

*East African Medical Journal Vol. 91 No. 6 June 2014*

## INDUCED ABORTION IN NIGERIA

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M. A. LAMINA

### ABSTRACT

**Objective:** To obtain information on societal attitude to the issues of family planning, unwanted pregnancy, abortion, adoption of children and laws relating to them.

**Design:** Focused group discussions.

**Setting:** Twelve subgroups in the urban and rural areas of Ogun State, Nigeria were identified, and focus group sessions held for each subgroup.

**Subjects:** Males and females, with their ages ranging from 15 years to above 50 years drawn from different segments of the community.

**Intervention:** A set of guidelines/questions for the FGD were developed, field-tested and used.

**Main outcome measures:** Rich information on such relevant issues as family planning, unwanted pregnancy, abortion and adoption of children, and the laws relating to them..

**Results:** Participants felt that there was high prevalence of unwanted pregnancy and abortion particularly among youths. They had high level of awareness of contraceptives and attributed its low use to negative side-effects, high cost and provider bias. More Christians than Muslims favoured planning of pregnancies. Majority of the respondents had negative perception of induced abortion. Some of them supported abortion if the education of the young girl would be disrupted, if paternity of pregnancy is in dispute, or if it would save the family from shame as in rape or incest. Participants supported the enactment of laws that would make adoption of unwanted children easier.

**Conclusion:** There is a need for policymakers to address the issue of abortion and unwanted children, and enact acceptable abortion and adoption laws to protect the rights of women and children in Nigeria.

### INTRODUCTION

Unsafe abortion is both a major reproductive health and social challenge in Nigeria and Africa. It contributes a significant proportion to maternal morbidity and mortality (1-5). It has been reported to account for 22.5-40% of maternal mortality incidence in Nigeria, with similar figures from other countries (3,5,6). An estimated 610,000 abortions are being performed in Nigeria annually, despite the restrictive abortion laws in the country, where a penalty of 7-14 years is prescribed for the abortion seeker and provider respectively (6,7). Low contraceptive usage has further contributed to worsening situation of unwanted pregnancy, a major precursor of induced abortion (8,9). Contraceptive use is considered the first line of defense against unwanted pregnancy (8). It has been estimated that by the age of 45 years, 95% of women would have had an induced abortion

(10), which suggests that most women would at some point in life have experienced unwanted pregnancy. Despite the severe effects and consequences of unsafe abortion, such as increasing mortality, resultant reproductive tract infection and consequent infertility, many women are not deterred.

Some researchers have suggested that women's low social status and lack of empowerment at both societal and personal levels is the cause of the prevailing unwanted pregnancy and consequent unsafe abortion (11). Studies have been conducted to elucidate and understand the factors that are responsible for this practice. This study was undertaken to provide qualitative information on induced abortion. It was carried out to specifically understand the attitudes of different population sub-groups towards induced abortion, to reveal their perception with respect to family planning, unwanted pregnancy, induced abortion and unwanted children.

It was also meant to examine the factors that lead to unwanted pregnancies and induced abortion, to evaluate the quality of abortion care services, to examine the factors influencing the use of existing services, to examine the psychological reactions to unwanted pregnancies, induced abortion and unwanted children, and to provide a basis for formulating guidelines for information, education and communication (IEC) interventions with regard to unwanted pregnancies.

## MATERIALS AND METHODS

Focus group discussion (FGD) is an important method of illuminating the explanatory variables that are associated with attitude and behavior of human populations (12-16). It is also considered to be an important supplement in the process of data collection on the equivalent aspect of studies and has, therefore, increasingly gained credibility in social science research. FGD has various advantages, namely, it allows a wide range of viewpoints within a short period, and respondents can correct and invalidate each other's points and supplement each other's information on the issue being discussed. It also permits openness, which is always absent at the level of individual interviews. Therefore, it was used for this study.

