

AFRICAN JOURNAL OF MEDICINE and medical sciences

VOLUME 43 NUMBER 4

DECEMBER 2014



Editor-in-Chief
A. OGUNNIYI

Assistant Editors-in-Chief
O.M. OLUWATOSIN
Y. RAJI

ISSN 1116-4077

Attitudes towards abortion law reforms in Nigeria and factors influencing its social acceptance among female undergraduates in a Nigerian university

CO Aimakhu¹, OJ Adepoku², HID Nwinee³, O Oghide⁴,
AA Shittu² and OA Oladunjoye⁵.

Department of Obstetrics and Gynaecology¹ and House Physician², College of Medicine, University of Ibadan/University College Hospital, Ibadan, Braithwaite Memorial Specialist Hospital³, Port Harcourt, House Physician⁴, Federal Medical Centre, Ido-Ekiti, Nigeria and Department of Neurosurgery⁵, University of Texas at Houston, USA

Abstract

Background: Unsafe abortion is one of the causes of maternal morbidity and mortality globally and it is still a burden in Nigeria. Restriction laws have been blamed for the recurrent vulnerability of women including female adolescents to unsafe abortions.

Methods: A cross-sectional, semi - structured, self-administered questionnaire was administered to 407 first year female undergraduates in the three female halls of residence of the University of Ibadan, Nigeria in February 2012 to determine their attitudes to abortion laws and the social acceptance of abortion laws in Nigeria.

Results: A vast majority (96.1%) knew what an abortion was and barely half were aware of the grounds in which it may be legal. Only 84 (20.6%) of the respondents knew that there were 2 abortion laws in operation in Nigeria. One hundred and thirteen (27.8%) wanted the current abortion law to be reformed and thirteen (3.2%) admitted that they had had an abortion in the past. More than half of them, 212 (52.1%) would support an abortion if pregnancy followed rape/ incest and 201(49.4%) if there was fetal abnormality. Religious reasons influenced the social opinions on abortion laws in most of the students (73%).

Conclusion: The study showed some awareness towards abortion law reforms and we advocate that sexually active young individuals should be encouraged to adopt effective dual protection against unwanted pregnancy and STIs. Efforts should also be made at imparting reproductive health education to youths, especially girls.

Keywords: *Abortion, law, reforms, legal, female, undergraduates.*

Résumé

Contexte: L'avortement à risque est globalement l'une des causes de morbidité et de la mortalité maternelle et c'est encore une charge au Nigeria. Les lois de restriction ont été blâmées pour la vulnérabilité récurrente des femmes, y compris les adolescentes à des avortements à risque.

Méthodes: Une étude à dessein cross-section, semi - structuré, questionnaire auto-administré a été administré à 407 étudiantes en première année de cycle de licence dans les trois salles de résidence féminine de l'Université d'Ibadan, au Nigeria en Février 2012 pour déterminer leurs attitudes aux lois sur l'avortement et l'acceptation social des lois sur l'avortement au Nigeria.

Résultats: Une grande majorité (96,1%) savaient quoi un avortement était et à peine la moitié étaient au courant des motifs dans lesquels ceci peut être légal. Seulement 84 (20,6%) des répondants savaient qu'il y avait deux lois sur l'avortement en opération au Nigeria. Cent treize (27,8%) souhaitaient que la loi en cours sur l'avortement soit réformée et treize (3,2%) ont admis qu'ils avaient eu un avortement dans le passé. Plus de la moitié d'entre eux, 212 (52,1%) auraient supportées un avortement si la grossesse était à la suite d'un cas de viol ou d'inceste et 201 (49,4%) s'il y avait une anomalie fœtale. Les raisons religieuses ont influencé les opinions sociales des lois sur l'avortement chez la plupart des étudiantes (73%).

Conclusion: L'étude a montré une certaine conscience vers les réformes des lois sur l'avortement et nous soutenons que les jeunes personnes sexuellement actives devraient être encouragées à adopter une double protection efficace contre les grossesses non désirées et les IST. Des efforts devraient également être faits à dispenser l'éducation de santé reproductive aux jeunes, surtout les filles.

