Pakistan Journal of Social Sciences 4 (2): 204-208, 2007

Abortion and Unmet Need for Contraception in Nigeria the Effects of Abortion and Contraception Policies on the Incidence of Unintended Pregnancy among Adolescents in an Urban Area of South-West, Nigeria

O.L.A. Tolulope Monisola
Department of Sociology, Faculty of the Social Sciences, University of Ado-Ekiti,
P.M.B 5363, Ado Ekiti Ekiti State, Nigeria

Abstract: This study is an investigation of the effects of abortion and contraception policies in Nigeria on adolescents' unintended pregnancy in Ado-Ekiti, Nigeria. A questionnaire survey was carried out among 80 adolescent abortion patients supplemented with key informants interviews and clinical findings in five privately owned health institutions in Ado-Ekiti. Findings of the study revealed that majority (82%) of the patients did not use any method to prevent unwanted pregnancy. Furthermore, abortions were induced majorly by the use of synthetic/hormonal drugs and injections prescribed by chemists, peers and nurses while few of them reported having the abortions induced by dilation and curettage in other privately-owned hospitals not included in this study. It was revealed in this study that despite the fact that abortion is highly restricted in Nigeria, it takes place in large numbers under both safe and unsafe conditions.

Key words: Abortion, contraception policies, unintended pregnancy chemists, hormonal drugs, injections

INTRODUCTION

In many countries of the sub-Saharan Africa including Nigeria, childbearing outside wedlock is culturally not acceptable. In spite of this fact, pre-marital sex occurs and it is increasing as adolescents delay marriage so as tom acquire formal education. Not usually targeted in family planning programmes, adolescents' awareness is low and use is negligible (Feyisetan and Pebly, 1989; Araoye and Adegoke, 1996). Consequently, they suffer high rates of unwanted pregnancies. It was reported that every year, almost one million adolescent girls become pregnant in Nigeria and many of the pregnancies are unintended and unwanted (NFHSP, 1991). In order to resolve this problem of unintended pregnancies, adolescents opt for induced abortions. Induced abortion is when pregnancy is intentionally terminated. The extent of induced abortion in Nigeria is difficult to ascertain because it is done secretly and thus underreported. This is largely because induced abortion is illegal in most of the sub-Saharan Africa countries, including Nigeria (Lema and Kabeberi, 1992; Aggarwal and Mati, 1980; Okonofua, 1992).

In a study carried out in each of the four major regions of Nigeria-(the southeast, southwest, northeast, northwest) to estimate the current level of abortion including both the number of abortions performed by physicians in private clinics/hospitals and the number performed by non-physicians practitioners and by women themselves. The findings shows that each year, Nigerian women obtain approximately 610,000 abortions, a rate of 25 abortions per 1,000 women aged 15-44. The rate is much lower in the poor, rural regions. An estimated 40% of abortions are performed by physicians in established health facilities, while the rest are performed by non-physician providers. Of the abortions performed by physicians, 87% take place in privately-owned facilities and 73% are performed by non-specialist general practitioners (Okonofua, 1992; Henshaw *et al*., 1998).

Available data indicate that adolescents make up the majority of those who procure unsafe abortions in Nigeria (Henshaw *et al*., 1998). Few studies have examined the reasons why adolescent girls undergo induced abortion which is illegal and unsafe instead of

- These regions correspond to the four health zones defined by the Nigerian Government.

choosing out of the available and accessible range of contraceptive methods (Popov, 1991). Using in-depth interviews (Popov, 1991) reported that the best decisions about family planning are those that people make for themselves, based on accurate information and a range of available and accessible contraceptive options. He stated further that people who make informed choices are better able to use family planning safely and effectively provided they know about family planning, have access to a range of methods and to have support for individual

choice from government/social policies and community norms. Policies to improve access to contraceptive services would reduce unwanted pregnancy and abortion and along with greater access to safe abortion, would prevent associated morbidity and mortality (Henshaw *et al*., 1998).