Twelve subgroups in the urban and rural areas of Ogun State were identified, and focus group sessions held for each subgroup. The 12 identified subgroups were:

1. Single young women, 15-24 years, rural/urban
2. Married young women, 15-24 years, rural/urban
3. Married women, 25-49 years, rural/urban
4. Single women, 25-49 years, rural/urban
5. Married women, > 50 years, rural/urban
6. Single men, 15-24 years, rural/urban
7. Married men, > 25 years, rural/urban
8. Christian religious leaders, rural/urban
9. Muslim religious leaders, rural/urban
10. Nurses/community health workers (CHW), rural/urban
11. Medical practitioners, rural/urban
12. Opinion leaders, rural/urban

On the whole, 24 sessions were held in rural and urban areas of Ogun State and there were a maximum of ten discussants in each FGD session. In order to formulate guidelines that would take cognisance of cultural differences, formative research was first conducted and a set of guidelines/questions for the FGD were developed and field-tested. Facilitators who were fluent in both English and the local language were chosen from different local government areas in the same zone and trained for the study. The discussions were tape-recorded and notes taken by trained assistants. These were then transcribed immediately after the sessions in order to identify and

agree on major opinions and attitudes expressed by the group. The study was conducted in 2013 in four geopolitical areas of Ogun State of South-western Nigeria (Health Zone B).

This qualitative approach was chosen to complement the quantitative data, thus providing rich information on such relevant issues as family planning, unwanted pregnancy, abortion and adoption of children, and the laws relating to them. It would also provide the essential guidelines for design and implementation of the necessary interventions particularly in the areas where quality of life is considered paramount.

To aid the process of analysis and interpretation, nine crucial factors, which form the basis for the investigation, were generated from the objectives of the study. They are:

- Prevalence of unwanted pregnancy, abortion or termination of pregnancy.
- Characteristics of abortion seekers.
- Notion of unwanted pregnancy.
- Quality of existing health care in relation to abortion.
- Abortion methods used.
- Factors influencing use of existing services.
- Abortion complications.
- Psychological reaction of abortion care seekers.
- Attitude to unwanted pregnancy, induced abortion and unwanted children.

The ethical approval to conduct this study was given by Ethics Research and Review Committee of Olabisi Onabanjo University Teaching Hospital, Sagamu, Nigeria.

## RESULTS

*Prevalence of Unwanted Pregnancy, Abortion or Termination of Pregnancy:* Analysis of data from urban area of Ogun State revealed high prevalence of unwanted pregnancy, abortion or termination of pregnancy particularly among youth (mostly school girls), married women and single women. Data from rural area of the state revealed that the incidence of unwanted pregnancy and abortion tend to be most rampant among the youths, particularly school girls.

The data from both urban and rural areas of Ogun State showed that a very significant proportion of focus group participants had good knowledge and awareness of family planning, the various methods of family planning, accessibility to family planning services and the side-effects. Participants emphasised on negative side-effects such as irregular and heavy vaginal bleeding, overweight, cancer, sterility, hypertension, etc, which tend to discourage the use of family planning facilities. Data from both urban and rural areas of the state indicated that although family planning services existed they were not affordable to most people, which also discouraged

the use of the facilities. Many participants observed that the family planning clinics are not young women- or adolescent-friendly. Results from adolescents in the urban area of Ogun State indicated a preference for abortion as a method of contraception.

*Characteristics of Abortion Seekers:* Study results showed that abortion seekers from both urban and rural areas of Ogun State included all categories of women, ranging from schoolgirls to married women who were over 40 years old and already had the number of children they desired. Included in this broad group were hawkers, apprentices, girls from rural areas, girls from broken homes, commercial sex workers, nursing mothers, etc.

Various reasons were given by these categories of women why they would want to terminate pregnancy. First and foremost, they said that such pregnancies are considered unwanted or undesirable for one reason or the other. Such reasons include a disruption of education for the schoolgirl, old age, and reproductive health risk for women who are above 40 years old especially if they have already had several children. Other reasons include economic; for married low income woman the problem would be how her family would cope with feeding and caring for an extra child, while for commercial sex workers business would be adversely affected by pregnancy and childbirth.

Furthermore, some women sought abortion because their husbands, who are the sole decision-makers on such important matters, prevented them from using family planning.

