MEDICINE ·

ILLEGAL INDUCED ABORTION IN NIGERIA: AN EXAMINATION OF ITS, CONSEQUENCES AND POLICY IMPLICATIONS FOR SOCIAL WELFARE AND HEALTH POLICY MAKERS

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ABSTRACT

In this case study - based research, using the conceptual underpinnings of the subject-matter of public policy as our analytical point of departure, we examined the issue of illegal induced abortion in Nigeria. In the process, we highlighted its consequences and implications for the policy makers in the areas of responsive policy outputs as they concerned the issue of induced abortion. Along the same analytical plane, we examined the concept of illegal induced abortion perse relying on empirical evidences across the globe vis-a-vis its problems to society and, lack of adequate utilization or payment of attention to them by the government. With these background analyses, and, using purposive sampling technique which falls within the matrix of Non-probability sampling design, we sourced out data through the technique of content analysis, from the archival records of Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) in Ile-Ife. From the data, the incidence of illegal induced abortion to the total gynecological admission was established as does the prevalence of the medico-socio-cultural and political phenomenon - (i.e. illegal induced abortion) - in question, among our younger women under the age of 20 years. The resultant discussion of the data showed that induced abortion has caused a lot of reproductive health problems among the Nigerian women. This discussion equally revealed the paucity of our policy makers by ways of concrete policy or policies on illegal induced abortion in Nigeria and, that this was largely due to the heterogeneity of the Nigerian environment on one side and, lack of understanding by government of the real issues involved coupled with the government's inadequate utilization or payment of attention by ways of policy initiation, formulation and implementation to the available empirical evidence on the consequences of illegal induced abortion on the other hand Consequent on this, we re commended some concrete measures needed to reduce the rising tide of this socio-political and medical malaise with the provision that the achievement of the later is contingent on the effective adoption of the offered solutions by the social welfare and health policy makers and other stakeholders in Nigeria.

Keywords: *Illegal Induced Abortion, Public Policy, Value Priorities, Maternal Mortality Reproductive Wastage, Invalidism*

INTRODUCTION

The issue of illegal induced abortion has long remained very controversial due to the plethora of perspectives, beliefs and reservations about it in our society. Consequent on these multidimensional and contradictory views, the issue has continuously become delicately evasive to necessary and indispensable policy outputs within the parameters of social welfare and health services functions of the state in most, if not all countries that constitute the anatomical fibres or physiology of the global political community.

The foregoing notwithstanding, the issue has continued to beg for mutually beneficial solutions to mankind. In the process it remains a dilemma with grievous implications and consequences to policy makers and society at large within all political systems of the world, Nigeria inclusive.

Against this background, the effort in this study

is geared towards the examination of illegal induced abortion in Nigeria, looking at its consequences and implications for our society by ways of actions or inaction's of our policy makers/or government despite the danger it poses to mankind. This is done with a view to attempting possible solution to its rising tide among our citizens.

Since the actions or inactions of the policy makers or policies of government in the health sectors can hardly be excused in the real sense of it from the trauma which the issue of illegal induced abortions has caused society, probably, due to ill-conception of what the nitty-gritty of public policy constitutes, we consider it innocuous to synoptically thoug, concretely, provide what the subject matter of public-policy is or entails in the second part of this paper. The third part, briefly, using empirical evidences across the globe, considers the concept of illegal induced abortions and the serious reproductive health problems it has caused among the females in most part of Africa and beyond. While the fourth part contains the data on the subject-matter; the methods of data collection used; the sample size and sampling technique, the fifth part, using socio-demographic profile of victims, analyses the results from the data, and identifies the complications suffered by the victims in the process. And, the sixth part, based on the analyses of the results from the data, discusses the result and the resultant implications. The seventh part contains the recommendations while the eighth part is the conclusion.

