



## **PUBLIC PERCEPTIONS ON UNWANTED PREGNANCY AND ABORTION IN ABA TOWN OF ABIA STATE, NIGERIA**

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### **Abstract**

This study examined the public perceptions on unwanted pregnancy and abortion in Aba town, Abia State, Nigeria. Two Hypotheses such as; there is a relationship between level of sex education and the rate of unwanted pregnancy in Aba town, Abia state; and there is a relationship between abortion care services and health problems in Aba town, Abia State were formulated and tested to guide the study. A sample size of 395 was drawn from the three Local Government Areas (Osisoma, Aba North and Aba South) using probability (random) and non-probability (purposive) sampling techniques. The study utilized both quantitative and qualitative instruments in the collection of relevant data from the respondents. Data collected were analyzed with descriptive and inferential statistical. The hypotheses were tested using chi-square ( $X^2$ ) statistics. The findings show that there is a relationship between the level of sex education and the rate of unwanted pregnancy and abortion; and also that there is a relationship between abortion service and health problems. Based on these findings, it was recommended that there should be sex education in the families, churches and schools; family planning services and contraceptive materials should be made accessible and available; Government should provide homes and support for the poor victims of unwanted pregnancy; Reliable and safe methods of abortion should be backed up by law and carried out by government specialized hospitals.

**Keywords:** Abortion, Health, Perception, Sex Education, Unwanted Pregnancy

### **Introduction**

Man by nature is an active sexual being. The truth of this statement was unequivocally expressed in Maslow's hierarchy of human needs, which identified sex as one of the physiological needs of viable functional man (Oti, 2004). Emphasizing more on the sexual habit of man, Freud, a psychoanalyst and anatomist in his analysis of stages of human development cited in Erinsho (2006) noted the manifestation of sexual behaviours of humans as early as age of three (3) to five (5).



According to Osadolor, Amoo, Azuh, Abasi, Washington and Ugbenus (2022), sexual behavior during adolescence fundamentally steers the future life of both girls and boys, and it should be guided with appropriate education, especially as it also represents a key factor to be considered in attainment of sustainable developmental goals. Man in his quest to satisfy his physiological and social sexual drives engages in sexual activities which may often lead to pregnancy especially with unprotected sex or when the protection failed (Ibeh & Ogonor, 2010).

Indisputably, not all sexual activities are meant for reproduction and procreation. Therefore, the conception that takes place during sexual activities that are not meant for procreation (love-giving good) is referred to as unplanned pregnancy, and a majority of such pregnancies are termed “unwanted” (Ibeh & Ogonor, 2010). According to Nigussie, Degu, Chanie and Edemeale (2021), an unintended pregnancy is an unwanted or mistimed pregnancy, and stated that mistimed pregnancy occurs in women who conceived sooner or later than the desired time and women who do not want any more children at the time of conception.

Agbeno, Osarfo, Ofori, Champing, Anane-Fenin, Azanu, Sarbeng and Morh (2020) noted that unintended pregnancies present a crisis situation socially, economically and psychologically to most individuals especially young women as they are faced with limited options for resolving it. These options include abortion, adoption and self-parenting, while induced abortions appear to be more commonly employed mostly by young or teenage pregnant women, such an option is debatable as there is associated stigmatization in many societies and keeping a child from an unintended pregnancy may also be unsuitable for many people. ( Knowles, 2012) cite in (Agbeno, et al., 2020).

For quite a number of centuries, the arguments, debates and controversies between people from different social and religious backgrounds arose from the question of what happens to such unwanted pregnancies, should the pregnancy be terminated or allowed to develop? The termination of pregnancy before viability is known as abortion. According Cheng, Xu and Thostenson (2024), compared to attitudes in everyday life such as attitudes toward a product or brand, attitudes toward abortion are unique because it often elicits strong emotional response and conflict experience. Moreover, such an attitude goes beyond individual preference as it is deeply intertwined with one’s moral and religious beliefs, cultural background, and societal norms (Foster, Taylor & Weitz, 2012) cited in (Cheng et al., 2024). Debate on abortion is not merely about a personal choice; it is about the definitions of life, rights, and autonomy (Osborne, Huang, Overall, Sutton, Petterson, Douglas, Davies & Sibley, 2022). The contrasting



views on abortion, may lead to polarized opinions. Therefore, given the unique nature of attitudes toward unwanted pregnancy and abortion as described above, it remains unclear controversial perceptions in Aba town, Abia state and this necessitated the study for empirical interrogation and analysis.

