

Awareness, Perceptions and Attitudes to Abortion Decision Making in Nigeria

By

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Abstract

This paper discusses the level of awareness, perception, and attitude to abortion choice in Nigeria, using Ibadan, in the southwest of Nigeria as the study site. It looks at the changing attitude of abortion choice between the traditional and contemporary. The study is empirical that is qualitative and quantitative in nature. The research consisted of 1500 open-ended and closed questionnaires distributed among respondents across different socio-demographic groups. Twelve selected respondents were given in-depth interviews between 2003-2006 and doctrinal desk-study between 2006 and 2020. Microsoft database was used to analyse the data which conformed to the ethical standard of the University of Kent, Canterbury, United Kingdom. The study found that increasingly, the traditionally held belief that abortion is a moral issue has changed among an increasingly higher percentage of Nigerians. Economic and social variables, including the extant socio-economic circumstance of the pregnant woman at the point in time of her pregnancy affects her abortion decision making more than anything else. This finding is at variance with legislative dictates on abortion choice in Nigeria. The paper concludes that there is a need for an amended abortion legislation that conforms to the extant needs of contemporary women in their abortion decision making process within the ambit of the law.

Keywords: Abortion-Choice, Awareness, traditional, Contemporary, Socio-economic.

Introduction

Abortion decision making raises ethical issues which has to do with the right to life of the unborn foetus against the right to life of the pregnant woman. Abortion debate articulate issues of maternal mortality, lack of awareness, health-care services, contraceptive use, and poverty. Abortion debate also has to do with who should be given the choice to make a decision of abortion between the pregnant woman and the medical doctor.² Nigerian law makes the choice of abortion that of the doctor treating her, only on the bases that her life may be in danger.³ Therefore abortion question have consequential reproductive health issues that affect the pregnant woman which pitches those who are prolife or prochoice⁴ on a historical debate that cannot fully be resolved to the satisfaction of people on either side of the debate. The restrictive abortion law, as it is in Nigeria has determined the legality of abortion and gives the choice of

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² Mustafa Adelaja Lamina, 'Health care providers' attitudes towards termination of pregnancy: A qualitative study in Western Nigeria', *Open Journal of Obstetrics and Gynecology*, 2013, 3, 400-410 *OJOG* <http://dx.doi.org/10.4236/ojog.2013.34074> Published Online June 2013 (<http://www.scirp.org/journal/ojog/>).

³ Criminal Code Act, Caption 42, Sections 227 & 228 (operational in Christian Southern parts of Nigeria) and the Penal Code Section 232 and 233, (operational in the Muslim norther parts of Nigeria), Laws of the Federation of Nigeria 2004 both prescribe a penalty of 14 years in prison for causing the 'miscarriage' of a pregnant woman except to save her life.

⁴ 10 PRO-LIFE ARGUMENTS

<https://www.thoughtco.com/arguments-for-and-against-abortion-3534153> (accessed 21-03-2017).

abortion to the medical doctor and not the woman carrying the baby,⁵ when it becomes acceptable in the eyes of the law. In essence, government by the legislation on abortion has waded into the ethical issues surrounding abortion and has determined it on the right to life of the foetus unless the right to life of the woman will be endangered by the continuation of the growing foetus within her womb.

Abortion is a criminal offence prohibited in Nigeria except to save the life of the pregnant woman as stipulated under the Criminal and Penal Codes, but illegally procured abortions for social reasons outside what the law stipulates accounts for about 60% of abortions taking place annually. Of the 60,000 abortions performed yearly in the country, only 40% is done legally.⁶ The high incidence of abortion shows that women will use it as a form of fertility control if they deem it necessary, despite its restriction as this study shows. In the United States where abortion has been liberalised for more than 50 years, pregnancy rate for women has steadily dropped.⁷ Nigeria is the most populous country in Africa with a fast growing population, but it remains one of the few countries in the world where abortion remains unavailable within the first trimester of pregnancy for social and medical reasons except to save the life of the pregnant woman. As a result, many women seek the services of untrained persons at great risks to their lives or use private hospitals at very exorbitant costs.⁸ Guttmacher Institute estimates that around 456,000 unsafe abortions take place in Nigeria on a yearly bases.⁹ The reason often used for the lack of abortion law reform in Nigeria is the believe that in traditional times abortion was unnecessary, also there was a lack of its awareness or practice therefore abortion was not used as a form of fertility control by society. Several respondents in this study state that this perception is not totally correct as women in traditional times have used abortion as a form of fertility control when necessary. They further states that denial of access to legal abortion on social grounds can no longer be justified in contemporary times because women in many parts of the world including Nigeria have found it necessary and expedient to control their fertility using abortion when there is an unexpected and unwanted pregnancy. However, the Nigerian society and legislature have not fully addressed the recurring abortion issue as a social and health problem affecting a large proportion of her women population. Despite the recognition by Nigerian government that there is a need to control her fast growing population through effective reproductive health improvements by couples and individuals as seen in government's policy statement in the *National Policy on Population for Development, Unity,*

⁵ Sally Sheldon, 'Subject Only to the Attitude of the Surgeon Concerned: The Judicial Protection of Medical Discretion' (1996) 5 *Social and Legal Studies* 95-121.

⁶ Stanley K Henshaw; Susheela Singh,; Boniface A. Oye-Adeniran, Isaac F.Adewole; Ngozi Iwere, and Yvett P Cuca., 'The Incidence of Induced Abortion in Nigeria' (1998) 24(4) *International Family Planning Perspective* 156-164; updated March 2013 Stanley K. Henshaw G Singh; I. H. Shah; E. Ahmed; A. Bankole; 'Induced Abortion: Incidence and Trends Worldwide From 1995 to 2008'. *Obstetric Anaesthesia Digest*, Volume 33(1) 15-16 March 2013 <https://www.researchgate.net/publication/> (accessed 18 May 2018).

⁷ Stanley K Henshaw 'Pregnancy rates for U.S. women continues to drop', *ResearchGate* <http://www.researchgate.net/scientific.com> (accessed 17 May 2018)

⁸ AGIDS, 'Unsafe Abortion Common in Nigeria' <http://www.agi-usa.org/pubs/archives/newsrelease2404.html> (accessed on November 12, 2002).

⁹ Guttmacher Institute, 'The Incidence of Abortion in Nigeria', <https://www.guttmacher.org> (accessed 7 February 2020; Akinrinola Bankole, Isaac F. Adewale and Joshua O. Akinyemi, 'The Incidence of Abortion in Nigeria', *International Perspective on Sexual and Reproductive Health*, 2015 December 41(4) 170-181.

*Progress and Self-Reliance*¹⁰ (NPP), government has not addressed the problem as a social and health problem that needs legal solution through reform of the law so it can meet the reproductive needs of the contemporary Nigerian women.¹¹

Most previous research on abortion have been hospital-based studies which rely on medical records and surveys of patients in relation to abortion and related morbidity,¹² and have not addressed it as a social and legal problem leaving a gap in empirical knowledge. Coeytaux¹³ states that it is only in recent times that African policy makers and health authorities have expressed concern about the number of clandestine abortions in their countries and the associated morbidity and mortality resulting from its procedure. In 2015 the attitude of government towards abortion remained the same which still contributes to maternal mortality and morbidity as observed by Lamina.¹⁴ This is a drain on the scarce health resources of African governments who fail to adequately address the nature or social epidemiology associated with abortion. This study shows that the gaps in empirical knowledge also extend to the perceptions and attitudes of Nigerian people to abortion primarily because of its clandestine nature and the fact that abortion is a topic that was not openly discussed in the Nigerian society. However, increasing awareness has made it a topical socio-medical problem needing urgent attention by government which makes this study is appropriate. This study shows that members of a society have diverse views on abortion that are affected by their social and economic status; religion, educational attainment, and cultural background, these are issues which are apparent in Nigeria today and are discussed in this study. The interplay of all these variables determine pertinent issues surrounding abortion which need to be examined to enable a relevant and acceptable reproductive health policy to be put in place.