Mots-clés: avortement, loi, réformes, juridique, femmes, étudiantes en cycle de licence.

Introduction

It is apparent that the distribution of the burden of disease worldwide is skewed, with the African continent bearing a disproportionately large *assault*,

Correspondence: Dr. C.O. Aimakhu, Department of Obstetrics and Gynaecology, College of Medicine, University of Ibadan, Nigeria. E-mail: chrisaimakhu@yahoo.com

percentage. A closer look at the epidemiology of reproductive ill-health suggests that unsafe abortion seemed to have attracted the least attention [1].

Estimates show that about 99% of all abortions carried out in Africa are unsafe and the mortality risk from such procedure, one in every 150 procedures, is obviously stratospheric and of course the highest in the world [2].

Unsafe abortion as defined by the World Health Organization is a procedure for terminating unwanted pregnancy that is performed by someone lacking the necessary skills or in an environment lacking minimal medical standards or both [3]. The spectrum of grave consequences of clandestine abortion include severe haemorrhage, sepsis, uterine and bowel perforation, vesico-vaginal and recto-vaginal fistulae, infertility, pelvic abscess, renal failure, embolism and of course, death [4].

In most African countries, Nigeria inclusive, the restrictive abortion laws that have been inherited from antediluvian pre-independence colonial laws still prevail. The laws were arguably beneficial, and were probably instituted to snatch women from the hands of quacks, reduce abortion rates and abortion-related complications. However, in the 21st century, it is ironical that these laws seemed to have successfully achieved the converse as the restrictions have been blamed for the increased vulnerability of women for unsafe abortion [4].

It has also been advocated that if the legal stringency on it is removed, abortion-related complications would be considerably reduced as an association has been found between provision of legal abortion and women safety and survival [5], as researchers continue to emphasize the unholy alliance between unsafe abortion, ill-trained abortion providers, restrictive laws and abortion-related morbidity and mortality [6].

Liberalization of abortion law forms one tripod of the practicable strategies geared towards addressing the scourge of unsafe abortion, the other two being availability of contraceptive information and services, as well as provision of safe, available and effective abortion care services [5]. For young unmarried individuals, emphasis rests heavily on abstinence. However, contraception that offers double protection against unwanted pregnancy and Sexually Transmitted Infections (STIs) have received public acceptance, for which publicity is rising.

If these laws are truly seen as debris of western colonization of yesteryears, then it is expected that the wave of independence across Africa would not leave them untouched. Besides South Sudan, the last

country in Africa to gain independence, Eritrea, did so in 1993. Yet, 20 years after, it does not appear African women will ever wring free from the fangs of these outdated laws.

In a multi-socio-geo-ethno-cultural nation like Nigeria, the subject of abortion is one that continues to face a hostile religious, political and cultural attitude, coupled with the fact that the public has maintained an avoidant and conservative mutism. Abortion in Nigeria is guided by two different laws [5,7]. In the predominantly Muslim 19 states north of the River Niger, resident to about half the population of the country, the Penal Code, Law No. 18 of 1959, is in effect. The 17 states of southern Nigeria, largely Christian, are governed by the Criminal Code of 1916. Both laws are stringent about termination of pregnancy. While both Codes generally prohibit the performance of abortions, there are differences in construction as well as in their interpretation [7].

Even though it should be admitted that legalization is an imperfect indicator of the availability of services providing safe abortion [8], we will however find it difficult, if not impossible to escape the conclusion that legal and other bureaucratic restrictions help to maintain a vast clientele for providers of illegal, and its twin, unsafe abortion. Besides, in countries where restrictions have been removed, maternal morbidity and mortality are reportedly lower, and decriminalization of abortion is being suggested as a most effective strategy to reducing the aftermath of unsafe abortion [9].

While advocacy continues to mount for the liberalization of abortion law, including strategic efforts from Campaign Against Unwanted Pregnancy (CAUP) [5] and The Society of Gynaecologists and Obstetricians of Nigeria (SOGON) [7], several bodies and individuals who viewed the intent through the prism of political, religious and ethnic bias have vehemently criticized it. Such objections have aborted the liberalization hitherto.

