



Experiences of Non-Medically Indicated Abortions Among Educated Nigerians

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Abstract: Termination of pregnancy for non-medical indications is one of outcomes of unwanted pregnancy. Majority of unwanted pregnancies can be prevented using effective modern contraceptives, however, the uptake of these contraceptives is low in Nigeria. This study was carried out to assess the prevalence of abortions among Nigerians with a view to planning effective services to prevent and manage such abortions within the limits of the law in Nigeria. The study was an anonymous online survey carried out using Google Forms. Statistical analyses including rates and comparative analyses were carried out using MINITAB statistical software version 19. Non-medically indicated abortions had been experienced by 21% of all respondents and 29% of female respondents. About half of these had experienced one abortion while the rest had two or three abortions, and a large proportion (>40%) had never been accompanied by their spouse/partner for the abortion service. Majority of the abortions occurred when the respondents were not married (>60%) and the woman was involved in the making the decision to terminate the pregnancy in up to 90% of cases (50% as the sole decision maker and 40% as a partner in joint decision making). Evacuation by a health worker was the method of abortion in 65% of cases while the medication abortion alone was used in 25% of cases and the rest were carried out using medication abortion followed by evacuation. Use of withdrawal method for contraception and sexual challenges were significantly associated with non-medically indicated abortions. Non-medically indicated abortions are common among educated Nigerians and are more common among those using less effective methods of contraception like the withdrawal method. There is a need for increased access to high quality contraceptive information and services to improve the reproductive health of Nigerians.

Keywords: Abortion, Contraception, Nigerians, Online Survey

1. Introduction

The incidence of non-medically indicated induced abortion in Nigeria is not clear because of the legal restrictions on abortion in the country. This has resulted in challenges in reporting the actual incidence of non-medically indicated induced abortion, with various authors reporting varying estimates ranging from 1.87% [1], 3.3% [2], 10% [3], 11% [4], to 29.7% [5]. Similar rates have also been reported from Cote d'Ivoire (1.88%) and lower rates from India (.07%) [1]. In the event of an unplanned pregnancy, both unmarried [6, 7] and married women [8] may terminate the pregnancy.

Generally, it is estimated that about 56% of unwanted pregnancies in Nigeria are terminated [2] however, among young unmarried people, 86.7% [6] to 100% [7] of unwanted pregnancies are terminated. The actual prevalence of abortion in Nigeria and elsewhere is difficult to determine due to legal restrictions and stigma surrounding abortion, both of which discourage reporting [2, 8, 9]. In Nigeria, it is illegal to terminate a pregnancy except to save the life of the mother. Among the factors that contribute to unwanted pregnancies in Nigeria, is the low uptake of contraceptives as evidenced by

the contraceptive prevalence rate of 17% and an unmet need for contraception of 19%, among married women of reproductive age [10]. Among sexually active unmarried women, the contraceptive prevalence rate is higher (37%) although the unmet need for contraception among this group of women is quite high (48%) [10]. Researchers from Nigeria and other parts of the world have also found non-use or failure of contraception to be a significant factor contributing to unwanted pregnancies and non-medically indicated abortions [8, 9]. Common reasons for not using contraceptives include the fear of side effects [2, 8, 9], lack of approval from spouse/partner [9], and the perception that pregnancy is not likely to occur because fertility is reduced especially among older women who are close to menopause [8, 9]. Some reports from Nigeria have revealed higher rates of abortion among older women (above the age of 40 years) [4, 8], women who have 5 or more children [4, 8], educated women [4] and women who had experienced intimate partner violence [4]. Although some reports have not found a significant association between abortion and religion [8] there have been reports indicating that abortions occur less frequently among women who practice Islam and those who practice traditional religions [4]. Abortions may be induced surgically using various techniques to evacuate the uterus, or medically using medications that cause expulsion of the uterine contents. Surgical methods have been reported to be more widely utilized in Nigeria, compared to the medical method [8]. In addition, there are various traditional methods of inducing abortions, which tend to be unsafe and may result in complications.

This study was carried out to explore the experiences of Nigerians about non-medically indicated abortion, with the aim of increasing understanding of this issue and how to address it through effective preventive services including contraception.

2. Methodology

The study was an anonymous online survey using Google Forms that was circulated to contacts via WhatsApp between April and September 2020. The sample was one of convenience based on the authors' contacts who were also encouraged to share the survey link to their own contacts who are Nigerians and are based in Nigeria. A structured questionnaire was used to obtain information from the respondents. Data obtained from respondents included information on their general biodata (age, sex, religion, education, marital status, place of residence, number of children). In addition, information was obtained about their experiences of non-medically indicated abortion, with some options provided in addition to space for other responses. The questionnaire also sought information about their other reproductive health experiences such as knowledge and use of contraceptive methods, and experience of sexual challenges. The questionnaire was pre-tested among contacts who were not health professionals and based on their inputs, modifications were

made in order to ensure that the desired responses were obtained. The statistical analyses included rates and comparative analyses, and these were carried out using MINITAB statistical software version 19. The rates used in this paper are percentages. Statistical tests of association included chi-squared test, student's t-test, and 95% confidence intervals. The level of significance used for all the tests of association was a *p*-value of less than 0.05.