Background to the study

The patriarchal nature of Nigerian society is often portrayed as one where abortion is deemed unnecessary. Patriarchal values, social interactions and structures also set control over women's fertility and procreative potential through the insistence that women were designed to bear as many children as they could,¹⁵ such that childlessness was considered an aberration,¹⁶ and women who had the 'good fortune' to be pregnant ought to keep it and not seek ways of terminating such pregnancies. In traditional society, this perception could be justifiable for many reasons. During colonial days women were encouraged to bear many children in order to produce the manpower that would till the land and grow the agricultural raw materials sent to the industrial factories in England and Europe during the 19th and early Century. The 1861 Offences Against the Persons Act incorporated into the Nigerian legislation by the British colonial leaders, forms the main crust of Nigeria's abortion law metamorphosed into the

¹⁰ Federal Republic of Nigeria: *National Policy on Population for Development, Unity, Progress and Self-Reliance*, (1988).

¹¹ Titilayo O. Aderibigbe and Adebayo O. Ajala, 'Leadership and Reproductive Health' in Bola I Udegbe (editor) *Dynamics of Leadership in Contemporary Nigerian Communities* (Nigeria: The Social Sciences and Reproductive Health Research Network (SSRHN), 2001).

¹² J. B. Akingba, 'The Nigerian Attitude to Unwanted Pregnancies' (1971) 1(3) *Journal of the Nigerian Medical Association* 179-301.

¹³ Coeytaux, Francis M. 'Induced Abortion in Sub-Saharan Africa: What We Do and Do not Know' (1988) 19(3) *Studies in Family Planning* 186-190, 186.

¹⁴ Mustafa Adelaja Lamina, 'Prevalence of Abortion and Contraceptive Practice among Women Seeking Repeat Induced Abortion in Western Nigeria', Hindawi Publishing Corporation *Journal of Pregnancy* Volume 2015, Article ID 486203, 7 pages
<http://dx.doi.org/10.1155/2015/486203>.

¹⁵ Robyn Roland, *Living Laboratories: Women and Reproductive Technology* (London: Cedar, 1992), 6.

¹⁶ Titilayo Aderibigbe, 'Women's Rights: Law and Practice in Nigeria' in Layi Erinosh; Babatunde Osoimehin, and Olawoye, Janice, (editors) *Women's Empowerment And Reproductive Health* (Nigeria: Social Sciences and Reproductive Health Research Network, 1996).

Criminal and Penal Codes, which served the socio-economic and political needs of that era but no longer the needs of contemporary Nigeria. While England from where the law came has found it necessary to modify the same law to meet the needs of contemporary English society in their Abortion Law 1967 and haven further reformed in the Human Fertilization and Embryology Act 1990 and 1993 respectively;¹⁷ the original laws forced onto Nigerians have remained in the Nigerian legal system almost verbatim and unmodified since the 19th Century.

Historically, the desire for high fertility by women in the early nineteenth century is due to high mortality at a time of harsh social environment beleaguered by diseases.¹⁸ Moreover, high fertility is associated with agrarian societies.¹⁹ However, the need for large families have changed in contemporary times in Nigeria since couples would rather have only the number of children they can adequately maintain at a standard of life desired by them.²⁰ Economic demands; Westernisation; urbanisation and the breakdown of the communal way of life resulted in women's need for reproductive control and couples to control family size through reproductive control methods which includes abortion where necessary. Majority of the respondents in this study stated that abortion is often chosen because it is the most expedient means by which women can dispose of an unwanted pregnancy when it is not socially, economically, or medically convenient to have a child at that point in their life. Abortion is therefore sometimes used by women as a form of fertility control to terminate unwanted pregnancies in order to maintain a desired family size and standard of living.

The fact that Nigeria is grappling with high population which has necessitated the need for government to set up the NPP shows that fertility control is necessary at the national level. The high incidence of illegal abortion justifies the need for research into the awareness, perceptions, circumstances, and social needs of women for accessing abortion despite its restrictions. This will enable government to look at her reproductive health policy to enable it to conform to the reproductive needs of contemporary women through a reform of the existing law on abortion.

Justification for the study

This study is designed to fill some of the gap and give an insight into a better understanding of Nigerian people's perceptions of abortion; why they make the choice; the social and cultural influences that have engineered their attitudes from traditional to contemporary time. By understanding these aspects, solutions to the problems identified by the previous clinical based research can be adequately tackled and specific reproductive health laws put in place to solve the problems identified within current social needs. While abortion is recognised as a health and social problem, changes can best be made through abortion law reform to adequately tackle the social and health aspects challenges there is a recognition by policy makers that abortion is a medical and recurrent social problem requiring legal solution to safeguard the health of women who have the need to access abortion.

¹⁷ <http://www.legislation.gov.uk/ukpga/1990/37/contents> (accessed 6 February 2020)

¹⁸ Frank Odile, 'The Demand for Fertility Control in Sub-Saharan Africa' (1987), 18(4) *Studies in Family Planning* 181-201.

¹⁹ Bewley *et al* states that 'in most agrarian societies high birth rate is equally balanced by high death rates traditionally. Women are valued for their procreative ability in society and family while male children are more valued because of the work they can contribute. A decrease in death rate without a parallel decrease in birth rates leads to rapid population growth'; Bewley; Beulah Cook, Judith & Kane, Penny *CHOICE NOT CHANCE A Handbook of Fertility Behaviour* (University College Cardiff Press, 1977), 13-15.

²⁰ Titilayo Aderibigbe, *Will and Will Making Among Public Servants: A Case Study of the Nigerian Institute of Social and Economic Research*, (Nigeria: NISER 2002).

This paper is not concerned with the ethical debate surrounding abortion; though to some extent, these will be highlighted during the course of the presentation of the findings from the research. Our focus here is the awareness of, and attitude to abortion in Nigeria, and who should have a choice to decide when an abortion should take place from the point of view of Nigerians. The research further examines the attitude to abortion decision making and if awareness has improved in Nigeria over a 15 year period when the empirical data was first collected.

The traditionally held belief is that the need for abortion was not apparent in traditional society. Therefore, the existing abortion law was compatible to the needs of traditional as well as contemporary Nigerian women when the British colonialist made it part of our legislation in 1945. However, as a result of the changing needs of women in contemporary society, the law no longer meets their needs, because despite the restriction placed on abortion legally, many women choose abortion resulting in there being thousands of illegally procured abortions taking place in contemporary Nigeria yearly as we stated earlier. For this reason, many respondents believe that abortion ought to be made available to pregnant women for social and other medical reasons outside what the present abortion law stipulates. An examination of traditional and contemporary awareness, perceptions and attitudes to abortion needs shows that many Nigerians believe that abortion is not solely a moral issue and that women make abortion choices depending on overriding social factors surrounding their pregnancy that the law does not take into consideration. Reproductive health law and abortion law specifically should meet the needs of women; women should therefore be allowed to control their fertility within acceptable legal regulations. It therefore becomes imperative to reform the existing abortion law to allow abortion on more social grounds that meet contemporary women's needs.

Methodology

The research is empirical in and adopted a qualitative method for the data collection. The objective is to see the perception and awareness of abortion choice in Nigeria despite what the law stipulates. The study is doctrinal and qualitative and relies on data from questionnaires, in-depth interviews (IDIs) and focus group discussions (FGDs). The study site is the ancient city of Ibadan, the largest Nigerian city situated in the southwest of the country. Ibadan is chosen because the composition of the population is proportionately distributed and representative of the main demographic variables and characteristics found in the larger Nigerian population which includes socio-economic class, age, ethnic grouping, and language distribution.²¹

A Pilot study of 50 questionnaires was used to determine the appropriateness of the design instrument. The 50 questionnaires were distributed across a purposefully selected cross section of Nigerians around the Agbowo and University of Ibadan axis using Random Survey Sample (RSS) technique. From the result of the Pilot study, the Systemic Survey Sample (SSS) was decided as appropriate for the main study. The final study consisted of 2000 structured questionnaires that were open-ended and closed from which a selection of 1500 were found to be usable for the analyses. The questionnaire was divided into three main sections. Section one covered the demographic characteristics of the respondents. Section two dealt with the socio-cultural perceptions and awareness of abortion in both traditional and contemporary Nigerian society. The final section consists of pre-determined multiple choice questions with answers from which respondents were requested to make their choice. It covers the focal theory and aim of the study addressing issues of appropriate gestational age for legal abortion; who should give consent for abortion; the right of the putative father in abortion choice; and other social and

²¹ S. I. Abumere 'Residential Differentiation in Ibadan: Some Sketches of an Explanation' in M. O. Filani (editor), *Ibadan Region* (Nigeria: Department of Geography, University of Ibadan, 1994), 85-97, 86-87; Akin L. Mabogunje 'The Growth of Residential Districts in Ibadan' (1962) 52(1) *Geographical Review* 56-77

legal reasons for abortion. In this paper however, only the perceptions, attitudes, and awareness of abortion in traditional and contemporary Nigeria is discussed.