*Perception of Unwanted Pregnancy:* Analysis of data from both urban and rural areas of Ogun State revealed that pregnancy was welcome. Participants were of the view that pregnancy is a thing of joy to the woman and society. The Muslims opined that pregnancy is a gift from God and would not see the relevance of planning pregnancy since it is welcome any time it occurs. The Christians also saw pregnancy as a welcome occurrence but were not against planning pregnancy. It is pertinent to note that most communities in Nigeria would welcome pregnancy and regard becoming pregnant as a happy occurrence. Hence, some of them regard unwanted pregnancy as a new and somewhat strange idea. Indeed, some of the Muslim participants stated that there is nothing like unwanted pregnancy. A Muslim cleric said:

*"Any lady who opens her laps for a man to go through should know the implication of such action. To me, there is no pregnancy that is unplanned".*

However, a significant proportion of the participants said some pregnancies could be regarded as unwanted or undesirable. These include those involving schoolgirls, unmarried women, under-aged and over-aged women, sick women, women

who become pregnant soon after having a baby and women who are victims of rape and incest.

*Quality of Existing Health Services:* Respondents said that the available health services in both urban and rural areas of the state are of low quality. They claimed that despite the availability of many public hospitals, special efforts must be made to improve the capacity of health workers to deliver the family planning services in order to achieve the desired results.

*Abortion Methods Used:* Results from both urban and rural areas of Ogun State indicated that all groups, male and female, young and old, seemed to be familiar with the methods of abortion generally used by women, particularly the traditional methods. Although participants from urban areas showed greater awareness of the modern methods than those from rural areas, both groups manifested deeper familiarity based on experience. For example, the modern methods mentioned by the urban area participants included manual vacuum aspiration, dilatation and curettage (D&C), use of injections and tablets. Traditional methods mentioned by both urban and rural areas' participants included use of lime, potash, ogogoro (a local alcoholic gin) or other hot drinks such as salt and vinegar, whisky, brown codeine, blue (a substance used to add color to washed clothes) and fresh kolanut leaves. Some women who were above 50 years old from rural area mentioned the use of kolanut leaves from a plant whose root crosses a path. These are boiled and the broth given to the woman to drink in a calabash while sitting by the door. Another method mentioned was the use of efirin herbs prepared with native gin.

A substantial percentage of women from both rural and urban areas had used the traditional methods personally or witnessed their use by others such as relations, children or wards at various times. That was probably how some of the women concluded that "traditional methods are only effective at the early stages of pregnancy". Many of the women had used modern methods after the traditional methods had failed, while others decided to deliver the babies.

*Factors Influencing the Use of Existing services:* Analysis of data from both urban and rural areas of Ogun State revealed the availability of various modern and traditional family planning services. However, there is sufficient evidence that many women who need these services do not use them. The participants said although the services exist and are within their reach, for example, in both private and public hospitals, private clinics, maternity homes, pharmacies, chemists and traditional homes, they are not affordable. The services were considered to be of poor quality, ineffective, often risky and could result in infertility or death. This makes a significant

percentage of women to carry unwanted pregnancies and deliver unwanted babies. A substantial number of such babies end up being abandoned. Some of them die, while others end up in motherless babies' homes and foster homes where they may not receive adequate care and may not be properly brought up.

*Complications of Abortion:* Participants from both urban and rural areas of Ogun State were familiar with complications arising from unsafe abortion through personal experience or experience of partners, relations, neighbours and friends. Some of the complications mentioned included damage to the womb, delay in becoming pregnant, frequent miscarriages, infertility, haemorrhage and death. Some participants claimed that some adolescents and married women regard abortion as a form of contraception.

*Psychological State of Abortion Seekers:* Both urban and rural participants had knowledge of the psychological state of women who procure abortion either from personal experience or experiences of partners, friends, neighbours and relations. They mentioned feelings of relief (particularly on the part of school children who have gone through abortion successfully), guilt and trauma. Some women cried during the procedure of abortion, not for the pain of the process but for deep emotional upset of having to do away with a baby they considered as part of them. Some women also could become seriously upset if infertility occurs after the abortion. Some women could even become jealous of those who have children. Some women become scared and avoid having sex, while some married women hate their husbands and the unmarried ones keep away from boyfriends for as long as possible. Prostitutes were said to feel happy after successfully procuring abortion. They would be free to go back into full business. The psychological outcome of abortion could be traumatic when considered from moral perspective of the Nigerian society. The woman who has procured the abortion would certainly feel that she has committed a crime (not just against the law but against God). This is why some women feel guilty and sad if they later become infertile. There is tendency to feel that the infertility is the punishment from God for the offence (abortion) committed. Such psychological state could hinder a woman from becoming pregnant, thus compounding her feeling of guilt. In essence, the physical pains of abortion tend to last for a short period but the psychological pains sometimes last for a lifetime and could lead to other conditions such as serious ill-health, suicide and crime (particularly if infertility occurs and persists).