THE CONCEPT OF PUBLIC POLICY

The term public policy according to Akindele and Olaopa [1] " has not been amenable to any easy definition"., thus various scholar [2, 4, 5, 30] employing different paradigmatic influences or frameworks, have conceptually defined or attempted the definition of the subject-matter of public policy.

Since out effort here is only to provide a guide as to what public policy is, in order to appreciate the existence or lack of it (public policy is, in order to appreciate the existence or lack of it (public policy) in the real sense of it vis-avis the issue of illegal induced abortion, our analysis of the nitty-gritty of public policy would be far from being exhaustive. This we have done to avoid a sort of goal displacement relative to the manifest intention or goal of our focus.

Some of the definitions of public policy already given range from its conceptualization as "the relationship of a government unit to its environment "[6]", the response of a political system to demands arising from its environment "[4]", whatever government choose" to do or not to do "[7]", a long series of more or less related activities"[8]", those bodies developed by governmental bodies and officials" [4] to its conception as "the result of a process which deliberates and determines the value priorities of society "[9]".

From the foregoing conceptual explications of public policy, it is clear that the issue of illegal induced abortion in most polities of the world, Nigeria inclusive, and governments' policy-inactions rather than real actions on same, could hardly be explained in dissonance from the heterogeneous environmental forces of such polities on the one hand, and, lack of real understanding of the issues involved by the government coupled with inadequate empirical evidence on the extent of illegal induced abortion and, its consequences on the other hand. These have further compounded the dilemma of both the "governed" and the "governors" in terms of acceptable policy or policies on illegal induced abortion in Nigeria. Thus, leaving a preponderant majority of females in most polities of the world continuously open to avoidable reproductive health problems (e.g. infertility, chronic pelvic pains, recurring pregnancy wastage, ectopic pregnancy, genital sepsis, septicemia, tubo-ovarian abscess, vesicle injuries, etc) - as well as maternal deaths and maternal morbidity.

This is particularly disturbing in that, the non-legalization of induced abortion as does the unsuccessful struggle for its legalization on the basis of various cultural, religious, human rights, choice rights, notwithstanding, the rate of illegal induced abortion, from empirical evidences available, is contemporaneously rising [10, 11] in ways that pose terminal challenges to the human race particularly in a country like Nigeria.

Against this background, and, in order to actually

understand the issue of illegal induced abortion and its medical dangers to human race and, the latter's indispensable need for continuous "disease and deformity-free procreation" for subsequent generations, the subsequent sections of this study discuss the issue, its consequences and danger to human race.

ILLEGAL INDUCED ABORTION AND ITS EMPIRICAL

Evidence Across The Globe

Induced illegal abortion in an illegal premature and forceful termination of pregnancy before the fetus attain independent viability. It is a criminal form or way of human reproductive wastage. In other words, it is a criminal impairment that causes loss of embryonal and fetal lives in reproduction, which is known to have greatly contributed in invalidism and death among the females. It is a very serious reproductive health problem among females in most developing countries of Africa. It has been shown that complications of induced abortion is the leading cause of maternal death in the African continent [12,13,14]. However, in many of these countries, induced abortion estimates had been very difficult for many reasons. Induced abortion is illegal in more than 90% of the countries. In most of these countries, anybody who willfully causes an abortion and any person who contributes to the act without medical indications or determinism is liable to conviction of crime. In fact, to some extent, in some of these countries, both the abortionist and the patient are held criminally liable and, if a patient dies due to an illegal abortion, the crime is murder. This explains why abortions are secretly carried out in many private hospitals, nursing and maternity homes by quacks, pharmacists and traditional healers [15]. The professionals that perform induced abortion are always afraid of keeping records for fear of prosecution. This situation has, to some extent, led to the death of data on induced abortion at the local, state and national levels of most polities (Nigeria inclusive) thereby making information on the subject difficult.