### **The Problem**

Lanre (2010) stated that unwanted pregnancy poses health risks to women. In corroboration with the above statement, Nigussie et al., (2021) reported that unintended pregnancy is a health issue worldwide. He further stated that the magnitude and effect of unintended pregnancy is a question for all societies and countries around the world. The figure of unintended pregnancies is high every year (Nigussie et al., 2021).

Unwanted pregnancy is an important public health concern in Aba town due to its serious consequences for women, infants, families and communities, including the risk of unsafe abortion, delayed prenatal care, poor maternal mental health, poor child health outcomes and unemployment. Lack of education on sexual behavior among the adolescents or its ineffectiveness is inimical directly or indirectly to adolescent education, future engagement in economic activity, their wellbeing, and poverty or wealth level in Aba town (Osadolo et al., 2021). Notably, discussions of sexual activities are forbidden which make adolescents to rely on their inexperienced friends for sexuality education (CFFD, 2008).

The consequences of controversial perceptions on unwanted pregnancy such as deaths resulting from unsafe abortion performed by unqualified health care providers, illegal adoption and ritual killings have become common occurrences in Aba town. In respect to these problems above, this study is considered relevant.

### **Research Hypotheses**

Two hypotheses were formulated and tested in this study. They are:

1. There is a relationship between level of sex education and the rate of unwanted pregnancy in Aba town, Abia state.
2. There is a relationship between abortion care services and health problems in Aba town, Abia State

### **Review of Relevant Literature**

#### **Concept of Public Perceptions and its Types**

Ibeh and Ogonor (2010) stated that aborting unwanted pregnancy is an issue which requires careful handling as it attracts numerous public perceptions from religious, social, political and medical circles. However, the arguments for and against abortion are notable among the pro-life and pro-choice groups. According



to Jędrzycka, Misiak and Whitehouse (2022), religiosity and political preferences shape the attitude to abortion perceptions. They believed that religious and conservative people are usually more willing to declare pro-life and the abortion issues is indeed strongly related to religion, and religion is strongly related to politics. When the religion is against abortion, the followers are usually pro-life (Jonason, Zajenkowski, Szymaniak & Leniarska, 2022). **Pro-life** are often against abortion because they believe that human life begins at conception and that abortion destroys respect for human life. Furthermore, pro-life sees abortion as not necessarily medically and psychologically safe for the life of the woman. **Pro-choice** on the hand stood in the opposite direction to the view of pro-life. According to Donnellan (2003), they believe that women are at liberty to making right moral choices and can follow their own conscience. They believe that a pregnant woman understands her own personal circumstances better than anyone else, and so is in the best position to know whether she should or should not have a child. To them, legal abortion is relatively safe and is likely to cause less harm than forcing a woman to have an unwanted child. According Czachura, Domurat and Nowak (2023), a higher level of liberty means a higher need to be free in our choices and behaviors. He further stated that Liberty is also an individualizing moral foundation. Cheng et al., (2024) identified two types of empathy when dealing abortion: empathy toward the pregnant woman and empathy toward the unborn. In the presence of each other, they found that greater empathy toward the pregnant woman was associated with more support toward abortion, whereas greater empathy toward the unborn or fetus was associated with less support toward abortion. Such a pattern suggested that empathy might be a source of conflict feeling.

### **Medical Perception**

Medical perception on unwanted pregnancy and abortion relates with the perceptions of the pro-choice, but differs slightly in the sense that they are more concerned about the well-being of the prospective mother. To them abortion is an aspect of physiological and anatomical treatment to save life of the mother which may include women's mental health (WMH). According to Ushie, Juma, Kimemia, Ouedraogo, Bangha and Mutua (2019), whereas abortion is common, multiple structural and socioeconomic barriers, as well as stigma, are prevalent, thus impeding access to safe and quality services.

