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Factors Responsible For Abortion among Young Women in Maiduguri Metropolitan Council Borno State, Nigeria

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Abstract
The study assessed factors responsible for abortion among women in Maiduguri Metropolitan Council Borno State, Nigeria. The study was guided by four specific objectives which include assessing the factors responsible for abortion among young women in Maiduguri Metropolitan Council,, to examine the prevalence of abortion among young women in Maiduguri Metropolitan Council, to assess the consequences of abortion among young women in Maiduguri Metropolitan Council and to identify the possible ways of discouraging abortion among young women in Maiduguri Metropolitan Council. The survey research design was used to get suitable information from the study area. The populations for the study were the primary health workers, nurses, civil servants business and self – employed young women in Maiduguri Metropolitan Council. Data collected was analyzed using frequency count and percentage tables. The result revealed that being single, fear for financial difficulty to raise the child, fear of expulsion from school, fear of the parents to find out about the pregnancy, fear of stigma if people find out and are the factors responsible for abortion among young women. Young women who have had abortions suffer an increased risk of anxiety, negative social relationships, suicide attempts and emotional distress such as guilt feelings, self- condemnation etc. Making contraception more easily available such as condom, pills etc discourages abortion among young women in Maiduguri Metropolitan Council as well as abstinence from sex, early marriage, and religious teaching against abortion discourages abortion among young women in Maiduguri Metropolitan Council. The study recommended that Borno State Government should form a programme to enlighten women against the factors responsible for abortion among young women in Maiduguri Metropolitan Council such as being single and financial difficulty to raise the child.
Keywords: Factors, Responsible, Abortion, Young and Women

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I. INTRODUCTION

Abortion is the termination of a pregnancy after, accompanied by, resulting in, or closely followed by the death of the embryo or foetus: or a spontaneous or induced expulsion of a human foetus during the first 12 weeks of gestation (World Health Organization 2008). Popular use of the word abortion implies a deliberate pregnancy termination and some prefer the word miscarriage to refer to spontaneous foetal loss before viability. This implies a legal perception of the age at which a foetus can survive out of the womb. An estimated 44 million abortions are performed globally each year, with slightly under half of those performed unsafely (Sedgh, Singh, Shah, Åhman, Henshaw, and Bankole, 2012).

The prevalence of abortion in Africa, where the vast majority of abortions are illegal and unsafe, showed no decline between 2003 and 2008, holding at 29 abortions per 1,000 women of childbearing age. The Southern African sub-region, dominated by South Africa, where abortion was legalized in 1997, has the lowest abortion rate of all African sub-regions, at 15 per 1,000 women in 2008. East Africa has the highest rate, at 38, followed by Middle Africa at 36, West Africa at 28 and North Africa at 18 (WHO, 2008).

Abortion is one of the most common gynaecological experiences; perhaps the majority of women will undergo an abortion in their lifetimes. Safe abortions (those done by trained providers in hygienic settings) and early medical abortions (using medication to end a pregnancy) carry few health risks. However, every year, close to 20 million women risk their lives and health by undergoing unsafe abortions. At least 25% of these women face a complication with permanent consequences and close to 66,500 women die (Grimes, Benson, Singh, Romero, Ganatra, &Okonofua, 2006).

II. STATEMENT OF THE PROBLEM

Recent studies shows that adolescents and youth were mostly involved in terminating their pregnancies. Most of these youths are educated, despite health education on the risks and consequences of unsafe abortion they still indulge. This study is intended to find out the factors responsible for abortion among young women, even though many studies on abortion were carried, this study will close the gap by investigating the factors responsible for abortion among youths in Maiduguri Metropolitan Council.

III. OBJECTIVES OF THE STUDY

The study identifies factors responsible for abortion among young women in Maiduguri Metropolitan Council. The study also examines the prevalence of abortion among young women in Maiduguri Metropolitan Council. The study assesses the consequences of abortion among young women in Maiduguri Metropolitan Council. The study also identifies the possible ways of discouraging abortion among young women in Maiduguri Metropolitan Council.

IV. STUDY AREA

The study area is Maiduguri Metropolitan (MMC) one of the twenty- seven Local Government Areas of Bomo state. Maiduguri Metropolitan is situated within Maiduguri, the State Capital and lies within latitudes 11°40' and I20^{0}5'N and longitudes 13°501 and 12^{0}20'E, it occupies a total land mass of 240 square kilometres (MLS, 2008). The climate of the area is characterized by dry and hot seasons, minimum temperature ranging from 15-20°C, while the maximum temperature ranges from 37-45°C. The annual rainfall ranges from 500mm to 700mm per annum (NMA, 2008). Maiduguri Metropolis is the most populated local government area in the state with a population of 521,492 people, and also with the highest density of 1,738 people per square kilometer (National Population Commission (NPC), 2006).

