

## Research Article

**Factors contributing to unsafe abortion among adolescents: A case study of Uteh Community in Ikpoba-Okha Local Government Area, Edo State**Awhin, Blessing Erutere<sup>\*1</sup>, Ajani, S. T<sup>1</sup>, Obadoni, V<sup>2</sup><sup>1</sup>School of Midwifery, University of Benin Teaching Hospital, Edo State, Benin City<sup>2</sup>School of Nursing, Agbor Delta State**\*Corresponding author**

Awhin, Blessing Erutere. School of Midwifery, University of Benin Teaching Hospital, Edo State, Benin City

**Submitted:** 15 Dec 2021**Accepted:** 20 Dec 2021**Published:** 02 Jan 2022**Copyright**

© 2022 Awhin, Blessing Erutere

OPEN ACCESS

**Abstract**

Despite the fact that abortion is illegal in Nigeria, research still shows that Edo state in Nigeria records about 49 abortions per 1000 pregnancy and majority of this abortion cases involves the adolescents. The objective of this study was to determine the factors contributing to unsafe abortion among adolescents in Uteh Community in Ikpoba-Okha Local Government Area of Edo State in Nigeria.

A descriptive survey method of research design was used and research questions were formulated and relevant literature reviewed. One hundred female adolescents were involved in the study. Questionnaires were used for data collection and the data collected were represented in frequency table, pie charts and bar charts for easy observation and understanding.

Findings showed that adolescents have a positive attitude towards unsafe abortion and have adequate knowledge of the consequences of unsafe abortion. But despite the above, only a few use contraceptive as a way of preventing pregnancy. Factors contributing to unsafe abortion among adolescents include: Rejection from the male partners, fear of parent rejection, fear of dropping out of school, poverty and non-utilization of contraceptives.

Available evidence from this study suggests that the non-utilization of contraceptives is a major cause of unsafe abortion. Others include: fear of parent reaction, rejection from male partners, desire to continue schooling and poverty. Health education should be geared towards eradicating these factors and encouraging the use of contraceptives among adolescents.

**Keywords:** Abortion, contraceptives, adolescents.**Introduction**

Abortion is ending of pregnancy by removing a fetus or embryo before it can survive outside the uterus. Abortion which occurs spontaneously is also known as a miscarriage and it can be purposely induced, the term "abortion of a human pregnancy".

[1], defined unsafe abortion as the termination of pregnancy for reason other than permitted by law, performed by persons lacking the necessary skills or in an environment, not in conformity with minimal medical standards, or both. A large percentage of all global abortions (about 97 %) between 2010 and 2014 were recorded from developing countries [2]. Research has shown that the highest death rate from abortion in the world occurs in Sub-Saharan Africa and the young women in southern Nigeria are more likely to terminate their pregnancies [3]. Unsafe abortion result in approximately 47,000 maternal deaths and 5 million hospital admissions per year globally as stated by [4]. Unsafe abortions are a major cause of injury and death among women worldwide, accounting for 13% of all

maternal death as of 2010 [5]. Over a period of time, abortion-related complications have become a burden to Africa [6].

The performance of an abortion is illegal under Nigeria Criminal Law, unless the woman life is threatened by the pregnancy. However, in countries with legal backings to abortion, some women still prefer unsafe abortions due to existing barriers such as tedious facility requirements, parental consent laws and a few other factors [7]. The practice of unsafe abortion results in other health related problems aside maternal mortality. In less developed countries, about five million women get hospitalized yearly due to unsafe abortion effect that includes infections, perforations and haemorrhage [8,9]. Unsafe abortions reportedly present a higher negative effects in Africa [10-12]. Unsafe abortion is often the end result of an unwanted pregnancy and this trend is most profoundly demonstrated among adolescents. Hospital based studies have shown that in Nigeria, up to 80% of patient with abortion related complications are adolescents. Similarly, a community-based study of abortion prevalence found that one third of

women who obtained an abortion were adolescents [3,13], reported an age-specific abortion rate for 15–19-year-olds in Edo State at 49 abortions per 1,000 women, which is slightly higher than previous local estimates and nearly double the countrywide estimate for women aged 15–49.

The high rate of unsafe abortion among the adolescents in Uteh community of Ikpoba-Okha Local Government Area of Edo state is alarming. Young girls between the ages of 14years to 17years in Uteh community were noticed to have complications like bleeding and infection after having unsafe abortion done. Hence the aim of this study is to investigate the factors responsible for unsafe abortion among adolescents in Uteh community of Ikpoba- Okha Local Government Area, Edo state, Nigeria.