The Reproductive health bill, sponsored by the SOGON in 2011 was strongly opposed by religious leaders and by the Nigerian National Council of Women's Societies who feared that its passage would promote sexual promiscuity and abortion [7].

A heated debate arose recently in the media and political scenes when a State Governor in Nigeria signed into law a bill that permits that "Every woman shall have the right to enjoy reproductive rights including right to medical abortion in cases of sexual

assault, rape, incest, and where the continued pregnancy endangers the life or physical, mental, psychological or emotional health of the mother". This drew the ire of several pro-life bodies, spearheaded by the Catholic Medical Practitioners Association, whose chairman maintained that "the law is anti-God, dehumanizing and totally unacceptable to the association". The Governor succumbed to the pressure of public opinion and eventually repealed the law [10,11].

Reports from several surveys, principally from University Teaching Hospitals, indicate that the highest risk group are young girls between 15 and 19 years old. The fear of interruptions in education, the risk of unemployment and the social stigma of raising a child born out of wedlock are the principal reasons for seeking an abortion [7,12]. A significant number of incomplete abortions are regularly treated in hospitals in Nigeria, indicating a high incidence of illegal and poorly performed abortions. Moreover, abortion is reported to be widely available in the private sector [3,7]. Private doctors' hospitals/clinics were reported to have carried out 74.9 percent of the 285 cases of complicated illegally induced abortion in Enugu, Nigeria, from 2004 to 2008 [4].

The objectives of this study are to explore the attitudes of the individuals among whose age group the scourge of unsafe and illegal abortion has been reported commonest to abortion law reforms as well as to bring to the fore the factors impeding or fueling the social acceptance of abortion law reforms in Nigeria.

Methods

A cross-sectional study was carried out among first year female undergraduate students of the University of Ibadan in February 2012 using semi-structured, self-administered questionnaires with pre-coded and open-ended questions. Cluster sampling method was used and the respondents were recruited from the three female Halls of residence. Four hundred and fifty questionnaires were administered, divided equally among the three hostels. The objectives of the study were explained to each student and a written informed consent was obtained from them individually. A section of the questionnaire gave a summary of the Nigerian Abortion laws after preliminary questions documented their knowledge of same. Data was collected by the investigators over a 5-day period and administration of questionnaires was done in the evenings when most of the students were in their rooms. Majority of the fresh female students were allocated to the same blocks in the hostels and each room in those blocks were visited.

Available and consenting participants were interviewed through the questionnaires. Rooms were not revisited over the period of data collection. Data collected was checked for correctness and completeness and errors were corrected as appropriate. Analysis was done using the Statistical Package for Social Scientists (SPSS) version 15.0. Frequencies, means, percentages, charts, and tables were used to present the data.

Results

Four hundred and seven first year undergraduates satisfactorily completed the research instruments out of the 450 approached, response rate being 90.4%. Respondents' age ranged between 15-27 years with a mean age of 18.31 ± 1.87 years. About three-quarters belonged to the Yoruba tribe (73.5%), majority were Christians (87.5%), almost all were single (99.8%) and there were respondents from the thirteen (13) faculties in the University (Table 1).

Table 1: Sociodemographic characteristics of respondents (n=407)

| Variable | Frequency (n) | Percentage (%) |
|------------------------|---------------|----------------|
| <i>Age (years)</i> | | |
| Mean (SD) | 18.31 | 1.87 |
| Less than 18 | 148 | 36.4 |
| 18-24 | 250 | 61.4 |
| Above 24 | 9 | 2.2 |
| <i>Marital status</i> | | |
| Single | 406 | 99.8 |
| Separated | 1 | 0.2 |
| <i>Religion</i> | | |
| Christianity | 356 | 87.5 |
| Islam | 51 | 12.5 |
| <i>Faculty</i> | | |
| Agric and Forestry | 32 | 7.9 |
| Arts | 101 | 24.9 |
| Basic Medical Sciences | 30 | 7.4 |
| Clinical Sciences | 16 | 3.9 |
| Dentistry | 5 | 1.2 |
| Education | 52 | 12.8 |
| Law | 25 | 6.1 |
| Pharmacy | 16 | 3.9 |
| Public health | 9 | 2.2 |
| Sciences | 49 | 12.0 |
| Social sciences | 57 | 14.0 |
| Technology | 12 | 2.9 |
| Veterinary Medicine | 3 | 0.7 |
| <i>Tribe</i> | | |
| Yoruba | 299 | 73.5 |
| Igbo | 62 | 15.2 |
| Hausa | 2 | 0.5 |
| Others | 44 | 10.8 |