The expansion of recreation and religion needs necessitated its expansion; culturally it has a wide range of various people. The Kanuri are the major ethnic group in the state and Maiduguri Metropolitan Council. The Kanuri have a standing heroic history of over a millennium. Other ethnic groups include Shuwa Arab, Margi, Babur-bura, Glavda, Mandara, and Hausa. People in Maiduguri Metropolitan Council are divided into three (3) districts: Yerwa, Bolori and Gwange. There are fifteen (15) wards according to the 2015 electoral delineation namely: Bulabulin, Bolori I, Bolori II, Fezzan, Gamboru, Gwange I, Gwange II, Gwange III, Hausari, Mafoni, Maisandari, Lamisula-zabarmari, Limanti, Shehuri North and Shehuri South (B0SADP, 2008). There are two health institutions namely, University of Maiduguri Teaching Hospital Bama Road and Nursing home Damboa road, and school of Health Technology.

RESEARCH DESIGN

A survey method was utilized to collect the data from the respondents in this research where Maiduguri Metropolitan Council was chosen as a case study. This method is relatively economical in terms of time and resources.

POPULATION OF THE STUDY

The population of the study comprise of only female adults in Maiduguri Metropolitan Council, ranging from the ages of 14-24, this age bracket were aid in generating diverse response. A total of 165 respondents were involved in the study, 15 from each ward comprising 11 females from each ward. These wards are: Kurnshe, Hausari. Bulabulin, NgornariCustin, Gwange, Wulari, Madugamari, Bulunkuttu. The population was selected because of the increase in the incidence of abortion in Maiduguri Metropolitan Council which is as the result of the increase of the population of single women IDPs who are vulnerable to factors responsible for abortion.

SAMPLE SIZE AND SAMPLING TECHNIQUE

Purposive sampling were used in selecting the study area where fifteen (15) wards comprising of Kumshe, Hausari, Bulabulin, NgomariCostain, Gwange. Wulari, Maduganari, BulunKuttu, were selected from within the Metropolis. This is because the inhabitants of Maiduguri Metropolis have experienced fair amount of abortion.

Stratified random sampling were used in selecting the respondents, where the study area were divided into ten (10) strata of residential areas since these areas have been purposively selected above as the primary study area. Samples were selected through the random sampling of household from each stratum, an interval of fifteen (15) houses were given from the first chosen house in other to have a wider coverage.

METHOD OF DATA COLLECTION

Both primary and secondary data were used in conducting this research. The primary data for the study were gathered through the use of structured questionnaire. The researcher(s) read out the questions as well as the .options to the respondent(s) to choose in a situation whereby the respondent cannot be able to read and write. Also, the study conducted an in-depth interview with community health worker, and community leaders to be able to arrive at a reliable conclusion. The secondary data was obtained from the existing literature comprising of journals articles, special reports, published and unpublished thesis, etc.

METHOD OF DATA PRESENTATION AND ANALYSIS

Descriptive statistical tool was used for data analysis and presentation in this research including simple percentage, frequency distribution and tables.

V. DATA PRESENTATION, ANALYSIS AND DISCUSSION OF RESULTS

Table .1: Socio-Demographic Information of the Respondents

S/No.			Frequency	Percentage %
1.	Age Distribution of the Respondents	15 – 20	18	12
		21-25	34	22.67
		26 -30	38	25.33
		31 – 35	21	14
		36 – 40	18	12
		40 and above	21	14
		Total	150	100
2.	Marital Status	Single	87	58
		Married	51	34
		Divorced	9	6
		Widow	3	2
		Total	150	100
3.	Educational Qualification	SSCE	45	30
		ND/NCE	66	44
		HND/B.Sc/BA	33	22
		MBA/M.Sc	3	2
		PhD	3	2
		Total	150	100
4.	Occupation of the Respondents	Nurses	9	6
		Primary Health Workers	45	30
		Students	75	50
		Business	18	12
		Self employed	3	2
		Total	150	100

Source: Fieldwork, 2018.

Table .1 shows the socio-demographic information of the respondents. The first item from the table shows that (18)12% of the respondents are between 15 to 20 years of age, while 22.67% are between 21 to 25 years, (38) 25.33% of the respondents are between 26 to 30 years, (21) 14% of the respondents are between 31 to 35 years, (18) 12% of the respondents are within the age range of 36-40 years, (21) 14% of the respondents are between 40 and above. This clearly shows that majority of the respondents are within the age group of 26-30.