## Hypothesis

There is no significant relationship between awareness of contraception and unsafe abortion among female adolescents in Uteh community.

## Research Design

The research design employed for the purpose of this project is the descriptive survey method of the non-experimental design. This research was carried out in Uteh community located at Ikpoba-Okha Local Government Area of Edo State. The community is surrounded by other communities such as Orioh community and Idunmwuowina community with their major occupation being farming. This consists of female adolescents in Uteh community, in Ikpoba-okha Local Government Area of Edo State. A sample size of 100 adolescents was used for the study using thumb rule of 30, which is taking a 30% of the population 333 (source community head).

$$\text{Sample size (n)} = \frac{30}{100} \times 333 = 99.9$$

n=100

Quota nonprobability sampling techniques was used. The researcher collected 5 girls in every second street. The instrument used for data collection was questionnaire. The questionnaire was constructed and designed by the researcher using content validity which sought answers to the research question in the study, useful correction were made by her supervisor.

The test-retest method was used to ensure reliability of research instrument. A reliability coefficient of 0.7 was obtained using pearson's product moment correlation co-efficient (PPMCC). This means the instrument is reliable. A total of 100 questionnaires were distributed among the research subjects on 2 occasions and same were retrieved immediately after completion. Data was retrieved and analysed and result represented in frequency tables and percentages as well as pie charts and bar charts. The research subjects were allowed to participate voluntarily in the project. Privacy and anonymity were maintained.

## Results

The data collected are represented in percentage tables, pie charts and bar charts.

Table 1 shows the age distribution of the respondents. From the result, all the respondents involved in the study were adolescents' females in the age range of 10- 19 years. 48(48%) of the respondents are between17-19 years, 38(38%) were age 14-16 years, while 14(14%) were aged 10-13 years.

From table 2, it can be seen that 90(90%) of the have knowledge of contraception while only 10(10%) does not. Table 3 shows that 14(53.8%) of the respondents involved in abortion had problems after the abortion while 12(46.2%) did not. Table 4 shows the respondents knowledge on the consequences of unsafe abortion. The results showed that 76(76%) of the respondents are aware of the consequences of unsafe abortion while 24(24%) are not aware.

**Table 1: Percentage distribution according to respondent's age.**

Age Range	Frequency	Percentage %
10-13	14	14
14-16	38	38
17-19	48	48
Total	100	100

The above shows that 48(48%) of the respondents are between17-19 years, 38(38%) were age 14-16 years, while 14(14%) were aged 10-13 years.

**Table 2: percentage distribution showing that ignorance of knowledge of contraceptive can lead to unsafe abortion.**

Responses	Frequency	Percentage %
Yes	90	90
No	10	10
Total	100	100

The table above shows that 90(90%) of the respondents have heard of contraceptive while 10(10%) of them do not.

**Table 3: percentage distribution showing whether they had problems after the abortion.**

Response	Frequency	Percentage %
Yes	14	53.8
No	12	46.2
Total	26	100

The above table shows that 14(53.8%) of those that did abortion had problems after the abortion while 12(46.2%) did not.

**Table 4: percentage distribution according to the respondents knowledge of consequences of unsafe abortion.**

Responses	Frequency	Percentage %
Yes	76	76
No	24	24
Total	100	100

The above table shows that 76(76%) of the respondents are aware of the consequences of unsafe abortion while 24(24%) are not aware.

Table 2 shows that 14(53.8%) of the respondent who had done abortion had problem after procedure while 12 (46.2%) had no problem.

Figure1 shows that 10(38.46%) of those who engage in unsafe abortion did so because of the person who get them pregnant asked them to abort it, 8(30.77%) committed the unsafe act because they were afraid of their parents' reaction, 6(23.08%) was due to fear of dropping out of school while 2(7.6%) did so because they lack finance to care for the pregnancy and the babies when born. Figure 2 shows the respondents exposure to the use of contraceptive. The results showed that 38(38%) of the respondents have used one method of contraceptives or the other while 62(62%) of them have not use any method of contraceptives. Figure 3 shows the respondents view on how unsafe abortion can be prevented among adolescents. 58(208.80) of the respondents suggested the use of Health/sex education, 16(57.60<sup>o</sup>) suggested the use of contraceptives, 14(50.40<sup>o</sup>) suggested abstinence, 4 (14.40<sup>o</sup>) suggested the legalization of abortion by the government while 8(28.80<sup>o</sup>) had no idea.

From table 2, it can be seen that 90(90%) of the have knowledge of contraception while only 10(10%) does not.