*Attitude to Unwanted Pregnancy, Induced Abortion and Unwanted Children:* Participants from both urban and rural areas regarded unwanted pregnancy, induced abortion and unwanted children as challenges along the same spectrum and therefore closely related. They believed that the result of unwanted pregnancy is either induced abortion or the birth of an unwanted child. In essence, many women who were confronted with the problem of unwanted pregnancies would have tried induced abortion. Some were said to have succeeded even when their health and lives were at risk. A substantial proportion lost their lives, suffered the loss of or damage to one or more internal organs such as the womb and bladder, and infertility. Some of such women would experience delay in getting pregnant and frequent miscarriages.

Majority of the Muslim and Christian participants had negative perception of induced abortion. While the Muslims regarded abortion as murder and wickedness, the Christian felt that induced abortion is acceptable if it would save the family from shame. Some participants, including nurses, spoke against abortion that they suggested capital punishment for anyone found guilty. One of the participants said:

*"A life is being taken when an abortion is committed. Therefore, an abortion is similar to murder and the punishment for murder should be prescribed for abortion"*

On the other hand, medical practitioners were generally more favorable and that they felt that abortion is acceptable in cases involving rape, under-aged, over-aged women and when the woman has already given birth to too many children. Some participants supported abortion in cases where education of the young girl is likely to be disrupted or where the paternity of the pregnancy is in dispute. One of the medical practitioners remarked thus:

*"As a human being, she reserves the right to determine what she does with her body. She cannot afford to put herself in difficult position because she wants to bring forth a child whose survival cannot be guaranteed for lack of time, financial resources and psychological support"*.

Those women who were confronted with unwanted pregnancies but could not procure abortion, probably because of their belief, lack of support from their partners and parents, ignorance of the means of procuring safe abortion, lack of financial support, and fear of the consequences of abortion were forced to give birth to unwanted children. The focus of the respondents was mainly on the rights of such children. The children were said to be vulnerable to abuse (neglect and discrimination) especially those with doubtful paternity, who would be regarded as and called bastards. They could be denied their rights to education, proper upbringing and inheritance, etc.

## DISCUSSION

High prevalence of unwanted pregnancy, abortion or termination of pregnancy particularly among youth (mostly school girls), married women and single women, mentioned by the participants is similar to findings from previous studies in Nigeria (5,6,7).

This study showed that a very significant proportion of focus group participants had good knowledge and awareness of family planning, the various methods of family planning, accessibility to family planning services and the side-effects. The enigma, therefore, is why has good knowledge and awareness of family planning not resulted in a reduction in the prevalence of unwanted pregnancy and abortion? A few reasons could be responsible:

1. participants' emphasis (possibly based on direct or indirect experiences) on negative side-effects such as irregular and heavy vaginal bleeding, overweight, cancer, sterility, hypertension, etc, tend to discourage the use of family planning facilities, thus exposing many females, particularly the young ones, to the risk of unwanted pregnancy and subsequent abortion;
2. data from both urban and rural areas of the state indicated that although family planning services existed they were not affordable to most people, which also discouraged the use of the facilities;
3. the family planning clinics are not young women- or adolescent-friendly, and this unfriendliness is deeply rooted in the cultural fabric of Nigerian society where many still regard family planning services as the preserve of married people. These could in turn expose many people, particularly schoolgirls, low income single and married women to the risk of unwanted pregnancy and abortion.

Various reasons were given by these categories of women why they would want to terminate pregnancy. However, if such pregnancies had been prevented through the use of family planning, there would have been no need to seek for abortion. While some women became exposed to the risk of unwanted pregnancy and subsequent termination because they avoided using family planning for fear of side-effects or their inability to afford a method, others sought abortion as a result of family planning failure.