The limitations of the study include the convenience sampling and the use of an online survey both of which resulted in respondents being only those who are educated and have access to the internet. Another limitation is the fact that respondents were not interviewed immediately after an abortion thus creating a possibility of some recall bias.

3. Results and Discussion

3.1. Results

There were 106 responses and of these, six respondents were not resident in Nigeria and were excluded. The analyses were carried out on the data obtained from the 100 Nigeria-resident respondents. The respondents were made up of 62 women (62%) and 38 men (38%) and majority had a Master's degree (51%) while the rest had a first degree (32%), PhD (7%) and Professional Fellowship (5%). Majority were Christians (62%) while the rest were Muslims (38%) and most of them were married (76%) while the rest were single (17%), divorced (4%), widowed (2%) or separated (1%). The age of the respondents ranged from 22 to 60 years with a mean of 41.2 years and a median of 41 years (standard deviation = 7.41). The number of children that respondents had ranged from 0 to 10 with a median of 2 and a mean of 2.22 (standard deviation = 1.83). Those who did not have any children were 18% while those who had between 1 and 4 children comprised 75% and the rest (7%) had 5 or more children.

Of the 100 respondents included in the analyses, 21 (21%) reported that they had ever had a termination of pregnancy for non-medical reasons. Among the female respondents, 29% reported having experienced a non-medically indicated termination of pregnancy while 7.9% of men reported that their partners had ever had such a termination of pregnancy and this difference was statistically significant based on the chi-squared test (*p* = 0.01).

The mean age of respondents who had ever had a termination of pregnancy for non-medical reasons (42.5 years) was not significantly different from the mean age for those who had never had such an experience (40.8 years), based on the student's t-test (*p* = 0.35). Similarly, among women only, the mean age of those who had ever had a termination of pregnancy for non-medical reasons (43.3 years) was not significantly different from the mean of those who had never had such an experience (40.8 years) based on the student's t-test (*p* = 0.27).

Among those who reported having had a non-medically

indicated abortion in themselves or their partners, 85.7% were women and 14.3% were men, 38.1% were Muslims and 61.9% were Christians, 71.4% were married and 28.6% were unmarried (14.3% single and 14.3% divorced), and 28.6% had no children while 66.7% had between 1 and 4 children and 4.8% had 5 or more children. Among women who had had a non-medically indicated abortion, 33.3%

were Muslims and 66.7% were Christians, 66.7% were married and 33.3% were unmarried (16.7% single and 16.7% divorced), and 33.3% had no children while 61.1% had between 1 and 4 children and 5.6% had 5 or more children. Details of the reported experiences with abortion are shown in table 1 below.

Table 1. Experiences with non-medically indicated abortions among respondents.

Variable	All Respondents	Women only
Number of abortions		
1	55.0%	50.0%
2	30.0%	33.3%
3	15.0%	16.7%
Number of times accompanied by partner/spouse for abortion		
0	47.4%	44.4%
1	31.6%	33.3%
2	21.0%	22.2%
Marital status at time of the most recent abortion		
Married	40.0%	38.9%
Not married	60.0%	61.1%
Who took decision for abortion		
Woman only	50.0%	50.0%
Man only	10.0%	11.1%
Joint (male and female partner)	40.0%	38.9%
Method of abortion		
Evacuation by health worker	65.0%	66.7%
Tablets	25.0%	22.2%
Tablets followed by evacuation	10.0%	11.1%

There was no significant difference between those who reported having a non-medically indicated termination of pregnancy and those who did not based on religion, marital status, number of children, or knowledge of contraceptive methods (all p values >0.05). Similarly, among women only, the chi-squared tests also revealed that there was also no significant association between non-medically indicated termination of pregnancy and religion, marital status, number of children, or knowledge of contraceptive methods (all p values >0.05). There was no significant difference in the number of children (0, 1-4, 5 or more) between those who had had a non-medically indicated abortion and those who had not ($p = 0.71$). Similarly, among women only, there was no significant difference in the number of children (0, 1-4, 5 or more) between those who had had a non-medically indicated abortion and those who had not ($p = 0.98$).