The distribution of the questionnaires were among respondents across different socio-demographic classes grouped according to ages 14-19; 20-30 and 31-80 in the eleven local government areas in Ibadan. The questionnaires were administered by trained field assistants between June 2003 and October 2005.

A total of twelve in-depth interviews (IDIs) were conducted differently among purposefully selected key informants within the categories stated above across the socio-economic demography of the 11 local government areas. The selection were females and males in each of the age brackets of 14-19; 20-30 and 31-70 (i.e. one IDI each with a literate person with secondary education and above, and another with no formal education in the three age brackets). In selecting the population sample, account was taken of variables such as age, gender, religious beliefs, ethnic-group, and socio-economic status in order to able to obtain an even spread that gives a comprehensive idea of the awareness and perceptions of people on abortion and if they feel that law reform is necessary to conform to their views as expressed. For example in the 14-19 age bracket a non-literate and a literate Muslim female and a non-literate and literate Christian male were interviewed totalling four in that age bracket. The same pattern was used in selecting the two other age categories to arrive at 12 IDIs.

The FGDs followed the same format as the questionnaire and essentially the same questions were asked. The only difference is that the respondents were given the freedom to elaborate on aspects of the questions they felt they needed to expatiate on and offered the interviewer the opportunity to probe and get the respondents to clarify opinions they made. With their verbal consent, some of the respondents had their responses put on audio tape. The tapes were used in the analyses after verbatim transcription. The interviews were conducted in the three main indigenous languages of Hausa, Igbo and Yoruba which were first translated into English language by trained translators versed in the three languages. The survey instrument used, and the ethical guideline and implementation protocol complied with the laid down guideline of the Kent Law School, University of Kent, United Kingdom. Microsoft Access Database was used to input and analyse the data while Microsoft Excel was used to generate the graphs, tables and charts used. The secondary doctrinal aspect of this research is between 2006 and 2020. Library based analyses of research by scholars in the intervening years were used to see if the attitude and perception towards abortion has changed especially since the restrictive legislation on abortion has remain static till date.

Justification for the classification of respondents:

14-19 age bracket: The justification for the classification of the ages of respondents into the three groups of female and males aged between 14 -19; 20 - 30 and 31 - 77 (represented the average age range of the youngest and oldest respondent, except for one 94 year old female respondent). While no direct questions were asked about their sexual activities; (due to its sensitive nature and possible unwillingness of respondents to answer such a direct question), questions about what their 'close relations' would do in a given situation were asked. Their responses to these questions gave an insight into the researcher forming this opinion.

Overall analyses of the data shows that respondents aged 14 to 19 are young people mostly, in secondary schools or learning a trade. These young people are mostly already sexually active and have vociferous opinions about abortion and reproductive choices. Their voices are seldom heard, because these are the school age adolescents that society tries to suppress from active sexual activities on moral grounds. However, their opinions are important because they are the

age group that do not often seek medical help when a pregnancy occurs and will most likely visit unqualified persons if termination of a pregnancy is desired. Since they are economically incapacitated and invariably under parental control or guardianship, the 14-19 age brackets are the most vulnerable group. They usually have no access to medical help, rely on peer group information and thereby most affected by the illegality of abortion legislation.

20-30 age brackets: The respondents aged between 20 and 30²² though a small group, they are equally sexually active but have a greater measure of independence and have access to abortion facilities or have access to knowledge of where it could be procured illegally from trained or untrained personnel depending on their economic means and/or educational attainment. Analyses of the study shows that the more economically viable and educationally aware a pregnant female is, the more likely they are to seek termination of an unwanted pregnancy by trained medical personnel in private hospitals. These categories of respondents are in their prime; attending formal tertiary education or have acquired a trade and have some measure of economic capacity and independent thought. These groups are settled or in the process of settling down to a particular way of life as professionals and have consolidated their views on reproductive choices and autonomy and these views have a strong effect on society.

31-77 age brackets: The last group aged 31 - 77 are the middle and older generation who are usually socially and economically independent. This age group from the data analysis are the parents; professionals and people who make policies that affect societal values or are in positions to influence the views of the other age groupings when they act as *locus parentis* in their capacities as teachers; trainers; bosses... etc. over them. This group shape society since they constitute the age category of the work force and participate in the formulation of rules and regulations that govern society and influence society's ethical and cultural perceptions. The group are able to have reflective views on traditional conception of reproductive rights and reflect on it comparatively alongside changes within extant society. Most have been able to consolidate their opinions on reproductive rights most having had the added advantage of living through these changes and are therefore able to assess how development, modernisation and Western influence have changed social purview of reproductive choices. Their opinions are important because when given it is expected to be a consolidation of their gained experiences in life that are used to shape policy that affect everybody in society.

While no direct questions were asked about respondents' sexual activities; (due to the sensitive nature of abortion and their possible unwillingness to answer such direct questions), questions about what their 'close relations' would do in given situations were asked. Their responses to these questions give an insight into my forming this opinion.

Findings

The fieldwork analyses from respondents responses shows that abortion in traditional society was not common, but there was awareness of its practice. Traditional society used traditional means to terminate unwanted pregnancy when health and social dictates surrounding the pregnancy made it necessary to do so. In contemporary times access to abortion has been restricted under liberal terms that existed in traditional society despite the fact that there is a greater awareness and openness towards reproductive issues. Below are the findings to specific areas of the research.

²² This age range is chosen because Section 106, The Constitution of the Federal Republic of Nigeria, 1999 prescribes 30 years as the minimum age to be eligible for election into the House of Representatives which is the lower house of the Federal or State Assembly. Also at 30 years, a person is exempted from the otherwise compulsory one-year national service called the 'National Youth Service Corp' (NYSC).

Awareness of abortion within Traditional and Contemporary society, a closed and open secret.

In answering this question, a total of 700 females and 622 males responded to the question about whether they were aware of the existence of abortion in traditional society. The findings demonstrate that there is a slight variation between the sexes in their awareness of the existence of abortion within traditional society. Tables 1 show that approximately 38% of female respondents said they were aware abortion took place in traditional society, while only 21% of the male respondents agreed as shown in Table 2. Conversely 39% of the male respondents state that they were not aware of abortion practices (Table 2), while only 24% of the females agreed with them (Table 1). What these ages appear to show is that women would carry out abortion without necessarily letting their men know about it. Many of the respondents said that they were aware traditional women used different forms of herbs as abortifacients to remove unwanted pregnancies when they deemed it necessary.²³ Lamina in a 2015 study also stated that ‘age range for those seeking repeat induced abortion was 15 to 51 years while the median age was 25 years.’²⁴ Of 2,934 women seeking an abortion, 23% reported having had one or more previous abortions’.²⁵ In this research respondents stated that abortion in traditional society though not common, occurred but was a closely guarded secret. This shows that despite the gap of over a decade the awareness of abortion choice for women has always been made by them when necessary. Two of the responses given below by respondents of different gender but within the same age group and socio-economic background depict this perception and awareness of abortion choice as seen from these verbatim responses from the field analyses:

The belief of people then was that a woman had many children in her womb and failure to give birth to all of them may bring problems to the woman as it is against the wish of God.

34 year old male Civil Servant with tertiary education

In the olden days the woman would go to a herbalist to terminate the pregnancy.