Figure 2 also shows that 38(38%) of the respondent have used contraceptives while the remaining 62(62%) have never used any form of contra-

ceptive.

From the above analysis, it can be deduced that female adolescents have good knowledge of contraceptive but majority of them do not use it.

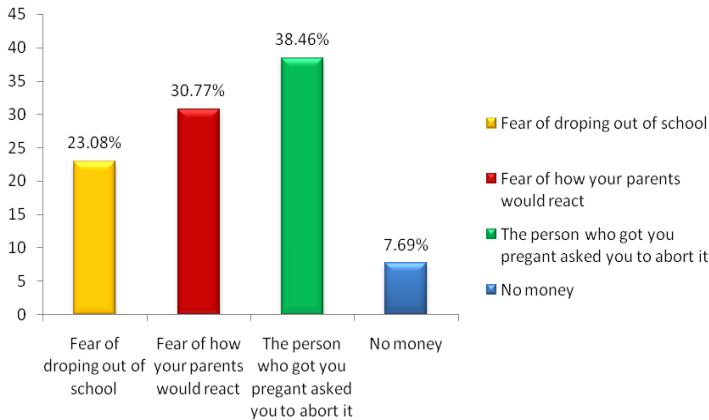


Figure 1: Percentage distribution according to the respondents reasons for procuring abortion.

The above bar chart shows that 10(38.46%) of the respondents who had ever been pregnant had abortion, because the person who got them pregnant asked them to abort it, 8(30.77%) was fear of how their parents would react, 6(23.08%) did so for fear of dropping out of school, while 2 (7.69%) did so because they had no money to care the baby if born.

The above analysis shows that major contributing factor to unsafe abortion among adolescent is denial by the male partner. This is accompanied by fear of how their parents would react to the unwanted pregnancy.

Other contributing factors include desire to continue schooling and also lack of finance.

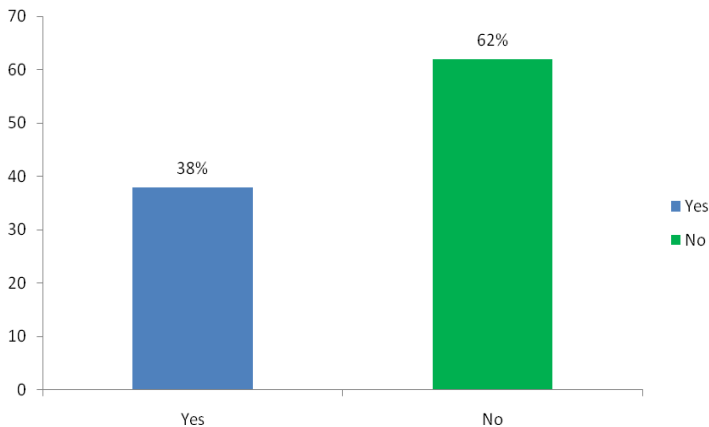


Figure 2: percentage distribution according to whether the respondents have used any method of contraception.

The bar chart above shows those who have used contraceptives, 38(38%) of them have used one method or the other while 62(62%) of them have not use any method of contraceptives.

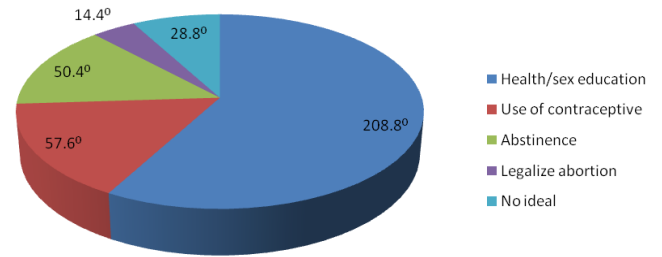


Figure 3: percentage distribution showing ways unsafe abortion can be prevented among adolescents.

The above pie chart shows that 58(208.80%) of the respondents said unsafe abortion can be prevented through Health/sex education, 16(57.60%) said through the use of contraceptives, 14(50.40%) said abstinence, 4 (14.40%) said government should legalize abortion while 8(28.80) had no idea.

### Hypothesis testing

(H<sub>0</sub>).

There is no significant relationship between awareness of contraception and unsafe abortion among female adolescents.

Table 2: Percentage distribution showing if ignorance of knowledge of contraception can lead to incidence of unsafe abortion.