Respondents said that the available health services in both urban and rural areas of the state are of low quality. Therefore, special efforts must be made to improve the capacity of health workers to deliver the family planning services in order to achieve the desired results.

Results from both urban and rural areas of Ogun State indicated that all groups, male and female, young and old, seemed to be familiar with the methods of abortion generally used by women, including the traditional methods. However, a

substantial percentage of women from both rural and urban areas had used the traditional methods personally or witnessed their use by others such as relations, children or wards at various times. It is not in doubt that our nation's health care system is still underdeveloped, and with the current harsh economic situation in Nigeria, the health needs of majority of the populace cannot be met. Hence, many people still resort to traditional medicine as a way out of their health problem.

The existing family planning services were considered not only unaffordable but also to be of poor quality, ineffective, often risky and could result in infertility or death. Mass education is necessary to diffuse the bad impression people have about family planning.

With observed high level awareness of abortion complications among the study participants, one therefore wonders why a substantial number of women still seek abortion under unsafe conditions in spite of the high level of awareness of its complications.

Abortion tended to be the last resort for a significant number of women. The woman is usually very much psychologically attached to the fetus that the woman sees it as part of herself and ordinarily will not want to do away with it. However, because of enormous stigma associated with unwanted pregnancy especially for schoolgirls, single girls and married women especially those involved in extramarital relationships and the economic strains involved in giving birth to a baby one is not prepared for, the woman is pushed to take the painful decision of terminating the pregnancy. In cases of denied paternity, there is a problem of the stigma of bearing a child who would be regarded as a bastard. Such a child would have to struggle through life with the problem of identity especially if he is a male. He would suffer neglect, discrimination, economic and emotional hardships. Women who terminate pregnancies are likely to have considered the option of giving birth to unwanted children and decided that the better choice was to go for abortion in spite of the complications that may arise. It therefore becomes the question of making a choice between the devil and the deep blue sea. This is not to say that every woman who resorts to abortion makes a choice based on such reasoning especially bearing in mind that some participants claimed that some adolescents and married women regard abortion as a form of contraception. One tends to believe that these groups of women are likely to be in the minority.

A pertinent question that arose was whether, for the sake of the quality of women, making the abortion process safer could prevent the complications of abortion? This implies that skilled personnel should carry out the process, with the proper instruments and in hygienic environment. This pre-supposes that abortion is no longer considered a criminal act

necessitating clandestine operations in hideouts and by unskilled personnel. This invariably calls for policy and legal reform, which points to a need for advocacy to bring it about.

The alternative is to tackle those problems that predispose women to abortion. The low socio-economic situation of some women must be addressed. This tends to involve policy and legal issues. The state, through a concrete policy of intervention in the lives of children and mothers (particularly single mothers, through provision of employment and adequate care for the children) could encourage women to have their babies and give them up for adoption. However, from the data obtained, this suggestion may not be easy to achieve at present time, because there is a significant indication that the Nigerian society is not fully in support of adoption, though it is gradually gaining a wider acceptance, especially among the elites (5).

Adopted children are more likely to be discriminated against than other children, and their rights could be abused. Fostering of children tends to receive a greater approval particularly among the Muslim religious group. Married women above 50 years old in a rural area said having an adoption law is good since it will reduce the rate of abortion.

It is wonderful to note the significant divergence of opinions among the health personnel (the medical practitioners and nurses) who are supposed to be partners in progress as far as the health sector is concerned. Such divergence of opinion could be due to differences in the process of training for the two groups of professionals, particularly the length of time and degree of exposition vis-à-vis research, access to books, journals and new developments in the health sector especially in the other parts of the world. It is pertinent to note the views of the medical practitioners in relation to advocacy with regard to a review of the law in Nigeria. The likely sources of opposition such as the religious groups should be noted and engaged during advocacy for the reformation of the abortion law.

Although the Nigerian constitution does not classify any child as illegitimate, the practice of regarding some children as unwanted and without rights goes on unabated. This situation requires intervention to ensure that the rights of such children are protected.

