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PRACTICE OF UNSAFE ABORTION AND ITS ASSOCIATED FACTORS AMONG YOUTHS IN OYO SOUTH SENATORIAL DISTRICT OF OYO STATE, NIGERIA.

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ABSTRACT: *Unsafe abortion has become a public health issue in Nigeria especially among the youth and has resulted in increased morbidity and mortality. This is due to poor knowledge and non-utilization of family planning. Therefore, this study aimed to determine the rate of unsafe abortion and its associated factors among students in selected higher institutions. A descriptive cross-sectional design was employed with a multistage sampling technique to select 384 respondents. A validated and self-structured questionnaire was used. The response rate was 100%. Descriptive statistics were applied to analyze the data using SPSS Version 25.0 and the results were presented with tables, frequencies, and simple percentages. Findings indicated that 25.3% of the respondents have experienced unsafe abortions, while the majority terminated their pregnancies due to lack of support, financial constraints, and unpreparedness. The findings show a high rate of unsafe abortions among the students in the selected institutions in Oyo State. Therefore, there is an urgent need to create awareness on unsafe abortions and its consequences.*

KEYWORDS: Abortion, Attitude, Practice, Youths.

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STATEMENT OF PROBLEM

Abortion is considered to be safe when an expert in gynaecology carries it out to save the mother from impending complications. However, it has been discovered that many youth commit an illicit abortion, which is against the law of Nigeria. For instance, an estimated 1.25 million induced abortions occurred in 2012. The number doubled from an estimated 610,000 in 1996 because of both population growth and an increase in the rate of abortion. Furthermore, each zone of the country experienced this illicit act by the youth, there were 27 abortions per 1,000 women aged 15–49 in the South West and North Central zones; 31 per 1,000 in the North West and South East zones; and 41 and 44 per 1,000 in the North East and South-South zones, respectively in 2012. Also, the findings of O'Bell et al., (2020) show that the incidence of abortions among reproductive women aged 15-49 was 29.0 per 1000 women. This shows that abortion has become a public health issue in Nigeria. Moreover, this act of unsafe abortion incurred a great burden on the nation's health system as well as on the health and well-being of youths and their families. The economic burden is substantial: Guttmacher (2016), penned that in 2005, post abortion care in Nigerian hospitals cost US$132 (~~N42,520.00~~) per patient, of which US$95 (~~N34,200.00~~) was paid by families), pelvic infections, injury from instruments, and even death. About 40% of women undergoing abortion experienced complications serious enough to require medical treatment. This act of unsafe abortion among youth was attributed to some factors such as low level of knowledge, non-utilisation of family planning, emergency contraceptives, and the skill of the health professionals (Asrat et al., 2017). A recent study in Nigeria found that young women aged 16–25 were the most likely to present for treatment of post abortion complications (O'Bell, 2020). Therefore, it is important to look into the practice of unsafe abortion and its associated factors among the youth in the Oyo South Senatorial district of Oyo State, Nigeria.

Aim of the Study

This study aims to determine the practice of unsafe abortion and its associated factors among the youth in Oyo south senatorial district of Oyo State, Nigeria.

Significance of the Study

The practice of unsafe abortion remains a major public health concern, particularly among youth in Nigeria, where access to comprehensive sexual and reproductive health services is limited. This study on the practice of unsafe abortion and its associated factors among youth in Oyo South Senatorial District would highlight the prevalence and contributing factors to unsafe abortion practices among young women. Thereby provide evidence to support public health interventions aimed at reducing preventable deaths and complications. Similarly, understanding the factors associated with unsafe abortion inform the design of effective sexual and reproductive health education programs that are culturally sensitive and age-appropriate, helping to prevent unintended pregnancies. Furthermore, the study would provide data-driven insights that can guide policymakers, government agencies, and non-governmental organizations in developing targeted policies and programs that address the root causes of unsafe abortion among youth, such as lack of access to contraceptives, misinformation, and restrictive abortion laws. Also, the study would contribute to the existing body of knowledge and provide practical recommendations to reduce unsafe abortion practices, improve youth health outcomes, and promote reproductive justice in Oyo South Senatorial District and beyond.