Only 20.6% (84) of the respondents knew that there were two abortion laws in operation in Nigeria while about three-quarter had no clue, the remaining 5.2% gave wrong answers. A vast majority (96.1%) knew what an abortion is, however, barely half knew the grounds on which abortion may be legal (Table 2). One hundred and thirteen (27.8%) respondents were of the opinion that the current abortion laws should be reformed, while others did not see the need for a reform.

When the opinions of respondents were explored as to whether abortion should be legal irrespective of gestational age, only 4.9% responded in the affirmative. Out of those who believe lawful abortion should be permitted, 97.6% opined that it should be limited to the first trimester.

Thirteen (3.2%) of the 407 respondents volunteered that they have had an abortion before, however almost half of them (47.9%) knew someone that had had an abortion, the commonest of which was a friend. Other responses included a family

Table 2: Knowledge of abortion and Nigerian abortion laws.

| Knowledge of abortion and Nigerian abortion laws | Yes (%) | No (%) | Not sure |
|---|------------|-----------|----------|
| Should the current abortion law be reformed? | 113 (27.8) | 294(72.2) | 0(0) |
| Do you know what an abortion is? | 391(96.1) | 13(3.2) | 3(0.7) |
| Being aware if there are grounds on which abortion may be legal within the law. | 190(46.7) | 149(36.6) | 68(16.7) |
| Knowledge of the specific grounds on which abortion is legal | | | |
| To save the mother's life | 227 (55.8) | 124(30.5) | 56(13.8) |
| Cases of rape/incest | 199(48.9) | 150(36.9) | 58(14.3) |
| To preserve the mother's mental health | 207(50.7) | 138(33.9) | 62(15.2) |
| Maternal request | 98(24.1) | 272(66.8) | 37(9.1) |
| Fetal anomaly | 244(60) | 107(26.3) | 56(13.8) |
| Economic/social reasons | 76(18.7) | 287(70.5) | 44(10.8) |

On their attitudes towards abortion law reforms in Nigeria (Fig. 1) more than 80% agreed that abortions are not safe and have consequences and abortion is a sin. Concerning circumstances on which respondents would support abortion law reforms, 212(52.1%) would support an abortion if pregnancy followed rape/ incest and 201(49.4%) if there was fetal abnormality (Table 3).

member, classmate/peer, neighbour, acquaintance, distant relation, roommate, chauffer's daughter, etc. 10.8% (44) volunteered that they had been sexually active three months prior to the time of the study. Of these, in the event of a pregnancy, 6.4% (26) would prefer to have the baby and raise it, 8 (2%) would opt for an abortion, one respondent would give the child up for adoption while others were unsure what their decision would be.

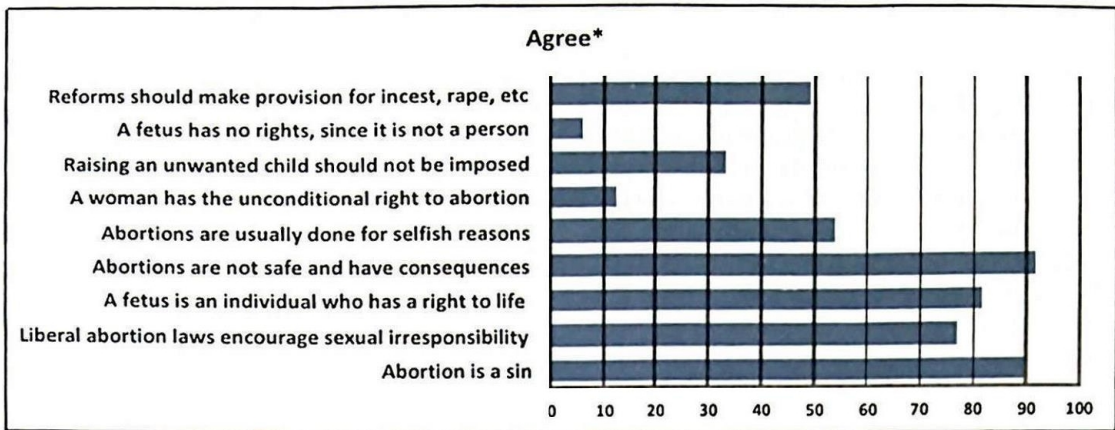
Table 3: Circumstances on which respondents would support abortion law reforms