Adoption and the adoption law are important issues in this situation. If they are firmly established in the society, unwanted children could be adopted and their rights thereby protected. However, considering the attitude of many of the participants to adoption, enacting an abortion law would require public enlightenment to enable the public to be favorably disposed to it. The attitude of people to certain issues as unwanted pregnancy, induced abortion and unwanted children is very crucial with regard to this particular study. Attitude may have eaten

deep into the fabric of people therefore very difficult to modify. This case would require the design and planning of various actions and public enlightenment programmes through formal and informal education with involvement of the various mass media.

### RECOMMENDATION

In view of the existing misconception of side-effects of family planning methods, there is a need to counteract the erroneous belief in the side-effects of family planning through public enlightenment. The obvious side-effects should be highlighted and possible solutions emphasised. Furthermore, greater efforts should be made to ensure that family planning services are available, accessible and affordable to women of reproductive age in both urban and rural areas.

Since discussion on sex and contraception with young persons is still considered inappropriate in Nigeria, even among health workers, there is a great need in Nigeria to promote youth-friendly reproductive services to encourage sexually active young people to increase their contraceptive use. However, this must begin by mass education of the adult population in Nigeria to change the cultural norms about sex education in adolescence and encouraging the health care providers to attend seminars and workshops on value clarification.

Above all, the natural methods of family planning such as periodic abstinence and breastfeeding should be emphasized as suggested by the study participants in the rural area of Ogun State. While promoting modern methods of family planning, there is a need to respect the wishes of those women who would rather use the natural methods. Use of a family planning method, whether modern or natural, is better than non-use of any, as it will help minimise the risk of unwanted pregnancy and abortion among women of reproductive age.

Special efforts must be made to improve the capacity of health workers to deliver family planning services in order to achieve the desired results.

In many communities in Nigeria, men play a prominent role in decision-making in matters affecting their wives including reproductive issues. Therefore, there is a need to include males in public enlightenment on the problems of unplanned pregnancies as well as the dangers inherent in unsafe abortion. Women should be encouraged to use family planning services by making necessary efforts to educate them on possible side-effects and offering them various methods from which they can make their choices. Women should be encouraged to plan pregnancy with active involvement of their spouses or partners.

The contemplation of the provision of improved health care services with particular regard to abortion

invariably requires concrete policy issues and actions such as review of the existing abortion law. An eventual action plan, which should derive from this particular study, is the generation of necessary ideas to deal with such policy and actions.

It is believed that with diligent public enlightenment on adoption there could be a breakthrough on the promulgation of a favorable adoption law.

Every effort should be made to deal with the policy and legal issues within the context of the problems of abortion, abortion law and even adoption and adoption law, in order to enforce the rights and improve the quality of life of children and women that are involved.

### CONCLUSION

The challenge of unwanted pregnancy and induced abortion cuts across all the strata of the society. It is recognized both at the urban and rural areas in Nigeria. Prompt and deliberate steps must be taken by the various levels of government through legislation and policy reform of the present provisions of the criminal and penal codes on termination of pregnancy in order to protect the physical and mental health and lives of women in Nigeria in accordance with the development brought to the "English Abortion Law", Offences Against the Person Act 1861, by the court decision in *R.V. Bourne (17)*. The 1861 British Parliamentary Offences Against the Person Act is one of the sources of the "Nigerian Abortion Law". While the Nigerian law has not been reformed even for once, the English law has been amended in 1967 and 1990.

It is necessary to carry out a qualitative research in order to understand the factors responsible for the wide gap between high contraceptive awareness and low contraceptive usage, with a view to addressing them. Policy can then be put in place to encourage contraceptive usage and thus reduce the incidence of unwanted pregnancy and consequently induced abortion and unwanted children. There is also a need for policymakers to address the issue of unwanted children and enact an acceptable adoption law to protect the rights of such children.

### CONFLICT OF INTEREST

The author declares that there is no conflict of interest as regards the publication of this article.

### ACKNOWLEDGEMENTS

I wish to acknowledge the invaluable contributions of my friends, Mr. Rotimi Bakare and Mr. Kayode Ajayi who supported me financially in the execution of the study. The findings and conclusions are those of the

author and do not necessarily represent the views of those who supported me financially.

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