

PREVALENCE OF ABORTION AND ITS INFLUENCING FACTORS AMONG WOMEN IN OREDO LOCAL GOVERNMENT AREA, BENIN CITY, EDO STATE, NIGERIA

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ABSTRACT

Abortion is a major health problem responsible for deaths in the prime of life. Maternal deaths in Africa attributable to abortion vary from below 10% to as high as 60% according to WHO estimates. The aim of this study was to assess the prevalence of abortion and its influencing factors among women in Oredo local government area, Benin City, Edo state. A descriptive study design was used for this study. 200 women was determined by Taro Yamane formula and simple random sampling technique was used to select the 200 respondents from the total population. A structured interviewer administered questionnaire was used to collect primary data from respondents. The questionnaire was validated by experts in the field and the reliability score was 0.8. Data generated were analyzed using SPSS version 20 and they were presented in frequency, tables and percentages. The socio-demographic characteristics of majority of the respondents indicate that respondents are within the age group of 31-40 years (25.5%), married (74%), with tertiary education (25.5%). This study reveals that the prevalence of abortion among women in Oredo Local Government Area is average (50%) and the factors influencing abortion include did not want to disrupt employment (78.0%) too young to bear a child (81.0%), can't care for a baby (79.5%), partner refused to accept pregnancy (56.0%), delay, postpone or stop education (63%), fear, shame and guilt (89.5%), lack of sex education (85.5%), and failure of parents to provide guidance (79.0%). In conclusion, high prevalence of abortion was reported hence sexual reproductive health interventions like health education and counseling are needed to reduce the practice of risky sexual behaviors in settings where abortion is illegal and to help reduce maternal morbidity and mortality associated with it.

Key Words: Prevalence; Abortion; Influencing Factors; Women

INTRODUCTION

A large number of girls die every day all over the world as a result of abortion, the practice is still increasing (WHO, 2018). The deaths caused by abortion in the past hundred years surpassed the number of deaths due to all world wars in the same period (Okonofua, 2016). Abortion is a major health problem responsible for deaths in the prime of life". Africa has an estimated six million unsafe abortions and 220,000 abortion-related deaths annually. One quarter of these abortions and deaths occur in women aged 15 to 19 years (Gebremedhin, 2018; Sama, 2017; Munakampe, 2018).

In Nigeria, nearly 20,000 out of 50,000 maternal deaths estimated to occur annually are attributed to, complications of abortion among (Okonofua and Ilukoma, 2017). The large proportion of unintended pregnancies in this age group is driven, in part, by their limited power to negotiate safe sexual activity and contraceptive use, as well as inadequate access to sexual and reproductive health information and services (WHO, 2018).

Okonofua (2016) found that abortion cases account for 14 to 57 per cent of gynecological admissions in some Nigerian hospitals. Abortion in Nigeria is highly restricted by law, it is only permitted when the continuation of pregnancy constitutes threat to the woman's health (Abdullahi, 2019; Bell, 2020). Despite this restrictive law, the prevalence of unsafe abortion is still high (75.4%) in Edo State (Oseni, 2020). The prevalence of abortion ranges from 6 per cent in Ibadan to 50 and 70% in Lagos and Edo State respectively (Okonofua, 2016).

Complications from unsafe abortion accounted for 41.4% of all gynaecological admissions in a tertiary hospital in southeastern Nigeria (Gebremedhin, 2018). Long-term complications

include increased risk of ectopic pregnancy, chronic pelvic infection and possible infertility, hemorrhage, perforation of the uterus, psychological impairment, secondary sterility, and even death (Enabudoso, 2019; Esiet, 2016). Besides the risks of unsafe abortion, there are serious health risks involved in childbearing as an adolescent or teenager. Teenagers face greater risk of pelvic bone immaturity, prolonged labor, and otherwise difficult birth (WHO, 2018).

The factors influencing the procurement of abortion include fear of being sent out of school or dropping out of school, cost, economic, social, educational, and family size factors (Alimson, 2015; Audu, 2017; WHO, 2018; Bhadmus, 2015). There are currently no official abortion statistics in the study location. Despite the significance of the problem, there is a need to delve into the prevalence of abortion to add to the pool of knowledge and also plan interventions to discourage it. The aim of this study was to assess the prevalence of abortion and its influencing factors among women in Oredo Local Government Area, Benin City, Edo State.