The second item from table 4.1 shows that (87) 58% of the respondents are single, (51) 34% of the respondents are married, (9) 6% of the respondents are divorced, (3) 2% of the respondents are widow. This implies that majority of the respondents are single.

The third item from table 4.1 shows that (45) 30% of the respondents are SSCE, (66) 44% of the respondents are ND/NCE, (33) 22% of the respondents are B.Sc/HND, (3) 2% of the respondents are MBA/M.Sc and (3) 2% of the respondents are PhD. This implies that the majority of the respondents are ND/NCE holders.

The fourth item from table 4.1 shows that (9) (6%) of the respondents are nurses, (45) 30% of the respondents are primary health workers, (75) 50% of the respondents are students, (18) 12% of the respondents are business men and (3) 2% of the respondents are self-employed. This implies that majority of the respondents are students

Table 2: Factors responsible for abortion among young women in MMC

S/No.	Statement	SA	A	U	D	Total
1.	Being single is a factor responsible for abortion among young women	89 (59.33%)	24 (16%)	36 (24%)	1 (0.67%)	150 (100%)
2.	Fear for financial difficulty to raise the child is a factor responsible for abortion among young women	36 (24%)	78 (52%)	10 (6.67%)	26 (17.33%)	150 (100%)
3.	Fear of expulsion from school is a factor responsible for abortion among young women	9 (6%)	72 (48%)	9 (6%)	60 (40 %)	150 (100%)
4.	Fear of the parents to find out about the pregnancy is a factor responsible for abortion among young women	27 (18%)	24 (16%)	78 (52%)	21 (14%)	150 (100%)
5.	Fear of stigma if people find out is a factor responsible for abortion among young women	60 (40 %)	78 (52%)	3 (2%)	9 (6%)	150 (100%)
6.	Fear of not getting a husband in the future is a factor responsible for abortion among young women	0 (0%)	12 (8%)	48 (32%)	90 (60%)	150 (100%)

Source: Fieldwork, 2018.

Table 2 shows factors responsible for abortion among young women in MMC. The table shows that 59.33% of the respondents strongly agree that being single is a factor responsible for abortion among young women, 16% of the respondents agree, 24% of the respondents disagree while 0.67% of the respondents is undecided. This implies that being single is a factor responsible for abortion among young women in MMC.

The second item in table shows that about 24% of the respondents strongly agree that fear for financial difficulty to raise the child is a factor responsible for abortion among young women, 52% of the respondents agree with the view, 17.33% of the respondents disagreed while 6.67% of the respondents are undecided. This implies that fear for financial difficulty to raise the child is a factor responsible for abortion among young women.

The third item in table shows that 6% of the respondents strongly agree that fear of expulsion from school is a factor responsible for abortion among young women, 48% of the respondents agrees, 40% of the respondents disagreed while about 6% of the respondents are undecided. This implies that fear of expulsion from school is a factor responsible for abortion among young women.

The fourth item in table shows that 18% of the respondents strongly agree that fear of the parents to find out about the pregnancy is a factor responsible for abortion among young women, 16% of the respondents agree with the view, 14% of the respondents disagree while about 52% of the respondents are undecided. This implies that fear of the parents to find out about the pregnancy is a factor responsible for abortion among young women.

The fifth item in table shows that 40% of the respondents strongly agree that fear of stigma if people find out is a factor responsible for abortion among young women, about 52% of the respondents agree, 6% of the respondents disagree while about 2% of the respondents are undecided. This implies that fear of stigma if people find out is a factor responsible for abortion among young women.

The sixth item in table shows that no respondent strongly agree thatfear of not getting a husband in the future is a factor responsible for abortion among young women, 8% of the respondents agree with the view, 60% of the respondents disagreed while about 32% of the respondents are undecided. This implies that fear of not getting a husband in the future is a factor responsible for abortion among young women.

Table 3: Prevalence of abortion among young women in MMC

S/No.	Statement	SA	A	U	D	Total
1.	There are less than 10 new cases of abortion among young women in MMC each month	9 (6%)	97 (64.67%)	8 (5.33%)	36 (24%)	150 (100%)
2.	I was pregnant before	84 (56%)	33 (22%)	14 (9.33%)	19 (12.67%)	150 (100%)

3.	I aborted the pregnancy	9 (6%)	36 (24%)	8 (5.33%)	97 (64.67 %)	150 (100%)
4.	There is increase in percentage of abortion among young women	9 (6%)	36 (24%)	21 (14%)	78 (52%)	150 (100%)

Source: Fieldwork, 2018.