This study was carried out to investigate knowledge and practice of contraception and induced abortion, the methods used to induce abortion, reasons why induced abortions are carried out despite the fact that it is illegal and most importantly, the effect of contraception and abortion policies in Nigeria on the incidence of unintended pregnancy and induced abortion.

REVIEW OF LITERATURE

Laws regulating contraception and abortion in Nigeria: Contraception is the act or practice of presenting sexual intercourse from resulting in the birth of a child and /or the methods for doing this. It may be permanent or non-permanent. The ideal method of contraception should be certain, with out risk to health, aesthetically acceptable and inexpensive (Chamberlain, 1995).

Legality of contraception: Nigerian law does not forbid the use of permanent or non permanent contraceptives by either male or female. The law is silent on the specific issue of contraceptive use and since there is no law making the act illegal the presumption is that the use of contraceptives is legal (Ebele, 1998). Usually the choice regarding the use of contraceptives should be made by the individual concerned after receiving complete information about risk, benefits and alternative method of contraception (PIP, 1981).

Consent to contraception: The responsibility for obtaining consent lies with physicians providing contraception services (Ebele, 1998). No person may be coerced into accepting contraception and providers may be sued for malpractice if informed consent is not duly documented. Spousal consent before cynical voluntary sterilization or general use of contraception is not a legal requirement in Nigeria.

In practice, in the absence of formal legislation on the issue, individual health care providers apply different rules in different hospitals on discretionary basis and spousal consent is often demanded before provision of permanent contraception and in some cases, non-permanent contraception (IRRRAG, 1995). Unmarried women, including adolescents, divorced or widowed women, are often denied such services (Ebele, 1998).

Access to contraceptives: It is presumed that an adult person over the age of 21 years may obtain contraceptives in Nigeria without restriction (Ebele, 1998). The issue of whether access to and education on contraceptives, should be given to persons below 21 years of age has not been brought before the courts in Nigeria.

Abortion in Nigeria: Abortion is the termination of a human pregnancy before birth (Hearn, 1993). It may also be defined to mean "the premature expulsion or removal of conception from the uterus or womb before the period of gestation is completed" (Ogiamen, 1993). It may occur spontaneously, indirectly, or it may be deliberately induced. Indirect abortion is a process leading to the death of the foetus unintentionally or indirectly. In induce abortion, this is done deliberately.

Under Nigeria Law, induced abortion which is not done for the purpose of serving the mother's life is a crime (Ebele, 1998). Abortion law in Nigeria is linked with its British Counterpart because of Nigeria's colonial past. Before 1900, Nigerian abortion law was regulated by pre-existing English law. Abortion law in the criminal code was actually modeled after the English 1861 Offenses Against The Person Act (Ebele, 1998). In 1959, the Penal code (LNN, 1963) was introduced to replace the criminal code in Northern Nigeria in order to reflect the norms of its predominantly Moslem society. Abortion in Nigeria is governed by two different laws. In the predominantly Moslem states of Nigeria, which contain about half the population of the country, the Penal Code, law No. 18 of 1959, is in effect. In the southern part of the country, which is largely Christian in religion, the criminal code of 1916 is in effect. While both codes of abortions, differences in the wording of the codes, as well as their interpretation, have resulted in two slightly different treatments of the offence of abortion. Under the penal code, an abortion may be legally performed only to save the life of the pregnant woman. Otherwise, a person who voluntarily causes a woman with a child to miscarry is subject up to fourteen years imprisonment and/or payment of a fine. The criminal code, which is fashioned after the English offences against the person Act of 1861, permits an abortion to be legally carried out only to sue the life of the woman. Any person who, with the intent to procure the miscarriage of a woman, unlawfully administers to her any noxious thing or uses any other means in subject to fourteen years imprisonment. A woman who undertakes the same act with respect to herself or consents to it, is subject to 7 years imprisonment. Any person who supplies any thing

knowing that it is intended to be unlawfully used to procure a miscarriage is subject to three years imprisonment.

Slight variations exist between the positions of both penal and criminal codes (Ebele, 1998). Under the penal code uniformly stringent punishments are prescribed for al person involved in an abortion including the woman herself, whereas the criminal code leaves the most stringent punishment for the abortionist and less severe punishment for the woman involved. Also, the criminal code is wider in sphere than the penal code.

