

## **SOCIO-CULTURAL ATTITUDES OF ÌGBÓMÌNÀ TRIBE TOWARD MARRIAGE AND ABORTION IN OSUN AND KWARA STATES OF NIGERIA**

*Gbadebo Fatai Adeleke  
Department of Sociology  
Osun State University  
Okuku Campus, Osogbo, Osun State, Nigeria  
lekegbade@yahoo.com  
08032199732*

### **Abstract**

Abortion has been a social menace and its assessment has depended on one's socio-legal views. Past scholars have concluded that abortion is either a felony or homicide; there is no known empirical study on the socio-cultural implications of abortion to marriage in Ìgbómìnà tribe in Nigeria. The paper examines the socio-cultural attitudes of Ìgbómìnà tribe toward marriage and abortion in Osun and Kwara states, Nigeria. Questionnaires were administered to 1036 (Osun: 518; Kwara: 518) respondents, mainly women between 15 and 50 years, 108 (Rural Women: 78, Traditional Health Practitioners: 30) respondents were interviewed and 156 (Single Lady: 90; Married Women: 66) Focus Group Discussions were held. Most (99.8%) respondents were not involved in abortion because 81.2% described induced abortion as a taboo. Majority (78.3%) of the respondents have seen more than forty women who died from miscarriage in traditional shrines and 59.7% experienced one miscarriage or pregnancy complications but were denied access to abortion. Any form of abortion resulted in divorce, ban from eating natural foods, marriage outside the clan or total exile from the land. The paper concludes that only positive counseling, informational and educative services can bring about attitudinal change.

### **Introduction**

Abortion may occur intentionally or naturally but the practice of intentional destruction of life or internal expulsion of an unborn child (abortion) seems to have become more popular and rampant among young girls nowadays. Thus, in spite of the relevant sections in criminal laws in Nigeria that prohibit abortion, every year, a large number of women seek abortion in medical hospitals and many in unsafe places. This thereby leads to avoidable deaths or complications from the procedures (Ladipo, 2014). Different definitions given to the concept were based on individual perspectives and knowledge of law, but there is no acceptable one-fits-all definition of the concept. Cunningham (2010) defines abortion as "a foetus or embryo, removed or expelled from the uterus during the first half of gestation—20 weeks or less, or in the absence of accurate dating criteria, born weighing less than 500 gm. Scholars such as Shah and Ahman (2009) define abortion as the end of a pregnancy before viability of the foetus. The termination of the process of gestation after the time when the zygote attaches itself to the uterine wall – about 14 days after conception, but before the foetus is possibly capable of surviving on its own – currently 23 to 28 weeks from conception. Also, some scholars like Ogunniyi and Faleyimu (1991) explain abortion as occurring before the 20th week (134th day) of gestation. There are two categories of abortions as indicated by scholars (Sharon, 2002; Adler, Filippi and Rosmans, 2012) and different schools of thoughts.

One of the classifications is an accidental abortion that is, termination of pregnancy before viability; this occurs naturally, without medical intervention. Scholars like Bankole, Adewole, Hussein, Awolude, Singh and Akinyemi (2013) refer to this type of abortion as a miscarriage, as popularly called by Nigerians; the woman has no intent to abort. Some schools of thoughts, called proliferers, define abortion as an intentional interruption of the development process, at any time between conception and birth. Scholars such as Aimakhu (1997) and Ladipo (2014), the pro-abortionists, argue that to speak of abortion as murder is nonsense because the human foetus is not a person. This pro-abortion view holds that the law does not recognise the unborn child as a legal or judicial person who possesses any rights, rather it has always treated the mother and the unborn child as one legal entity.

Monaham (2004) defines abortion as the deliberate removal or deliberate action to cause the expulsion of a foetus from the womb of the human female or mother so as to result in the death of the foetus. This definition is important in view of the fact that some abortions are not deliberate. Abortions that involve miscarriages are not deliberate; they do not signify that the mother or pregnant woman acted in any way as to expel the foetus from her womb. Abortion in a sense must be voluntary, deliberate and it must involve the removal of a human foetus.