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REVIEW OF LITERATURE

An abortion is the removal or expulsion of an embryo or foetus from the uterus. This can occur spontaneously as a miscarriage, or be artificially induced through chemical, surgical or other means. Also, an abortion can be described as the ending of a pregnancy by removal or expulsion of an embryo or foetus before it can survive outside the uterus (WHO, 2021). Unsafe abortion is a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both. Historically, abortions have been attempted using herbal medicines, sharp tools, forceful massage, or through other traditional methods. (Kapp et al., 2013).

An estimated 73.3 million abortions occur globally each year, with nearly half of them (45%) considered to be unsafe (Bearak et al., 2020, WHO, 2021). Also, Kemfang et al., (2015), has earlier penned and highlighted that majority of abortions that are performed year across the globe are done under unsafe and unhygienic conditions, especially in low and middle income countries. The abortions are performed by individuals without the requisite skills or in environments below minimum medical standards or both. Furthermore, the proportion of unsafe abortions was significantly higher in developing countries (49.5%) compared to developed countries (12.5%) respectively (Ganatra et al., 2017). In Africa, approximately 8.2 million abortions occur annually with an estimated 77% performed under unsafe conditions (Singh et al., 2018). In Nigeria, about 1.25 million induced abortions were estimated in 2012, with significant portion being unsafe due to legal and social barriers (Bankole et al., 2015). A more recent study revealed that unsafe abortion accounts for 10 – 13 % of maternal death in Nigeria (Ameh et al., 2019). Also, according to O'Bell, (2020), approximately 10% of maternal deaths that occur annually are due to unsafe abortion.

The decision to end a pregnancy (especially early) is a complex and deliberative one. The reasons youths give for ending a pregnancy underscore their understanding of the serious consequences of unplanned childbearing for themselves and their families. This calls for an urgent study to determine factors responsible for unsafe abortion among youth to find a lasting solution to it. However, many factors have been found to contribute to unwanted pregnancy among youth, which according to the Guttmacher Institute (2021), may stem from limited contraceptive access, socioeconomic hardship, low contraceptive knowledge, and gender inequality.

Similarly, unwanted pregnancy can result from Nigeria's poor economy and increasing urbanization, which is making the price of living higher, making it more necessary for women to be working to support the family. Nigeria's rising cost of living, urbanization, and economic pressures often push the women and young ladies to seek unsafe abortions to avoid unplanned parenthood that could hinder their social or financial stability (Afolabi & Titilayo, 2020). Hence, more children makes it harder for the women to focus on work because they are expected to take care of the family first, thus women would rather be working, than been pregnant or taking care of a child. Furthermore, lack of education on the use of contraceptives, as well as a lack of access to health care and contraceptive products is another contributory factor that can lead to a trend of uneducated, young, childless women, and women with many children who end up with unwanted pregnancies.

Abortion is a medical procedure that should be handled by skilled and experienced healthcare providers who understand gestational limits and the legal framework of their region. In

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Nigeria, unsafe induced abortion remains a significant cause of morbidity and mortality among women of reproductive age. However, many cases are underreported, with only a small percentage (about 9%) of complications reaching formal healthcare settings (Ameh et al., 2019). Many youths patronize unqualified providers or resort to self-induced methods, which often lead to severe complications such as chronic illnesses and sexually transmitted infections. One study found that up to 20–30% of unsafe abortions result in secondary infertility, and 25% of those affected experience life-threatening complications such as hemorrhage, sepsis, and uterine perforation (WHO, 2021; Say et al., 2014). About 10% of complicated cases require abdominal surgery (Bankole et al., 2015). Furthermore, the most common early complications of unsafe abortion include hemorrhage, sepsis, uterine and bowel perforation, cervical trauma, acute renal failure, and deep vein thrombosis. Long-term outcomes include pelvic inflammatory disease, infertility, and psychological distress (Ibrahim et al., 2017; Say et al., 2014). Sepsis remains the leading cause of maternal mortality resulting from unsafe abortion and is responsible for 50–80% of complications (Ganatra et al., 2017; WHO, 2021).

Therefore, there is a pressing need to identify the level of unsafe abortions and its associated factors among youths in the Oyo South Senatorial District of Oyo State, Nigeria.

Theoretical Framework

The theoretical framework used for this study is the Health Belief Model. (HBM)

HBM is based on the notion that if a person believes that a negative health outcome can be avoided. Also, if a person sees such an action as a way of the onset of the negative outcome, they will take the necessary health action. Also, if a person sees such an action as a way of the onset of the negative outcome, he or she will be motivated to execute the actions.