Conclusively, it can be seen that abortion is severely restricted under Nigerian law which makes it illegal.

MATERIALS AND METHODS

Nigeria is the most populous country in Africa and among the ten most populous countries in the world (FRN, 1991). Its population as recorded in the 1991 census, was 88, 992, 220 (NPC, 1991).

Ado-Ekiti is the capital city of Ekiti state and the most urban and populous community in Ekiti state. It is also the head-quarters of Ado-Ekiti Local Government Area. It has been the political and cultural nerve center of the Ekiti people since the colonial period. It is one of the sixteen traditional kingdoms of Ekiti land. As at the 1991 census, it has a population 149, 472 people. Sources of data include clinical findings, key informant interviews and a questionnaire survey. Clinical findings came from adolescents who were admitted to five privately owned health institutions in Ado-Ekiti with abortion complications during the period of this study. Key informant interviews were conducted among a physician, a female nurse and an auxiliary nurse working in the private clinics/hospitals. In addition, a questionnaire containing is (both open and close ended) questions directed to patients and 10 questions directed to the physicians in charge of the patients was administered knowledge and practice of contraception and circumstances surrounding included abortions, the number of induced abortion complications treated at the clinic, reasons why abortions are carried out despite its illegality including the role played by Nigeria policies on the incidence of unit-ended pregnancy, contraception and induced abortion were asked. A total of 80 adolescents with abortion complications were interviewed at the end of the data collection phase which lasted 14 consecutive weeks.

Definition of terms

Adolescents: The concept of adolescence is difficult to define across different socio cultural settings and professions. For the purpose of this study, adolescents refer to teenagers who were 17 years old or younger.

Unmet Needs for contraception: Refers sexuality active people who do not desire pregnancy but are not using contraception.

RESULTS

Clinical findings: It was discovered that the physicians and patients were not forthcoming initially due to the legal implications and sensitivity of the issue at hand, but on the long run, we made them comfortable by informing tem about the purpose of the study, the importance and use of the information they provide, as well as the measures that will be taken to ensure confidentiality.

Patients that confessed to committing induced abortions and those discovered by the physician-in-charge to have actually committed an abortion are the one's included in the sample for this study. The number of patients therefore is not a true representation of adolescents' induced abortion in the area. Despite this limitations, the results of this study gives useful information not only on the magnitude of complication of induced abortions as a consequence of unwanted adolescent pregnancies but also on the effect of contraception and abortion policies on the incidence of unintended pregnancy and induced abortion.

Out of the 80 adolescents in the study sample, 49 admitted to committing induced abortion while the remaining 31 had physical evidence of induced abortion discovered by the physician. They all gave various reasons for having induced abortion.

Patients complained of various complications ranging from heavy vaginal bleeding or hemorrhage very strong back/abdominal pains and infections after the abortion. Majority of the respondents revealed that the method used to induced abortions were hormonal or drugs injections some contraceptives like menstrogen, gynaecosoid EP forte and chloroquine which was prescribed by friends, chemists and untrained nurses, while the remaining few reported that the abortion was induced using dilation and curettage. The physician diagnosed some of them having perforated uterus which invariably is irreparable.

Key informants: Key informants in three of the clinics/hospitals) include a physician, female nurse and an auxiliary nurse) reported that clandestine abortions were carried out in their clinics. Sometimes, there are complications which will be managed before the patient leaves. They are aware of the illegality of induced abortions and they mention the use of some synthetic and hormonal drugs in inducing abortions.

Table 1: Knowledge and practice of contraception and abortion

	Yes (%)	No (%)
Ever heard of a method	91.0	9.0
Ever used a method	8.0	82.0
Ever had an abortion	80.0	20.0

Table 2: Reason for procuring abortion

Reasons	Yes (%)
Lack of accurate/comprehensive information about sexual/reproductive health	(13.8)
Non-use or ineffective use of contraceptives	(11.2)
Fear of rejection by parents, partners peer group, religious and community leaders	(61.2)
Financial and emotional inability to care for a child	(5.0)
Effect of unwanted pregnancy on education	(8.8)

QUESTIONNAIRE SURVEY RESULTS

Knowledge and Practice of Contraception and abortion: Majority of the patients (82%) aid not use any method of contraception but 91% had the knowledge of at least one contraceptive method. 64 patients (80%) admitted to at least one previous pregnancy (Table 1).