There was no significant association between religion and the number of times a respondent had had an abortion ($p = 0.64$), the number of times a spouse/partner was accompanied for the abortion ($p = 0.19$), the marital status at the time of the abortion ($p = 0.25$). There was no significant association between the current marital status and the number of times a non-medically indicated abortion was experienced ($p = 0.28$), or the marital status at the time of the abortion ($p = 0.16$). Similarly, among women only, there was no significant association between religion and the number of times a respondent had had an abortion ($p = 0.53$), the number of

times a spouse/partner was accompanied for the abortion ($p = 0.24$), the marital status at the time of the abortion ($p = 0.49$). There was no significant association between the current marital status and the number of times a non-medically indicated abortion was experienced ($p = 0.53$), or the marital status at the time of the abortion ($p = 0.17$). There was also no significant association between the marital status at the time of the abortion and the number of times a spouse/partner was accompanied for the abortion ($p = 0.89$).

3.1.1. Use of Contraceptives

There was no significant difference in the current use of contraceptives between those who had experienced non-medically indicated abortion (38.1%) and those who had not (48.1%) based on the chi-squared test ($p = 0.41$). Among women only, the current use of contraceptives was not significantly different among those who had ever had a non-medically indicated termination of pregnancy (33.3%) and those who had not (40.9%) based on the chi-squared test ($p = 0.58$). There was no significant association between having had a non-medically indicated abortion and the reasons for non-use of contraceptives (all p values >0.05). Similarly among women only, the reasons for non-use of contraceptives were not significantly associated with having had a previous non-medically indicated termination of pregnancy (all p values >0.05). The reasons for not using contraceptives are shown in table 2 below.

Table 2. Reasons for not using contraceptives among respondents.

Reason	All respondents		Women only	
	Had abortion = 21	Did not have abortion = 79	Had abortion = 18	Did not have abortion = 44
I want to have a baby	5 (23.8%)	22 (27.9%)	3 (16.7%)	13 (29.6%)
I don't need it because I am not in a relationship	3 (14.3%)	13 (16.5%)	3 (16.7%)	10 (22.7%)
Concerned about side effects	4 (19.1%)	14 (17.7%)	3 (16.7%)	12 (27.3%)
My husband/ wife/partner does not approve of it	0	3 (3.8%)	0	1 (2.3%)
Against my religion	1 (4.8%)	9 (11.4%)	0	6 (13.6%)
Against bioethics of the natural health of a woman	0	1 (1.3%)	0	1 (2.3%)
Against our tradition	0	2 (2.5%)	0	0
Not in my best interests because it reduces me to sex object	0	1 (1.3%)	0	1 (2.3%)
My partner and I are abstaining from sex	1 (4.8%)	2 (2.5%)	1 (5.6%)	2 (4.6%)
I am close to menopause and don't consider myself fertile	0	1 (1.3%)	0	1 (2.3%)
I am menopausal	1 (4.8%)	1 (1.3%)	1 (5.6%)	2 (4.6%)

Based on the chi-squared tests, having had a non-medically indicated abortion was not significantly associated with the type of contraceptive currently being used (all p values >0.05), except among those who were using withdrawal method. Among those using the withdrawal method, 60% reported a previous non-medically indicated abortion compared to 18.9% among those who were not using the method ($p = 0.028$). Among women only, having had a non-medically indicated abortion was not significantly associated with the type of contraceptive currently being used (all p values >0.05). There was no significant difference in the experience with contraceptives (satisfactory/unsatisfactory) between those who had had a non-medically indicated abortion and those who had not ($p = 0.23$). Similar results were obtained when this analysis was conducted among women only showing no significant difference in the experience with contraceptives among those who had a previous non-medically indicated termination of pregnancy and those who had not ($p = 0.37$).

3.1.2. Sexual Challenges

The presence of sexual challenges was reported by a significantly greater proportion (47.6%) of those who had had a previous non-medically indicated termination of pregnancy compared to those who had not had such an experience (17.7%) based on the chi-squared test ($p = 0.004$). Similarly among women only, there was a significant difference between the presence of sexual challenges among those who had had a previous non-medically indicated termination of pregnancy (50%) and those who had not had such an experience (15.9%) based on the chi-squared test ($p = 0.005$).

3.2. Discussion

The proportion of all respondents (21%) and of women respondents (29%) who reported having had a non-medically indicated termination of pregnancy in this study was similar to a previous report from Nigeria [5], but higher than what was reported by other Nigerian researchers [1-4]. The number of abortions was only one in about half of those who had an abortion, while the other half had two or more abortions. Although there was no significant association between having had a non-medically indicated abortion and age, the mean age of those who had abortions was over the age of 40 years thus increasing the likelihood that they may have had more life

experiences including abortion. This may contribute to the high rate of termination of pregnancy in this study, especially as it has been previously reported that older women are more likely to have had a previous non-medically indicated abortion [4].