This model helps people to know and believe the causes, risk factors, and complications of abortion and how it can be prevented, and prepares them to take various preventive measures that will bring about a healthy outcome.

In perceived susceptibility, it shows that as a result of youthful exuberance, both male and female youths tend to experiment what they come across one way or the other, either what they have read, heard, watched or seen. Another thing in perceived susceptibility is poverty. The level or the severity of poverty in the country is another issue. Poverty has eaten deep into many homes to the extent that parents become intentionally blind to the wrongs that their children are perpetrating. They pretend not to see what is wrong in procuring abortion even when the law of the land, our culture, and even our religion all are not in support of abortion. Environment is also another problem, the environment where a child is brought up has an important role to play in the life of the child as he or she grows up. A good number of children who grew up in remote areas or urban slums tend to grow out of control, lawless and unreserved. This makes abortion more rampant among them.

In perceived severity, it shows that if our female youths perceive that they are susceptible to various health challenges like pain, infection, infertility later in life and worst of all untimely death which are all consequences of abortion, they will be motivated to want to practice necessary preventive measures against committing abortion.

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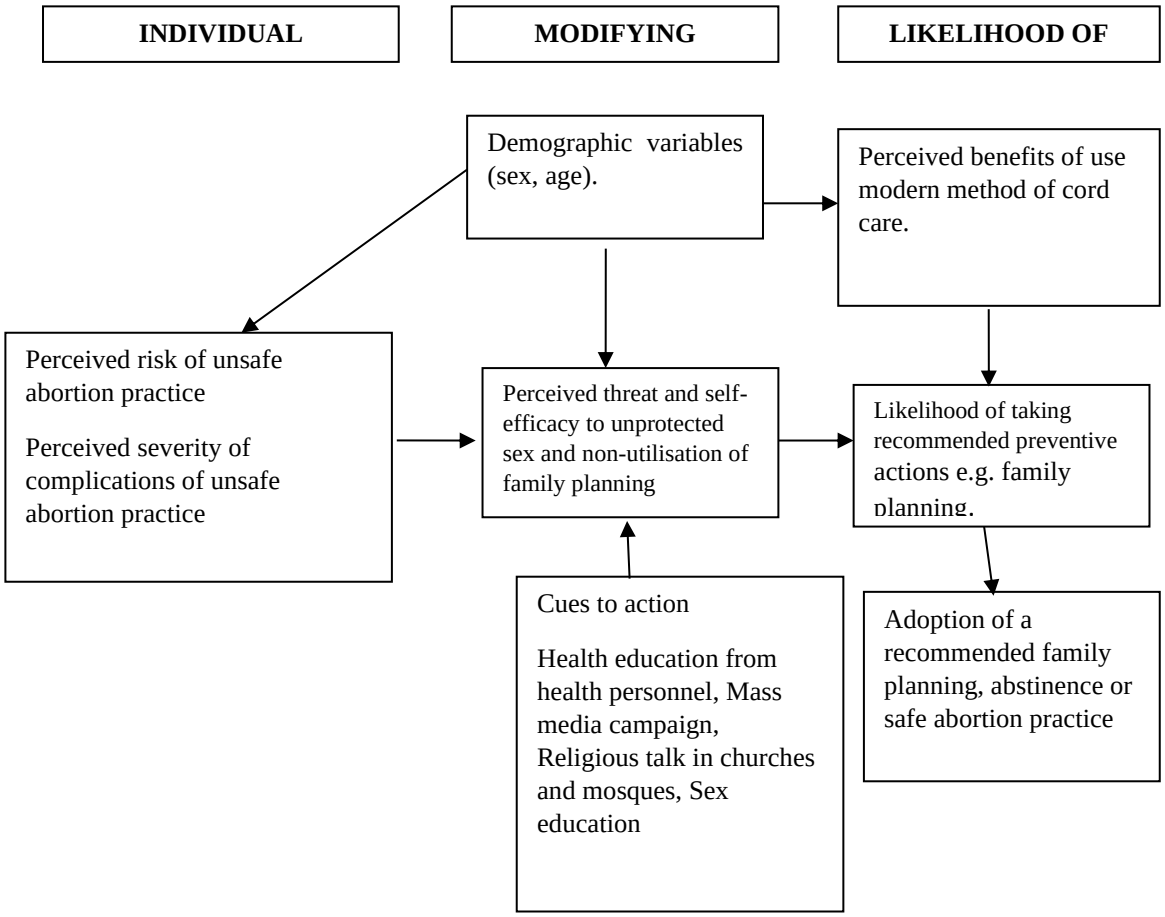
As for health motivation, it explains the Health Education, creating awareness to the public through jingles on radio, media – radio and television programs. Sermon and talks in our religion places (churches and mosques). Family health i.e. sex education in the homes all will go a long way in motivating the youths to desist from abortion.

