

**ABORTION AMONG NON-SCHOOL YOUTHS IN NIGERIA** Igwe Aja-Nwachuku,  
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**Abstract**

This paper examines issues of adolescent sexuality, pregnancy, and abortion among young women in southeastern Nigeria, focusing particularly on the experiences of girls who have terminated their school careers. Based on structured interviews with 452 non-school youths, including 318 females, the paper analyzes data collected regarding reproductive health knowledge, sexual experience, contraceptive awareness and usage, and actual cases of abortion. Ninety-eight young women, or almost 31% of the female sample, had undergone an abortion. Because abortion is illegal in Nigeria and pregnancy outside marriage entails serious moral sanctions if discovered by one's family and community, young women resort to an array of risky means to terminate pregnancy. The paper draws on complimentary data from focus group and ethnographic research to illuminate the clandestine world of adolescent abortion.

**Introduction**

In southeastern Nigeria, approximately 15% of women between the ages of 15-19 years old are mothers (Nigeria DHS 1990). Most of these adolescents have their children within marriage. Early age-at-marriage and early childbirth have important and well known consequences in terms fertility rates, maternal health, and women's status. International agencies, the Nigerian government, and local grassroots women's movements have made considerable strides in raising public awareness about problems of maternal health. The percentage of women in southeastern Nigeria who marry and begin childbearing as teenagers is much less than a generation ago, and rates of adolescent fertility are significantly lower than in northern Nigeria, where about half of women marry and become mothers before they turn twenty (Nigeria DHS 1990). But in southeastern Nigeria, social trends toward later age-at-marriage and increasing access to school for females--trends all of us would applaud--have produced other less favorable outcomes. In particular, young unmarried Nigerian women are experiencing a silent epidemic complications and deaths from illegal, unsafe, clandestine abortions.

With later age-at-marriage and earlier menarche, young women in southeastern Nigeria are sexually mature for a much longer period of time before marriage than in previous generations when women married shortly after reaching puberty. Peer pressure at school and

other translocal influences have created a situation where young people are increasingly inclined to see sexual relationships as markers of a modern identity. In addition, young women are more and more likely to want access to social resources and consumer commodities that their own circumstances and incomes make them unable to obtain. Many young women come to rely on the assistance of men with whom they are sexually involved to provide the money, the commodities, and the opportunities they desire. Very often, because they are not well informed about their own reproductive system, because they are unaware of modern contraceptives, and, most important, because they feel awkward about contraception or disempowered to negotiate its use, these young women become pregnant.

Childbirth before or outside marriage remains highly stigmatized in southeastern Nigeria, and, consequently, many--probably most--premarital pregnancies are terminated by abortion. Because abortion is illegal in Nigeria, and because many young women are afraid to seek advice from parents or other adults, they resort to unsafe means that often lead to complications and death. Previous studies have indicated that up to one third of all maternal deaths in Nigeria are related to complications from botched abortions (Royston and Armstrong 1989), and Nigeria has one of the highest maternal mortality ratios in the world. Other studies have documented what almost any Nigerian can tell you--that the vast majority of abortion clients are unmarried women (Ovin et al. 1984; Mashabala 1989).

While young women in school are certainly involved in their share of premarital sexual relationships, and such relationships often lead to pregnancy and abortion, my paper today focuses on a population of young women who are even more at risk for premarital pregnancy and abortion than their peers in school. I am referring to young women who have terminated their school careers (sometimes, incidentally, because of a premarital pregnancy) but who have not yet married--a population I will call "non-school youths." The data I will present today come from an ongoing adolescent reproductive health project in southeastern Nigeria funded by the MacArthur Foundation and carried out by a Nigerian non-governmental organization called Forward Africa, in collaboration with the Centre for Population Studies at Nigeria's Abia State

University. In the project, we focus on all young people, including those still enrolled in secondary school or university. But the plight of non-school youths is in some ways the most troubling and certainly the most under-reported, in part, I think, because it is much easier to collect data in schools. It is the story of these non-school youths that I want to present today.

