

# Young people's perceptions about abortion in South West Nigeria: Findings from formative audience research

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## **Abstract**

This study explores adolescents and young people's perceptions about abortion in three selected states in South West Nigeria based on open-ended questions posed in response to a vignette. This was a formative audience research (FAR) study to gather information about the lives of married and unmarried adolescents and young persons in the study area to support development of understandable, high-quality, and culturally appropriate radio serial dramas in the local language (Yoruba). A total of 16 focus group sessions were conducted among eligible participants aged 15 – 25 years. Findings show that the general public looks unfavorably on abortion but personal opinions are likely to be based on whether it directly involved one as in the case where female were more open to the issue than males. Young people had greater negative experiences from procuring abortion ranging from higher cost to stigmatization. We gave some recommendations for the intended radio serial drama.

## **Introduction**

Nigeria still records one of the highest rate of abortions globally, with an average of 25 per 1000 women of reproductive age (Omo-Aghoja, 2010) and an estimated 1.25 million abortions annually (Bankole et al., 2015). Induced abortion is a usual last resort while trying to deal with unintended pregnancy in about 56% of cases (Bankole et al., 2015). Young people bear a huge burden of induced abortions. In a study conducted in Ogun State, Nigeria, among abortion seekers, 43% of the women presenting for repeat induced abortion were aged 15–24 years (Lamina, 2015b). This high proportion also indicates that they might not have received adequate post-abortion care and counseling that should have including offered them contraceptives. In addition, young people often do not have the financial means to procure safe abortions and are left with no other option than to obtain abortion services from quacks at minimal cost (Olaide & Aderibigbe, 2014). Unsafe abortion is a very important cause of maternal mortality in Nigeria which is estimated to account for about 11% of maternal deaths in the country (Wekesah & Izugbara, 2017). Equally, induced

abortion appears more common in urban areas mostly due to access to more health facilities and abortion service providers as well as the increased economic pressure of urban life (Lamina, 2015a).

Abortion laws in Nigeria are restrictive as termination of pregnancy is a criminal offence except in instances where the mother's health is in jeopardy. Therefore, community dialogue around the issue of abortion often revolves around legality and other social issues. Studies show that community members generally perceive induced abortion to be a common practice especially in South West Nigeria (Ajayi, Nwokocha, Akpan, & Adeniyi, 2016; Oye-Adeniran, Adewole, Umoh, Iwere, & Gbadegesin, 2005). However, there also exists some cultural disapproval of induced abortion as it is perceived as the killing of a fetus or potential human being (Jegede & Odumosu, 2003). This further constrains youths with unwanted pregnancy to procure abortion from quacks and in unsanitary environments. Moreover, the use of local abortifacients including bitter leaf water, herbal concoctions, lime, potash, *ogogoro*, (a local alcoholic gin) or other drinks such as salt and vinegar and so on frequently result in failed attempts or incomplete expulsion of the foetal products with dire consequences for the health of the adolescent (Oye-Adeniran et al., 2005). Unfortunately, these "home remedies" have wide appeal among adolescents because they can be self-administered often away from the prying eyes of other family members.

Population Media Center (PMC), an international non-profit organization that specializes in the development and implementation of communication programs for social change, planned the production of a new radio serial drama in Yoruba language for Southwest Nigeria to address issues of family planning, post-abortion care and gender-based violence. In this regard, a formative audience research (FAR) study to gather information about the lives of married and unmarried adolescents and young persons in the area was conducted. The findings are to be used to help in developing understandable, high-quality, and culturally appropriate radio serial dramas. This report is the findings from the abortion component of the FAR study.

## **Methods**

This formative audience research (FAR) was a descriptive study that utilised qualitative research methods. The study was conducted in two local government areas (LGA) each in Ogun state (Abeokuta South and Odeda LGAs), Ondo state (Akure South and Akure North LGAs) and Oyo state (Ibadan North and Lagelu LGA); these are three of the six states in the South West Nigeria geopolitical zone. In each study state, one of the selected LGAs was predominantly urban while the other was predominantly rural. Focus group discussions (FGD) were conducted with adolescents and young persons. Married, cohabiting or unmarried adolescents and young persons aged 15-25 years were eligible to participate in the study provided that they had spent one or more years in the study states.

Discussants were purposively selected to participate in the discussion sessions from communities within the study LGAs. Each FGD session had between 8 – 10 discussants; discussants were identified with the help of local community mobilization officers and community leaders who were

familiar with the community members. Homogeneity of the groups was ensured in terms of age (15 – 19 years and 20 – 25 years), sex and marital status. In all, 16 FGD sessions were conducted to provide insights into issues around abortion in the study communities.