Perceived Benefit exposes the relevance of the two laws that governs abortion in Nigeria, the Penal code in the Northern Nigeria and the Criminal code in the Southern Nigeria (the abortion Policy). This abortion laws will encourage the youths alongside with other interventions to be redefined culturally religiously. It will promote practice of abstinence.

For cue to action, it shows that our youths can be motivated and can perceive some beneficial actions to be taken. Behavioral change can occur through health education, media information, through journals, Sex education, Parental recommendation, and parental rejection.



Conceptual framework adapted from Health Belief Model (Rosentock, 1950)

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METHODS

Research design

The study utilized a descriptive cross-sectional design to assess the level of practice of unsafe abortions and its associated factors among youth.

The Study Setting

The study was conducted in Oyo South Senatorial District of Oyo State which comprises of 9 (Nine) Local Government areas; Ibadan North, Ibadan North East, Ibadan North-West, Ibadan South East, Ibadan South-West, Ibarapa Central, Ibarapa North, Ibarapa East and Ido Local Government. The Senatorial District is blessed with mixed populations of both adults and youths as the district can boast of higher institutions of learning such as: University of Ibadan, The Polytechnics Ibadan, Federal Co-operative College, Oyo State College of Nursing and Midwifery, Eleyele, Oyo State College of Health Science and Technology, Eleyele, Federal College of Agriculture and Forestry, Institute for Agricultural Research and Training (Moor Plantations), Forestry Research Institute, Oyo State College of Agriculture and Technology, Adeseun Ogundoyin Polytechnics, Eruwa just to mention a few.

Study Population

The study population comprised the youths living within five selected Local Government areas out of nine Local Government Areas within Oyo South Senatorial District of Oyo State. The Local governments were; Ibadan North, Ibadan North East, Ibadan North West, Ibadan South East, Ibadan South West, Ibarapa Central, Ibarapa East, Ibarapa North, and Ido.

Inclusive and exclusive criteria

The participants were the Youths who were majorly young adults within 16 – 24 years and were willing to participate in the study participated in the study, while those that fall within the age range and were already married and adolescents less than 15 years were excluded from the study.

Sample size

Fisher's formula was used to determine a sample size of 384 participants.

Sample and Sampling Techniques

Multistage sampling technique was used for the study to ensure that appropriate participants were selected.

Stage one: Oyo state has three senatorial districts. For this study, a purposive sampling technique was used to select the Oyo South Senatorial district due to a higher number of higher institutions cited in the district.

Stage two: The selected district has nine (9) LGAs. To select five local governments out of these nine, numbers were assigned to each local government to allow unbiased selection. After which fie (5) local governments were randomly selected.

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Stage three: To select institutions that will be used, a simple random sampling technique was used. The randomly selected institutions were: the Polytechnics, Ibadan, Ibadan North, LGA, Institute of Agriculture Research and Training (Moor Plantation), Ido LGA, Federal Co-operative College, Ibadan North-West LGA, Adeseun Ogundoyin Polytechnics, Eruwa, Ibarapa East LGA, and Oyo State College of Agriculture and Technology, Igboora, Ibarapa Central LGA

Stage four: A systematic sampling technique was used to select the participants from each higher institution within the five selected Local Government areas in Oyo South Senatorial District. Every n^{th} (20th) student was selected and approached for participation. The participants selected form each school were presented in the table below:

Local Government	Name of Institutions	Participants
Ibadan North, LGA	The Polytechnics, Ibadan	110
Ido LGA	Institute of Agriculture Research and Training (Moor Plantation), I	71
Federal Co-operative College	Ibadan North-West LGA	86
Adeseun Ogundoyin Polytechnics	Ibarapa East LGA	71
Oyo State College of Agriculture Technology, Igboora	Ibarapa Central LGA	46

Data Collection Tools

The instrument for data collection was a self-constructed and validated questionnaire. It was used to collect information on the level of practice of unsafe abortion and its associated factors.