In Nigeria, induced illegal abortion is widely practiced when a woman confronts an unwanted pregnancy [10]. A rough estimate of about 700,000 illegal abortions are said to be performed clandestinely in Nigeria with about 20,000 deaths resulting from this procedure annually [16]. Illegal termination of pregnancy is freely done by physicians and non physicians alike inspite of restrictive abortion law which does not permit termination of pregnancy except when needed to save the life of the women. With this high rate of illegal abortions performed annually in the country, it may be said that the laws on abortion have not succeeded in reducing the rate of abortion, rather, it has led to a situation where most abortions are done in poor environments with resultant high rate of complications of maternal deaths and maternal morbidity such as infertility, ectopic pregnancy, chronic pelvic pain and recurrent pregnancy wastage, Despite the severe health problems caused by unsafe abortion, nothing has been done on an organized level to reverse the trend. This may in part be due to absence of accurate health statistics to policy makers as far as induced abortion is concerned as available data come from teaching hospital reports of complications of induced abortions only. The opposition of religious leaders to abortion, contraception and introduction of sex education to the young teenagers do not help the situation. One other problem is the failure of government and policy makers to direct specific policy attention to adolescent reproductive health. This is coupled with the lack of political will by government and policy makers to take a pragmatic approach in the face of conflicting socio-religious-political climate in Nigeria to fashion out appropriate policy or take a bold step in refining or redrafting the abortion law in order to make abortion safe.

This study, in an attempt to further enliven the frontiers of human knowledge on the subject matter of illegal induced abortion and its consequences in Nigeria aims to document, using retrospective analytical approach, the socio-demographic profile of patients admitted for complications of induced abortion in Ile-Ife over a ten year period to serve as basis for policy maker in Nigeria to concretely, in the real sense of it, fashion out a lasting policy for reducing the incidence of illegal induced abortions and its sequellae.

MATERIALS AND METHODS

Method of Data Collection

The data used for this study were scientifically

sourced from the medical records department of the Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife. They comprise all cases of illegal induced abortions admitted and managed in Ife State Hospital and Wesley Guild Hospital, Ilesha, South Western Nigeria both of which formed the Obafami Awolowo University Teaching Hospitals Complex between 1st January 1987 and 31st December 1996 (ten year period). It should be noted that the Ife State Hospital and Wesley Guide Hospital Ilesa as components of OAUTHC , use the same format for data collection and recording. The hospital numbers and names of patients with induced abortions were traced from the Gynaecological admission register in the hospitals and, the case notes were subsequently retrieved and reviewed using the technique of content analysis because of its obvious advantages and relevance to a study of this nature.

Content analysis is used in this study because, it is an unobtrusive measures for producing data that are free from errors that either the researched individual or the investigator may introduced when confronting one another in data collection situation. It is a method of date collection that directly removes the researcher from the set of interactions, events or behaviors being studied (which in our case, is illegal induced abortion). It is a method of data collection as well as data analysis that enables the researcher to systematically and objectively review and, make inferences from archival records documents such as actuarial, political, judicial, government, private and Hospital/medical records to mention only a few.

Content analysis because, it is scientifically allowed, enables a researcher to entirely base his research upon materials available in a library or institutional (e.g. Hospitals in this case) documents or collections in terms of analysis and scientifically veridical inferences [18, 19].

Type of Data Used

The data collected from the same sources specified above, include age, educational qualifications, occupation, parity (number of pregnancies carried beyond 28 weeks of gestation), socio-economic class, contraceptive usage at presentation, previous termination of pregnancies, the source(s) of terminations and the gestational age at which terminations were carried out. Efforts were made to obtaine information of the morbidity pattern and treatment outcome of the patients. The results from our collated data are analytically discussed below:

Sampling Design/Method

We employed the Non-probability sampling design for this study because of its major advantages, particularly for a research of this nature that touches on a topic that has, as a result of its sensitivity, generated a lot of emotions or sentiments, disputations and problems in most, if not all societies within the globe. We specifically utilized the purposive sampling technique within the matrix of non-probability sampling design. Our use of Obafemi Awolowo University Teaching Hospitals Complex, Ile Ife and its sub component of Wesley Guild Hospital Ilesa is purposive and, the reasons for this are obvious from the subject matter of the research; its delicacy and the multi dimensional emotions attached to it on the one hand. And, it is obvious from the known inhibitions of patients presenting with illegal abortion from openly talking about it. Above all, it is scientifically convenient and fulfils to a significant extent, the criteria required for a study of this nature at the level of its focus and attentions all of which fall within the parameters of a case study based - research.