Responses	F <sub>o</sub>	F <sub>e</sub>	F <sub>o</sub> - F <sub>e</sub>	(F <sub>o</sub> - F <sub>e</sub> ) <sup>2</sup>	$\frac{(F_o - F_e)^2}{F_e}$
Yes	90	50	40	1600	32
No	10	50	-40	1600	32
Total	100	100			64

Calculated X <sup>2</sup>	Critical Value	DF	P= 0.05
64	3.841	1	

Where

F<sub>o</sub> = Observe Frequency

F<sub>e</sub> = Table mean value =  $\frac{\sum f_o}{\sum f}$

F<sub>o</sub> - F<sub>e</sub> = Difference between F<sub>o</sub> and F<sub>e</sub>

(F<sub>o</sub> - F<sub>e</sub>)<sup>2</sup> = Square of the difference between F<sub>o</sub> and F<sub>e</sub>

X<sup>2</sup> = The calculated chi- square value

Df = Degree of freedom (Column -1) (Roll-1)

P = Level of significance

Since calculated chi square value (64) is greater than the critical value (3.841), Null Hypothesis (No) is rejected. This means that there is a significant relationship between awareness of contraception and the incidence of unsafe abortion among female adolescents.

### Research question Three

What is the level of awareness of the consequences of unsafe abortion among female adolescents?

Table 4 shows that 76(76%) of the respondent have knowledge of the consequences while 24(24%) of them has no knowledge.

Table 2 shows that 14(53.8%) of the respondent who had done abortion had problem after procedure while 12 (46.2%) had no problem.

Table 4 shows that 76(76%) are aware of the consequences of unsafe abortion, majority 30(39.5%) of them said infertility, 26 (34.2%) said infection, 18(23.7%) of them said perforation of the uterus and intestine only a minority of them 2 (2.6%) are aware of stigmatization as a consequence.

### Research question Four

In what ways can unsafe abortion be prevented among adolescents?

From figure 2 it can be seen that 58(208.80<sup>o</sup>)-respondent said unsafe abortion can be prevented by health/sex education, 16(57.60<sup>o</sup>) said by use of contraceptives, 14(50.40<sup>o</sup>) said abstinence, 4(14.40<sup>o</sup>) said abortion should be legalize while 8(28.40<sup>o</sup>) of the respondents have no idea.

The above analysis shows that most effective way of preventing unsafe abortion is by giving health education, including sex education to young girls, followed by encouraging the use of contraceptive.

Other ways include abstinence and legalization of abortion in the country.

### Discussion

The total number of respondents used was 100 female adolescents who were given questionnaires to fill relating to the subject matter. This group of adolescents represent the target population. Majority of the adolescents 48(48%) were between the age of 17-19 years.

Findings from this study as showed in figure 1 revealed that the most commonly sported reason cited by adolescents for having an abortion is that the person who got them pregnant asked them to abort it. The second most common reasons were fear of how their parents would react.

Other contributing factors discovered were poverty and fear of dropping out of school as shown in the table/figure. These findings, as to the factors contributing to unsafe abortion among adolescents, correspond with what was said by the women's international league for peace and freedom (2010) that socio economic factors ranging from lack of resources to raise and support a child, unstable relationship, disruption of education or employment, lack of support from the parents and poverty are some of the reason why women opt for abortion.

[14], listed education (fear of dropping out of school or interrupting studies), economic factors (fear of not having financial ability to support herself and her child) and social condemnation (fear of what her parent or other people might say, amongst the major factor contributing to unsafe abortion among adolescents.

The research finding in table 14 further showed that majority of the female adolescents 90(90%) have adequate knowledge of contraception and only a few of those who are aware of contraceptive 38(38%) actually prevent pregnancy using some form of contraception. This agree with [15], found an increase in knowledge of contraceptive method 92% at the age of 19 and 55% was seen at the age of 15. However, she found inadequate knowledge 43.3% among adolescents aged less than 14 years.

Also [16], propounded that adolescents have a very good knowledge of contraceptive but agreed that there is poor contraceptive use among them. The researcher feels that despite good knowledge of contraceptive among adolescents, only a few uses contraceptives in prevention of pregnancy and that this is a major factor contributing to unsafe abortion among adolescents. If unwanted pregnancy is prevented, there would also be no unsafe abortion.

### Implication for Nursing

1. The implication of this study for nursing is that it will enable the midwives to know the factors contributing to unsafe abortion, and this will help the midwives to counsel the adolescents accordingly on the consequences of unsafe abortion and its effect on reproductive health.
2. The midwife will also be able to effectively direct her health/sex education to suit the special needs of the adolescents.

### Recommendations

The study has shown that the negative attitude of the family as well as lack of finance, denial, non-utilization of contraceptive etc. Often force teenagers to resort to unsafe abortion.

