nigerian women of reproductive age die as a result of pregnancy and childbirth, a figure that is second only to India's 117, 000 maternal deaths (WHO, 2007). Several studies have established the fact that contraceptive use is low in Nigeria and that many pregnancies in the country are unwanted. Many of the unwanted pregnancies are terminated through unsafe abortion procedures thus significantly contributing to the prevailing high level of maternal morbidity and mortality. Apart from those who resorted to abortions, it can be reasonably assumed that there were thousands of others who might have carried their pregnancies to term because of legal, moral, cultural or religious considerations against abortion. Such unwanted births pose risks for children's health and well-being and contribute to rapid population growth in resource-strapped countries.

It is against this background that an exploratory study was conducted in a Nigerian community in 2006 as part of a multi-country, qualitative study on Abortion and Contraception to examine several issues relating contraception to induced abortion. Among other things, the study sought to understand how men/women talk about social norms regarding abortion and contraception, the role of men in procuring abortion and how the respondents perceive contextual influences on abortion and contraception. The Nigerian segment of the study was based in the Department of Demography and Social Statistics, Obafemi Awolowo University, Ile-Ife, Nigeria and was concluded in the last quarter of 2006. Data were collected through in-depth interviews (IDIs) and focus group discussions (FGDs).

A total of seventeen IDIs and four FGDs were conducted among respondents of diverse socio-demographic backgrounds. Ten of the IDIs were among women (4 married and 6 unmarried) while the remaining seven were among men (4 married and 3 unmarried). Five of the interviewed women were those who have had at least an induced abortion, while a sixth was involved in an unsuccessful attempt to abort her last pregnancy. Among the interviewed men, four were partners/spouses of women who have had abortions. The four FGDs (2 for each sex, controlling for their marital status (single/married)) were to complement the IDIs.

The study found that even though induced abortion is seriously frowned upon in the society and women face stigmatisation if it is known that they had an abortion, a lot of unwanted pregnancies still resulted in abortions. The group discussions strongly suggest that unwanted pregnancies are usually aborted by unmarried partners, but often kept by married partners. The study also found that most abortions were either self-induced or performed by quacks, some leading to serious complications. The different stories told by the women who were eventually hospitalised for post-abortion complications clearly showed that men/women are prepared to take even dangerous risks in order to get rid of unwanted pregnancies.

Men were found to be important actors in the procurement of abortion for their partners/spouse as they were mostly responsible for paying for the abortion services, or even prescribing and obtaining the abortifacient to use. It was however found that some women (both married and unmarried) do procure abortion services without the knowledge/consent of their male partners, especially when they know that the partner opposes abortion. Evidence also strongly suggests that women covertly procure abortion because the pregnancy was the result of extramarital affair. Generally, it was found that men want their prior approval to be obtained by their spouse/partners before adopting a method of contraception or procuring

abortion services; and they seriously disapprove of any unilateral/covert decision by a woman to either have an abortion or use contraception.

It was found that the respondents who had induced abortion were either not using contraception, using them inconsistently or were victims of sexual violence. It was however found that the abortion experiences of some of the respondents, especially those with post-abortion complications, have a positive effect on their disposition towards contraception as they realised that contraception is cheaper and safer than abortion and decide to adopt a modern method. Focus group discussions indicate that people in the community are gradually coming to terms with contraception – the most acceptable method however is still the condom since women are afraid of the side effects of hormonal methods of contraception; various misconceived notions about hormonal methods were held by the respondents. It was also found that lack of proper counselling on hormonal method of contraception at the initial point of adoption do result in discontinuation of such methods, sometimes resulting in unwanted pregnancy, unsafe abortion and post-abortion complication.

The findings strongly suggest that the women that resorted to abortion did not want to have children when they became pregnant but were apparently not using contraception or were using an inappropriate method (unmet need), if their contraceptive need had been met, the resultant consequences – financial, health, psychological and social, could have been averted. Unwanted fertility can be reduced if family planning programmes can successfully target women who have unmet need for family planning. The study also revealed a need for proper counselling of users on hormonal methods before and during usage so that women could fully understand the possible biological changes that may accompany some of these methods, including cessation of ovulation after prolonged use among others. Such thorough education

would significantly prevent the exaggerated myths spread by people who discontinued hormonal methods after noticing the slightest change in their body physiology. On the policy side, there is also a need for a review of the abortion laws in Nigeria. The fact that abortion is illegal in the country is a reason why most women resort to self-induced abortions or patronise quacks and “underground clinics” to terminate unwanted pregnancies. If government recognised health facilities are allowed to legally perform abortions, the experience of the developed countries where abortion is legal suggests that the high rate of maternal mortality and morbidity from unsafe abortions in Nigeria would significantly reduce.