39 year old female University Lecturer with tertiary education

To further show the existence and awareness of some form or self-administered reproductive regulation by women in traditional society, many of the female respondents confirmed that there existed traditional means of inducing abortion. Many stated that women often used potash called ‘*kaun*’ in Yoruba language, mixed with lemon and native gin called ‘*ogogoro*’ to induce abortion. Other women believed in the efficacy of specially prepared rings with herbal adornments and incantations by herbalists to induce abortion or prevent reproduction. A number

²³ P. O. Olusanya has documented four forms of traditional family planning among the Yorubas of Western Nigeria and the use of this herbal preparation is sited among them; Olusanya, P.O. Olusanya, P. O. (editors), *Population Growth and Socioeconomic Change in West Africa* (New York and London: Columbia University Press, 1975), 214; Oluwole Adeyemi Babatunde *et al*, ‘ Knowledge and use of emergency contraception among students of public secondary schools in Ilorin, Nigeria’, *Pan African Medical Journal –2016; 23:74 ISSN: 1937- 8688* (www.panafrican-med-journal.com). *Published in partnership with the African Field Epidemiology Network (AFENET)*. (www.afenet.net)

²⁴ Mustafa Adebayo Lamina, ‘Prevalence of Abortion and Contraceptive Practice among Women Seeking Repeat Induced Abortion in Western Nigeria’,

²⁵ Mustafa Adelaja Lamina, ‘Prevalence of Abortion and Contraceptive Practice among Women Seeking Repeat Induced Abortion in Western Nigeria’, *Journal of Pregnancy*. 2015; 2015:486203. doi: 10.1155/2015/486203. Epub 2015 May 19. <https://www.ncbi.nlm.nih.gov/pubmed/26078881>.

of the less literate respondents during the FGD stated that these forms of fertility control methods are still used by some women today. From conversation I had with the only 94 year old female respondent during the study, she stated that women in traditional days sometimes tightly tied a thick cloth called ‘oja’ (which was customarily used to hold a baby in place on its mother’s back) round their womb and engaged in intense physical exercise such as pounding food in a mortar in conjunction with the combination of drinking ‘ogogoro’²⁶ and herbs to induce abortion. This showed that regardless of the effectiveness of the methods adopted, traditional women practised some fertility control methods to induce abortion or control reproduction. Table 1 further show that 8% and 7.5% females within the age bracket of 31 to 77 and 20 to 30 years respectively were aware that women in traditional society practised abortion in some way. This is in contrast to Table 2 where the male respondents within the same age category of 31 to 77 and 20 to 30 years where 10% and 9% respectively were aware that abortion took place in traditional society. It is not unexpected that the finding shows that females and males in the age group 14 to 19 had a low knowledge of abortion in traditional society as shown in Table 1 where only 0.4% of the females and 0.3% of the males (Table 2) said they were aware of abortion practices in traditional society. This is because whatever knowledge they had will be secondary information given them by older members of the society. The age of awareness of abortion practice in traditional time depicted here is generally low because it would be impossible for the respondents to have personal knowledge of what transpired before their time except through information passed down to them, through oral history.

This is not to say that all the female respondents agreed that they were aware abortion was practised in traditional society, because 24% of female respondents said they were unaware as seen in Table 1. The more pragmatic respondents were willing to acknowledge the existence of abortion practices in traditional society, but stated it was just not socially acceptable or expedient to talk about it openly especially since it is accepted that children belonged to men and not women traditionally. Also, many female respondents stated that in traditional society the putative father would be the one to determine termination of a pregnancy where necessary and not the pregnant woman. A 65 year old female trader with no formal education buttressed this when she said: “

In Nigerian traditional society, abortion in any form for any reason is an abomination. Those who do so do it secretly and never openly. She does not have the right to terminate the pregnancy since she is a married woman and if it happens that she got pregnant she must deliver it, since it is her husband who is responsible.

The response shows that traditional women had no control over their reproductive choices. The statement further suggests the notion that women’s sexuality and place in society was to bear children.²⁷ The cultural belief is that women are traditionally the property of a man along with the children they bore, and this has also been explicitly endorsed by many of the male respondents regardless of their educational attainment in contemporary times. This is seen in the similarity between the statements made by these two male respondents below:

A married woman belongs to a man, and the man is responsible for all that comes within the marriage (if it belongs to him).

36 year old male Bus Driver with no formal education

²⁶ Fermented palm wine drink mixed with other herbs that make the drink potent and intoxicating.

²⁷, Adetoun O, Ilumoka ‘Reproductive Rights: A Critical Appraisal of the Law Relating to Abortion in Nigeria’ in Mere N Kesekka, (editor) *Women’s Health Issues in Nigeria* (Nigeria: Tamaza Publishing Company Limited, (1992), 94. She stated that the focus in traditional society was on the ‘reason’ for abortion rather than the act of abortion itself. In some cases, she opined that it “carrying a pregnancy to its conclusion was, in some circumstances, considered a worse abomination than terminating it”.

I believe in Nigerian traditional culture a married woman is supposed to bear as many children as her husband wants. Therefore, termination of her pregnancy is her husband's decision, not her own. I think it is a taboo for the African woman folk.

34 year old male university student

Other reasons were given why abortion was socially unacceptable traditionally. It was believed that attempting to have an abortion could result in the woman's death or adversely affect her health. Also, the belief is that once conception took place the foetus already had its own destiny called 'ori' in the Yoruba language which no woman had a right to destroy. If the child is prevented from coming to earth due to its life being terminated, the soul of the dead unborn will ask the seek justice in the after-life. Several of the respondents reiterated the notion that the primary purpose of marriage was for procreation, so women should not terminate pregnancies. It is believed that *"It is only a foolish married woman who would attempt to have an abortion in traditional society. If it is her husband who made her pregnant the problem is his because he has to take care of her and the baby"*. (37 year old civil servant with tertiary education).

Marriage, parental action, and access to abortion

Another response from the findings relates to abortion choice during marriage and unmarried women choosing abortion. While married women were given some latitude within traditional society to have an abortion whether openly or surreptitiously, no such leeway was given to unmarried girls. The findings show that over 73% of the respondents agreed that such girls were unceremoniously married to the man responsible for the pregnant if he was known or to any man who is willing to accept her with the pregnancy. Older women respondents during the FGD said that these girls were usually married to older polygamous men because they were the only ones rich enough to absorb the girl within their household. This protected the dignity of the girl's family and decreased the social stigma associated with the pregnancy. A 65-year-old male respondent with primary education, a tailor said, *"All girls married as virgins and it was an abominable act for a girl to be dispirited before getting married. If she got pregnant she would be disgraced and married off to the man who made her pregnant"*. In most of the cases, the father of the pregnant girl took that decision. A 77 year old female retired teacher with tertiary education said, *"she would be unable to get a husband anyway once she lost her virginity"*.

On the other hand, Lamina noted in 2015 that married women often use abortion as a means of child spacing because of the low contraceptive use. Low contraceptive use is believed to lead to infertility among even married women.²⁸

The findings show the changing social attitude toward unmarried girls getting pregnant and the likely actions of their family in such instances over the years. Table 3 shows the difference in family decisions taken over a pregnant unmarried girl between traditional and contemporary society. In traditional society, the family would make the girl marry the putative father according to 73% of the respondents. However, only 49% of the respondents stated that the

²⁸ Mustafa Adelaja Lamina, 'Prevalence of Abortion and Contraceptive Practice among Women Seeking Repeat Induced Abortion in Western Nigeria', *Journal of Pregnancy* Volume 2015, Article ID 486203, 7 pages. <http://dx.doi.org/10.1155/2015/486203>.

girl's family would act the same way in contemporary Nigeria. Note that while only a negligible 1% of the respondents agreed they would attempt to terminate the pregnancy in the traditional days, 26% stated that the family would decide to obtain an abortion for the girl today. Table 3 further shows that in traditional society the family decision over the pregnant unmarried girl appears less temperate than in contemporary time. Over 73% of parents would have forced the unmarried girl to marry the putative father in traditional society, while only 49% would do so today; suggesting that in contemporary time the pregnant girl is given some element of personal liberty. This research shows the changing attitudes toward unmarried girls' pregnancies as depicted in the two statements by two of the male respondents within different age groups below:

It is better for her to make the decision by herself whether or not she can cope with the consequences of the pregnancy ...her parents would want her to further her education or any other training she may be engaged in so that she may be self-sufficient in the future.
25 year old male university undergraduate.

It is better for her to make the decision by herself whether or not she can cope with the consequences of the pregnancy ...her parents would want her to further her education or any other training she may be engaged in so that she may be self-sufficient in the future.
58 year old male university lecturer

Chart 1 shows the differences over time of the actions taken by parents in traditional and contemporary society. Apart from pregnancy termination being a more likely decision in contemporary society than the traditional, the chart also shows that parents from both periods are unlikely to send their pregnant daughters out of the home.