| Circumstances on which respondents would support Abortion law reforms | Yes(%) | No(%) |
|---|-----------|-----------|
| Rape/Incest | 212(52.1) | 195(47.9) |
| Lack of spousal support | 47(11.5) | 360(88.5) |
| Young age | 61(15) | 346(85) |
| Family unprepared for another child | 51(12.5) | 356(87.5) |
| Fetal abnormality | 201(49.4) | 206(50.6) |
| Economic/social reasons | 64(15.70) | 343(84.3) |
| Maternal request | 42(10.3) | 365(89.7) |

Table 4: Factors affecting social acceptance of abortion law reforms

| Factors influencing respondents' opinion on abortion law reforms | Yes(%) | No(%) |
|--|-----------|-----------|
| Religion | 297(73) | 110(27) |
| Peers | 125(30.7) | 282(69.3) |
| Culture | 216(53.1) | 191(46.9) |
| Parents | 258(63.4) | 149(36.6) |
| Media | 169(41.5) | 238(58.5) |
| Strictly personal opinion | 223(54.8) | 184(45.2) |

Table 4 summarizes the factors influencing social acceptance of abortion law reforms.



*The chart indicates the response 'Agree', the other response to each subject being 'Disagree'

Fig. 1: Attitude towards abortion law reforms in Nigeria

Table 5: Advocacy for abortion law reforms

| Advocacy for Abortion law reforms | Yes(%) | No(%) |
|--|-----------|-----------|
| Interested in Advocacy for Abortion law reforms | 149(36.6) | 258(63.4) |
| Interested in advocacy for women's issues like gender rights, FGM, etc | 279(68.6) | 128(31.4) |
| Would join women's groups | 228(56) | 179(44) |
| Would campaign for abortion law reforms | 129(31.7) | 278(68.3) |
| Interested in teaching young girls sex education | 327(80.3) | 809(19.7) |

Respondents' opinions are formed based on multiple factors amongst which religion tallied highest and peer pressure lowest. Religious reasons influenced the social opinions on abortion laws in most of the students (73%).

Interests in advocacy for abortion law reforms trail the same path as attitudes towards the reforms. However, majority (80.3%) of the respondents considered it a worthy effort teaching young girls sex education (Table 5).

Discussion

Almost all the respondents were under 24 years, the age bracket most susceptible to procuring abortion [12], naïve about effective contraception and more likely to be unmarried. Besides, majority of them are exposed to the liberal and parental supervision-free college environment for the first time. This is consistent with findings from a study conducted by Cadmus and Owoaje earlier in the same community (2011) [13].

As expected of scholars at the tertiary level of learning, knowledge of what an abortion is was satisfactory, just as in other surveys [13,14],

however, knowledge about the operative abortion laws appear generally poor. This is consistent with the conservative posture the community has towards it. Indeed, a few would-have-been respondents refused consent to fill the questionnaires as they claimed preference of an avoidant stance to the abortion subject. It is apparent the political and cultural atmosphere is unfavorable.

In our study, 3.2% had ever had induced abortion, as against the more-than-double 6.6% reported by Cadmus *et al* less than two years earlier [13]. We sampled only freshmen, who had spent just a few months on campus, while they surveyed female undergraduates across all levels.

