ORIGINAL ARTICLE

Induced Abortion amongst Undergradute Students of University Of Port Harcourt

Vaduneme K. Oriji *FWACS* **Israel Jeremiah** *FWACS* **Terhemen Kasso** *MBBS*

Department of Obstetrics and Gynaecology, University Of Port Harcourt Teaching Hospital, Port Harcourt

Abstract

***Background**: Induced abortion is the termination of pregnancy through a deliberate intervention intended to end the pregnancy. This practice is widespread in Nigeria despite the restrictive abortion laws in Nigeria. Many women still undergo induced abortion every year and endanger their health and lives as induced abortion can only be procured illegally in Nigeria.*

We hope to determine the proportion of undergraduate students who had induced abortion in the past and the contributing factors.

To determine the proportion of the undergraduate students who support the restrictive abortion laws in Nigeria.

***Method**: A cross sectional questionnaire survey of undergraduate students of the University of Port Harcourt was done through a cluster sampling method along with focus group discussion with some of the respondents. 451 out of 500 administered questionnaires were retrieved and analyzed.*

***Result**: The incidence of induced abortion amongst the respondents was 47.2%. About 40% had never used an effective form of contraception in the past and 13% were unaware of contraception. 77.9% of the induced abortion was by dilation and curettage and 1% by manual vacuum aspiration. Up to two third of the respondents were against legalization of abortion.*

***Conclusion**: Up to 47% of these undergraduates had performed abortion in the past. Protecting educational career was the single most important reason for this. Although most of these undergraduates are against legalizing abortion, they highly patronize unsafe abortion. Improving contraceptive awareness and usage will reduce unwanted pregnancy and induced abortion. This option appears next to total abstinence in reducing the morbidity and mortality from induced abortion in this counrty.*

***Key Words**: Induced abortion, undergraduates, dilatation and curettage, and manual vacuum aspiration.*

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Introduction

Abortion is the termination of pregnancy before the age of fetal viability. The age of fetal viability in Nigeria is taken to be 28 weeks while in developed countries and industrialized world, this has been reduced to 20-24 weeks of gestation[1]. World Health Organization (WHO) however defines abortion as the expulsion or extraction from its mother of a fetus or embryo weighing 500g or less.[2] Abortions could be spontaneous or induced. Induced abortion is the deliberate termination of pregnancy in a manner that ensures that the embryo or fetus does not survive.[3]

Unsafe abortion as defined by WHO refers to a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both[4]. Between 26 and 53 million induced abortions occur around the world annually and an estimated 20 million of these abortions are unsafe. Approximately 18 million of the unsafe abortions are in the developing countries, resulting in some 78,000 deaths and chronic ill health and disabilities in several other millions[5]. Of the 78,000 women that die from complications of abortion annually, 69,000 are from African countries alone.[1] In Port Harcourt, the rate of induced abortion among female secondary school students was reported to be 24.8%.[6] 78.8% of adolescent females in Port Harcourt were reported to be sexually exposed. This level of sexual activity, in the presence of low contraceptive use, has strong implications for the risk of unwanted pregnancies and possible induced abortions[7,8]. It is evident that induced abortion is widespread throughout Africa. Over 60% of pregnancies in adolescents in Africa are unplanned and unwanted, with more than half of these ending up as induced abortions[1].

In Nigeria, 24% of doctors in private practice routinely terminate unwanted pregnancies on request, with attendant high complications from the unsafe abortion[9]. To reduce the high rate of induced abortion and its complications will require understanding the factors leading to unwanted pregnancy, the reasons why women terminate pregnancies, their knowledge and use or lack of use of contraceptives, their experiences in previous terminations[10].