Perceived Functions of women in traditional to contemporary periods and its impact on their reproductive autonomy

Despite the fact that the respondents stated that children held such a pivotal place within Nigerian society, the respondents did not believe that bearing children was the most important function of women in traditional society. Table 4 shows the 'Most Important Function of Women in Traditional Society', where over 53% of women and 57% of men still felt that *being a good wife and mother was more important than bearing children*. On the other hand, 29% of female and 37% of male respondents did believe the most important function of women in traditional society was bearing children.²⁹ In this Table, we can see that a negligible approximately 5% females and 7% males, ranked women's contribution to the family income as important functions of women in traditional society. The evolving nature of society's attitude to reproduction is depicted in what the respondents believed is the most important function of contemporary Nigerian women as seen in Table 4. In the table more than 50% women considered contributing to the family income as a significant aspect of their role within society, while approximately 46% of males shared the same view. This is followed closely by 40% females and 46% males who said *being a good wife and mother* was more important than *bearing children* while only 7% females and 8% males still held on to the believe that bearing children is still the pivotal function of women in contemporary Nigeria. Chart 2 is a graphic representation of these responses and further gives a comparison which shows that contemporary Nigerian men did not attach as much importance to bearing children as their

²⁹ Bleek, states that family size in traditional society was unlimited because many children died young and they were not sure how many will survive. Children were also needed in the production of food: Bleek, Wolf, 'Induced Abortion in a Ghanaian Family', (April 1978) 21 (1) *African Studies Review* 103-120 at 108.

women do. Contemporary men are more concerned with women being good wives and not necessarily contributing to family income. The younger generation also accepts that children are not the only reason why people should marry but reiterate that children though important, are not absolutely essential to a lasting marriage as depicted by the two responses below:

Children in marriage is secondary and is not compulsory, the love between a man and woman and the renewal of it is the most important thing. If children comes their way it is good, if not that should not end the marriage.

33 year old female secondary school teacher

Although the purpose of marriage is not necessarily to have children, but in Yoruba traditional society any marriage without children is a taboo because the people lived for their children.

29 year old male undergraduate

From the responses in the analysis both younger and older generation of contemporary Nigerians still acknowledge that children are “*the cement that binds a marriage,*” as stated by a 56 year old female secondary school principal. However, many of the respondents of both genders still reiterated that despite the cultural appreciation of children’s role within marriage when a decision to terminate a pregnancy had been made it should be made in conjunction with the putative father of the foetus but that it is the pregnant woman who should have the ultimate decision of termination. The reason for this is possibly because with increasing education of women comes economic freedom and emancipation; but also the social realities makes it essential for women’s economic contribution to family income along with the man’s own to be needed for maintaining a desired standard of life for the family . Women want to assert their independence in the private sphere through playing and contributing to the traditional economic role men used to hold within the home, which makes it important for them to take decisions on termination of a pregnancy that is not economically viable for them. In 2015, Akinrinola *et al*³⁰ collected data from two health facilities in Nigeria analysing the effect of complications from non-hospital based abortion showed that women made abortion a choice as a result of the economic inability to feed the child if born.

Abortion is morally wrong but cannot be avoided.

Despite women’s assertiveness, abortion is still a moral dilemma in the Nigerian society in the last 15 years. Table 5 shows respondents’ attitude to the morality of abortion. From 1,371 respondents 79% believe ‘*abortion may be morally wrong, but it cannot be avoided*’ as opposed to only 20% who did not think so. In essence, this survey shows that respondents accept that there are “*situations where termination of a pregnancy is considered more expedient than keeping the pregnancy*”. This statement is made by a 36 year old female Artist, educated to tertiary level, and married with two children. She confessed (off record) that she has had an abortion before because it was not economically convenient for both herself and her husband to have had another child at that time.

There is no definitive age when a woman gets married since timing varies across cultural and socioeconomic class. I will choose a married woman to mean any woman of child bearing age which is between 15 and 49 as used by Bankole *et al* The respondents themselves highlight

³⁰ Akinrinola Bankole, Isaac F. Adewole, Rubina Hussain, Olutosin Awolude, Susheela Singh, and Joshua O. Akinyemi, ‘ The Incidence of Abortion in Nigeria’, *International Perspective Sexual & Reproductive Health*. 2015 December ; 41(4): 170–181. doi:10.1363/4117015.

some of these expedient situations in several of their statements in the analysis. The recurrent reason given has been that the economic situation does not support large families and that it is necessary for women to plan the spacing and the number of children they would want. Where unexpected pregnancy occurs, respondents states there should be safe medical environment where termination procedure can be legally done without damage to women's health. Apart from the health implications of illegally procured abortion, there is also the social effect of an unwanted pregnancy on the future of an unmarried girl. The girl and her child becomes a burden on her family, in addition, such girls are often prevented from becoming self-sufficient in future because invariably, their education has to stop. As a 56 year old female school principal said "one girl who drops out of school as a result of a pregnancy is equal to at least four children whose quality of life will be significantly reduced".

Social Issues Influencing Abortion Decisions

This study shows that the reasons for choosing abortion by women have not changed since the late 1990s till now. A 33-year-old female teacher said, "*Maintenance of children is very expensive; therefore a married woman would prefer to have an abortion to enable her take care of children she already has*". Young people of both genders also echo this view. A sixteen-year-old male, secondary school student stated, "*This is an enlightened world and many married women today see nothing wrong with terminating a pregnancy depending on her perception of life and religious belief*". Another fifteen-year-old female also in secondary school said, "*A married woman in present day society can seek to terminate her pregnancy due to the prevailing economic hardship and instability and some personal, private agreement between the woman and her husband*". What these views indicate is that the solution to illegally procured abortion will not be made based on religion and moral conscience and diction alone. The solution lies in addressing the complexities of women's perceived opportunity cost of having a child balanced against the social and economic loss the infringement of having an unplanned pregnancy will have on them and the baby in the long term. The pertinent question is to what extent their religious belief will assist them in alleviating their present economic predicament. Some of the women went as far saying that choosing abortion was an act of mercy for the foetus and selflessness, compassion, and conscious responsible decision on their part. As stated by a 53 year old nurse who has attended to women who have had abortions "*They feel doing what is right at the right time is best for them and the unborn child*". The responses below show the various social reasons why contemporary Nigerian women would choose abortion:

It may not be her intention to have an abortion, but if there is no-one to take care of her and the baby then she will have no other choice than to have an abortion.

25 year old female with secondary school teacher with tertiary education

These women are sometimes highly respected women who hold top positions in society. For the sake of their career mostly they opt to terminate such pregnancies because their career does not make provision for nursing mothers.

30 year old male civil servant with tertiary education

When a woman is pregnant and no-one to come to her aid she will be crying for help, so abortion is the easier way out, moreover she will not even have the strength to do any job to take care of herself and the baby.

20 year old male clerk with secondary school education

Taking care of children requires a lot of selfless service and thoughtfulness, therefore a person who seeks an abortion knows the reason for her choice depending on her circumstances, it will be unfair to judge her.

30 year old male carpenter with secondary school education

To appreciate better the acceptability of abortion choices, In the field work I presented all the respondents with the statements ‘how acceptable is it for a married woman, first, and then an unmarried girl next, to seek abortion in contemporary Nigeria?’³¹ Both genders were given the same questions. Their responses for married women and unmarried girls are presented along gender lines in Table 5. From Table 5, 46% females and 60%t males agreed that *it is acceptable for married women to seek abortion in contemporary Nigeria*. There is less than 2% difference between respondents who accept that unmarried girls could seek abortion, with 48% females and 46% males sharing this view. The differences in the age ratio of responses of respondents who agree that abortion is acceptable for married women and unmarried girls across gender lines is also less than 3%. What these figures suggest is that abortion is an acceptable choice for both married and unmarried women. What is observed from this table is that the respondents seem to compartmentalise their acceptability of abortion based on socioeconomic variables and separated it from their religious beliefs. The realities of the hard economic predicament have made them choose abortion rather than give birth to children they cannot feed. From the IDI and FGD discussions with undergraduates of both genders, there is an acute awareness among them that what is acceptable cannot be dictated by society or government because neither will come to their aid when they have a child they cannot feed. This is a pointer to the fact that Nigeria has no social security or welfare system, and family burdens are individual problems that require individual solutions. Young people were adamant that society should not dictate to them what is acceptable when it has to do with reproductive choices. A 28-year-old female postgraduate student was vocal when she retorted “*Unacceptable before whom? That is the big question! The present Nigerians have come to accept abortion unlike Nigerians of old. Even parents, uncles, aunts, priests, pastors, lecturers, husbands etc. condone abortion*”. While it may not be totally accurate to state that all these people the respondent mentioned have come to accept abortion, it is right to state that the reality of abortion as a social and a recurring health problem is known to all of them.