Based on the Nigeria Criminal Code, (section 280), the intent of a woman matters most in classifying the legality of an abortion or not and it becomes unlawful if an abortion is not carried out to save the life of a pregnant woman. Scholars (Oladipupo, 1989; Olofin, 1989) cite the England laws, which Nigeria copied, the Offences against the Person Act (1837), the Infant Life (preservation) Act (1929), the Abortion Act (1967) and the Human Fertilisation and Embryology Act (1990) point to the criminality of an abortion as a single felony. Even in some societies in Nigeria, prior to colonial era in Nigeria particularly, abortion is permitted only if a pregnancy is considered injurious to the physical or mental health of the pregnant woman. Any person who aborts a pregnancy at the embryo stage is thereby destroying the life of an unborn child and, is equally guilty of felony. Despite new technologies and modern medical institutions that care for abortion during unforeseen circumstances, many citizens perceive an act of abortion as useless and not modern in the eyes of people. In order to buttress the view of this set of people, section 228, 229, 230 of the Nigeria Criminal Code states that:

Any person who, with intent to procure miscarriage of a woman whether she is or is not with child, unlawfully administers to her or causes her to take any poison or other noxious thing or uses any force of any kind, or uses any other means whatever, is guilty of a felony and is liable to fourteen years;

Any woman who, with intent to procure her own miscarriage whether she is or is not with child, unlawfully administers to herself any poison or other noxious things or uses any force of any kind, or permits any such thing or means to be administered or used to her is guilty of a felony and is liable to imprisonment for seven years;

and

Any person who unlawfully supplies to or procures for any person anything whatever, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman whether she is or is not with child, is guilty of felony and is liable to imprisonment for three years respectively.

With this concept of abortion, these features are common; the act must be a deliberate one with a clear intention to abort the pregnancy, it must target the destruction or expulsion of the foetus not to develop to a mature stage and an action to remove the dead foetus to save the life of the mother. This result indicated that the intent of the woman matters most in deciding whether to terminate a pregnancy or not, based on these sections of laws in Nigeria. It further stresses that abortion remains lawful in miscarriage circumstances and in a situation when woman's life is at stake.

Guttmacher Institute and the University of Ibadan (2012) disclosed that 1.25 million abortions were performed in Nigeria in 2012, compared with the 610,000 abortions estimated to have occurred in 1996. The findings further showed that there were 33 abortions per 1000 women aged 15-49 in 2012; this is greater than the 1996 rate (23 per 1000). The rate of abortion in the North East is 41 per 1000 women because more than 96% of women in those regions do not use contraceptive methods. Also in the South-south, the rate of abortion is 44 per 1000 because of a strong desire to control family size and a relatively high level of unmet needs for contraception. World Bank (2015) report shows that of the high number of abortions recorded in Nigeria, over 60 per cent are unsafe, while traditional healers or the women themselves do 20 percent of the 60 percent. A comparison of Guttmacher Institute and the World Bank reports shows that 1.25 million abortions are done yearly, and of these, 750,000 are unsafe, while traditional healers or the women themselves do 150,000 unsafe abortions.

In confirming the above assertion, Oye (2007) says about 50,000 Nigerian women (137 women) die yearly in Nigeria due to complications caused by unsafe abortion. Also, National Center Health Statistics (2013) shows that one-third of the approximate 205 million pregnancies that occur annually in the world are unintended and 20 per cent of all pregnancies end in induced abortion. This shows that of the 23 million pregnancies that occur in developed countries, more than 40 per cent are unintended and 28 per cent end up as induced abortions. Also, of the 182 million pregnancies that occur in developing countries, more than one-third are unintended and 19 per cent end in induced abortions (8 per cent are safe procedures and 11 per cent are unsafe). The issue of abortion, whether legal or partially legal, has long remained very controversial due to the plethora of perspectives, beliefs and reservations about it in some ethnic groups in Nigeria. These multi-dimensional and contradictory views have paved ways for critical and social beliefs and indispensable policy outputs within tribes and groups. This paper is geared towards the examination of the peculiar culture of the Ìgbómìnà tribe and her perspective on abortion generally, that is, illegal induced abortions and miscarriages. The paper further examines the socio-cultural and medical interpretation of the induced abortions toward marriage beliefs and related matters. Against this background, the paper examines the socio-cultural attitudes of Ìgbómìnà tribe toward marriage and abortion in Osun and Kwara states of Nigeria.