Although legal restrictions currently limit access to medical abortion products, existing evidence shows that an increasingly large proportion of women are dependent on pharmacists, especially at the community level, with prescriptions of misoprostol and mifepristone (Sneeringer, Billings, Ganatr & Baird (2012) cited in (Ushie et al., 2019). They further noted that young unmarried women and girls prefer using access points like pharmacies and chemists because they



provide greater anonymity compared to hospitals and clinics which shield the users from stigmatization. But this makes abortion unsafe. Unsafe abortion is defined as a procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment that does not conform to the minimal medical standards or both (Obiyan, Olaley, Funmilola . Oyinlola & Folayan, 2023).

### **Demographic and Economic Perceptions**

These have not been left out as Ibnkhalidun cited in (Okereke, 2007) sees children as favor from the gods. He further said that it is an unthinkable abomination to attempt anything to inhibit the birth of a child or kill it and those children are not only a source of prestige and of family labor but also the only possible source of “social security” for old age. Contrary to the view of Ibnkhalidun, the Greek philosophers-Plato and Aristotle advocated for abortion as a means of population control. They see overpopulation as the cause of social ills and depleted standard of living (Okereke, 2007).

### **Religious Perception**

Religion has defined abortion as the destruction of a human life in violation to God’s commandment “thou shall not kill”. Religious perspective or view on unwanted pregnancy and abortion starts by questioning human absolute right and power to call pregnancy, the divine work of supernatural being “unwanted” which he intends to terminate and warns that it is only God that has such absolute right. Religion condemns the notion of calling a pregnancy unwanted and argues that God is the giver of all children, including the one conceived through rape and values every life including the unborn (Murdock, 2012).

### **Unwanted Pregnancy**

Ideally, pregnancy would always be a wanted and happy event for women, their partners and their families, but unfortunately this is not so in some cases (Bankole, Oye-Adeniran, Singh, Adewole, Wulf, Sedgh, & Hussain, 2006). Unwanted pregnancy is affected by many factors and varies from country to country. Factors include religion, sex without effective contraception, sexual harassment, poor sexual contact among partners, lower economic status, promiscuity, fear of hormonal contraceptives, low maternal education, unmarried status, age, use of substances, number of children and residence(Ufashije, Sangano & Samuel, 2017; Lanre,2010). National Population Commission (NPC, 2009) reviewed that low levels of contraceptive use undoubtedly contributed to the high prevalence of unwanted pregnancy. According to Alan Guttmacher Institute (2006), an estimated one in five pregnancies in Nigeria was unplanned. In a similar view with AGI, Nigussie et al. (2021) noted that globally, out of 213 million Pregnancies in 2012, 85 million were unwanted, 50% of which resulted



in abortion, many of which occurred with inappropriate procedures and/or in unsafe conditions.

According to data, approximately 40% of pregnancies in women of childbearing age worldwide are classified as unintended (Malarcher, Olson & Hearst, 2010) cited in (Gelaw, Atalay & Gebeyehu, 2023). According to a survey carried out in 2021, at Debre Markos Town, East Gojjam Zone, Northwest Ethiopia, of the pregnant women, 202 (34.8%) (95% CI: 30.9–38.7) participants had an unintended current pregnancy; of those 144 (24.8%) were mistimed pregnancies. Women aged 24 years were three times more likely to have an unintended pregnancy than those aged 35 years. Divorced and widowed women were four times more likely than women who were currently married to experience an unintended pregnancy. Gravidity 1–2 and 3–4 were 94% and 86% less likely than gravidity > 5 to experience an unintended pregnancy, and women who made family planning decisions on their own were less likely to have an unintended pregnancy. (Nigussie et al., 2020).