Table 3 shows 6% of the respondents strongly agree that there are less than 10 new cases of abortion among young women in MMC each month, 64.67% of the respondents agree, 24% of the respondents disagreed while just 5.33% of the respondents are undecided. This implies that there are less than 10 new cases of abortion among young women in MMC each month.

The second item in table shows that 56% of the respondents strongly agree that they were pregnant before, 22% of the respondents agreed with the view, 12.67% of the respondents disagree while about 9.33% of the respondents are undecided. This implies that majority of the respondents were pregnant before.

The third item in table shows that 6% of the respondents strongly agree that they aborted pregnancy, 24% of the respondents agreed with the view, 64.67% of the respondents disagree while about 5.33% of the respondents are undecided. This implies that they aborted pregnancy.

The fourth item in table shows that 6% of the respondents strongly agree that there is increase in percentage of abortion among young women, 24% of the respondents agree, 52% of the respondents disagreed, 18% of the respondents are undecided. This implies that there is increase in percentage of abortion among young women.

Table 4: Consequences of abortion among young women in MMC

S/No.	Statement	SA	A	U	D	Total
1.	Young women who have had abortions suffer an increased risk of anxiety	87 (58%)	36 (24%)	3 (2%)	24 (16%)	150 (100%)
2.	Young women who have had abortions suffer negative social relationships	80 (53.33%)	26 (17.33%)	20 (13.34%)	24 (16%)	150 (100%)
3.	Young women who have had abortions suffer suicide attempts	54 (36%)	78 (52%)	9 (6%)	9 (6%)	150 (100%)
4.	Young women who have had abortions suffer emotional distress such as guilt feelings, self- condemnation etc	48 (32%)	90 (60%)	0 (0%)	12 (8 %)	150 (100%)

Source: Fieldwork, 2018.

Table 4 shows that 58% of the respondents strongly agree that young women who have had abortions suffer an increased risk of anxiety, 24% of the respondents agree, 16% of the respondents disagree while about 2% of the respondents are undecided. This implies that young women who have had abortions suffer an increased risk of anxiety.

The second item in table shows that 53.33% of the respondents strongly agree that young women who have had abortions suffer negative social relationships, 17.33% of the respondents agreed, 16% of the respondents disagree while about 13.34% of the respondents are undecided. This implies that young women who have had abortions suffer negative social relationships.

The third item in table shows that 36% of the respondents strongly agree that young women who have had abortions suffer suicide attempts, 52% of the respondents agree, 6% of the respondents disagree while about 6% of the respondents are undecided. This implies that young women who have had abortions suffer suicide attempts.

The fourth item in table shows that 32% of the respondents strongly agree that young women who have had abortions suffer emotional distress such as guilt feelings, self- condemnation etc, 60% of the respondents agree with the view, while about 8% of the respondents disagree while no respondent is undecided. This implies that young women who have had abortions suffer emotional distress such as guilt feelings, self- condemnation etc.

Table 5: Possible ways of discouraging abortion among young women in MMC

S/No.	Statement	SA	A	U	D	Total
1.	Make contraception more easily available such as condom, pills etc discourages abortion among young women	97 (64.67%)	36 (24%)	8 (5.33%)	9 (6%)	150 (100%)
2.	Abstinence from sex discourages abortion among young women in MMC	27 (18%)	78 (52%)	9 (6%)	36 (24%)	150 (100%)
3.	Early marriage discourages abortion among young women in MMC	89 (53.3%)	24 (16%)	1 (0.67%)	36 (24%)	150 (100%)
4.	Religious teaching against abortion discourages abortion among young women in MMC	36 (24%)	78 (52%)	10 (6.67%)	26 (17.33%)	150 (100%)

Source: Fieldwork, 2018.

Table 5 shows that making contraception more easily available such as condom, pills etc discourages abortion among young women in MMC, 24% of the respondents agree with the view, 6% of the respondents disagree about while 5.33% of the respondents are undecided. This implies that make contraception more easily available such as condom, pills etc discourages abortion among young women in MMC.

The second item in table shows that 18% of the respondents strongly agree that abstinence from sex discourages abortion among young women in MMC, 52% of the respondents agree, 24% of the respondents disagree while 5% of the respondents are undecided. This implies that abstinence from sex discourages abortion among young women in MMC.

The third item in table shows that 59.33% of the respondents strongly agree that early marriage discourages abortion among young women in MMC, 16% of the respondents agree, 24% disagree while about 0.67% of the respondents are undecided. This implies that early marriage discourages abortion among young women in Maiduguri Metropolitan Council.