Sample Size

The sample size for this study is 493 (76.4%) out of the 645 patients presenting with illegal induced abortion in the hospitals under focus. The rationale for this size, which form the basis of our analysis of results particularly as it concerns the socio-demograhic profile and other variables or particulars of the patients presenting with illegal induced abortion at the Hospitals, was dictated by the contents of the archival records of the OAUTHC, Ile - Ife (see Tables 2 - 9). In fact, our scientific premonition following a preliminary inquiry, equally explains the rationale for the use of non-probability sampling method.

Limitation of the Study

As could be deciphered from the contents of Tables 2 to 9 showing the full detailed of four hundred and ninety three (493) patients

hundred and ninety three (493) patients presenting with illegal induced abortion out of the six hundred and forty-five (645) reflected in the archival records of the OAUTHC, Iie - Ife as stated in table I. This reduction of our sample size caused by our inability to source the data **that capture all the reported or identified cases of abortions (i.e., total abortion) in OAUTHC, Ile-Ife and, the fact that not all the illegal induced abortions in Nigeria ended up in OAUTHC, Iie Ife constitute a significant limitation of this work. It should be state however, that since a case study-based research or approach is scientifically allowed as one of the methods for analyzing or investigating a phenomenon** like the one that **forms the core of this study, the limitation does not in any way diminish he scientific justification and utility of this study.** In other words, what **we have done here** in scientifically allowed within **the parameters of a case study** - based research **and, its use of retrospective analytical approach. The fact that future researches and other scholars can use this study wither for** comparative analysis **of database makes** this study significant in the **area of its focus.**

ANALYSIS OF THE RESULTS

During the 10 year period of study, there were four thousand eight hundred and seventy six (4,876) gynaecological admissions and the total deliveries were twenty thousand two hundred and ninety six (20, 296). During the same period, there were seven hundred and forty eight abortions (spontaneous and induced) and six hundred and forty five were illegal induced abortions. The incidence of illegal abortions to that of total gynaecological admissions and total deliveries were 13.23% and 31.8 per 1000 deliveries respectively (Table 1). The incidence of illegal abortion to that of total abortions was 86.23%. The yearly incidence and associated maternal mortality ratio is as shown in Table 1.

The age of the patients ranged from 13 to 46 years, with under 20 years constituting the majority (46.8%) (Table 2 and Fig. 1).

Table 2: Age distribution of women present with illegal abortion in Oauthc, Ile-Ife 1987-1996

Age Group	Number	Percentage
13 - 14	4	0.81%
15 - 19	231	46.85%
20 - 24	152	30.83%
25 - 29	52	10.54%
30 - 34	18	3.70%
35 - 39	18	3.70%
40 - 44	14	2.83%
45 and above	4	0.81%
Total	493	100

Source. Collated from thedata generated from the archival records of OAUTHC, Ile-Ife 1987-1996

Three hundred and seventy four (75.9%) patients were single; one hundred and ten (22.3%) were married and nine (1.8%) of the patients were divorced or separated (Table 3).