The tool for the study was developed around a vignette of a young woman you had gotten pregnant out of wedlock. The discussants were asked to provide their opinions about likely community attitudes towards her and underlying reasons for these attitudes. Research assistants were recruited among postgraduate students of medicine and social science of Obafemi Awolowo University, Ile-Ife, Nigeria. Training was conducted for the research assistants at a central location to ensure common understanding of and familiarity with the instruments and techniques to be used. Training utilised didactic lectures, demonstrations and role-playing to reinforce learning. In addition, the research assistants had an opportunity for hands-on data collection and field procedures during pre-testing of the methodology and instruments.

Discussions were held in local language (Yoruba), pidgin English or English as appropriate for the discussants. All recorded sessions were transcribed verbatim; where Yoruba or pidgin English were used, this was translated into English, and proofread to confirm accuracy and correctness. An analytical framework and codes (including a code dictionary) were developed. Applying thematic content analysis, the ATLAS.ti 8 software was used for coding the transcripts. Coding was used to breakdown the transcribed data into units of meaning or concepts which were categorized, labelled, and subsequently organized into themes and sub-themes. Following more refinements and by linkages and integration of categories around a core, the emerging constructs were used to gain insight into abortion related issues among the participants.

Ethical clearance for this study was obtained from the appropriate Health Research Ethics Committee in the State Ministry of Health in each of the three study states before the commencement of the study. Written informed consent was also obtained from each research participant after the study had been properly explained to them. In this regard, the (translated) consent form was read to participants who do not understand English in their local language by the trained research assistants. Participants who are unable to write or sign after consenting to participate in the study were requested to thumb-print on the consent form. Confidentiality was assured by ensuring that there are no personal identifiers on any data instrument, and only research personnel had access to the data.

## **Results**

Among the participants in the 16 FGD sessions, there was a nearly equal distribution across sex (male, female), marital status (unmarried, married/cohabiting) and age group (15 – 19 years, 20 – 25 years).

### ***Communication around abortion***

Abortion was a sensitive issue among discussants as some participants described it as an act that is usually kept private or secret. Different slang terms are used to express the act of procuring

abortion. Expressions used for procure abortion include to “*wash the stomach*” or “*sheyun*” translated to mean to ‘break the womb’ in English. In addition, communication about abortion is usually in the context of morality and societal norms. One discussant said: “*It is called abortion - there is no respect for it and there is no other addition, abortion is abortion. It is a dirty word.*” (married male, 15-19-year old, urban LGA). Most communications on abortion are often judgmental and based on the fear of complications from abortion. In this regard, an unmarried female discussant from an urban LGA in Ondo State said: “*We all know that abortion is against the law, it's against the word of God because we all know it's a sin.*” In fact, many of the discussants considered abortion as murder. According to male discussant, “*It's a bad thing ... Yes. It's murder.*” In describing abortion, an unmarried female also said: “*The word I can use for such a person is that she has killed someone.*”

### ***Reasons for abortion***

Several reasons were given for young females procuring abortion in the study locations. These include when the woman or couple feel their children will be too closely spaced. For example, one female discussant said, “*If the woman is nursing a baby (like two months' old) and mistakenly gets pregnant, she will abort it.*” Similarly, a married female from a rural LGA said:

*“If it is a nursing mother and she eventually gets pregnant, she will believe that instead of nursing two children at the same time she should abort the pregnancy, such a mistake is rampant, in some cases when the father of the baby rejects the pregnancy.”*

Another reason given for procuring abortion is to cover up shame from having premarital or extra marital sexual relations in a community where these are very frowned upon. One married female from a rural LGA said:

*“Some people abort because of shame, “How will I face my mum?” and fear, “How will I face the public?”, “What will my pastor say?” “How will I face the Imam?” and all that. And for the married woman, ...unless you are committing adultery or you have extra marital affairs, and when pregnancy occurs out of it.”*

Many married people who seek abortion are said to do so to limit their family size. One female discussant from a rural LGA said that the (hypothetical) woman “*might have given birth to the number children that she wants and her husband said it is not enough*”. Part of the reason for limiting family size are financial considerations. This is also said to be one of the drivers of abortion. One female respondent said: “*the only thing that can cause abortion is poverty*”. Many young women procure abortion because their male partners are not yet ready to start families or to get married. A married male discussant from for Ogun said that the man’s response to the news of pregnancy from his female partner may be as follows:

*“We will say: ‘Come woman, I am not ready and these are the issues, will you abort it? If you want to abort it, abort it and if you don’t want to abort it, I will go if I am ready -- I will come and take my child.’”*

Similarly, one female discussant said aged 20 -25 years said: *“if an adolescent girl has an unwanted pregnancy the next thing for her is to abort the pregnancy because she might be someone that is not ready to get married”*. There are times when the male partner denies being responsible for the pregnancy leading the female to seek abortion to terminate the pregnancy. One married female from Ondo State said: *“Another person might want to abort the pregnancy because the person that impregnated her might said he did not want it and will be saying ‘I am not the one that impregnated you’ and that was the main reason why most pregnancy is being aborted”*.