In almost half of the instances (47.4% for all respondents and 44.4% for women respondents), the partner/spouse did not accompany the woman for the abortion service, which may reflect poor involvement of men in reproductive health issues. In addition, the majority of these abortions took place when the respondents were not married (60% for all, 61% for women) and only the woman took the decision for the abortion on 50% of cases, further highlighting the poor involvement of men. However, it is encouraging that women were involved in the decision to terminate the pregnancy in about 90% of cases. In about 10% of cases, only the man took the decision for the abortion and this is a cause for concern because it may be a reflection of controlling behavior especially as it has been reported that spousal violence may be associated with increased likelihood of termination of pregnancy [11]. Controlling behavior in men may also be associated with attempts to thwart the abortion (abortion sabotage), the fear of which causes some women to have the abortion without the knowledge of their partner/spouse, as has been documented in a previous report [9]. This study did not find any association between previous non-medically indicated abortion and religion unlike a previous study [4]. Similarly, religion was not significantly associated with the marital status at the time of the abortion, the number of previous abortions or the number of times a woman was accompanied by her partner/spouse for the abortion. More than a third of the most recent non-medically indicated abortions among respondents took place in married individuals, in keeping with previous studies that reported such termination of pregnancies among married women [4, 9]. Termination of pregnancy for non-medical reasons among married women may suggest lack of information about how to prevent unwanted pregnancy or lack of access to high quality contraceptive services or lack of empowerment among women to exercise their reproductive choices.

Majority of those who reported a previous non-medically indicated abortion had evacuation by a health worker (more than 65%), although about a quarter had medication abortion while the remaining 10% had medication abortion followed

by evacuation. This is in keeping with a previous study that showed that evacuation was the most common method of abortion in Nigeria [8]. This may be due to various reasons such as the desire to have pregnancy terminated as soon as possible or limited access to or limited understanding of the medication abortion process. This finding is similar to what has been reported from previous studies in Nigeria [12]. The preferred method of abortion has been shown to influence the choice of abortion provision location in the country [13], suggesting increased awareness of the available options.

This study did not find any significant association between non-medically indicated abortion and knowledge of contraceptives, their satisfaction with contraceptive methods, or their reasons for not using contraceptives. There was also no significant association with current use of contraceptives, unlike some previous studies that found a significant association between non-medically indicated abortions and current [4] or previous non-use of contraceptives [8, 9]. The reasons given by respondents for not using contraceptives were similar to what has been reported previously [2, 8, 9]. However, the proportion of women who did not have previous abortions that were using contraceptives (40%) was higher than the proportion of those who had previous abortions that were using contraceptives (33%) although the difference was not statistically significant. The lack of association between current contraceptive use and non-medically indicated abortion in this study may be due to the fact that contact with reproductive health services may have increased the subsequent uptake of contraceptives among respondents. It is important to note that the proportion of women in this study that were using contraceptives was much higher than the national average of 17% [10] most likely because of their level of education and their previous contact with reproductive health services. There was also no association with the type of contraceptive being used except for withdrawal method, which was significantly associated with a previous non-medically indicated abortion. This may suggest that couples using this method may have been using it at the time of the unwanted pregnancy as the withdrawal method is not very effective as has been previously documented [9]. The fact that educated couples are using withdrawal method may be reflection of their ignorance of the low effectiveness of the method, although some of them may also be using this method for other reasons such as religious considerations.

Sexual health challenges were significantly more common among those who reported a previous non-medically indicated abortion, as has been documented in previous reports [14-16]. This may be because of the psychological effects (guilt, anxiety, or depression) of having an abortion with or without relationship problems that may be associated with such psychological issues.

4. Conclusion

Termination of pregnancy for non-medical reasons is common among educated women in Nigeria, especially before

marriage, and women are involved in the decision to terminate the pregnancy in the majority of cases. Couples using the less effective withdrawal method of contraception are more likely to have had a non-medically indicated termination of pregnancy thus there is a need to increase awareness of, and access to, effective contraceptive methods to enable couples to make meaningful decisions on contraception. This study also highlighted the poor involvement of men in reproductive health issues in the country, a situation that contributes to the poor reproductive health indices in the country. In addition, poor involvement of men in reproductive health issues further raises the risk of intimate partner violence and disempowerment of women. Further research on how to effectively involve men in reproductive health while preventing intimate partner violence, is required to provide the necessary inputs for proper planning to address this gap. In addition, research on the reasons for choices of contraceptive methods and the reasons for not using contraceptives among couples will also help to plan for services that effectively meet their needs. Additional research on abortion experiences at the community level will provide more information on the prevalence of abortions, how they are procured and from where, experiences of couples who have had abortions including complications, as well as their suggestions for prevention of abortions and improvement of abortion services. As termination of pregnancy is only legal when the life of the woman is in danger, there is a need for health workers to ensure that couples have access to safe and effective contraceptive methods that suit their needs.

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