### **The Concept of Abortion**

Emenike (2011) defined abortion in its strict technical sense as the expulsion of the living fetus before viability. According to Ushie, Juma, Kimemia, Ouedrao, Bangha and Mutua (2019), abortion draws strong objections, underpinned by religious, moral, ethical, socio-cultural, and medical concerns, and remains highly disapproved. Cultural and religious intolerance to abortion among communities and service providers manifest most saliently in abortion stigma, as well, the cost of care—continues to drive women and adolescent girls to self-managed abortion procedures or those offered clandestinely by unqualified providers (Ushie et al., 2019). Furthermore, Ibeh and Ognor (2010) argued that both God’s law and human law condemn murder and that no religion approves abortion for whatever reason. According to the Life Resources Charitable Trust (2011), Christian groups on both sides of the controversy have looked at the bible to support their position or alternatively to discredit their opposition. Ushie et al., (2019) observed that the community beliefs and perception is that young unmarried girls who have had or are perceived to have had an abortion are considered unsuitable for marriage. These women are regarded as failures linked to their inability to keep themselves “pure”. In most communities where men (and their families) carry out informal background checks on women and their families before contracting marriages, women known to have had abortions are considered undesirable, loose, and not “wife material” (Ushie et al., 2019). Bukhari (2009) noted that Islam allows abortion only to save the life of the mother, because Islam sees abortion as lesser of the two evils (mother’s death and abortion), and there is a general principle in Sharia (Muslim law) of choosing the lesser of two evils.





According to Bankole *et al.* (2006) and Bell, Omoluabi, Olorun, Shankar and Moreau (2020) concurrently stated abortion is legal only when it is done to save a woman's life in Nigeria. Studies have indicated that there was no influence of religious affiliation on the perception of people on aborting unwanted pregnancy; rather religions relied on the principles of their holy books. A study carried out in Addis Ababa by Alemu in 2010, using FGD and IDI data collection showed that three religious leaders within the three religious groups had almost similar perceptions. They believed that "life begins at the moment of conception and the fetus is considered as a human being that should not be killed, but IDI respondent showed that Islam had a slight difference on the beginning of human life. To Islam, life and soul are different. Life starts from conception, 40 days it stays as semen, from 40 to 80 days it becomes a solid blood. Then from 80 to 120 days it will change into a small ball. At its 120 days, Allah sends an angel to provide the fetus a soul. Life begins at the conception day and become a human being after 120 days; however, abortion at any stage was viewed as murder (Alemu, 2010).

According to Demographic and Health survey 2003, a community-based survey of 2,978 women aged 15-49 which was conducted in eight Nigerian states, more than half (56%) of all Nigerian women had never heard a message about family planning. It is as a result of this that Bankole *et al.* (2006) findings indicated that an important factor contributing to the high levels of unwanted pregnancy and abortion in Nigeria is the persistent low level of sex education. This is also in line with the findings of a study carried out in New York, by Department of Sociology, in 2022, using natal data from the National Vital Statistics System (NVSS) which showed that federal funding for more comprehensive sex education reduced county-level teen birth rates by more than 3%. The findings complement the mixed evidence from randomized control trials on teen pregnancies and births by providing population-level causal evidence that federal funding for more comprehensive sex education led to reductions in teen births (Nicholas, Marka & Wua, 2022).

Henshaw, Adewole, Singh, Bankole, Oye-Adeniran and Hussain (2008) reported a study carried out in 33 private and public hospitals in Nigeria between 2002 and 2003 on women admitted for treatment of complications from induced abortion, 36 % had attempted to end the pregnancy before coming to the hospital, 33% obtained induced abortion at the hospital. Among all women with serious complications, 24% had sepsis, 22% had pelvic infection, 11% instrumental injury, and 22% required blood transfusion and 10% needed abdominal surgery. Among the women who had attempted to terminate their pregnancies before coming to the hospital, Pills, Dilation & Curettage (D&C) were the most common methods used by abortion providers. Pills was (56%), D &C (55%), Manual Vacuum Aspiration (MVA) was (20%) and injection (32%). According Ushie,



Juma, Kimemia, Ouedraogo, Bangha and Mutua (2019), perspectives from community members also point to a consensus in the belief that abortion is synonymous with complications, their knowledge of complications and risks associated with abortion were such as losing weight (thin and weak), psychological distress, death, infertility, infections, and subsequent miscarriages.