Table 3: Marital status of patients presenting with illegal abortion in oauthc, ile-Ife 1987-1996

Age Group	Number	Percentage
Single	374	75.9%
Married	110	22.3%
Divorced/separated	9	1.8%
Total	493	100

Source OAUTHC archival records

Table 1: Yearly Incidence and Association maternal mortality rate of Induced abortion complex complications in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria 1987-1996

Year	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	Total
Number of Gynaecological Admission	499	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	341	475	437	411	4,876
Total No. of Life Births	3270	3382	[illegible]	[illegible]	1926	1839	1536	1270	1235	1228	20,296
No. of Induced Abortions	61	64	68	76	[illegible]	64	59	58	63	61	645
No. of abortion related deaths	7	[illegible]	[illegible]	7	[illegible]	5	5	3	7	7	68
Incidence of Induced abortion per Gynaecological Admissions in %	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	13.62	14.42	14.84	13.23
Material Mortality Ratio/ 100,000 life birth	214.07	236.55	312.13	342.96	390.63	390.63	391.63	393.70	566.80	570.03	335.04

SOURCE [illegible] records

The education qualification of patients presenting with illegal abortion in this study is as shown in Table 4.

Table 4: Educational qualifications of Patients (presenting) with illegal abortion in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife (1987-1996)

Education Qualification	No. of Patients	Percentage	Percentage in Group
Primary Leaving Certificate	83	16.8	→
Primary Certificate only	96	19.5	78.5%
Secondary School Student	208	42.2	
Secondary Sch. Certificate	64	13.0	13.0
Undergraduate in Tertiary Institutions	28	5.7	5.7
Graduates	14	2.8	2.8
Total	493	100	100

Source: OAUTHC's Archival Records

The majority of the patients (78.5%) had less than secondary school certificate. Of this group 42.2% were secondary school students. Only 5.7% were undergraduates and 2.8% were graduates while 64 (13.0%) were Secondary School Certificate holders. The occupational distribution of patients presenting with illegal abortion in this study revealed that students 227 (46.0%) accounted for the majority of the subjects. Petty traders 60 (12.2%) Artisan (46 (9.3%), House wives 28 (5.7%)., applicants 18 (3.7%) and Civil Servants 114 (23.1%)constitute the rest. Majority of these patients (76.9%) were either socially dependent or of low socio-economic class as could be discerned from the Table 5 based on the occupational/status distribution.

Table 5: Level of Socio-Economic or dependent status of the Patients (presenting with illegal abortion in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife - (1987-1996) based on occupational status/distribution

Occupation Distribution	No. of Patients	Percentage	Percentage in Group	
Students*	227	46.7		
Petty Traders +	60	12.2		
Artisan+	46	9.3		76.9
Housewife*	28	5.7	→	
Applicants*	18	3.7		
Civil Servants***	114	23.1		23.1
Total	493	100		100

* These are the socially dependent groups.
\+ These are the low socio-economic group
*** The Socio-economically independent group.
Source: Collated from the data collected from the OAUTHC's Archival Records.

Four hundred and twenty of these patients (as contained in Table 6) constituting 85.2% were nulliparae (has not carried pregnancy to a stage of viability previously i.e up to 28 weeks), while par 1-4 and para 5 and above represent 36 (6.5%) had never used any form of contraceptive atone time or the other.

Table 6: The stage of pregnacy (prior to the illegal abortion) of patients (presenting) with illegal abortion in Oauthc, Ile-Ife, 1987-1996

Stage	Number of Patients	Percentage
Nulliparae	420	85.2
Para 1 - 4 & para 5	32	6.5
Above para 5	41	8.3
Total	493	100

Five patients (1%) claimed the use of active contraceptive on admission and attributed their predicaments to failed contraceptive (Table 7).

Table 7: Status of the abortionist who carried our illegal abortions on patients presenting with abortion in Oauthc Ile-Ife (1987-1996)

Knowledge and/or use of contraceptive	Number of Patients	Percentage
Never used contraceptive	460	93.3
Used (failed) contraceptive	5	1
Others (Not specified)	28	5.7
Total	493	100

Analysis of the results showed that 30.6% of the patients admitted to having terminated one to three pregnancies prior to presentation. The status of the abortionist in these patients showed that the quacks carried out the procedure in 186 (37.7%) qualified doctors 107 (21.7%) male Nurses 1 (10.4%) of the cases. The status of the abortionist was not disclosed in 149 (30.2%) of the cases (see Table 8).