There is a need to address the responses of those respondents who disagreed with the acceptability of abortion because they form the next highest age distribution across both gender lines. These respondents felt that the pregnancy should be carried to term because they believed the child would survive somehow. Some optimists may argue that this is an expression of implicit faith while realists may argue that these respondents belief in life as a state of being and not necessarily the quality of that life. This is an argument along pro-life and pro-choice adherents of abortion, which is outside the purview of this article.

There are some arguments put forward by some of the respondents for the denial of abortion to women on the ground that the role of women is essentially for procreation. Therefore a legal denial of abortion is used as a form of punishment for women who engage in recreational sex, which in reality is the effect of the present abortion law on women. The arguments were more didactic against unmarried girls than married women and in some instance younger peers were scathing in their attack. A 14 year old secondary school student said:

She knew she is in school before she had sex. If the girl is in secondary school and she allows a man to have sex with her, she knows the result and must bear the consequences. If my sister should get pregnant in school I will not allow her to have an abortion.

³¹ There is no definitive age when a woman gets married since timing varies across cultural and socioeconomic class. I will choose a married woman to mean any woman of child bearing age which is between 15 and 49 as used by Bankole *et al* (footnote 33).

Some of the older respondents also argue that sexual intercourse for women should not be for recreational means. A 34 year old male civil servant with tertiary education said in the traditional society, it was “*the belief of people then that a woman had many children in her womb and failure to give birth to all of them would bring problems to the woman as it is against the design of God for her*” and ought to be respected in contemporary time. This shows that despite Western education and knowledge about procreation, some respondents still feel that women should be denied sexual freedom for non-reproductive reasons. Other respondents’ state women who engaged in sex and became pregnant must be prepared to bear the consequences of their action and bear the child as a punishment for giving in to their sexual desires. The carrying of the child to term is seen as proper maternal self-abnegation decent mothers ought to do as atonement for their sins of omissions or commissions.³² This was the traditional perception, while a small minority of the respondents still hold tenaciously to this perception; many Nigerians in contemporary society no longer adhere to this view. A 77 year old retired nurse giving her hospital experience said, “*women have the monopoly of choice; it is not always that husbands are informed before the decision to terminate is taken by the woman*”. However, from this study, married women who seek abortion are looked at with greater leniency by the moral judgement of society than unmarried girls. Even though both women face the same biological and psychological problems, the reasons for their choice of abortion are socially different.

Social Issues impacting on Married Women’s Abortion Choices

This study shows that Nigerian women make reproductive choices based on the individual circumstances of their pregnancy, their economic capability, and their environment. The reasons are inter-related and overlap and the complexity of these choices form a web of psychosocial reasons, which only individual women can make within their peculiar circumstances. Bankole *et al* have stated that reproductive choices for women vary across socioeconomic and demographic subgroups across the world and ‘it may be difficult to identify a single factor as the most important one.’³³ Impacting on these choices are the perceived opportunity cost of having a child; the legal, moral and religious context surrounding the abortion decision and the pattern of contraceptive use in the country where they are resident. In making reproductive choices therefore, Nigerian women are no different from their sisters across the world. This study further shows that abortion decisions for contemporary Nigerian married women no longer depend on what society dictates the society will not maintain the child for them. Decisions on unwanted pregnancies are therefore based on what is socially expedient and practical for the married woman and her husband and for the unmarried girl within her extant socio-economic environment. The quotations below are typical of responses from many of the respondents:

It is not economically viable to have many children because there is depreciation in the income of most people due to economic repression.

35 year old male Accountant

I don't see why someone should have more than four children with the situation in Nigeria today.

29 year old male Banker

³² This view is not restricted to Nigeria alone and has found voice in developed countries like Great Britain, see Emily Jackson, *Regulating Reproduction, Law, Technology and Autonomy* (Oxford-Portland Oregon 2001), 74-76; Sheldon, Sally, *Beyond Control: Medical Power and Abortion Law* (London: Pluto, 1997) 40; Kristin Luker, *Abortion and the Politics of Motherhood*, (Berkeley: University of California Press, 1984),

³³ Bankole, Akinrinola; Singh, Susheela and Haas, Taylor ‘Characteristics of women who obtain induced abortion: A Worldwide Review’, *International Family planning Perspectives* (1999), 25(2), 68-77 at 66-77

What is significant about the responses is the fact that almost all the respondents who agree that abortion is acceptable for married women across the socio-demographic lines, state it should be a joint decision between the woman and her husband. One should not read into this view that a contemporary Nigerian woman would want her male partners to dictate and control their reproduction. It simply points to the deeply held cultural notion of patriarchy that a child belongs to a man and he must therefore have a say in whatever happens to the foetus within the ambit of matrimony. It also reflects the fact (also demonstrated by research here) that women need emotional support at such times. It is logical that they will get it from their male partners.

One cannot say in the absence of Nigerian case law on the matter whether the perceived 'right' of the putative father to have a say in the decision of the pregnant woman to have or not have an abortion can override that of the woman herself. The perceived right to my mind is neither an accrued one resulting from the changing role of men within society as observed by Nolan³⁴ in the case of Britain. In Nigeria, the 'right' of the putative father is a right borne out of deeply ensnared societal belief that patriarchy justifies the superiority of men over women which include the unborn child in her womb. For without an acknowledgement by a father, a child is not given his due recognition by society despite legal prohibitions against such discrimination.³⁵ I therefore make the argument that had a similar case like *Paton v United Kingdom*³⁶ been brought to Nigerian courts it is most probable that (were abortion legally permitted), the court might hold that consent of the husband should be sought before abortion is permitted. Conversely abortion could be denied the woman if the putative father is opposed to it. These are some of the issues that should be addresses when legislation for a reformed abortion law in Nigeria is sought. However, since almost the same age of male respondents as female respondents agree that abortion is acceptable, it shows that married couples in reality will arrive at a compromise decision about abortion devoid of acrimony if the woman has an unexpected and unwanted pregnancy. Confirmation of this assumption is given by a 54 year old civil servant who said "*some husbands follow their wives to the clinic to terminate a pregnancy...*" The only exception for a unilateral decision by the married woman is if she is sure her husband is not the putative father of the pregnancy, in that case most women would make their choice without consulting their husband. This is buttressed by the responses below:

If the man responsible for the pregnancy is not her husband it is better for her to terminate the pregnancy before he gets to know

22 year old male student, Muslim

It (abortion) is only unacceptable if it is without her husband's consent, not the society.

27 year old female undergraduate, Christian

³⁴ Nolan, David, 'Abortion: Should Men Have a Say?' in Ellie Lee (editor) *Abortion Law and Politics Today* (New York: PALGRAVE, 2001) 216-230 at 216-217.

³⁵ Several case law in Nigeria insists on legitimating of a child born out of wedlock e.g. the case of *Lawal v Yunan* (1961) 1 All NLR 245 at 255 states that "children not born in wedlock...but are born without marriage can also be regarded as legitimate children...if paternity is acknowledged by the putative father".

³⁶ *Paton v United Kingdom* (1980) 3 EHRR 408 at 415 (paragraph 19) where the court held that 'The "life" of the foetus is intimately connected with, and cannot be regarded in isolation from, the life of the pregnant woman' it would be impossible to accept that a husband can prevent his pregnant wife from seeking an abortion. But here the women are saying he ought to have a say in the foetus' termination because it was jointly created by them.