### **Statement of the problem**

According to the World Health Organisation (2015), an estimated five million women are hospitalised yearly for abortion-related complications (haemorrhage and sepsis), unsafe abortion procedures account for an estimated 13 per cent of maternal deaths worldwide, or 67,000 per year. African countries have the highest abortion-related deaths, where there are an estimated 650 deaths per 100,000 unsafe abortions in 2003, compared with 10 per 100,000 in developed regions. Nigeria still has one of the highest maternal death rates in the world. Though, several studies in the past have focused on the causes and implications of abortion in Nigeria, while some lay great emphasis is on the mortality rate and rights of women in this regard, only a little consideration has been given to the ethnic views toward abortion and other cultural issues.



### **Ìgbómìnà in Osun and Kwara states**

The Ìgbómìnà spreads across the eastern parts of Kwara State and comprises Isin, Irepodun and Ifelodun local governments, and in the northern Osun State with Oke-ila and Ila-Orangun local government areas of Osun State. Ìgbómìnàland is adjoined on the west/northwest by Oyo, on the south/southwest by the Ijesha, on the south/southeast by Ekiti, on the east by the Yagba, and on the north by the Nupe. This sub-group of the Yoruba people migrated to their present place of settlement from various locations and at different times between the 14th and 17th century A.D. (Ibiloye, 1994; Aribidesi, 2001). Majority of Ìgbómìnà clans claimed to have migrated to the area of present habitation from either Ife or Oyo between the 14th and 17th centuries. The progenitor of the Ìgbómìnà was a prince (Orangun of Ila) of Oduduwa (progenitor of Yoruba race) (Ojo, 1966; Ateru, 2006).

Ìgbómìnà people usually lament sadly when there is a miscarriage and they sadly console themselves through their proverbial saying that 'omi lo danuagbe o fo' which literally means 'it is the water that poured away; the calabash is not fractured'. They believe strongly that there are many developmental stages in life – early, middle and late. They nurtured an idea of 'ori'; the foetus is an individual that has a right to life from the moment of creation. The Ìgbómìnà consider abortion to be a taboo because of their positive attitude towards child bearing, marriage, care and love for children and their attitude towards the pregnant and the various stages of pregnancy. They believe that children are a means to continue a race; in fact, old family heads prefer to die than engage in abortion (Aribidesi, Ateru and Alabi, 2005). Based on the tradition and belief of the Ìgbómìnà people, there are certain premises for understanding abortion and these are the following. To kill innocent human beings is wrong; the foetuses are innocent human beings, to kill them is wrong. Like the pro-life argument on abortion that all deliberate killings of innocent people is wrong and therefore, abortion is considered to be a killing of innocent people and is termed as wrong.

### **Uniqueness of cultural and religious attitudes of Ìgbómìnà**

In 1985, United Nations estimates showed that about 67% of the country's population (or two out of every three-Nigerian) lived in rural areas. Despite the large number of Nigerians living in the rural areas, the rural communities and their inhabitants sank deeper into poverty, misery and despair. The rural communities were neglected while their urban counterparts had an impressive standard of living, lifestyle and level of social services (Umoden, 1992).

There were several efforts in the past to eliminate this disparity such as 1986 establishment of Directorate of Food, Roads and Rural Infrastructure (DFRRI), by Decree No 4 of 1987, charged with developing the entire rural areas of Nigeria in order to improve the quality of life of the rural dwellers. Also, Green Revolution of 1979-1983 by Shehu Shagari regime remains a central point in this direction. It had the intention to rehabilitate various categories of roads across the country, develop a national network of rural and feeder roads, in order to facilitate the movement of farm inputs and produce. It also strengthened the drive towards agricultural self-sufficiency in the shortest possible time. In addition, the government engaged in rural water schemes, rural electrification projects as well as food and housing programmes, and other enlightenment programmes in the rural areas.