### **Theoretical Framework**

**Symbolic Interactionism** and **Rational Choice** theories were considered as the most suitable in providing relevant explanations for this study. Symbolic Interactionism rejects the ideas of social system as the sole determinant of human behavior and social actions in the society (Mberu, 1999). This is because human beings have capacity for thought and this enables people to act reflectively rather than just behave unreflectively based on the dictates of social system (Ritzer, 2012). Actions are meaningful to those involved, therefore, understanding of why humans act the way they do, for instance, abortion requires an understanding of the meanings and the interpretations which individuals give to their actions

Meanings and symbols give human social action distinctive characteristics, partly because of the ability to handle meanings and symbols, people can make choices of the actions in which they engage. Thus, to Symbolic Interactionist, actors have at least autonomy to make out meanings and choices whether a pregnancy is wanted or not. However, rational choice theory posits that although people make choice and enjoy their autonomy in developed societies, to a very large extent, structures still restrain people in less developed societies like Aba town, Abia State, Nigeria. In Africa, culture does not give women the reproductive rights to decide whether to have abortion or not. Social structures consider some actions as irrational irrespective of distinctive personal meaning attached to it. Symbolic Interactionism and Rational Choice theories created a balance useful in this study in the sense that they recognized the existence of individual's choice and autonomy to abort unplanned pregnancy, but also noted that there are structural restrictions (laws, norms, religions) in the society that prevent such action.

### **Materials and Methods**

The sample size 395 respondents were drawn from the population of three (3) major Local Government Areas that make up Aba town, Abia State. They include Aba South LGA, Aba North LGA and Osioma LGA. The population of the three (3) Local Government Areas mentioned above was put at 754,927 according to National Population Commission (2006).

Questionnaire Instruments were administered to the 395 respondent from the three Local Government Areas for the quantitative data collection, using stratified





and simple random sampling techniques and was complemented with FGD and IDI structured questions using probability sampling technique. Twelve (12) IDI participants were purposively selected from religious heads, eldest persons in the families, directors of health institutions, making it 4 from each institution. Four (4) sessions of focus group discussion (FGD) comprising seven (7) persons in each section were selected based on convenience of availability. Frequency tables and percentages were used for presentation and analysis of quantitative data while analysis of qualitative data from FGD and IDI took form of interpretation and descriptions of what was actually said to complement statistical data.

**Results /Findings**

**Socio-Demographic Characteristics of Respondents** The figures are given in frequency n (%) of the total number of respondents to each question/statement.

**Table1. Socio-Demographic Characteristics of the Respondents**

<b>Age</b>	<b>Frequency 395</b>	<b>Percentage 100%</b>
Below 20 years	80	20.2%
21 -30 years	131	33.2%
31 – 40 years	101	25.6%
41 above	83	21.0%
<b>Sex</b>		
Male	135	34.2%
Female	260	65.8%
<b>Marital Status</b>		
Married	160	40.5%
Single	200	50.6%
Divorced	10	2.53%
Separated	5	1.31%
Widowed	20	5.06%
<b>Educational Qualification</b>		
FLSC	170	43.0 %
SSEC/GCE	127	32.1 %
NCE/OND	47	11.90 %
B.SC/HND	23	5.82 %
M.SC	21	5.32%
Ph.D	7	1.86%
<b>Religion</b>		
Islam	20	5.15 %
Pentecostal	177	44.8 %
Orthodox	182	46.0 %
Others	16	4.05 %
<b>Occupation</b>		



Religious heads/Pastor	20	5.15 %
Lecturer/teacher	17	4.30 %
Student	45	11.4 %
Self employed	146	35.4 %
Health worker	30	7.59 %
Civil Servant	40	10.1 %
Trade	95	24.0 %
Others	8	2.02 %
<b>Economic Status</b>		
Low	125	31.6 %
Middle/average	219	55.4 %
High	51	12.9 %
<b>Location</b>		
Aba North	133	33.7%
Aba South	133	33.7%
Osioma	134	33.9%