Validity of Research

The questionnaire was drafted after an extensive review of the subject matter, and the instrument was reviewed and scrutinised by the researcher's supervisor. The questionnaire was subjected to face validity for clarification and evaluation of the questions and content validity to ensure appropriateness of the questionnaire. All modifications suggested were effected in the final copy of the questionnaire.

Reliability of the Instrument

A test and re-test was carried out at Oyo State College of Health Science and Technology, Eleyele to ensure that questions items in the questionnaires are clear. Pre-test analysis was done with the use of Pearson product moment Correlation Statistics making using of 50 students of the College.

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Data Collection Technique

After the review of previous literature, a self-administered questionnaire was used to obtain information from respondents. Three Hundred and Eighty two (384) questionnaires were administered to the respondents and same number of questionnaires were retrieved.

Measurement of Variables

The measured variables were the level of practice of abortion and factors associated with the abortion among the youths in Oyo South Senatorial District of Oyo State. The questionnaire consists of three sections (Sections A-C); socio-demographic characteristics (section A), level of practice of unsafe abortion (Section B) and factors associated with unsafe abortion (Section C).

Statistical Analysis

Data were analyzed using descriptive statistics, and the results were presented with tables, frequency, and simple percentages. The statistical inference was analyzed with the Statistical Package for Social Science (SPSS) version 25.

Ethical Consideration

The researcher collected a letter of permission for data collection from Ladoke Akintola University of Technology, Ogbomoso to the Managements of the selected institutions for permission to administer the questionnaires to respondents. The management and the respondents were fully informed about the purpose and benefits of the study to ensure active participation. Confidentiality was explained to the respondents in order to gain their consents via informed consent form. The respondents were made to realize that they have right to withdraw from the study at any time if they wish not to continue and that the study will not in way harm them nor damage their reputation.

RESULTS

Table 1: Respondents' Socio-demographic Characteristics

Variables	Frequency (N=384)	Percentage (%)
Institution		
The Polytechnics Ibadan	108	28.1
IART	72	18.8
Coop	88	22.9
Adeseun	72	18.8
OYSCATECH	44	11.5
Sex		
Male	129	33.6
Female	255	66.4

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Age		
21-24	180	46.9
25-29	74	19.3
30-34	24	6.3
35-40	4	1.0
41-44	4	1.0
Religion		
Islam	187	48.7
Christianity	186	48.4
Traditional	11	2.9
Commitment		
Highly Committed	141	36.7
Average	218	56.8
Not Committed	25	6.5
Marital Status		
Single	318	82.8
Married	54	14.1
Divorced	12	3.1

Table 1 above shows that 108 (28.1%) of the respondents were from the Polytechnics Ibadan, 72(18.0 %) were from Institute of Agricultural Research and Training (IAR&T), 88 (22.9%) were from Federal Cooperative College, Eleyele, Ibadan, 72(18.0 %) were from Adeseun Ogundoyin Polytechnics, Eruwa while 44 (11.5%) were from Oyo State College of Agricultural Technology (OYSCATECH), Igboora; 129 (33.6%) of the respondents were male while 255 (66.4%) were female;180 (46.9%) of the respondents were between the age of 21 to 24 years, 74 (19.3%) were between 25 to 29 years, 24 (6.3%) were between 30 to 34 years, 4 (1.0%) were aged between 35 and 40 and 41 and 44 years respectively; 187 (48.7%) of the respondents were Muslim, 186 (48.4%) were Christian while 11 (2.9%) were Traditional worshippers; 141 (36.7%) of the respondents were highly committed, 218 (56.8%) were averagely committed while 25 (6.5%) were not committed; 318 (82.8%) of the respondents were single, 54 (14.1 %) were married while 12 (3.1%) were divorcee.