Reasons for procuring abortion: 61.2% of the respondents procured abortion because of fear of rejection by parents, peer group, partners, religion and community leaders, 13.8, 11.2, 8.8 and 5.0% said they procured abortion because of lack of information about sexual reproductive health, non-use or ineffective use of contraceptives, effect of unwanted pregnancy on education and financial and emotional mobility to care for a child respectively (Table 2).

Effect of contraception and abortion policies on the incidence of unintended pregnancy and unsafe abortions: This one question out of the ten questions directed to the physicians in each of the privately owned clinics/hospitals.

All of tem reported that the effect of contraception and abortion policies on the incidence of unintended pregnancies, contraception and unsafe abortions have a lot of health and socio-economic consequences for the young woman, her parents and the society at large. The effect is said to be negative.

DISCUSSION

The result of this study exposes the lack of knowledge, informed choice and practice of contraception by adolescents. Yet, as stated by IPPF Governing Council, (1971) "contraception is the first line of defense against unwanted pregnancy". Nine percent of these sexually active adolescents' have not heard of any method of contraception. According to Olukoya (1987), illegal abortions are 10-250 times more dangerous than any kind of contraceptive methods depending on age of the woman and method used.

The Nigerian policy goal of achieving a lower population growth rate through reduction in birth rates by voluntary fertility regulation methods (FRN, 1991) has not been met. This is primarily because there seems to be a gap between law and policy (Ebele, 1998). While the policy states that it seeks to encourage access of family planning means and services to all citizens on a voluntary basis, dominate discrimination against women and promote population education (FRN, 1991), the law remains silent on contraception (one major method of birth control) and severely restricts abortion (the other) which it describes as a "crime against morality", imposing strict sentences on violators (Ebele, 1998) means that contraception when used and abortion when practical, are left largely unregulated. This leaves the field open for unsafe health practices and discrimination/limitation of access to family planning means and services for adolescents and women. Also, because of this, there are no formal counseling services to promote informed choice for those who go through or wish to go through family planning process, exposing such women to psychological stress and denying them their rights to health. The overall contraceptive prevalence rate among Nigerian women is currently 4% for modern contraceptives and six% for all methods. Many high-risk women (especially adolescents) are not using contraceptives (Ladipo, 1989). Adolescents are ignored and their sexual activity is often denied or considered immoral, these resulted in high incidence of unwanted pregnancies (Okonofua and Odimegwu, 1997) and the criminalization of abortion has tended to heighten the problem rather than solve it. Induced to heighten the problem rather than solve it. Induced abortion is common in Nigeria, but because of the nature of the law, women (especially adolescents) are forced to go underground to procure abortions. This study shows that for those that can afford it, abortions are mostly obtained discretely in many private hospitals. Corroborating this, the survey of abortion among a representative sample of women in Ile-Ife and Jos local government areas of Nigeria in 1995, showed that approximately 20% of the women reported having had an unwanted pregnancy, 70% resolved such pregnancies with induced abortions (Okonofua and Odimegwu, 1997). The study further revealed that abortions are performed by both qualified and non-qualified doctors and they are deterred by the law. This is in line with Ilumoka's (1989) findings. This encourages non-medical personnel and quacks to enter the practice of performing abortions. Illegal abortions leads to unsafe practices, with resultant high material mortality in the country.

CONCLUSION

Conclusively, it is thought that much will be gained by making clear and unequivocal laws regulating access to, use of and education on contraception in Nigeria. This would remove the confusion on the issue and stop discriminatory practiced of health care providers which limit access to contraception. It would also provide the user of such services with the right to legal action should his/her rights be violated under the law.

Also, Nigerian abortion laws should be liberalized, to permit access on demand especially in the first trimester when the mother's health is not at risk. Specific policy implementation must be developed for young people.