Ìgbómìnà is one of the minor tribes in Nigeria and it is full of rural villages and towns in two local governments of Osun State (Ila and Ifedayo) and three local governments in Kwara State (Ifelodun, Isin, Irepodun) in Nigeria with about a population of two (2) million (National Population Commission, 2006). The cultural backgrounds are distinct and too traditional when compared to Yoruba and Fulani who are major tribes in the selected States. One of the prominent cultural values was virginity. Virginity to the people of this clan is very

important and crucial to their marriage institution. Virginity of a young woman remains a pride to her parents and this cultural belief is very prominent in Ìgbómìnà despite early contact with the western culture. Only the virgin ladies were married within the clan while any deflowered ones would have to marry outside the clan (Bakare, 2006). In order to buttress this further, there was a common popular proverb in the clan that 'eko to ro a ki tasi ekule tabi egbe ile', which literally means 'you cannot sell a watery pap to a close and loved neighbour'. Occasionally, if a girl loses her virginity before marriage, the parents to such a girl are subjected to ridicule and the highest form of embarrassment; and the stigma would be on the woman throughout her lifetime. On the religious ground, such a woman would fetch water for the gods and goddesses for a period of sixty-one days to appeal to them. Any woman caught in the act would be prevented from eating natural foods and herbs from their soil for that sanction period. However, in a situation where a woman takes to abortion in their communities, the traditionalists would pass a ban on her appearance in the land (Bakare, 2006).

### **Methodology**

The research design was exploratory; it is also a cross-sectional survey. Both primary and secondary sources of data collection were used and the study adopted quantitative and qualitative methods of data collection. For quantitative data, 1036 respondents were chosen from the two States (Osun and Kwara, Nigeria) with 518 respondents in each State. Simple random approach was used to select the sample size for this study. The researcher purposively considered most rural areas in these two selected local government areas. Ila and Oke-Ila local governments in Osun State were chosen while Ifelodun and Isin local governments in Kwara State were also selected. The respondents consist of only rural women within childbearing age of 15-50 years; these were single, married, separated, divorced, widowed and unmarried women. Questions relating to the socio-geographical identity, the level of awareness of abortion law, the incidence of abortion in the rural communities and the reasons for abortion were spelt out in the questionnaire. The in-depth interviews were also used in the study, and 108 respondents were interviewed to find out their knowledge and awareness about abortion generally and laws relating to it. The in-depth interviews comprised (78) rural women and (30) traditional health practitioners within the study areas. In order to complement the use of other instruments, Focus Group Discussions (FGDs) were conducted with two groups: the single and the married. The single comprised 90 respondents and the married comprised 66 respondents. In all, 156 respondents took part in Focus Group Discussions in this study. The Focus Group Discussions centred on the general awareness and knowledge of women about abortion laws, the effects of abortion on marriage and the death rate in Ìgbómìnà tribes, Nigeria. The in-depth interviews further probed for the concept of abortion in relation to their traditions and culture. Also, their perception on the abortion laws was focused on in both in-depth interviews and Focus Group Discussions. Quantitative data were analysed using descriptive statistics such as percentage; the qualitative data were content analysed.

### **Findings**

#### **Perceived demographic interpretation**

Respondents' age was  $40.1 \pm 9.8$  years, 6.8% were single, 34.7% were married, 38.5% were separated and divorced, 9.4% were widowed and 10.6% were unmarried. The findings indicated that majority of respondents were separated, divorced and unmarried due to the traditional beliefs of the Ìgbómìnà on the concept of miscarriage or abortion. The findings showed that 45.7% of the respondents had no formal education, 32.8% had primary school certificate, 18.3% had secondary school certificate while only 3.2% had post-secondary

school certificate. This indicated that the Ìgbómìnà are mainly rural people with little western educational achievement; this might be as a result of contact with northern Nupe and the Yoruba kingdom as enumerated by Renne (1997). Also, 62.6% of the respondents were farmers, 18.1% were artisans, 12.5% were traders and only 6.8% were civil servants.

### **Perceived ignorance of abortion laws**

The findings showed that most (68.3%) of the respondents were not aware of any law regarding abortion in Nigeria. In confirmation of the finding, data from the qualitative data indicated and reflected the opinion of Ladipo (2014) that many people in Nigeria are not aware of any abortion laws. One of the respondents jokingly said:

How can they enact a law on abortion when we lack basic amenities in our village? Our gods and goddesses are against abortion and to abort on whatever basis is an offence here. Even in a situation when there is a miscarriage or when abortion occurred naturally, the entire village will curse the woman and when the oracle is consulted, the verdict lies with the traditional herbalists (Woman/Idi-Awere Village/Ifedayo Local Government/Osun State/2016).