Table 8: Status of the abortionist who carried our the illegal abortion on the patients presenting with abortion in Oauthc, Ile-Ife (1987-1996)

Status of Abortions	Number of Patients	Percentage
Quacks	186	37.7
Qualified Doctors	107	21.7
Male Nurses	51	10.4
Not disclosed	149	30.2
Total	493	100

The duration of pregnancy before termination of pregnancy ranged between 4 and 26 weeks from the calculated last menstrual period. First trimester abortions accounted for seventy five percent with majority (58.19%) of them presenting between the 9th and 13th week. Second trimester abortion occurred in twenty five percent and of these 51%, 25% and 14% occurred between 13-16 weeks, 17-20 weeks and 20 weeks and above respectively. The various morbidity encountered in patients with illegal abortion in Obafemi Awolowo University Teaching Hospitals Complex are displayed in Table 9.

Table 9: The complications of illegal abortion as seen in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife (1987-1996)

Complication	Number of Patients	Percentage
Retained products of conception	442	489.7
Genital Sepsis	483	97.9
Pelvic collection	105	21.3
Septicaemia	67	13.6
Perforated uterus	64	13.0
Haemorrhagic shock	32	6.5
Gangrenous uterus	27	5.5
Perforation of intensive	18	3.6
Cardiac Failure	9	1.8
Cerebral Abscess	9	1.8
Acute Renal Failure	9	1.8
Tubo-ovarian abscess	5	1.0
Vesical injuries	5	1.0
Tetanus	3	0.6
Vesico-cutaneous fistula	1	0.2

Sixty-eight (10.5%) of the 645 patients died from the various complications of induced abortion (Table I), making an abortion mortality rate during the period to be 335.04 per 100,000 life births. During the study period, a total of 178 maternal deaths were recorded in the hospital; thus abortion related deaths constituted 38.2% of this mortality. The causes of death in these patients revealed that 32 (69.6%) died from septicemia while hypovolemic shock and tetanus accounted for 11 (23.9%) and 3 (6.5%) respectively.

The chronology of our analysis up to this point undeniably shows that there are numerous consequences of illegal induced abortions. The specificity of these consequences and the resultant implications for our society is interpretationally and prescriptively synopsized in the discussion and concluding parts of this study.

DISCUSSION AND RECOMMENDATION

Induced abortion is widely practiced in Nigeria as well as globally, irrespective of its legal status [10]. The full extent of the problem is not known at present because only a small proportion of women with abortion complications do come to health institutions. Illegal induced abortion has been one of the oldest forms of fertility regulation prior to the recent advantages in contraceptive technology. However, this procedure has evoked as much public debate; generated much emotion and moral controversies or, received greater sustained attention from the media. It is expected that with the ready availability and utilization of the various methods of family planning, the rate of illegal induced abortion should fall [20]. However, this has not been so in Nigeria in particular, where it has been observed that many women still seek induced abortion as a method of resolving unwanted pregnancies [11] with resultant high rates of complications.

This study has demonstrated a steady rise in the incidence of induced abortion complications among patients admitted into Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) from 1987 to 1996 with an overall incidence of 13:23 percent (Table 1). The overall incidence constitutes a substantial proportion of gynecological admissions in the hospital during the study period but, this figure is much lower than 25-77% reported from other centers in Nigeria previously [13, 14, 21, 22, 23]. This incidence is also lower to previous work done in this center [12, 24]. The high incidence of illegal induced abortion complications no doubt indirectly reflects the high rate of illegal abortion in Nigeria. It also reflects the failure of the various programmes of family planning service in place in the country as does the paucity of concrete policies on it vis-a-vis availability, distribution, utilization, funding, sustainability, level of awareness, attitude and practice.