### **Methodology**

The data for our study were collected in Imo and Abia States, two of the five predominantly Igbo-speaking states in southeastern Nigeria. Most of what I will present today is based on structured interviews with 452 non-school youths, including 318 females and 134 males. However, some of the interpretations and analysis rely on insights gained from focus group discussions and ethnographic work by one of our collaborators. The sample for the structured interviews included individuals from 14 Local Government Areas in the two states (or about half the total number of Local Government Areas). A Local Government Area is something like a district or county. At least thirty respondents were identified opportunistically in each of the 14 Local Government Areas. While our sample cannot be described as random, we made every effort to assure that the participants were representative of the wider population of non-school youths. The participants included youths who were petty traders, seamstresses, hair dressers, restaurant workers, and mechanics' apprentices--to name just a few of the common occupations--as well as individuals who were simply unemployed (or as Nigerians like to say, "idle"). I should note that the gender imbalance in our sample reflects a conscious decision by the project to interview approximately two young women for every young man. We were more interested in young women's experiences so we wanted to interview more of them, but we also knew that men are important actors in women's sexual and contraceptive decision-making, and we wanted to know about their role in abortion decision-making.

The interviews were conducted by four persons--two females and two males--who had extensive experience in survey research, but who were also specially trained by the project in preparation for the exercise. For the study, the female interviewers interviewed women and the males interviewed men.

The questionnaire included a section focusing on the educational history, occupation, residence, and income of the respondents; questions about the respondents' family backgrounds, including parents' education, occupation, and socio-economic status; a series of questions exploring knowledge and sources of knowledge about the body and reproductive health; a section focusing on the respondents' sexual histories; questions about contraceptive knowledge and practice; a section on AIDS awareness, and a series of questions asked of those respondents who had become pregnant and had an abortion. Because my focus in this paper is on abortion, I will limit my presentation to the data that are relevant to understanding this issue.

Data from the interviews were coded and then entered into EPI-Info, a statistical software program developed by the CDC. The results presented here were tabulated using EPI-Info. I should emphasize that there is still a lot we can do in terms of manipulating our data. I am hoping that my presentation will generate questions and suggestions that will enable me and my collaborators to think about our data in new ways--ways which will help us design better interventions for these young women.

## **Results**

### **Respondent Profiles: Age and Educational Status**

The age range of the sample was from ten years old to twenty-nine. The criteria for inclusion in the study was that the respondent be out of school, unmarried, and below the age of thirty. The vast majority of the sample--86.3%--fell between the ages of 15 and 24. Nigerian youths--or at least Igbo-speaking youths--below fifteen are likely to still be in school; those above twenty-four are likely to be married. Interestingly, more than 80% of the non-school youth sample had at least attempted secondary school, though obviously most did not finish. I should point out, however, that our sample did include some youths who completed secondary school, but were unable to continue on to university.

The relatively high level of exposure to schooling, even among this so-called "non-school" population is important for several reasons. First, it demonstrates that there are clearly school-based opportunities to reach non-school youths with reproductive health information,

whether it be at the end of primary school or in the early years of secondary school. In fact, UNICEF has funded Forward Africa to begin a small pilot program of reproductive health education aimed at students in the last year of primary school. The second important aspect of non-school youths' high level of exposure to school is that these youths have had their expectations about the world shaped in school by their peers. As a result, they are inclined, like their in-school age mates, to view sexual relationships as part of a modern identity. Many young people, to the horror of my generation, think having sex before marriage is perfectly normal. In addition, non-school youths want the same benefits of modernity as their in-school peers. Indeed, almost all of them would still be in school if they or their families had the means.

In everyday life, these desires to be modern mean that young women want fashionable clothes, Sony walkmans, and ice cream cones. They want to be able to watch videos on a VCR, eat meals at a restaurant, and be given a ride to work in a car. Obviously their petty trades and menial jobs do not afford them the means to achieve these desires on their own. Many young women turn to men, often older and married men who have greater economic resources, to deliver these benefits. The leverage women have in their relationships with these men is their sexuality. Young women who are out of school are even more likely to resort to these kinds of sexual relationships because they tend to be poorer (which is the main reason they dropped out of school in the first place), and, at least in urban areas, their behavior is less closely monitored by parents and kin.

I want to be careful not to exaggerate the degree to which pregnancy and abortion among non-school girls is the result of these economically colored and age disparate sexual relationships. The majority of the women in our sample talk about their sexual decision-making, especially their decision to have sex for the first time, with reference to feeling "love" for their partners--partners who are most often their peers. But even in sexual relationships among peers, males are more likely to be expected to provide economic aid to females than vice-versa. Difficulties in negotiating contraception seem to be important no matter how old one's partner is.