### ***Abortion is never an option***

For some discussants, both male and female, abortion is not an option once pregnancy has occurred. Some reasons were given for this but most especially was the high risk involved. For instance, one married female 15-19 years from Ondo State said: *“One can do it and be successful while another person can do and die in the process.”* One male discussant from Ondo State said: *“I can’t impregnate a lady and ask her to abort. I just have to accept it because abortion is more dangerous. People die as a result of abortion.”* The risks are linked to the fact that a lot of abortion seekers procure unsafe services from quacks. Another risk associated with procuring abortion includes damage to the womb threatening future fertility. One unmarried female discussant from Ogun State talked about a female who had procured abortion: *“If she later doesn’t give birth to children, she will remember and she can kill herself”*. Some are just out rightly against abortion like one female discussant who said, *“Abortion can’t be a way for me. I will give birth to any pregnancy I have because I am against abortion.”* It is not also unconnected to the morality issues around abortion like the discussant who said abortion was a sin. Others weigh the opportunity cost of aborting a baby that could turn out to be very successful in life. They make statements like *“You cannot tell what the child will become.”* One married male discussant said: *“You can’t tell what they will become. So I would rather accept it.”*

### ***Male-female perceptions differ***

Generally, female participants seemed to perceive abortion differently from males. While females were more sympathetic based on economic situation or pregnancy out of wedlock, the males were more punitive. One unmarried female adolescent from Oyo State speaking on abortion, said:

*“It is actually good because I have this person (who) has already given birth to seven and they are all suffering because of the economic situation. Right now you will look at the limited resources -- what do you have if I give birth to a dozen, will I be able to feed them? So at that moment for such a person, it is good.”*

Contrarily, one married male from Ogun State said:

*“It’s not good, because you can never tell which child will be successful. What if Obasanjo (former Nigerian president) was aborted during pregnancy, he wouldn’t have reached this height. Even in this country, if not for the stupid leaders we have and the government, anyone who aborts should be killed immediately.... why did you have sex when you know you don’t want to be pregnant.... So you are a murderer.”* (married male from Ogun State)

However, a different stance was taken by an unmarried male discussant from Ondo State who made an appeal to men to stop denying paternity of the pregnancies for which they are responsible. He said:

*“What I want to say is that we men need to advise each other on abortion. Anyone that impregnates a woman among us should not suggest that the woman should go and abort the pregnancy. He should know he now has a responsibility. So let’s everybody accept their fate.”* (unmarried male from Ondo State)

Also, given the fact that many young people procure abortion because of the fear of their parents, several female discussants made an appeal to parents to be more supporting and accepting of their children.

*“...they (should) draw her to themselves and after being scolded, they might ask her whether she still want to continue with her education if she is a person that goes to school, or does an apprenticeship, of which she can be supported back to school”* (married female, 20-25 years old)

*“Some will accept and some will not because she aborted a pregnancy; and the Yoruba say ‘we can’t send our child to lion kill and eat, if we use our right hand to beat the child we will use left to draw her nearer.’”* (Unmarried female)

### ***The cost of abortion differs for young persons***

With respect to the cost of procuring an abortion, one female discussant indicated that the cost varies depending on whether one is married or not. She said *“... single’s price for abortion is higher than for married people, so a married women’s secret can’t easily leak out like for us singles.”* (unmarried female, Ogun State) Similarly, the cost of abortion was said to be determined by the gestational age of pregnancy. According to one of the participants, *“If it is 3 months, it costs 20,000, if it 2 months it costs 15,000, but if it is 1month it may cost only 5,000...”* (unmarried Female, Ogun State)

### ***Perceived consequences of abortion***

As already mentioned, many discussants in this study think of abortion as a crime and a vice. They generally view it as a very grievous act that is equivalent to murder. One participant remarked thus: *“It is a taboo .....it’s like the girl killed someone...that is how it is to me”* (**unmarried 15-19 years male**). A different discussant perceived consequences of induced abortion as follows:

*“(Consequences of) abortion is three fold: First, life or death. Second, barren forever. You can abort the first time and it will be successful and try it the second time and the person will die. The one I know that is worst, because a person should not come to this world in vain, is for a person to abort and the womb should get damaged and the woman is no longer able to give birth.”* (married female AYP 15-19, rural LGA, Oyo State)

### ***Abortion Stigma***

Young girls who are known to have procured abortion are very often stigmatised by members of their communities because they are considered to be wayward or promiscuous. One married female from Ondo State said:

*“What people will be thinking of her is that she has ‘uselessed’ herself and that they don’t know if she will be able to get pregnant again and they will be thinking whether that’s the only child God destined for her, so if there is any male friend that wanted to marry her, he will be afraid to talk to her because of the incident.”*