The age distribution of our cases ranged from 13 to 46 years with the under 20 years constituting the majority (47.66%) of the cases. This finding reaffirms the distribution pattern of induced abortion patients seen in other institutions from Kenya, Liberia, Mali, Zaire and Nigeria, where 32 to 72% of your women presenting to

hospital, with abortion complications were under 20 years [12, 13, 25, 26]. The review also revealed that parity, marital status, educational qualification and unemployment are important factors contributing to illicit abortions. The high percentage of single unmarried ladies and students in this study are similar to other works previously done in this center and elsewhere andgoes to confirm the previous notion that illegal abortions are predominantly a problem of adolescents, nulliparae and students [27, 28, 29]. Various reasons have been given for the high rate of illegal abortions among the adolescents. These include ignorance of some of the result of illegal termination of unwanted pregnancy, lack of awareness of the fertility period in the menstrual cycle, lack of sex-education and, in some cases, total parental avoidance of it, cultural restriction which makes it difficult for them to have access to contraceptives, low level of education, poor financial standing and generally-poor knowledge of reproductive health of women, increasing rate of moral decadence and putridity. Some of these factors are well documented in this study. The low rate of contraceptive usage in this study is no doubt one of the srious factors encouraging illicit abortion in Nigeria where family planning services are few and providers tend to ignore or discriminate against single adolescents, while the girls themselves tend to shy away from such services because they do not want to disclose their interest in sexual activity. The paucity of needed government policy in the area of sex education coupled with retrogressive cultural conservatism on same represent part of the contributing factors to this socio-medical malaise which had continue to manacle (by ways of incapacity to promptly act) - the functionaries of the social welfare and health institutions in most developing countries including Nigeria.

Infact, nearly half of the estimated 50 million induced abortions worldwide, took place outside the organized health care system; either because of laws and policies that prohibit or restrict abortion [26]. In this study 37.7% of the abortions were performed outside the organised health care facility by quacks, while about 32% were done in organized health care facilities and, in other 31% of cases the place of termination were unknown. The restrictive abortion laws and government policies have largely encouraged the procedures to be carried out by non-qualified personnel in clandestine situations with the resultant high rate of abortion complications. Studies have shown that induced abortion performed by qualified personnel in very safe environment are associated with less morbidity and mortality. This notion has been confirmed in societies where abortion laws are liberalized [21, 30].

This study, in addition, revealed a high rate of severe morbidity amongst patients admitted for post abortion complications (Table 3). These complications are, however multiple, - (i.e. most of the patients had multiple complications with genital sepsis (97.9%) retained products of conception (89.7% pelvic collection 21.3% and septicemia (13.6%) featuring more prominently. This high rate of genital sepsis is probably due to the introduction of unsterile instrument into the uterine cavity (womb), late presentation and the fact that the majority of illegal abortions are performed under unhygienic conditions by less qualified staff. In this study, sixty eight (10.5%) of the 645 patients died from the various complications of induced abortion (Table 1), making an abortion mortaliy rate during the period to be 335.04 per 100.000 total live births. This also constitutes 38.20% of maternal death during the period. This was slightly higher than the range of 8-35% reported for illegal abortion in some Nigerian studies [12, 14, 24, 27]. The underlying cause of death as in other studies was sepsis.

It is clear from the foregoing that there is a need to examine critically the issue illegal abortion as does how to reduce the incidence of this problem and the resultant complications and mortality. What are the specific immediate steps that need to be undertaken? Who should initiate these steps? Is induced abortion a personal, government or community responsibility? What solutions are in sight in Nigeria and in other areas where abortion morbidity and mortality are high? Indeed, many questions are left unanswered in respect to induced abortions and many other reproductive health problems of women.