Table 1 above shows that the 395 respondents used for the study, 133 (33.7 %) respondents were from Aba North and Aba South LGA respectively, while 134 (33.9 %) respondents were from Osioma LGA. The majority (65.8%) of the respondents were single female between the ages of 21-30 years who are likely to be victims of unwanted pregnancy and abortion. The two dominant religions in the study are orthodox (46.0%) and Pentecostal (44.8 %) while Islam and other religions are (5.15 %) and (4.05 %) respectively. As the industrial hub of south eastern Nigeria, the majority of the respondents were traders (24.0 %) and self-employed (35.4 %) and that reflected on their income as majority of the respondents 219 (55.4%) were Average income earners, low income 125(31.6%) and high income earners 51 (12.9%). Majority of the respondents had low level of sex education.

### **Test of Study Hypotheses**

**Hypotheses 1: There is a relationship between level of sex education and the rate of unwanted pregnancy in Aba town, Abia state**

**Table 2: Respondent's perception on the influence of the level of sex education on the rate of unwanted pregnancy.**

Level of sex education	Has influence on the rate of unwanted pregnancy and abortion			
	Agree	Disagree	Undecided	Total
Very low	170	20	12	202
On average	99	52	1	152



High	30	7	4	41
Total	299	79	17	395

The data above revealed that 299 (75.7%) respondents agreed that lack of sex education influences the rate of unwanted pregnancy and abortion, against 79 (20%) of the respondents that disagreed. 17 (4.30%) of the respondents were undecided. The chi-square test shows a significant relationship ( $P < 0.05$ ) between the level of sex education and the rate of unwanted pregnancy and abortion in Abia State, Aba town ( $X^2 = 50.98$ ,  $df = 4$ ,  $X^2$  crit. 9.488,  $P = 0.000$ ).

This implies that majority of the respondents believed that lack of sex education influences the rate of unwanted pregnancy and abortion.

**Table 3 .Responses on where people learn about sex education in Aba town, Abia state**

Variables	Frequency	Percentage (%)
Church	20	5.06%
Family	31	7.84%
School	144	36.5%
Friends and books	200	50.6%
Total	395	100%

The above table revealed that 20. (5.06%) of the respondents pointed out that people learn about sex education in the church, 31 (7.84%) of the respondents indicated family, while 144 (36.5%) said that people learn about sex education in the school. Furthermore, 200 respondents representing (50.6%) were of the opinion that sex education is being taught by friends and books. This means that the majority of the respondents posited that people learn about sex education from books and friends. The responses of the FGD corresponded with the above finding. According to the response of one of the FGD respondents:

*“This sex education of a thing is very low in this town; the little that exists for me is not from the church. What I know the church does is to teach that sex before marriage is sin and that people should abstain from it, the basic knowledge about sex is missing. Families are afraid of talking about sex to their children because they thought it would expose them to danger, in the school....well....it exists at a peripheral level because the teachers don't pay much attention to it. To me, I believe that much I know about sex is from my friends, videos and books and I know that is applicable to majority of people in this town”. (Female/student/Abia Poly/24 years).*



**Hypotheses 2: There is a relationship between abortion care services and health problems in Aba town, Abia State**

**Table 4: Responses on the level of health problems resulting from abortion care services in Aba town.**

Variables	Frequency	Percentage (%)
High	265	67.1%
Very low	59	14.9%
On average	71	18.0%
Total	395	100

Table 4. indicated that 265 (67.1%) of the respondents reported that the health problems resulting from unwanted pregnancy and abortion is high. 59 (14.9%) reported that the effect is very low, while 71 (18.0%) respondents put the level of the problem on average. However, it is clear from the results that majority of the respondents believed that the health problem from abortion is high in Aba towns, Abia State and supported by chi-square results, which indicated that the X<sup>2</sup> calculated value (70.98) is greater than X<sup>2</sup> critical value (16.919).