The fourth item in table shows that 24% strongly agree that religious teaching against abortion discourages abortion among young women in MMC, 52% of the respondents agree, 17.33% of the respondents disagreed while about 6.67% of the respondents are undecided. This implies that religious teaching against abortion discourages abortion among young women in MMC.

VI. DISCUSSION OF FINDINGS

The results on the demographic information of the respondents revealed that majority of the espondents are singles within the age group of 26-30 with ND/NCE.

The findings on the factors responsible for abortion among young women in Maiduguri Metropolitan Council revealed that being single, fear for financial difficulty to raise the child, fear of expulsion from school, fear of the parents to find out about the pregnancy, fear of stigma if people find out, are the factors responsible for abortion among young women. This is in line with the study of Coster (2010) who noted that due to the poor economic situation economic imbroglio – a complex and complicating economic situation the fear for financial difficulty to rise the child, what other people might think or say concerning the nine months of pregnancy and the psychological fear of scaling through the nine months is one of the major factors or causes of the practice of abortion among most adolescents. This could also be said to be a consequence of lack of confidence in God since the most beautiful desire of a woman should be her own child i.e. having her own child. In respect to adolescents who in their young age might lack finance to raise a child especially when their partners do not own to the responsibility of the pregnancy.

The findings on the prevalence of abortion among young women in Maiduguri Metropolitan Council revealed that there are less than 10 new cases of abortion among young women in Maiduguri Metropolitan Council each month, This is in line with the study of Ahiadeke, (2001) who reported that most common reason given by female students for seeking an abortion is not having the financial means to take care of a child (21%) (GSS, 2007), other common causes include wanting to delay childbearing (13%), continue schooling (11%) and continue working (9%). Six percent of female students said their partner did not want the child or denied responsibility for the pregnancy. Health reasons for terminating the pregnancy were cited by about 5% of women.

The findings on the consequences of abortion among young women in Maiduguri Metropolitan Council revealed that young women who have had abortions suffer an increased risk of anxiety, negative social relationships, suicide attempts and emotional distress such as guilt feelings, self- condemnation etc. This is in

line with the study of Gerdts, Prata and Gessessew (2012) explored the risk factors for severe complications following unsafe abortion in Tigray, Ethiopia. Women with severe complications had, on average, more previous pregnancies and higher mean parity than women who did not experience severe complications. At the time of being seen for treatment of incomplete abortion, there was a 1-week difference in mean uterine size between women who did and did not experience severe complications (Gerdts, Prata&Gessessew, 2012).

The findings on the possible ways of discouraging abortion among young women in Maiduguri Metropolitan Council revealed that making contraception more easily available such as condom, pills etc discourages abortion among young women in Maiduguri Metropolitan Council as well as abstinence from sex, early marriage, and religious teaching against abortion discourages abortion among young women in Maiduguri Metropolitan Council. This is in line with the study of Pope, Adler, and Schann, (2001) demonstrated that where fertility remains constant, abortion declines as contraception rises. However, where fertility is in the process of declining, an increase in contraceptive use alone may be insufficient to meet the demand for fertility regulation, and an increase in abortion incidence may result until fertility levels have stabilized. Systemic determinants of unsafe abortion encompass the legal, social, economic, and religious factors affecting the abortion decision-making process and access to safe abortion care.

VII. CONCLUSION

Abortion is a serious public health crisis in Nigeria that requires collective efforts of all the relevant stakeholders (government, healthcare professionals, non-governmental organizations, the media, religious organizations and other professionals). Based on the findings, the factors responsible for abortion are the fear for financial difficulty to raise the child, fear of expulsion from school, fear of the parents to find out about the pregnancy, fear of stigma if people find out and are the factors responsible for abortion among young women. The failure of upbringing from the parents, moral decay, fear of not getting a husband in the future, sex and getting pregnant with a total stranger

The mortalities and health impacts from unsafe abortion is highly devastating to the women, their families and to the society. As such, unsafe abortion has to be treated by government of Nigeria as a national priority if we are to meet the target of reducing maternal mortality. Confronting this silent killer will not only reduce maternal morbidity and mortality, but will improve the socioeconomic wellbeing of the families and the nation in general.

VIII. RECOMMENDATIONS

Based on the findings, the study recommended thatBorno State Government should form a programme to enlighten women against the factors responsible for abortion among young women in MMC such as being single and financial difficulty to raise the child.Borno State Ministry of Health should provide possible ways of discouraging abortion among young women in MMC such as making contraception more easily available and accessible such as condom, pills etc. Borno State Government should organise a programme to discourage abortion through abstinence from sex. Borno State Government should organise a programme to discourage abortion encouraging early marriage. Borno State Government should organise a programme to discourage abortion through encouraging religious teaching against abortion.

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