ORIGINAL ARTICLE

Clandestine Abortion in Port Harcourt: Users' Profile and Motivation

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ABSTRACT
Background*: Most of the information on abortion in Nigeria are based on information from women hospitalized for abortion complications. However a lot of abortions, especially those carried out by medical doctors do not cause enough complications to register in hospital statistics. This study is to explore the profile of women that obtain these relatively safe abortions, and to ascertain their reasons for opting for an abortion.*

Methods*: A cross sectional study was carried out in five clinics located in various parts of Port Harcourt, Nigeria, known to provide abortion services. Data on all the women that sought abortion in the clinics between January and March 2007 were collected by the attending doctors.*

Results*: A total of 793 women sought abortion in the clinics within the three months study period, a daily average of 1.76. The clients had an average age of 23.73 years (s.d 7.3), and a large proportion were not yet married (72.01%), had no children (67.97%), were still in school or learning a trade (66.08%), and were having their first termination of pregnancy (68.22%). Clients that identified themselves as widowed, divorced or separated made up 17.78% of the total. The commonest reasons cited for the decision to terminate the pregnancy were that the women were not yet married (63.43%), and that they were still students or learning a trade (60.15%). Few women gave contraceptive failure (3.91%) or the fact that they did not want any more children (3.66%) as a reason for the abortion.*

Conclusions*: Abortion on demand is still very common in Nigeria in spite of legal restrictions. Amending the abortion laws would assist in resolving this paradox.*

Keywords: *Clandestine abortion, abortion service providers, Port Harcourt*

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INTRODUCTION

Nigerian law makes it a crime to perform or obtain abortion except to save a woman's life. Penalties of up to 14 years imprisonment exist for any person who performs an abortion, as well as for any woman who seeks an abortion or who attempts to cause her own miscarriage. [1] In spite of this, abortion on request is still widely available in Nigeria. Each year, Nigerian women obtain more than 610, 000 abortions, a rate of 25 abortions per 1000 women aged 15 44 years.[2] These abortions are mainly obtained on a cash and carry basis, with the charges varying according to the competence of the provider, and the condition in which the abortion is carried out.[2,3] Most of the safe abortions in Nigeria are carried out by medical doctors working in private clinics, who regard abortion services as a source of significant revenue.[3]

The quasi-legal status of abortion in Nigeria can be attributed to increasing societal tolerance, as even the authorities are often reluctant to enforce the country's abortion laws.[4] Most of the people held culpable for abortion offences are mainly those that collaborated in abortions that resulted in severe complications, or death.[4,5] These abortions are most likely to be carried out by women who are either too young[6], or too poor [7-9] to pay for a safe abortion from an experienced medical doctor, working in sanitary conditions. This creates the erroneous impression that older, and women of relatively high socio-economic status rarely engage in abortion.[9] This study aims to show the hidden side of the abortion iceberg; the mass of abortions carried out in Nigeria that did not cause enough complication to bother the law enforcement agents, or reflect in hospital statistics.

Most of the published works on abortion in Nigeria are based on information collected from women hospitalized for abortion complications. [6-8] Some others [10,11] are community-based surveys where women typically are reluctant to talk about abortion, and are likely to under-report their recourse to it.[12] This study however, attempts to describe the women that obtained abortion from five private clinics in Port Harcourt, where the abortions are carried out by experienced medical doctors, working in sanitary conditions. We explore the profile of women who obtain abortions in these clinics, and the reasons behind their decision to terminate the pregnancy.

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MATERIALS AND METHODS

Study site: The study was carried out in five clinics, located in various parts of Port Harcourt, Rivers State. They were chosen not only because of their location, but also their reputation as major abortion service providers.

Data collection: Data was collected in the clinics between January and March, 2007. Considering the legal status of abortion in Nigeria, doctors carrying out the abortions in the clinics were persuaded to collect the required information from the abortion seekers, after strong assurances of utmost confidentiality. The interviews were kept short and informal, and carried out as if they were part of the normal history taking process, so as not to arouse any suspicion from the women. Each woman seeking abortion in the clinics within the period were asked a series of questions that include: age, marital status, number of children, occupation, and number of previous induced abortions. They were also asked why they chose to terminate the pregnancy. This last question was asked without providing a list of possible reasons, to avoid putting words into the mouths of the respondents. Since the abortion is provided mainly on a cash-and-carry basis, and is not premised on certain reasons, it is believed that most of the respondents would be sincere in their responses.

Data analysis: The data collected were manually checked for consistency and completeness; and then analyzed using a pocket calculator. Summary measures were calculated for each outcome of interest.

RESULTS

The results of the study are presented in Table 1. A total of 793 women sought abortion in the five clinics within the three months period, a daily average of 1.76. Out of these, 65.83% were below 25 years, while 13.37% were 35 years and above. The average age of the women was 23.87 years (S.D 7.31).

Most of the women were never married (single, 72.01%), had no children (67.97%), were still students or learning a trade (66.08%), and were having their first termination of pregnancy (68.22%). In contrast, 10.21% of the women were married and still with their spouse, 12.33% had 4 or more children, and 6.05% were housewives. Interestingly, women who identified themselves as widowed, divorced, or separated from their spouse had more abortions (17.78%) than women who are still living with their spouse (10.21%). Only 24.96% of the women were engaged in remunerative jobs, with majority of them students (53.97%).