Correspondence to ***Dr. Vaduneme K. Oriji,*** *+2348033133037, E-Mail: vadoriji@yahoo.com*

Materials and Methods

500 questionnaires were administered to 500 female undergraduates in University of Port Harcourt, Rivers State. The respondents were selected using their room numbers. All the occupants of every 5th room from the first room were sampled. The sample size was determined from calculations using the formula for sample size determination of samples <10,000 at 95% confidence level. The calculated minimum sample size was 384 rounded up to 400 for this study. A total of 500 questionnaires were given out, the extras to allow for non-returns. The questionnaires were initially pre-tested on 20 undergraduates and subsequently modified based on their understanding of the questions and responses. 5 Focus group discussions with the students in batches of 8 students were also conducted and recorded on a tape to gather more insight to their responses.

Result

The modal age group of the respondent was 20-24yrs. Over 80% of the respondents were singles and mainly Christians (table I). Majority of the respondents (82.7%) had first sexual intercourse on or before 17yrs of age. 47.2% of respondents have had an induced abortion in the past and 93% of these were first trimester abortions and the rest were in the second trimester (figure 1).

75.8% of the induced abortions took place in private clinics, 19.3% in doctors' residences and 3.4% in government hospitals. 1.4% of abortions occurred in "other places" where induced abortions were procured, such as pharmacy shop, private homes of the respondents, traditional birth attendants, or the herbalists (table II). 77.9% of the induced abortions were done using dilatation and curettage (D&C). Other methods used for inducing abortion were drugs in 10.8% and herbs in 10.3%. Manual vacuum aspiration (MVA), or native chalk were other methods of induced abortion used in about 1.0% (table II).

The reason given for procuring induced abortions in majority of the respondents (83.6%) was that the pregnancy would affect their educational career. 69.6% of the respondents were unmarried and did not want any child outside wedlock while about 25.5% of the respondents were uncertain of the father of their unborn child. 5.1% used induced abortion to space pregnancy. Other reasons given were rape and incestuous sexual activity resulting in unwanted pregnancies (table III). The most reported complication following abortion was fever in 25% respondents (table IV).

Majority of the respondents (66.6%) did not support legalizing abortion. 82.5% of those against legalization said it would encourage promiscuity, while 36.5% thought it will increase abortion rate. Others felt it would increase the spread of sexually transmitted infections (STIs). 91.0% of those who support legalization, felt it would enable induced abortion to be performed under safe conditions and by trained personnel and 25% of them felt it would reduce the economic burden of an unwanted child. 43.2% said it would give women the right to decide when to have a child. Others felt it would reduce maternal death and guilt feeling (table V).

Table I: Sociodemographic variables

Characteristics	Frequency	%
Age Group (n=451)		
< 15	28	6.2
15 19	175	38.8
20 24	190	42.1
25 29	32	7.1
30 34	19	4.2
35 and Above	7	1.6
Total	451	100
Religion (n=442)		
Christianity	387	87.6
Islam	40	9.0
Others	15	3.4
Total	442	100
Marital Status (n=395)		
Married	24	6.1
Single	350	88.6
Divorced	7	1.8
Widow	14	3.5
Total	395	100

n = No. of Respondents

FIGURE 1: Percentage of induced abortion

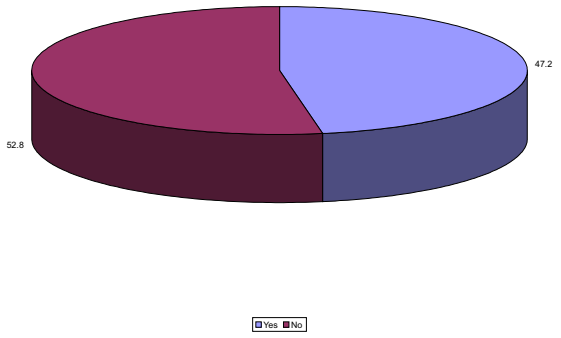

Table II: Venue and methods of abortion

Place (n=207)	Frequency	%
Government Hospital	7	3.4
Private Hospital	157	75.8
Private House	40	19.3
Others	3	1.4
Methods (n=204)		
Drugs	22	10.8
Herbs	21	10.3
D & C	159	77.9
Others	2	1