Table 2: Respondents' Level of Unsafe Abortion Practice

Response	Frequency	Percent
Ever Pregnant or get someone Pregnant?		
Yes	119	31.0
No	265	69.0
Total	384	100.0
At what age is a foetus/baby in the womb considered a human being?		
3 months	9	2.3
4 months	13	3.4
No Response	362	94.3
Total	384	100.0

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Ever had an abortion?		
Yes	97	25.3
Number of abortions ever had		
1	65	16.9
2	21	5.5
equal or more than 3	11	2.9
Abortion Procedure		
Skilled	66	17.2
Unskilled	31	8.1
Location of abortion		
Health facility	66	17.2
Outside health facility	31	8.1
If outside of health facility, where?		
Response	Frequency	Percent
Home	19	4.9
Chemist shop	13	3.4
Traditional home	12	3.1
No response	340	88.5
Total	384	100.0
Treatment for abortion		
Pills	60	15.6
Aspiration/curettage	29	7.6
Traditional	9	2.3
No response	286	74.5
Total	384	100.0

Table 2 above shows that 119 (31.0%) of the respondents said they had been pregnant before while 265 (69.0%) said they had never been pregnant; 97 (25.3 %) said they had abortion before, 152 (39.6%) had never had abortion; 65(16.9%) had one abortion, 21 (5.5%) had two abortions, 11 (2.9%) had three or more abortion; 66 (17.2%) had their abortion by a skilled personnel, 31 (8.1) had it through unskilled personnel; 66 (17.2%) had their abortion in a health facility, 31(8.1%) had it outside a health facility;19 (4.9%) of the respondents did abortion at home, 13 (3.4%) did it in a Chemist Shop, 12 (3.1%) did it in a traditional healer home; 60 (15.6%) used pills, 29 (7.6%) used aspiration/curettage, 9 (2.3%) used traditional medicine.

Table 3 Factors responsible for abortion among the youths

Variables	Frequency	Percent
Not yet ready to be a mother/father	315	82.0
Lack of Support	246	64.1
Result of Rape	237	61.7
Has had a bad past experience	223	58.1
Wanted to study	250	65.1

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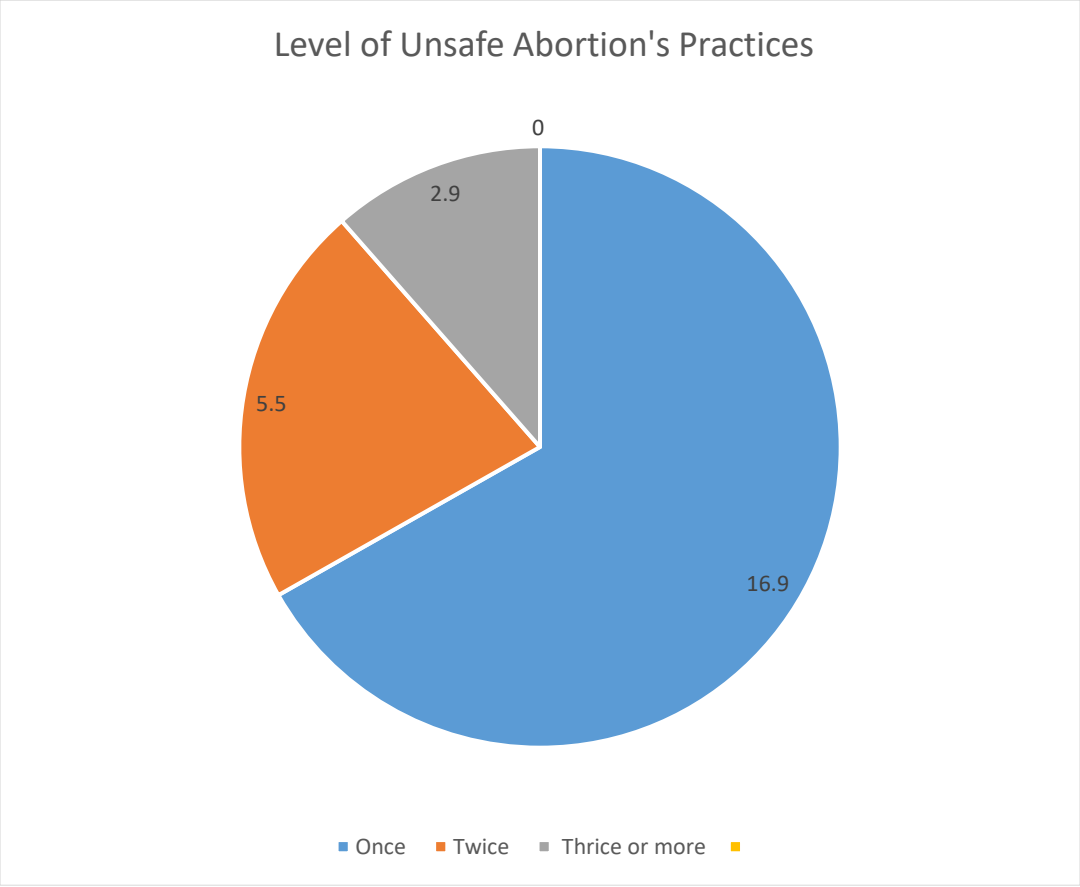
Felt depressed	210	54.7
Afraid of future consequences	264	68.8
Parent refusal of Marriage	248	64.6
Health Reason	246	64.1
Fear of discrimination by friends	261	68.0
Fear of being dropped out of school	273	71.1
No excuse	115	29.9