**Table 5: Respondent’s perception on health problems resulting from the of service of abortion care givers**

Abortion care givers	health problems				
	Bleedin g	RPT	Infertilit y	Instrumenta l injury	Total
Qualified doctors	2	0	1	3	6
Traditional herbalist	11	4	11	0	26
Quack/phar macists	120	3	135	31	289
Toxic substance on self medication	17	3	54	0	74
Total	150	10	201	34	395

Table 5 showed that 6 (1.52%) of the respondents were of the view that public health problem resulting from abortion is mainly from the services provided by qualified doctors, 26 (6.58%) said that the health problem is from traditional herbalists, 289 (73.2%) respondents attributed the problem to the services of



quack doctors and chemists, while 74 (18.7%) of the respondents claimed that those problems are from drinking toxic substance on self medication. The results showed that majority of the respondents were of the opinion that health problems resulting from abortion are mainly from the services provided by quack doctors and drug retailer shops.

The results above are in consonance with IDI responses expressed thus;

*“It is mainly from the services rendered by quack doctors and those ones who sell drugs in retails. However, it is important to note that no abortion services is always 100 percent safe, but those performed by qualified doctors have some degree of reliability, but since many cannot afford to pay for the service of qualified doctors, and because abortion is not legal, they patronize quacks and this has resulted into numerous deaths”. (Female, / lawyer/47 years).*

The study further showed health problems associated with abortion services which include: bleeding (37.9%), retained pregnancy tissue (RPT) (2.53%), infertility (50.97%) and instrumental injury (8.60%).

The above finding is also supported by the views of a female FGD respondent:

*“To me, I think that the most common health problem resulting from abortion is infertility. Although many people may not know the reason why a woman has not conceived. Most of the causes are the harmful substances that are inimical to the womb. Mind you, infertility sometimes does not mean that a woman many not conceive, she may, but the baby is likely to be miscarried at a particular month repeatedly. It takes only God’s grace to stop”. (Female/lecturer/married/35 year).*

## **Discussions**

The study in line with the research hypotheses identified relationship between the level of sex education and rate of unwanted pregnancy and abortion in Aba. The findings showed that 299 (75.7%) respondents agreed that lack of sex education influences the rate of unwanted pregnancy and abortion, against 79 (20%) of the respondents who disagreed. 17 (4.30%) of the respondents were undecided. The findings further revealed that people with low knowledge of sex education and contraceptives were 202(51.1%). Average knowledge 152 (38.5%) and high knowledge 41(10.4%). The awareness of the influence of sex education on unwanted pregnancy does not correspond to the actual knowledge of sex education. Respondents, despite knowing the implications of low knowledge of



sex education were not highly sexually educated. In line with that, the study clearly showed that access to such education could be the limitation. 20 (5.06%) of the respondents pointed out that people learn about sex education in the church, 31 (7.84%) of the respondents indicated family, while 144 (36.5%) said that people learn about sex education in the school. Furthermore, 200 respondents representing (50.6%) were of the opinion that sex education is being taught by friends and books. It was observed that the sex education in the church is only limited to moral teachings on abstinence and the eternal punishment in hell fire for defaulters and also on exceptional cases during youths' programme where relationship and marriage seminars are taught.

At the family level discussion about sex is seen as dangerous as it was viewed as medium to exposing the teenagers to engage in the acts. This is in line with the view of (CFFD, 2008) that discussions of sexual activities are forbidden which make adolescents to rely on their inexperienced friends for sexuality education. The majority of the respondents (50.6%) who relied on friends and books for sex education could show the reason for low level of sex education and high level of unwanted pregnancy, as demographic data showed that majority of the respondents (43.0 %) are first school leaving certificate holders who are not much exposed to reading books and majority of them ventured into private businesses without further education, self-employed artisan (35.4 %) and Traders (24.0 %). It could be postulated that one's geographical area can determine his or her level of interactions and exposure. The highly industrial nature of Aba town, with majority of people being traders with low level of sex education explains the reason for high rate of unwanted pregnancy and abortion. The above findings are further supported by the findings of national population commission (2009) that low levels of sex education and contraceptive use undoubtedly contribute to the high prevalence of unwanted pregnancy. The chi-square test shows a significant relationship ( $P < 0.05$ ) between the level of sex education and the rate of unwanted pregnancy and abortion in Abia State, Aba town ( $X^2 = 50.98$ ,  $df = 4$ ,  $X^2$  crit. 9.488,  $P = 0.000$ ).