OBJECTIVES

1. To assess the prevalence of abortion
2. To identify the factors influencing abortion among women in Oredo local government area, Benin City, Edo state.

METHODOLOGY

Design: A descriptive cross-sectional study design was used.

Setting: Respondents who reside in Oredo local government area of Edo State.

Target Population: women of childbearing age (15years and above). Total Population is 400.

Sample Size Determination: The sample size was calculated using Taro Yamane formular for single proportion. among 200

Sampling Technique: 200 participants were selected using a simple random sampling technique from the total population.

Instrument: A structured interviewer-administered questionnaire developed and reviewed by authors. It has five sections with open and closed ended questions.

Validity: The content and the construct validity was done by experts from the field.

Reliability: The reliability test was done through test retest and the reliability score obtain was 0.96.

Data Collection: The data was collected with the help of two trained research assistants.

Data Analysis: Data was analyzed using SPSS version 20.0. presented in frequencies, tables and percentages. Univariate analysis was used to summarise the data.

Ethical clearance for this study was obtained from the ethics committee of Oredo local government area (ORD/12/10/2022A/1052) and permission was obtained from community heads. Participant's written informed consent was sought. Privacy and confidentiality of information was guaranteed and also the benefits of the study was relayed to the participants.

RESULT

Two hundred (200) copies of the questionnaires distributed were retrieved completely filled, giving the response rate of 100%.

Table 1 shows that a large number of respondents [51(25.5%)] were within the age range of 31-40, followed by 47(23.5%) who were within the age range of 51 and above, thirty-eight [38(19.0%)] were with the age range of 41-50, thirty-four [34(17.0%)] falls under the age range of 21-30 while below 20 was represented by 30(15.0%). In this study most respondents were within the age range of 31-40. The marital status of the study respondents reveals that 99(49.5%) respondents were single, 75(37.5%) were married, 16(8.0%) divorced while the remaining 10(5.0%) were widows. Most of the respondents had WAEC or its equivalents [42(21.0%)], the respondents that had NCE/OND/HND or its equivalents were 58(29.0%), followed by B.SC. or its equivalents which was 30(15.0%) while other categories was represented by 70(35.0%). Therefore, majority of respondents falls under B.Sc. or its equivalents categories. The socio-demographic characteristics of majority of the respondents indicate that respondents are within the age group of 31-40years (25.5%), married (74%), with tertiary education (25.5%).

Table 1: Socio-Demographic Characteristics of Respondents

Characteristics	Frequency (n = 200)	Percent
Age group (years)*		
<20	30	15
21-30	34	17
31-40	51	25.5
41-50	38	19.
>50	47	23.5
Marital status		
Single	99	49.5
Married	74	37.5
Divorced	16	8
Widow	10	5
Educational level		
Olevel	42	15
NCE/OND/HND	58	17
Tertiary	70	25.5
Others	30	19

Table 2 shows that majority of the respondents [171(85.5%)] of the study respondents have been pregnant while 29(14.5%) said no to the above question. About one hundred and sixty-three respondents [163(81.5%)] said abortion was procured while 37(18.5%) said abortion was not procured. Less than one quarter of the respondents (31.5%) said they used trained

doctors. About eighty-two respondents representing 41.0% conducted abortion at a chemist/patent drug store, 67 respondents representing 33.5% said at a clinic/maternity home while 51 respondents representing 25.5% said in and hospital. This study reveals that the prevalence of abortion among women in Oredo Local Government Area is average (50%)

Table 2: Prevalence of abortion among women

Characteristics	YES	NO
Have you ever been pregnant	177(88.5%)	23(11.5%)
If yes did you do abortion	163(81.5%)	37(18.5%)
Who conducted the abortion		
Chemist	32(16%)	168(84%)
Pharmacist	40(20%)	160(80%)
Doctor	133(68.5%)	63(31.5%)
Nurse/midwife	40(20%)	160(80%)
Others	175(87.5%)	25(12.5%)
Where was it carried out		
Patent drug store	82(41%)	118(59%)
Maternity home	123(51.5%)	67 (33.5%)
Hospital	149(74.5%)	51 (25.5%)
Are you aware of complications of abortion	177 (88.5%)	23(11.5%)
	50%	