### **Perceived abortion against the tradition and religion**

The majority (81.2%) of the respondents viewed abortion, whether induced or non-induced, as a wrong act and as a taboo; nearly 78.3% of the respondents claimed to have seen pregnant women die in traditional shrines during miscarriages without any care or modern medical attention. The findings tally with Deji-Folutile (2010) that people perceive abortion as ungodly acts and abortion laws should be maintained in Nigeria society.

In order to corroborate this result, one of the respondents interviewed said:

We are mostly idol worshipers; we are forbidden in our village to get pregnant outside wedlock. The entire people will gather at the shrine to disgrace such a lady and her parents, if one breaks the rule. None of us have less than eight children each in this gathering and it is even a pride. Though, I did abortion but not in this land. It is an abomination and an ungodly practice. I left home early for the city last year when I noticed the complication and that my health was at stake (Woman/Okeaba Village/Isin Local Government/Kwara State/2016).

This finding was also corroborated by one of the traditional herbalists who said:

No woman will subject herself to induced abortion here; it is an abomination in Ìgbómìnà land. The gods of our forefathers will strike such a person naked. Nothing like the unfortunate circumstances, but if it happens it might be as a result of her sins or parents' secret sins against the gods, the entire traditional herbalists and our forefathers. Worshipers will gather to watch the pregnant woman die (Man/Traditional Herbalist/Idi-Ogbagba Village/Ila Local Government/ Osun State/ 2016).

In addition, 59.7% of the respondents passed through miscarriage and pregnant complications but were denied access to abortion through medical facilities. The findings

revealed that only 0.2% of the respondents have attempted abortion in their lifetime and interviews complemented it.

Despite Section 297 that states that:

'a person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation...upon an unborn child for the preservation of the mother's life if the performance of the operation is reasonable, having regard to the patient's state at the time and all the circumstances of the case'.

By virtue of this section, it went further that 'any person who, with intent to procure the miscarriage of a woman, unlawfully administers to her, any noxious thing or uses any other means is subject to fourteen years' imprisonment. A woman who undertakes the same act with respect to herself or consents to it is subject to seven years' imprisonment. Any person who supplies anything knowing that it is intended to be unlawfully used to procure a miscarriage is subject to three years' imprisonment'. With little the knowledge and limited awareness of the people in this tribe, their cultures are in support of the content of abortion laws to main extreme.

### **Perceived stigma and punishment**

The findings show that 67.4% of the respondents believe that many women carry out abortions because of the societal sigma. Most respondents agree that despite the rules against performing abortions, many resort to it in rape situations or natural miscarriages. In a far village in Kwara State, a respondent lamented that hundreds of their women have lost their lives in the process because of these traditions and said:

It is a taboo to abort in this land, whether it is intentional or a miscarriage, it is against our gods and goddess, any woman found in this practical mess will face the sanction of the community and gods. Though many have lost their lives as a result of miscarriages, we do not care because we believe that miscarriages do occur as a result of sins committed by one's parents (Woman/Babanloma Village/Ifelodun Local Government/Kwara State/2016).

These findings are truly in line with Henshaw, Singh, Oye-Adeniran, Adewole, Iwere and Cuca (1998) that rural women are not aware of any abortion laws and there was a high incidence of induced abortions in Nigeria. In order to corroborate this finding, one health traditional herbalist in one of the selected communities stated that:

No one of them listens to medical advice in this community, they are all used to local and traditional predictions, and patients/victims are often brought too late in many occasions. They confide in us in most cases because they would lose their pregnancies if their clan should be aware of any miscarriage. But this is common among married women who do not believe much in modern medication and therefore ignore family planning (Man/ traditional herbalist/Aganju-Asaoni village/Ifedayo Local Government/Osun State/2016).

In the Focus Group Discussion, one village woman who was a community leader said proudly that:

Miscarriage of pregnancy can only happen on our soil only if the parents of the victims sin against the gods of the land, and if it happens, such a woman will be barred from our land or face divorce and desertion, depending on the verdict from our traditional oracle. It happened to my younger sister thirty-five years ago and she was barred totally from this village. She had to travel to the far south to re-marry and ever since then she has not entered this village (Woman/Woman Leader/ FGD/ Kwara State/2016).