### To parents

- Parents should pay more attention to their adolescents in terms of supervision as to the kind of friends they keep and their way of life.
- There should be an acceptable family life education, with improved socio-economic state of adolescence which may help to reduce the socio-cultural favouring unsafe abortion.

### To Nursing profession

- Contraceptive should be preached to adolescents as a means of preventing teenage pregnancy.

### To The Community

- Sex education should be carried out at home, in schools and in the churches on the consequences of unsafe abortion and the need to carry pregnancy to term in case of an unwanted pregnancy instead of performing abortion.
- The males involve in teenage pregnancies should be made to take responsibility for their actions.

### To The Government

- The government should pay more attention to the reproductive health of the adolescents such as provision of youth-friendly reproductive health services.

### Suggestion for further studies

The researcher will suggest that further studies should be carried out on factors hindering the use of contraceptive among adolescents.

### References

1. Ganatra B, Tunçalp Ö, Bart H. (2014). From concept to measurement: operationalizing WHO's definition of unsafe abortion. *Bull World Health Organ* 92: 155.
2. Ganatra B, Gerds C, Rossier C, Johnson BR, Tunçalp Ö, Assifi A, Sedgh G, Singh S, Bankole A, Popinchalk A, Bearak J, Kang Z, Alkema L. (2017). Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. *Lancet*. 390: 2372– 81.
3. Murray, N., Winfrey, W., Chatterji, M., Moreland, S., Dougherty, L. and Okonofua, F. (2006). Factors Related to Induced Abortion among Young Women in Edo State, Nigeria. *Studies in Family Planning* 37: 251-268.
4. Shah, I; & Ahman, E. (2010). Unsafe abortion in 2008: global and regional levels and trends. *Reprod Health Matters*. 18: 90-101, ISSN 0968-8080
5. Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, Gülmezoglu AM, Temmerman M, Alkema L. (2014). Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. 2: e323-33.
6. Klutsey EE, Ankamah A. (2014). Factors associated with induced abortion at selected hospitals in the Volta region, Ghana. *Int J Wom Heal*. 6: 806-13.
7. Jelinska K, Yanow S. (2017). Putting abortion pills into women's hands: realizing the full potential of medical abortion. *Contracep-*

- 
- tion. 97: 86-9.
8. Singh S. (2006). Hospital admissions resulting from unsafe abortion: estimates from 13 developing countries. *Lanc.* 368: 1887-92.
  9. Sedgh G. (2010) Abortion in Ghana. In *Brief*. New York: Guttmacher Institute. 2:1-4.
  10. Shah I, Ahman E. (2009). Unsafe abortion: global and regional incidence, trends, consequences and challenges. *J Obs and Gyn Canada*.31: 1149-58.
  11. Grimes DA, Benson J, Singh S, Romero M, Ganatra B, Okonofua FE, Shah IH. (2006). Unsafe abortion: the preventable pandemic. *Lanc.* 368: 1908-19.
  12. World Health Organization. Unsafe abortion: global and regional estimates of the incidence and mortality in 2008. Geneva, Switzerland: Department of Reproductive Health and Research, World Health Organization; 2011. Retrieved on 1st August 2018 from: [http://www.who.int/reproductivehealth/publications/unsafe\\_abortion](http://www.who.int/reproductivehealth/publications/unsafe_abortion).
  13. Okonufua, D. (2011). Abortion and Maternity Mortality in the Developing World. *Journal of Obstetrics and Gynaecology Canada*, 28: 974-979.
  14. Lema, V. (2010). Sexual Behaviour, Contraceptives Practice Knowledge of Reproductive Biology among Adolescent Secondary School Girls in Nairobi, Kenya. *East Africa Medical Journal* 67: 86-98.
  15. Schor, D. (2010). Knowledge of contraceptive methods among adolescent students-Scielo. *Journal of Obstetrics and Gynaecology*, 32: 56-69.
  16. Osaikhuwomwan J.A and Osemwenkha A. P (2013). Adolescents' perspective regarding adolescent pregnancy, sexuality and contraception. *Asian Pacific Journal of Reproduction*. 2: 58-62.

**Cite this article:** Awhin, Blessing Erutere, Ajani, S. T, Obadoni, V (2022) Factors contributing to unsafe abortion among adolescents: A case study of Uteh Community in Ikpoba-Okha Local Government Area, Edo State. *Journal of Nursing and Researchers*. 3: 88-92.

**Copyright:** ©2022 **Awhin, Blessing Erutere**. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.