The first approach seems to see the problems of induced abortion as a community responsibility rather than an individual problem on which the government and non governmental organizations must play an active and leading role. The community needs to be sensitized and informed

about the problems of induced abortion through available network for the appropriate solutions to be in sight. The government needs a pragmatic and diplomatic approach in resolving the restrictive abortion laws and policies in Nigeria. The abortion laws in Nigeria are pretty old and need to be revised in the face of rising incidence of post abortion complications in many of the public hospitals, the adverse health consequences and the direct and indirect cost to the national economy. Considering the findings of the various studies on abortion in Nigeria, the pronouncements by various people, the controversies regarding abortion in the media, the legal provisions regarding abortion and the realities as they obtained in Nigeria today, it is clear that the present situation should not be allowed to continue. A new policy emphasizing safe abortion services is advocated in the major cities and indeed in the local government health services in view of the primary health care delivery services which had been transferred to the local government level since 1991 in Nigeria. In fact, this should form a component of the primary health care services fully integrated to maternal and child health where women can safely have abortion performed easily, readily and at affordable prices with no bias or discrimination against the adolescents and students who require these services most.

Probably an immediate step to take today in Nigeria is the introduction of sex education programs in and out of our various schools to provide correct information about reproductive health to women and men at all levels as opposed to the present medically retrogressive cultural conservatism. Even, parents need to have adequate knowledge about reproductive health so that they will be better able to provide guidance to their children at home as an additional method to reduce the scale of the problems. Such a programme can reduce the incidence of premarital sex, multiple sexual partners, the practice of unsafe sex and therefore unwanted pregnancy [31]. Individuals and the community need to be informed through appropriate government enlightenment programmes that this approach would not promote promiscuity but increase the age of first sexual debut and therefore illicit abortion. Moreover, the government should enact laws to protect the reproductive health of adolescents, especially laws that discourage early marriage, those that promote compulsory enrolment in schools for boys and girls and those that discourage the sexual abuse of young girls by older men and finally the rights of the adolescents to have access to various contraceptives, especially condoms for the prevention of unwanted pregnancies and sexually transmitted diseases. The adoption of the foregoing is indispensable to efficacious policies on induced abortion in Nigeria as far as the provision of social welfare and health services are conceemed. This is particularly necessary in that, to date, Nigeria has the greatest adolescent reproductive health problems in Africa, and in deed, on abortion matters.

CONCLUSION

The chronology of this study contains the scientific review and discussion of the consequences and implications of illegal induced abortion in Nigeria. In the process of this analytical effort, and, following a synoptic though, concrete analytical and conceptual elucidation of public policy and its processes the inaction of the government and/or policy makers in Nigeria vis-à-vis social welfare and health policy initiation, formulation and implementation on the issue of illegal induced abortion and its detriments to a healthy and "reproductive problems/diseases - free" Nigerian society was identified and analyzed. We contended that this inaction has largely been due to the lack of understanding by the government and policy makers of the real issues involved in relation to illegal induced abortion and paucity of policy making/formation and attention by same (i.e., government) to the existing local, national and global pool of empirical evidence on the extent of illegal induced abortion and its consequences to mankind.

Based on the analysis of our data on the patients presenting with illegal induced abortions in OAUTHC, Ile-Ife, which we generated from the archival records of the latter, through the use of content analysis, and, using the technique of non-probability (purposive) sampling design, we established the incidence of illegal induced abortion to total gynaecological admission. We equally established the prevalence of the former (i.e., illegal induced abortion) among the younger Nigeria women under the age of 20 years.

From this data, and, our analysis of same, it was equally shown that illegal induced abortion has caused a lot of avoidable reproductive health problems among the Nigerian women.

Consequent on these efforts. some concrete measures which in our view, are needed to put a stop, - (by way of decisive holistic reduction) - to the rising tide of illegal induced abortion in Nigeria were recommended. However, it was contended tha the success or effectiveness of these measures is contingent on the precise prosecution or followership of the suggested steps by ways of requisite policy drives and/or formulation without the hither to existing hiccups by all the stakeholders (the individuals, National and International communities, Non-Governmental Organizations, and the government) in Nigeria.

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