Table III: Reasons for induced abortion

Factors	Frequency	(%)
Affect Schooling	153	71.1
Unmarried	112	52
Not ready for child bearing	50	23.7
Unsure of child's father	37	17.3
Child Spacing	7	3.28
Rape Victim	8	3.75
Sexual Abuse by relative	2	0.93

Table IV: Reported complications of abortion

Complications	No.	%
Fever and Chills	114	25.2
Severe Abdominal Pain	23	5.0
Severe Vaginal Bleeding	16	3.5
Offensive Vaginal Discharge	15	3.3

Table V: Legalize abortion

Response	Frequency	%
Yes	144	33.4
No	287	66.6
Total	431	100

Discussion

47.2% of the respondents in this study have had an induced abortion in the past. This is higher than the proportions reported among secondary school students in Port Harcourt and Enugu with proportions of 24.8% and 25% respectively[6,11]. Although the contraceptive use in this population as expected is higher than the secondary school population. The higher proportion of induced abortion amongst the undergraduates reflects the cumulative period of sexual exposures in this population compared to a younger population in the secondary school. 82.7% of the respondents had early sex debut. This has strong implications for the risk of unwanted pregnancies and possible induced abortion. Most abortions have been noted to occur during the adolescent period as earlier reported in Lagos, Port Harcourt and Enugu.[11,12,13]

Only 3.4% of the terminations were carried out in hospitals while the majority occurred in private clinics. This is similar to the report in Ilorin where most adolescents who became pregnant sought a clandestine abortion[14]. This is as a result of the restrictive abortion laws in Nigeria. Abortions sort in clandestine manner are usually unsafe and associated with higher complications. Most of the terminations (77.9%) were done using dilatation and curettage and only a few were done using manual vacuum aspiration (MVA). Throughout the developing world, the MVA with experience offers an appropriate alternative to sharp curettage (D&C) and is also associated with less complications[15]. The use of sharp curettage as the major method for termination indicates that those performing the procedure were not trained to do so. Also some of the abortions were carried out in environments lacking in minimal standards (living homes, TBA homes) as well as by unskilled persons lacking required training to carry out induced abortion. These abortions were unsafe. This explains why they had high incidence of complications. Abortion complications have been reported as major gynaecological emergencies in most parts of Nigeria.[9,16]

Protecting educational career was the reason advanced by 83.6% of the respondents for the termination of pregnancy. 69.6% did so because they were still single. This is consistent with the Zaria study where many women seeking abortion gave similar reasons[17]. Termination of pregnancy was used by 5.1% as a form of family planning in spacing births and represents the un-met contraceptive demand. Majority of the respondents (66.6%) objected to the legalization of abortion because they thought it would encourage promiscuity, increase abortion rate and increase spread of sexually transmitted infections (STIs). The 33.4% in support of legalizing abortion reasoned that it would reduce complications from unsafe abortion and maternal death. This is consistent with the reports from Ile-ife where populations opposed to legalization of abortion gave similar reasons[18,19]. Like in other studies, only a minority

of this population felt that the problems of unsafe abortion would be solved through its legalization.

Conclusion

Up to 47% of these undergraduates had performed abortion in the past. Protecting educational career was the single most important reason for this. Although most of these undergraduates are against legalizing abortion, they highly patronize unsafe abortion to terminate an unwanted pregnancy.

Outlawing abortions is not likely to be an obvious opinion of a large majority of Nigerians even though a large proportion would procure unsafe abortion when faced with an unwanted pregnancy. The desire to get rid of an unwanted pregnancy remains the main thrust of unsafe abortion in most parts of Nigeria. In the present circumstance, abortion cannot be made safe by law. Improving contraceptive awareness and usage will reduce unwanted pregnancy and unsafe abortion. This appears next to total abstinence in reducing the morbidity and mortality from induced abortion.

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