Table 3 below showed that factors influencing abortion include did not want to disrupt employment 78.0% too young to bear a child (81.0%), can't care or a baby representing (79.5%), partner refused to accept pregnancy

(56.0%), delay, postpone or stop education (63%), fear, shame and guilt (89.5%), lack of sex education (85.5%), and failure of parents to provide guidance (79.0%).

Table 3: Factors influencing the abortion among women

Characteristics	YES	NO
Don't want to disrupt employment	156 (78)	44 (22)
Too young to bear a child	162 (81)	38 (19)
Can't care for a baby	159 (79.5)	41 (20.5)
Partner refused to accept pregnancy	112 (56)	88 (44)
delay, postpone or stop education	126 (63)	74 (37)
Fear, shame, and guilt	179 (89.5)	21 (10.5)
Lack of sex education	171 (85.5)	29 (14.5)
Failure of parents to provide guidance	158 (79)	42 (21)

DISCUSSION

This study seeks to determine the prevalence of abortion and its associated factors among women in Oredo Local Government Area. The socio-demographic characteristics of majority of the respondents indicate that respondents are within the age group of 31-40years, married, with tertiary education.

This study reveals that the prevalence of abortion among women in Oredo Local Government Area is average. This study is similar to the findings of Okonofua (2016) who found that abortion cases account for 14 to 57 per cent of gynecological admissions in some Nigerian hospitals. This study is consistent to a study with Odujirin (2014) who reported that abortion cases account for 14 to 57 per cent of gynecological admissions in some Lagos hospitals. This study is similar to Abdullahi, (2019) and Bell, (2020) who also observed high prevalence of abortion. They also perceived that it may be due to restrictive abortion laws in Nigeria. WHO, (2018) also confirmed that women use dangerous and unsafe methods for abortion which predisposes them to mortality associated with it.

This study shows that factors influencing abortion include did not want to disrupt employment, too young to bear a child, can't

care or a baby representing, partner refused to accept pregnancy, delay, postpone or stop education, fear, shame and guilt, lack of sex education and failure of parents to provide guidance. This study is in line with Hall (2016) reported that being too young, fear of stigma, pregnancy denial by partners, poverty and too inexperienced to care for a child are possible reasons for abortion. This study supports Zolna and Lindberg (2016) who reported broken home as a factor study influencing abortion among women in the United States. This study is consistent to Worobey (2013) and Udry (2017) who indicate lack of parental control as a reason influencing abortion. This study is not in support of Obiyan, (2023) concluded that men's attitudes and behaviors significantly influence abortion decisions by women. He further penned that paternity doubt and rejection of pregnancy may create a lack of support, emotional distress feelings of abandonment for women and can complicate their reproductive health decisions, potentially exacerbating their struggles in navigating the decision-making process regarding abortion. This study is not consistent with Tricco, (2018) who revealed that financial pressures among adolescents from lower-middle class households couple with the harsh economic

demands will influence adolescents and young women's decision not to keep a baby.

LIMITATION OF THE STUDY

This study only assessed any form of abortion carried out by the women and did not distinguish between medical abortion and unsafe abortion. Furthermore, the reason why this abortion was done was not looked into. This study relied on self-reported abortion which could lead to bias in giving response. The relationship between socio economic variables and abortion was not paid attention to in this study.

CONCLUSION

In conclusion, the reason for this study is that Oredo is a predominantly Christian local government area hence unwanted pregnancy is prohibited by Christians and Muslim religion. The women don't want to be seen as sinners. Pregnancy outside marriage is culturally not acceptable hence no need for termination, as it is unwanted pregnancies that often results in abortion. The risks and complications of abortion are enormous. Interventions like vocational training and affordable higher education are proposed to alleviate financial strain and potentially lower rates of unintended pregnancies (Abiodun, (2022).

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