REFERENCES

Aggarwal, V.P. and J.K. Mati, 1980. Review of abortions at Kenyatta National Hospital, Nairobi. East Af. Med. J., 57: 138-43.

Araoye M.O. and A. Adegoke, 1996. AIDS-related knowledge, attitude and behaviour among selected adolescents in Nigeria. J. Adolesc, 19: 179-181.

Chamberlain, G., 1995. Gynecology by Ten Teachers. London, Edward A., pp: 239.

Ebele, N.E., 1998. Family Planning, Fertility control and the Law in Nigeria-the choices for a new century. Af. J. Repr. Health, 2: 82-95.

Federal Republic of Nigeria (ibid), 1991. Population Association of Nigeria, The Role of Population in Nigeria's Economic Recovery, Ibadan, PAN.

Feyisetan, B. and A.R. Pebly, 1989 Premarital sexuality in urban Nigeria. Stud. Fam. Plan. 20: 343-54.

Hearn, E., 1993. Women's Rights in Law and Practice Family Law, in Obilade O (Ed.), Women in Law, Lagos State Uni. Law Centre and Fac. Of Law, INILAG, pp: 133-7.

Henshaw, S.K., S. Singh, B.A. Oye-Adeniran, I.F. Adewole *et al.* 1998. Incidence of induced abortion in Nigeria. The International Family Planning Perspectives.

Ilumoka, A., 1989. Reproductive Rights: A critical appraisal of Law relating to unwanted pregnancies and abortion in Nigeria; A paper presented at the society of Gynecology and obset. Conference, Calabar, pp: 7.

International Planned Parenthood Federation Governing Council ,October, 1971.

Ladipo, O.A., 1989, Preventing and Managing complications of Induced Abortion in 3rd Word Countries" Int. J. Gynaecol Obstel: 3:21-8 and J. Gynaecd. Obstel. 1989, 3:21-81

Laws of Northern Nigeria, 1963. Penal Code (cap89). The Penal Code applies to the Northern states of Nigeria and the Federal Capital Territory of Abuja.

Lema, V.M., Kabeberi-Macharia. 1992. A review of abortion in Kenya, (unpublished) center for the study of Adolescents, Nairobi, Kenya.

National Population Commission, Census 1991: National Summary, Lagos, NPC 1994.

Nigerian Family Health Services Project. 1991. Nigerian Family Health Fact Sheet NFHS policy and evaluation division, Lagos.

Ogiamen, T.B.E., 1993. A Liberal Framework to Liberalize Abortion in Nigeria, Nigeria current Law Review 1988/1991, Lagos, The Nigerian Inst. Adv. Legal Stu., pp: 107.

Okonofua, F.E. and C. Odimegwu, 1997. Women's experiences of unwanted pregnancy and unsafe abortion in Nigeria,. Final technical report presented to the population council, *United Nations, New York, Dec. 1995, reported in Okonofuaf, "Preventing Unsafe Abortion in Nigeria". Af. J. of Repr. Health, (1) Boston, Horvard Sch. of public Health, pp: 25.

Okonofua, F.E., 1992. Factors associated with adolescent pregnancy in rural Nigeria. *Ob/Gyn* Obafemi Awolowo University, Ile-Ife, Nigeria, pp: 8-9.

Olukoya, A.A., 1987. Pregnancy termination: Results of a community based study in Lagos, Nigeria. Int. J. Gyn/Obstet, 25: 41-6.

Popov, A.A., 1991. Family Planning and induced abortion in the USSR: basic health and demographic characteristics. Studies in Family Planning, 22: 368-77.

Population Information Program, 1981. Population Reports; law and policy. Series E No. 6 John Hopkins Univ. U.S.A RRRAG, 1995. Negotiating Reproductive Rights: A seven-country study of women's' views and practices, New York, Int. Repr. Rights Research Action Group,pp: E 74.

The Federal Republic of Nigeria. National Policy on Population for Development. Unity, Progress and Self reliance, Lagos Department of Population Activities, Ministry of Health.