### **Conclusion and Recommendations**

Most women in the rural areas in Ìgbómìnà are not aware that complications may occur naturally in pregnancy. The rural women attach miscarriage to one's sins or ancestors' offence against the gods of their land. In addition, the use of traditional medicines and medical or surgical technology is against the ethics and religious beliefs of the Ìgbómìnà. The findings further reveal that women prefer societal disgrace, death, and stigma to abortion within this community. Women that engage in abortion in the clan are banned from the land, and they were further stopped from eating natural foods from their soil. In Nigeria, there is very limited awareness on abortion laws among rural dwellers, especially in locally segmented ethnics like Ìgbómìnà tribe in Osun and Kwara states.

There is a need for mass enlightenment of rural communities on the effects of non-abortion on their lives during miscarriages and complication periods. Government provides the rules and regulations to sustain the social system by establishing various institutions that impact knowledge on people, yet, there is still a low level of awareness on the need for abortion and miscarriage. The Ìgbómìnà tribe upholds their culture and considers abortion in any form as a taboo, based on their internalised norms and values. More awareness and establishment of modern medication will primarily facilitate political and social changes. Ìgbómìnà women need access to high-quality family planning services to reduce rates of unintended pregnancy and the unsafe abortions that often follow. Post abortion care services should be expanded to ensure all women experiencing complications receive the care they need to avoid disability and death.

### **References**

- Abdulsamaad, A. Unsafe Abortion and Maternal Deaths in Nigeria, 2016. *ThisDay Newspaper*, July 14
- Adler, J., Filippi, V., Thomas, S., and Ronsmans, C. 2012. Incidence of severe acute maternal morbidity associated with abortion: a systematic review. *Tropical Medicine and International Health : TM & IH*, 17(2), 177–90. doi:10.1111/j.1365-3156.2011.02896.
- Aimakhu, V.E.: Abortion. *Tropical Journal of Obstetrics Gynaecology*, 1995. Akindele, S.T. and Olaopa, O.R.: Public policy and its environment: A theoretical review of core issues. *Nigerian Journal of Policies and Public Policy* 1(1).
- Akor S. 2015. Abortion common in Nigeria, in spite of restriction-Study, *Champion Newspaper*, Nov. 8.