Table 3 above shows that 312(82.0%) of respondents said that they are not ready to be a mother /father was a factor responsible for abortion; 246 (64.1%) said lack of support was responsible, 237(61.7%) said it was a result of rape; 223 (58.1%) said that they had a bad past experience; 250 (65.1%) wanted to further their study; 210 (54.7%) felt depressed; 264 (68.8%) were afraid of future consequences; 248 (64.6) gave health reason for abortion; 261(68.0%) fear of being dropped out of school; 273 (71.1%) fear being a drop out of school was a factor while 115(29.9%) gave no excuse.

Level of Unsafe Abortion Practices



The figure 1 above shows that 16.9% of respondents had abortion once, 5.5% had it twice, while 2.9% had it done for three or more times.

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Factors associated with unsafe abortions among Youths

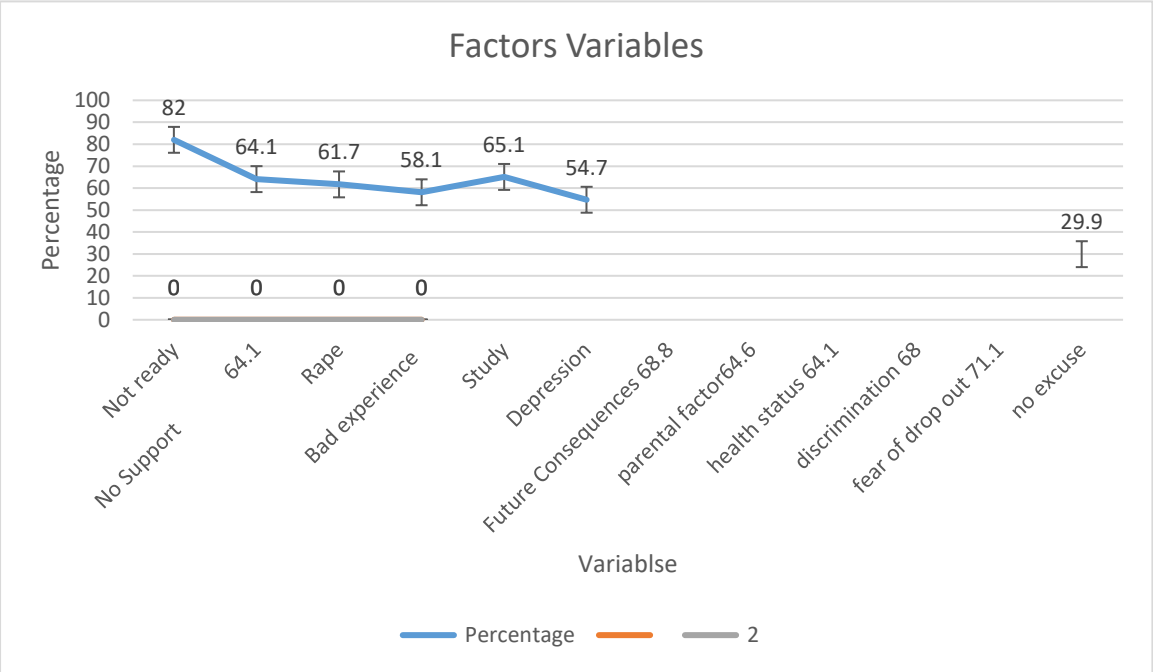

Figure 2 shows the respondents' responses on factors associated with unsafe abortion's practices.