This would depend on the agreement between the woman and her husband, and also the (gestation) age of the pregnancy

29 year old male, Trader, Muslim

...The pregnancy could be from an extra marital affair which will expose the woman's infidelity. But if it is for health reasons it could be permitted with the husband's consent

53 year old retired nurse, Christian

Other combinations of socio-demographic factors that impact on a woman's choice of abortion include the number of children she already has, the woman's age, educational attainment and the socio-economic group she belongs. The responses below show the different views of respondents across different socio-economic groups:

It depends on the situation sometimes it is necessary to abort, for instance when the woman cannot afford to feed the (other) children.

33 year old male Trader Muslim, with Secondary school education

She may try to terminate it if the husband denies responsibility for the pregnancy, but this is unusual because it is not possible for the husband to know until the child is born and something happens that will make him aware, for example: the child needing blood transfusion.

42 year old male, Christian, Businessman with tertiary education

These days technology has changed everything. Abortion is no longer a new thing. More so if a married woman's condition of health (sic) is not good enough to carry the pregnancy, she can terminate it, but it is not Biblical.

35 year old female Civil Servant, Christian with primary education

The present government has placed some restrictions on abortion, but most women practice it without fear.

32 year old male Teacher with tertiary education

Three of the responses above are by male respondents from different educational backgrounds and are chosen in order to show that it is not only women who regard access to abortion as a necessity for modern Nigerian women, but that men feel as strongly about it too since the number of children couples have is a determinant of the socio-economic class they want to maintain or ascend to.

From this study it is observed that educated married women in formal work environment are more likely to have an abortion than less educated women in subsistence form of work, or who are self-employed. Women in formal places of work (especially public services), have limitations placed on them on the number of maternities leave they can get within a space of two years; and all formal public institutions do not give annual leave along with maternity leave.³⁷ Women who wish to retain their job are forced to comply with these restrictions.

³⁷ The NISER 'Staff Handbook' (1999), guideline on maternity leave is typical of all government establishments. Chapter VI 7 (2) states "Maternity leave shall be with full pay, provided the last maternity leave with pay is at least two years before the current maternity leave became due"; 7 (4) states: "Annual leave shall not normally be taken in the same year that maternity leave is granted or falls due. Where, for whatever reason, both are taken during the same year, the annual leave for the subsequent year shall be forfeited". The NISER guideline follows the laid down law as contained in section 58 of the Labour Law Laws of the Federation of Nigeria 1999. See also, S. K. Henshaw and K

Another reason I suggest is due largely to the differences in knowledge between educated and illiterate women of where to access the facility for safe abortion rather than not wanting to have an abortion by the illiterate women. Regardless of the educational and religious attainment of respondents, this study shows that notwithstanding the illegality of abortion, women will choose abortion if the need arises despite the legal restrictions placed on accessing it. What this means is that contemporary Nigerian women in formal work place are compelled to take control of their reproduction and access abortion where necessary due to legislative restrictions over maternity leave in their work place. The difference in the quality of the access of abortion will depend on the economic and social status of the woman and possibly her educational attainment and exposure to knowledge of available abortion procedures. The resultant effect is that more enlightened, economically independent women would go to competent doctors while the less educated and economically or educationally incapacitated women would obtain abortion through back street clinics or unqualified personnel. Many of the less educated women I spoke with went to older women who were known to them to be experienced in the techniques of termination of unwanted pregnancies, while others used strong herbal concoctions and self-help to have an abortion. A 34-year-old female teacher said:

Many lives have been wasted and affected by the attitude of people towards abortion which force women and girls to go to unqualified doctors. They end up dying or not being able to have children in their life again.

The study also shows the support of men in asserting that women should only have children that they are capable of maintaining and at times convenient for them through the use of birth control methods which could mean choosing abortion. This is a departure from the traditional belief. This view also runs contrary to the patriarchal notion that men will insist on women having children once conception takes place, whether planned or unplanned.

Conclusions

There is a need for reform of the law to meet contemporary needs of women to access abortion legally without resorting to illegally procured abortion because of the health implication to them. Women in traditional society had their own means of controlling their fertility in the olden days, though it was not as common as in contemporary times; but the control they otherwise had has been curtailed under law. Contemporary women's choice of abortion is often due to social factors such as stigmatisation, their economic incapacity to maintain the baby if it is born and the desire to give their existing children and family a decent standard of life, apart from medical reasons. Contemporary Nigerian women believe they should have the ultimate control over the choice of abortion when the circumstance surrounding their pregnancy at that point in time makes it the most practicable solution for an unwanted or unintended pregnancy. Through awareness, access to other means of fertility control, information about reproductive health to sexually active women and men, abortion could be reduced considerably.

The social epidemiology of abortion prevalence in Nigeria cannot be fully appreciated without an understanding of how the cultural and religious beliefs impact on choices made by women faced with unwanted pregnancies. The factual need for abortion choice by women is often overshadowed by the moral complexities of their decision which is dictated by societal values without an examination of the prevailing social environment that impacts upon that choice. The gender imbalance between women and men when negotiating pregnancy and the fact that an acknowledgement by the putative father is often an over-arching consideration for women's

Kost, 'Abortion patients in 1994-1995: characteristics and contraceptive use' (1996) 28 (4), *International Family Planning Perspectives*, 140-147 &158.

abortion decisions no-matter their age or socio-economic status. A denial of the pregnancy leads to stigma for the pregnant woman and the child when it is born apart from the irreducible social effect the birth of an unwanted child will have on the woman's education and future development. The law also ignores the historical antecedence of the law's incorporation into Nigeria's legislation and its relevance to the society for which it was enacted and how the changes in society over time are not reflected in the abortion law through its reform to meet the exigencies of contemporary Nigerian women's needs as other societies in Europe and some African countries have done.

What this study shows is while both genders acknowledge the doctrinal cohesion of religious teachings of the two dominant faiths (Christianity and Islam) and their prohibition of abortion; faced with economic hardship, many of the women said they would choose to terminate the pregnancy if they could not afford to feed an extra mouth. While their faith in the religious teaching is acknowledged, termination of a pregnancy in order to take care of existing children (in the case of married women), or for self-improvement (for unmarried girls to prevent their becoming social liabilities in future), is the more probable choice most women will take. The choice does not negate their strong faith in God nor does it detract from the irreducibly moral dimension of the abortion debate. A reform of the present abortion law that meets the needs of contemporary women not based on religious doctrinal teaching is needed. It the individual woman's faith that would impact on her choice based on socio-economic necessity or religious belief or a combination of both. It is not the duty of a secular state such as Nigeria to dictate the choice for women through law as is the case presently. In order to facilitate reform of the abortion law, Nigerian policy makers and religious leaders would need to find a balance between deeply held beliefs and how this clash with women's desire to control their reproduction in order to give themselves and their family a better quality of life in an increasingly capitalist and individualistic world. Especially if government realise that Nigerian women will choose abortion if they lack the economic capacity to maintain the new baby and to give existing children a better quality of life. Reproductive laws should reflect the needs of society and women's increasing demand for abortion which would prevent women's exploitation and health from illegally procured abortion and also decrease the number of female mortality rate due to non-clinically regulated abortion as has been the case in South Africa who has recorded an almost 80% decrease in female mortality resulting from illegally procured abortion since the promulgation of their 1996 'Choice on Termination of pregnancy Act'. It is time for Nigeria to promulgate a similar law.