The findings of the study in line with study hypotheses showed that there is a relationship between the services rendered by abortion care providers and health problems. Similar to the study of Ushie et al., (2019) there was limited knowledge and awareness of how exactly women and girls navigate the complexities of accessing medical abortion care. In almost all cases, respondents indicated that abortion is clandestine, and is often shrouded in secrecy as to who has sought the service, where and who delivers the service. However the study shows that (1.51%) respondents were of the view that qualified doctors are sought for abortion service, Traditional herbalist (6.58%) respondents, Quack/pharmacists (73.16) respondents, Toxic substance on self medication





(18.73%). The health problems associated with abortion services include: bleeding (37.9%), retained pregnancy tissue (RPT) (2.53%), infertility (50.97%) and instrumental injury (8.60%). From the finding of this study, which is also in line with the finding by Ushie et al., (2019), it was observed that lack of access to safe abortion services depends on many factors such as fears of arrests by police officers, the fear of embarrassment, cost of abortion, lack of accurate and reliable information on the availability of safe medical abortion service. This results in a substantial number of women seeking unsafe abortion services in Aba town. Social isolation attached to abortion remains uncompromising, and women and girls who are discovered to have undergone through abortion face intense rejection and this plays a significant role in women's decision on whether to have a safe or unsafe abortion. The findings show that the most common health problem resulting from unsafe abortion is infertility (50.97%). It is clear from the above findings that there is a relationship between the quality of abortion care service and health problems in Abia State, Aba town and this was supported by chi-square results, which indicated that the  $X^2$  calculated value (70.98) is greater than  $X^2$  critical value (16.919).

### **Conclusion**

From the study results, perceptions of people on unwanted pregnancy and abortion are polarized based on circumstances; it might be shaped by moral/ethical principles, empathy or doctrines and not necessarily based on religious affiliation. However, since no one becomes pregnant without sex, lack of sound sex education is the major cause of unwanted pregnancy, and unwanted pregnancy is likely to bring embarrassment, illegal adoptions or unsafe abortion since unmarried people find it difficult to have children out of wedlock. When abortion becomes the only option for unplanned pregnancy, health risks and death become a probability resulting from unsafe abortion. The general acceptability of abortion is only when continuation of pregnancy is detrimental to the life of the mother or fetus. But obviously, despite the saying that "smokers are liable to die young" it has not deterred many from smoking, in similar case, despite the risk-outcomes of abortion, many abortions took place based on socio-economic reasons other than health issues.

### **Recommendations**

Based on the findings, I recommend the following;

1. Religious bodies should come up with unified practical teaching that will not only outline divine punishment (hell fire) for pre-marital sex and abortions but also come up with well articulated socio-economic consequences and benefits. People are mindful of what they stand to gain now than what comes after death.



2. Sex education should be seen as compulsory subject in schools, families, church seminars. The basic and practical knowledge about sex should be explored and not to over-dwell on moral aspect of abstinence.
3. Contraceptive materials should be made available and accessible to both unmarried people and married people for family planning. There should be no social discrimination/disapproval base on marital status.
4. Government and religious organizations should establish homes for the support and care of unmarried pregnant mothers and create room for legal adoptions of the babies when there is conviction of abandonment or inability for proper care after delivery.
5. Married women who are victims of unplanned Pregnancy, may be as a result of career, birth-space or already have had the number of desired birth should engage the services of social welfare and counselors together with their husbands for coping mechanism.
6. Demand for abortion under serious health condition should be confirmed by three (3) medical doctors in government owned hospitals, and should be performed by a qualified doctors with appropriately recommended safe methods.

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