DISCUSSION

The study shows that majority of the respondents (66.4%) were female which supports the study carried out in Ibadan by Cadmus and Owoaje (2011) which stated that a total of 450 female undergraduates were approached to participate in the study but 25 refused to participate, giving a response rate of 95%; 46.9% of the respondents were between the age of 21 to 24 years, which supports the study of Onebunne and Bello, (2019) in Ibadan which stated that 300 participants in the study, most participants (184; 61.3%) were young adults between ages 19 and 24 years.

Practice of Unsafe Abortion among Youths

The findings revealed that 16.9% of the respondents have had an abortion once, 5.5% had it twice, while 2.9% have had an abortion thrice or more times. This is in line with the findings of Ibrahim et al., (2025) in a study done among female undergraduates of Osun State University, where 13.2% had undergone unsafe abortion. Furthermore, Atakro et al., (2019) reported that 15% of all women in the reproductive age group of 15–49 years were found in a national survey to have sought unsafe abortions, while O Bell et al., (2020) report a 29.0 per 1000 of unsafe abortions among women aged 15–49 which is a bit higher than the former. This is lower compared to Abah et al., (2020) study, where 57.1% have had an abortion and a 51.0% prevalence of abortion among female undergraduates of the University of Ibadan (Ibrahim et al., 2025). This alarming rate makes abortion a public health issue in Nigeria that needs urgent attention. However, a study conducted in a Tertiary Medical College Hospital

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by Halder et al., (2024) revealed a prevalent rate of 24.65% unsafe abortions among the respondents.

The study also finds that 17.2% and 8.1% of the respondents had their pregnancy terminated by the skilled and unskilled personnel respectively. This is similar to the report of O Bell et al., (2020) where only 34.5% of their respondents terminated their pregnancy using recommended methods, which might put them at the risk of developing complications.

Factors associated with Unsafe Abortion among the Youths

The study further revealed that 82.0% of respondents said that they are not ready to be a mother /father was a factor responsible for abortion; 64.1% said lack of support was responsible, 6 1.7% said it was a result of rape; 58.1% said that they had a bad experience; 65.1% wanted to further their study; 54.7% felt depressed; 68.8% were afraid of future consequences; 64.6% gave health reason for abortion; 68.0% fear of being dropped out of school; 71.1% fear being a drop out of school was a factor is similar to study of Caceres (2005) in Peru which assessed young people's non-consensual sexual experiences and also supports the study of Jejeboy, Shah, Thapan (2005) which proved that young people especially in developing countries suffer sex without consent. Also, Ibrahim et al. (2025) penned that common reasons for unsafe abortion included academic commitments and contraceptive failure. Educational level is a key factor associated with unsafe abortion; for example, in a study done in 2004, 64% were illiterate. Similarly, Halder, et al., (2024) reported that the majority are primarily educated and their socio-economic status is below average. O Bell et al., (2020) reported that 58.8% of their respondents had experienced an unwanted pregnancy, 61.4% had used some methods of contraceptives, with condom being the commonest (39.5%). Most (89.1%) have heard of abortions, while 67.6% and 16.2% have had abortions once and twice respectively with the top reasons for abortion being that they were still students (33.8%), too young (25.9%) and to prevent stigmatization associated with the teenage pregnancy (11.7%).

LIMITATIONS

This study would have been designed to cover the entire state but due to some challenges encountered which include attitudes of respondent, lack of logistics and shortness of time did not allowed the researcher to cover the entire state.

CONCLUSION

In many African societies, single motherhood is frowned upon, and in the event that the father of the child is not willing to take up the responsibility for the child, the young female is more often faced with the problems of dealing with the pregnancy and termination may seem to be the easiest way out of the predicament.

Majority of the respondents stated that factors responsible for high practice of abortion include : not ready to be a mother/father, that lack of support is responsible for practicing abortion; rape is responsible for abortion, bad experience before they did abortion, financial problems is responsible for abortion, depression is a factor responsible for abortion, afraid of

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future consequences is responsible for abortion practice, abortion because of parent refusal to consent to their marriage, fear of discrimination by friends and peers, fear of being a dropped out of school.

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Nil

Conflicts of Interest

There are no conflicts of interest

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