### **Knowledge of the Body and Reproductive Health**

But negotiating contraceptive use is only one aspect of understanding the prevalence of unwanted pregnancy and abortions among non-school youths. Many young women in our sample did not have even the most basic knowledge of reproductive biology. While 71.2% of the respondents could describe what we counted as a basic biological understanding of how a woman gets pregnant, 14% had only faint (and often misconceived) knowledge, and 14% could not describe the process at all. When asked how a woman would know she was pregnant 76% said it was when a woman misses her menses. Talk about natural methods (what Nigerians often call "the Billings method" and Americans call "the rhythm method") is widespread among Nigerian youths, but in our sample 51.5% could not explain the safe period at all, and 43.6% had partial but not fully accurate knowledge. In other words, few young women were equipped with enough knowledge about their menstrual cycle to use natural methods of birth control effectively.

In terms of where respondents said they received their knowledge about the body and reproductive health, 29.8% reported that their main source was their mother; 26.3% said they learned mostly from teachers, and 21.9% said they found out from peers.

### **Sexual Behavior**

While knowledge about reproductive biology was low, sexual experience among our sample was considerable. Among the 318 young women interviewed, approximately 75% reported having had sexual intercourse. Slightly more than 87% of the sexual experienced women had their first intercourse by the time they turned twenty years old. The percentages of sexually experienced young women among non-school youths do not vary significantly from data collected among school goers of similar ages. A recent study at a university in Nigeria indicated that 79% of students were sexually active (Araoye and Fakeye 1998). In our own separate study in secondary schools, more than 40% of students reported having experienced sexual intercourse. Our non-school youth sample had a level of sexual experience closer to the university population than to the secondary school population--not surprising given that the mean age of our non-school youth sample was just over twenty years.

In terms of numbers of partners, slightly more than 90% of the sexually active sample reported having between one and five partners over their lifetime, data which would make it hard to conclude that non-school youths are particularly "promiscuous" compared to their peers in school. Indeed, many of the non-school youths had their first sexual experience while they were still in school. More than 60% said they had sex for the first time while they were in school with a fellow student or another young person. The vast majority--62%--described "love for their partner" as the main motivation to have sex for the first time. Only 8% claimed to be motivated by an economic incentive.

### **Contraceptive Awareness and Usage**

Awareness about modern contraception is quite high. Eighty-five percent of the sample said they had heard of some form of modern contraception, with condoms being the most widely known (31%) followed by the pill (28%). Other forms of modern contraception were known by relatively few respondents. When asked to specify the type of contraception they were aware of about 12% named folk methods such as Andrew's liver salt, stout beer, lime, hot water and so on. The 85% cited above is thus surely an overestimate of actual knowledge of scientifically recognized modern contraceptives.

In terms of sources of knowledge about contraception, 45% of the non-school respondents learned what they know in school or from the media; 35.4% claimed they heard from friends, and 7.9% said they were instructed by doctors or other family planning professionals. Most interesting, none of the girls cited their mothers as sources of knowledge about contraceptives. Reproductive health messages from mothers in Igboland tend to be along the lines of "don't have sex with a man because you will get pregnant." Explaining contraception would be seen, by most mothers, as encouraging the very act they want to prevent.

Of those who had heard of modern contraception, approximately 58% said they had used some form of it in their lifetime. Of those who had used a modern method, 60% had used a condom and 21.7% had used the pill. By far the majority (65%) acquired their contraceptives on the open market--from chemists and pharmacy shops rather than from a family planning clinic or

a hospital. It should be noted that contraceptives acquired in the open market in Nigeria can be of questionable quality. It is striking that a relatively large proportion of non-school youths have heard of modern contraceptives and have tried them. This does not mean, however, that they always use them, or that when they use them they use them effectively.

When respondents who did not use contraception were asked why they do not do so, they cited a number of reasons, most prominently a fear health consequences. In Nigeria there is strong association between the risk of infertility and the use of modern contraceptives. When young people talk about these risks they routinely mix moral and physiological reasoning. Contraceptives often become metaphors for a wider societal moral condemnation of premarital sexuality and premarital pregnancy. Using contraception would appear, in some cases, to evoke the very moral sentiments that young people want to avoid. Ironically, and sadly, it is often the consequences of sex without contraception that bring the greatest physiological and moral consequences.