Just about a quarter of our respondents opined that a reform of the restrictive laws is necessary. This view has been previously floated by Olaitan (2011). However in his study, in which he questioned 900 students from six universities in South-west Nigeria, 67% of respondents were in favour of legalization of abortion regardless of circumstances [14]. The divided opinions are probably not surprising. Majority of his respondents

were female and older than 30 years, besides almost half were married.

Socio-demographic parameters – age, religion, marital status and tribe, do not have statistically significant influence on the attitudes of the respondents towards abortion and law reforms, however, gender and religion do in the study by Olaitan. He found that while Christians were totally against abortion, the Muslims support it before ‘the formation of life’ (before 120 days) [14].

Even though religion did not have a statistically significant influence on the attitudes of the respondents towards abortion law reforms, it is a recognized fact that ours is a religion-conscious society where religious leaders wield considerable influence and their opinions are respected. It is therefore not surprising that about three-quarters of the study population have their social acceptance opinion influenced by religion. Religion made more important influence in Olaitan’s study.

Peer influence appears minimal. What else should be expected in a setting where some foci of traditions perceive it almost a taboo to discuss the abortion subject? Just about two-fifths have their opinions affected by the media. The e-media probably contributes more to this fraction than the print media. It could be that the media is also not completely exempted from the avoidant stance to the subject.

Conclusion

This study has shed considerable light on the attitudes towards abortion law reforms. We advocate that sexually active young individuals should be encouraged to adopt effective dual protection against unwanted pregnancy and STIs. Further efforts should also be made at imparting reproductive health education to youths, especially girls.

References

1. Brookman-Amissah E and Moyo JB. Abortion Law Reform in Sub-Saharan Africa: No Turning Back. *Reproductive Health Matters* 2004; 12(24 Supplement): 227–234
2. World Health Organization. *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000*. Geneva: WHO, 2004.
3. World Health Organization. *The prevention and management of Unsafe Abortion*. Geneva: World Health Organization 1992.
4. Iyoke CA, Lawani OL and Ezeugwu FO. Trends in complicated illegally induced abortion in a low-resource Nigerian setting. *International Journal of Gynecology and Obstetrics*. 2009; 252-253.
5. Oye-Adeniran BA, Long CM and Adewole IF. Advocacy for Reform of the Abortion Law in Nigeria. *Reproductive Health Matters* 2004;12(24 Supplement):209–217.
6. Oye-Adeniran BA, Umoh AV and Nnatu SNN. Complications of Unsafe Abortion: A Case Study and the Need for Abortion Law Reform in Nigeria. *Reproductive Health Matters* 2002;10(19):18–21.
7. www.un.org/esa/population/publications/abortion/doc/nigeria.doc downloaded on 30 Jan. 12
8. Hardy E, Bugalho A, Faundés A, Duarte GA and Bique C. Comparison of Women Having Clandestine and Hospital abortions: Maputo, Mozambique. *Reproductive Health Matters*, No 9, May 1997.
9. Rao KA and Faundés A. Access to safe abortion within the limits of the law. *Best Practice & Research Clinical Obstetrics and Gynaecology*. 2006; Vol. 20, No. 3, pp. 421e432.
10. Nwaogwugwu A. The Rochas 2012 Abortion Law – How Absurd? *Daily Post: Nigeria Online Newspaper*, September 4 2013. www.dailypost.com.ng/2013/09/04.
11. Abortion Law: Okorocho, Catholic Medical Practitioners on Collision Course. *Information Nigeria*, August 28 2013. www.informationng.com/2013/08.
12. Anate M, Awoyemi O and Oyawoye O. Procured abortion in Ilorin, Nigeria. *East African Medical Journal*. 1995;72(6):386–390.
13. Cadmus EO and Owoaje ET. Knowledge about complications and Practice of abortion among female undergraduates in the University of Ibadan, Nigeria. *Annals of Ibadan Postgraduate Medicine*. Vol. 9 No. 1 June, 2011.
14. Olaitan OL. Attitudes of University students towards Abortion in Nigeria. *Journal of Neuroscience and Behavioural Health*. Vol. 3(6), pp.74-79, June 2011.