- Aleru, J.O. 2006. *Old Oyo and the Hinterland: History and culture in Northern Yorubaland; Nigeria*. Ibadan Studies in Nigerian Past 1: Occasional Publication of the Department of Archaeology and Anthropology, University of Ibadan 205pp.
- Archibong, E. 1991. Illegal Induced Abortion—A Continuing Problem in Nigeria, *International Journal of Gynecology and Obstetrics*, 1991, 34(3):261-265.
- Aribidesi, U. 2001. State-periphery relations and socio-political development in Igbominaland, North-Central Yoruba, Nigeria. BAR International Series 993. Oxford: John and Erica-Hedges Ltd.
- Aribidesi, A., Aleru J. and Alabi, R. 2005. Social Political Formation on the Yoruba Northern Frontier: A Report of work at Ila-Iyara, North central Yorubaland Nigeria. *Journal of African Archaeology* Vol. 3(1): 139-154.
- Bakare, N. 2006. Teenage pregnancy, causes, medical implications and prevention. Network Printers.
- Bankole, I. Adewole, R. Hussain, O. Awolude, S. Singh, and J. Akinyemi, 2013. The Incidence of Abortion in Nigeria, *International Journal of Gynecology and Obstetrics*, 31(2) pp. 170–181.
- Berter, M. 2004. *National Laws and Unsafe Abortion: The Parameters of Change*. *Reprod Health Matters* 12 (24 Suppl): 1–8.
- Ciganda, C. and Laborde, A. 2003. Herbal infusions used for induced abortions. *Journal of Toxicol clin Toxicol*, 41 (3), 255-9. Retrieved 2008-01-26.
- Cunningham, F; Leveno, K; Bloom, S; Hauth, J; Rouse, D; Spong, C, 2010. *Overview of Obstetrics*. Williams Obstetrics (23 ed.).
- Deji-Folutile, O. 2010. Abortion: illegal, yet commonplace in Nigeria. *Health by future*, July 7
- Donohue, J., and Levitt, S. 2004. The Impact Of Legalized Abortion On Crime, *Q. J. Econ.*, Vol. Cxix, No. August, Pp. 767–805.
- Guttmacher Institute and University of Ibadan, 2012. Retrieved from <http://www.guttmacher.org/pubs/compilations/IUSSP/abortion-methodologies>.
- Henshaw, K., Singh, S. Oye-Adeniran, B., Adewole, I., Iwere, N. and Cuca, Y. 1998. The incidence of induced abortion in Nigeria. *International Family Planning Perspectives*, 24(4). Dec
- Ibiloye, E. 1994. *Ilorin Imperialism in Igbominaland 1830-1949*. M.A. Thesis University of Ilorin, pp: 34-38.
- Katz, L. 2007. *Spontaneous and Recurrent Abortion – Etiology, Diagnosis, Treatment*. In Katz, Vern L.; Lentz, Gretchen M.; Lobo, Rogerio A. et al. Katz: Comprehensive Gynecology (5 ed.).
- Ladipo, A. 1986. *Illegal Abortion and Effect on Medical Practice and Public Health-Nigeria*, in Landy U and Ratnam SS, eds., *Prevention and Treatment of Contraceptive Failure*, New York: Plenum, 1986, pp. 53-60;
- Ladipo, A. 2014. Why Federal Government Must Liberalise Abortion Law: 2014 Global Day of Action for Access to Save Abortion, *Tribune* 26.09.
- Mitsunaga T., Larsen U. and Okonofua, F. 2005. Risk factors for complications of induced abortions in Nigeria, *Journal of Women's Health*. 14(6), 515-528
- Monaham, M. 2004. *Abortion. A new beginning*. Heritage House Inc. Obemeta J (1991). Abortion. Times week, Sep. 30
- National Center Health Statistics, 2013. *Abortion Statistics*, Year ending 31 December Edinburgh: ISD, NCHS Scotland.
- National Population Commission, 2006. *Population and Housing Census*, Priority table, vol. III by Sex, State, Local and Senatorial District. National Population Commission, Abuja.

- Ogbu, R., 2013. Illegal abortion in Nigeria. The cringing reality *Punch Newspaper Feb. 28*
- Ogunniyi, S. and Faleyimu, B. 1991. Problem of Illegal abortions in Africa. *Postgraduate Doctors. Ross Africa 13(1)*.
- Ojo, G., 1966. *Yoruba Culture: A geographical Analysis*. London Heinemann
- Okonofua, F. 2006. Abortion and Maternal Mortality in the Developing World. (PDF). *Journal of Obstetrics and Gynaecology Canada 28 (11): 974–979*.
- Oladipupo, O. 1989. Abortion. A food for thought. *Nigerian Tribune*, Sept. 7, pg.10
- Olofin, F., 1989. Abortion. Women are the losers *Nigerian Tribune*, Sep. 7, pg.10
- Oye, A. 2007. Abortion. *Daily Independence May 17*.
- Renne, E. 1997. *Changing Patterns of Child-spacing and Abortion in a Northern Nigerian Town*, Working Paper Series, Princeton, NJ: Office of Population Research,.97(1).  
Section 228 (1), Section (229), Section 230(1) and Section 297 of Nigeria criminal Code.
- Shah, I. and Ahman, E. 2009. Unsafe Abortion: Global and Regional Incidence, Trends, Consequences, and Challenges (PDF). *Journal of Obstetrics and Gynaecology Canada 31 (12): 1149–58*.
- Sharon, L. 2002. A New Kind of Abortion War. *The Village Voice*.
- Suleiman, H., 2016. Man arrested for allegedly impregnating 16-year-old daughter, *NigeriaNewsToday*, June 20.
- Umoden, G. 1992. *The Babangida Years the First Authoritative Biography of Nigeria's Most Visionary Leader*. Lagos: Silicon Valley Typsetting Bureau, Gabumo Publishing Co. Ltd.
- World Health Organization, 2015. Maternal mortality ratio (modelled estimate, per 100,000 live births, 3rd Edition, Geneva: WHO, Table 2, p. 8.