Table 1

Differences in Age among Female Respondents' Awareness of Abortion in Traditional Society

Total Number of Female Respondents	700	age of Female Respondents' Responses	
<i>Total Number of Respondents with 'Yes I Am Aware'</i>	268	<i>Total Number of Respondents with 'Yes I Am Aware'</i>	38
<i>Total Number of Respondents with 'No I Am Not Aware'</i>	168	<i>Total Number of Respondents with 'No I Am Not Aware'</i>	24
Female Respondents Between Age 31 and 77 with 'Yes I Am Aware'	56	Female Respondents Between Age 31 and 77 with 'Yes I Am Aware'	8
Female Respondents Between Age 20 and 30 with 'Yes I Am Aware'	53	Female Respondents Between Age 20 and 30 with 'Yes I Am Aware'	7.6
Female Respondents Between Age 14 and 19 with 'Yes I Am Aware'	8	Female Respondents Between Age 14 and 19 with 'Yes I Am Aware'	1.1
<i>Female Respondents Between Age 31 and 77 with 'No I Am Not Aware'</i>	56	<i>Female Respondents Between Age 31 and 77 with 'No I Am Not Aware'</i>	8
<i>Female Respondents Between Age 20 and 30 with 'No I Am Not Aware'</i>	94	<i>Female Respondents Between Age 20 and 30 with 'No I Am Not Aware'</i>	13.4
<i>Female Respondents Between Age 14 and 19 with 'No I Am Not Aware'</i>	8	<i>Female Respondents Between Age 14 and 19 with 'No I Am Not Aware'</i>	1.1
Female Respondents Between Age 31 and 77 with 'I Don't Know'	20	Female Respondents Between Age 31 and 77 with 'I Don't Know'	2.9
Female Respondents Between Age 20 and 30 with 'I Don't Know'	57	Female Respondents Between Age 20 and 30 with 'I Don't Know'	8.1
Female Respondents Between Age 14 and 19 with 'I Don't Know'	3	Female Respondents Between Age 14 and 19 with 'I Don't Know'	0.4

Source: Field Data Analysis

Table 2 Differences in Age among Male and Female Respondents' Awareness of Abortion in Traditional Society

Total Number of Male Respondents	622	age of the Different Awareness Responses	
Male Respondents with 'Yes I Am Aware'	150	age of Male Respondents with 'Yes I Am Aware'	21
Male Respondents with 'No I Am Not Aware'	273	age of Male Respondents with 'No I Am Not Aware'	39
Male Respondents Between Age 31 and 77 with 'Yes I Am Aware'	72	age of Male Respondents Between Age 31 and 77 with 'Yes I Am Aware'	10
Male Respondents Between Age 20 and 30 with 'Yes I Am Aware'	63	age Male Respondents Between Age 20 and 30 with 'Yes I Am Aware'	9
Male Respondents Between Age 14 and 19 with 'Yes I Am Aware'	2	age Male Respondents Between Age 14 and 19 with 'Yes I Am Aware'	0.3
Total Number of Male Respondents with 'I Don't Know'	81	Total age Number of Male Respondents with 'I Don't Know'	12

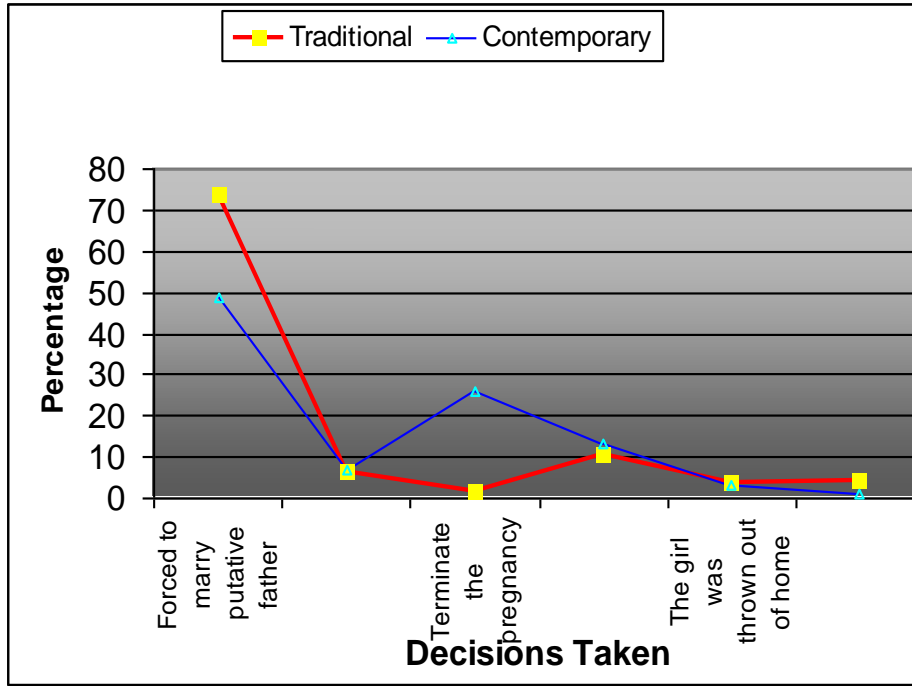
Table 3 Family Decisions when Unmarried Girl is Pregnant in Traditional And Contemporary Nigerian Society

Decisions Taken	Age Distribution	
	Traditional	Contemporary
Forced to marry putative father	73.4	49
Marry man who will accept her	6.4	6.7
Terminate the pregnancy	1.4	26
Had the baby and stay home	10.4	13.4
The girl was thrown out of home	3.9	3
I don't know	1	1
Total	100	100
	Traditional	Contemporary

Source: Field Data Analysis.

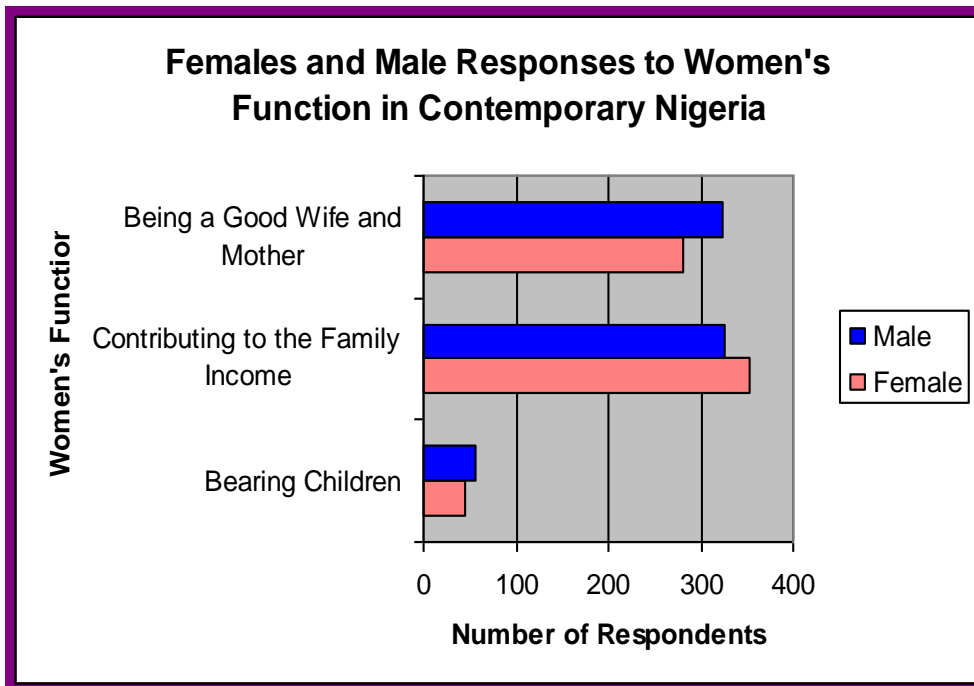
Chart 1

Differences between Traditional and Contemporary Society's Responses to the 'Decisions Taken When an Unmarried Girl is Pregnant'



Source: Field Data Analysis.

Chart 2



Source: Field Data Analysis.

Table 4

Abortion is Morally Wrong But Can't Be Avoided			
Responses	Number	age	age Approve/Disapprove*
Strongly Approve	434	31.66	} 80
Approve	422	30.78	
Mildly Approve	241	17.58	
Strongly- Disapprove	168	12.25	} 20
Disapprove	76	5.54	
Mildly- Disapprove	28	2.04	
I Don't Know	2	0.15	
Total	1371	100.00	

*The age of Approval is a total of Strongly/Mildly Approve, while the age of Disapprove is the total of Strongly/Mildly Disapprove.

Source: Field Data Analysis

Table 5

Distribution of Responses to Acceptability of Women Seeking Abortion in Contemporary Nigeria

	Married Women		Unmarried Girls	
I Agree	46	58	47	46
I Disagree	30	40	31	30
I Agree in Some Circumstances	24	36	19	22
I Don't Know	2	2	2	1.4
Others	1	0.3	0.4	0.3
%Total	100	*136	100	100.0
	Females	Males	Females	Males

*Note that the age total for Male responses for married women is 136.3. This is because many of the male respondents filled in 'I Agree' as well as 'I Agree in Some Circumstances'. The responses were recorded in both cases because the 'circumstances indicated are the ones under discussion.

Source: Field Data Analysis