Table 1 Percentage distribution of abortion clients, by selected characteristics

(N=793)

Characteristic	Number	Percentage (%)
Age		
< 20 years	285	35.94
20 24 years	237	29.89
25 29 years	119	15.01
30 34 years	46	5.80
>/ 35 years	106	13.37
Marital Status		
Single (never married)	571	72.01
Married	81	10.21
Separated, divorced or widowed	141	17.78
Number of children		
None	539	67.97
1	118	14.88
2	16	2.02
3	23	2.90
>/ 4	97	12.23
Occupation		
Student	428	53.97
Apprentice	96	12.11
Civil Servant	135	17.02
Self employed	63	7.94
Unemployed	71	8.95
Previous induced abortion		
None	541	68.22
1	111	14
>/ 2	141	17.78

Most of the women gave more than one reasons for their decision to have an abortion. Although worded differently, their responses can be grouped into the categories listed in Table II. The commonest reasons given were that the women were not yet married (63.43%) or still in school or learning a trade (60.15%). Some of the women (17.28%) gave the reason that their youngest child was still very small, while 3.66% cited that they did not want any more children. Economic difficulty was cited by 29.38% of the women.

Table II: Reasons for terminating the pregnancy (N=793) (multiple reasons were sometimes given)

Response	Number	Percentage (%)
Not yet married	503	63.43
Still in school or still an apprentice	477	60.15
Problem with partner	269	33.92
Economic difficulty	233	29.38
Youngest child is still very small	137	17.28
Ill health	84	10.59
Contraceptive failure	31	3.91
Dont want any more child	29	3.66

DISCUSSION

This study shows that abortion on demand is still very common in Port Harcourt, in spite of the legal and religious restrictions; with established providers carrying out an average of two abortions every day. This is corroborated by studies carried out in other parts of Nigeria. [2, 3, 8, 10, 11, 13] They bear testimony to the almost obsolete status of the Nigerian abortion laws. These laws were enacted during the British colonial administration when the social and religious norms of Nigerians were grossly against abortion.[1, 5] Now that increasing number of Nigerians believe that abortion on demand should be legalized for a broad range of reasons [3,14], enforcing these old colonial laws have been very difficult. [4,5] A lot of people currently do not regard abortion as murder or an immoral act, especially when performed in early pregnancy.[14, 15] In the absence of clearly established victims, law enforcement authorities find it difficult to learn of violations, and even harder to find willing witnesses. This discrepancy between the *de jure* and the *de facto* status of abortion in Nigeria could have been best tackled by amending the abortion laws to reflect the prevailing situation. Unfortunately, past efforts at such amendments have been thwarted by the pressures of religious bodies. [5, 16]

Most of the clients of the clinics were not yet married, were students and have an average age of 23.87 years. These finding were consistent with other Nigerian studies, [6-8, 17, 18] others carried out in other sub-Saharan countries [19, 20] and in Latin American countries.[21] A Pakistani study however found the clients to be mostly married, above 35 years, and had given birth to five or more children.[22] The reason for this disparity however lies in the difference in the extent of premarital sex, the prevalence of contraceptive use; and the time interval between sexual maturity and marriage in the countries. [11, 22 - 27] In Pakistan and in most Moslem societies, the need to carry out an abortion to postpone child bearing is almost obliterated by the fact that women marry early, and start child bearing soon after.[16, 22, 27] Even as the trend is changing towards later marriage in Pakistan, the level of premarital sex had been kept very low by severe sanctions,[16, 22, 24] while the high level of contraceptive use had kept resort to abortion as a method of fertility control very low. [22, 24, 25]

The study also found amongst the clients a rather high proportion of women who identified themselves as widowed, divorced or separated. A study in Mozambique[19] puts the proportion of these women at just 3%. The high proportion in this study is indicative that a lot of these women had been in a relationship that did not support child bearing. This is perhaps an evidence of the breakdown of the traditional custom of wife inheritance. It also shows that this group of women engages in courtships involving sex before a formal marriage. Their sexual culture is thus similar to those of the adolescents; therefore, their reproductive health should be given some level of attention. It has been shown that cohabiting women have sexual intercourse more frequently than do married women, even as they are often ambivalent about having children. [28]

The two main reasons given for the decision to terminate the pregnancy were that the women were not yet married, and that they were still in school or learning a trade. These are consistent with the findings of other Nigerian studies.[3, 11, 17, 18] The reasons adduced for these are the widespread belief in Nigeria that child bearing should take place only within marriage; and the clamor that women should be empowered before marriage.[3, 29]

Material difficulties was cited as the most common reason for seeking an abortion in the Mozambican study.[19] Economic difficulty was the fourth ranked reason in this study. This might be surprising considering that only 24.96% of the clients were engaged in remunerative jobs. The Mozambican study had a greater proportion of married women, whereas this study had an overwhelming majority of students and apprentices. These are dependents, who often would not consider material difficulty as part of their immediate personal problem.

CONCLUSION

Abortion on demand, in spite of legal restrictions, is still very common in Nigeria. The clients are not only young, single students, but also include a large number of women who are widowed, divorced or separated. This paradox of *de jure* prohibition and *de facto* availability should be resolved by amending the abortion laws to conform to the needs of the prevailing circumstances.

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