### **Pregnancy and Abortion Decision-making**

Of the 318 women in the sample, 98, or 30.8%, admitted to having been pregnant. While levels of sexual activity among non-school youths do *not* appear to be significantly different than among youths of comparable ages in secondary schools and universities, the reported incidence of pregnancy is considerably higher among the non-school population. Our surveys in secondary schools and universities found incidences of pregnancy at 5% in secondary schools and 17% in the universities. Why is the incidence so much higher among non-school youths? There are a number of factors to be considered. First, girls in school might be more likely to under-report previous pregnancies because, at least in secondary school, being pregnant can be grounds for dismissal in Nigeria. Second, presumably for this reason, many girls who get pregnant in school have dropped out. Third, one might hypothesize that girls who stay in school are more likely to get further education about reproductive health making them better equipped and empowered to control their reproductive lives. In addition, they may have greater incentives not to get pregnant (i.e., to stay in school) than girls who have already dropped out. Finally, non-school youths are

less likely to have economic support from their families and are therefore perhaps more likely to enter into sexual relationships that have economic incentives which contribute to an inability to negotiate contraception. Interestingly, however, about 70% of the women who reported having been pregnant said that they had been doing *something* to prevent it. Unfortunately I don't have the data specifying exactly what they were doing or why it failed.

Not surprisingly, given the strong moral sanctions against premarital childbirth in Igbo-speaking Nigeria, 89 of the 98 young women who reported having been pregnant ended their pregnancies through abortion. Of course, these numbers should not be taken to reflect the overall percentage of premarital pregnancies that end in abortion. Presumably it is considerably lower than the 91% in our sample, because we did not have access to non-school youths who became pregnant and then married the fathers. Without question, premarital pregnancy often acts as a catalyst for marriage. But clearly many young women do not see marriage to the father as an option, and they resort to abortion.

The abortion decision-making process is one of the least studied aspects of the problem, in part because premarital pregnancy and abortion are matters that most girls want to keep secret. But we were able to collect some interesting information about this process. In our sample 76.5% of the women who procured an abortion discussed their pregnancy and the decision to have an abortion with their sexual partners, 11.1% discussed it with female friends, and 9.9% said they did everything on their own. Perhaps not surprisingly, only 2.5% said they told their mothers. When asked why they decided to have an abortion, 30% said they felt they were too young to have a baby, 18.6% said it was because they were unmarried, 17.5% said they did have the means to care for a child, and 12.4% indicated fear of their parents. Obviously none of these reasons is mutually exclusive.

More than half of respondents in the overall survey (including the 134 males and the 220 women who had not become pregnant) said they knew where to get an abortion, so when it came to actually deciding where to go, it was not hard for young women to find a place to do it--even despite its illegality in Nigeria. Among our sample, 78% reported that they got their abortion at a

"hospital" or from a doctor. Nine and half percent said they went to a chemist shop, 2.7% said they induced it themselves, and 10.5% gave names or addresses that did not make it possible to determine the type of provider. The data about providers should be taken with a grain of salt, in part because informants are reluctant to identify providers, and in part because terms like "hospital" have wide semantic variation in Nigeria.

When it came to going for the abortion, almost 80% of the women were accompanied by someone to the place they procured the abortion. Interestingly, though 76% of the women discussed the decision to have the abortion with their male partner and only 11% discussed it with female friends, when it came time to have the abortion, 52% were accompanied by a female friend, while only 40% were accompanied by their male partner.

Of the women who underwent abortions, almost exactly a third (32.9%) reported some complications following their abortion, including bleeding, abdominal pains, loss of weight, or temporary cessation of menstruation. However, virtually all of them claimed they overcame their problems and complications when they went back to their providers, most of whom were doctors. When asked about the kinds of advice they received from their providers, 44.6% said the provider encouraged them to use contraceptives, 19.6% said the provider advised the use of safe periods, while 40% said the provider encouraged abstinence.

## **Conclusion**

In conclusion, our study suggests that despite all the important benefits to women of later age-at-marriage and increasing access to schooling, there are hidden costs. Premarital sexual relationships, whether they be for "love," access to social resources, or other complicated motives are exposing young women to the risks of unwanted pregnancy. These young women are unable to prevent unwanted pregnancies because they have not been taught how to protect themselves and because they find it difficult to negotiate the moral terrain of sexuality and contraception. Our data show that young women who have dropped out of school are especially at risk for unwanted pregnancy and the unsafe abortions that often follow. But the study also provides ammunition for developing reproductive health interventions that reach this population--in

school before they drop out, but also through peer networks in the informal economy where most of them work. We are hoping to start a new two-year project in southeastern Nigeria focusing specifically on these non-school youths, and perhaps in a few years I will be able to come back to these meetings and report to you our results.