Persons with a known history of abortion are often verbally abused or castigated within the community. Mothers are said to warn their daughters to avoid friendship with such known girls. According to a married female respondent from Ondo State:

*“If (she) should pass by in the street or the community, people will be saying she is an adulteress and they will be saying that she has aborted all the children that God have destined for her.”*

Also in some instances, a potential partner’s knowledge of a female’s past history of abortion may reduce the chances of marriage between them. This was highlighted in the comments of a married female (20-25 years) discussant who said: *“Men mostly are afraid to marry those who have aborted, or those they know that have been married to several men thinking that may not be able to bear them child after marriage.”* (married female 20 – 25 year-old)

It is a common practice to stop pregnant teenagers from continuing their education, which is another reason young girls procure abortion. According to one married male in Ondo State: *“I impregnated a young lady in JSS3, she became pregnant and her father stopped her from going to school. Therefore, government should warn school girls to watch their movements.”* What may be more revealing in the speaker’s attitude was that he did not see himself as a perpetrator of harm

since he wasn't adversely affected but shifted the responsibility for preventing pregnancy to the female.

## **Discussion and Conclusion**

Several studies from Nigeria show that members of the society generally consider abortion as wrong especially from a moral, religious and medical point of view (Omideyi et al., 2014; Oye-Adeniran et al., 2005), as was found in the present study. Many consider it a sin against God and whoever commits it is a murderer. A lot of the communication around abortion was in the context of unsafe abortion. This obviously stems from the fact that current abortion laws limit the conditions for legal abortion and a lot of people's awareness about abortion has been from cases of complications from unsafe abortion. As a result, most abortions are considered unsafe. Also because of complications of unsafe abortion, community members often link infertility in women to a possible history of abortion and stemming from past waywardness.

The reasons females procure abortion are similar to those found in other studies, including shame, covering up pre- or extra-marital affairs, limiting family size, and financial considerations (Cadmus & Owoaje, 2011). However, Otoide, Oronsaye, & Okonofua (2001) gave another insight in which they reported fear of future infertility as an overriding factor in adolescents' decisions to rely on induced abortion. While this was not seen in this study, it underlies a practice of using abortion as a form contraception as reported by these authors. There was condemnation of abortion, similar to the findings of the Mitchel et al (2006) in Kenya among adolescents and Patel & Kooverjee (2009) in South Africa. Also for some in this study, abortion was not an option, irrespective of the circumstances of the pregnancy, especially when non-medically related. They consider what was done as done (i.e., the pregnancy) and desire acceptance from immediate family members and the community at large.

Some females are unsurprisingly more sympathetic towards those that might have committed abortion or intend to procure abortion, compared with males. Females are no doubt more likely to be sympathetic about abortion because it affects them directly. Omideyi et al (2014) found in their study that unmarried males were not punitive about abortion as long as the woman "used a qualified doctor." The cost of procuring abortion is one of the most important factors that determines where a woman will seek induced abortion. The finding in this study that younger women are likely to be charged more gives insight to the challenges of unplanned pregnancies among young people and why contraceptive education for youth ought to be promoted.

As in this study, participants in other studies have suggested capital punishment for anyone who procures or perform abortion (Mitchell et al., 2006). Many view abortion as a crime against or as murder. This likely derives directly from and contributes to abortion stigma in Nigeria, particularly towards young people. Results from a qualitative survey among women of reproductive age revealed that the society disapproves strongly of abortion and persons who procure induced abortion as they are viewed as promiscuous and irresponsible (Tsui et al., 2011). While this study was limited to community level perspectives, literature reports that young people also experience

abortion-related stigma in health facilities. A study that assessed individual level abortion-associated stigma among clients who had experienced abortion in Nigeria, reported that 43% of the clients had experienced abortion-related stigma (Oginni, Ahmadu, Okwesa, Adejo, & Shekerau, 2018). Abortion-related stigma is more common in adolescents and youth as compared with older women in the reproductive age group. A multi-center study among clients who obtained post abortion services revealed that women aged 24 years and below were more likely to experience individual level abortion-related stigma than their older counterparts (Oginni et al., 2018).

Abortion-related stigma often affects young people's choices about where to obtain abortion services and disclosure practices. The observation has also been made that young girls requiring post abortion care often experience stigmatization and refusal of care in some public health care facilities in a study done in Oyo State (Hebert, Schwandt, Boulay, & Skinner, 2013). Adolescents requiring post-abortion care (PAC) were often neglected this care, and attending staff were punitive and stigmatizing (Lamina, 2013). There have been efforts in recent times to institutionalise PAC as well as shift the discourse beyond PAC to comprehensive abortion care (CAC). In this regard a number of international non-governmental organizations (NGO) have been championing this cause through support of creation of national policy documents for PAC, training of health workers on PAC, and in some cases CAC, in both private and public health facilities. Hord and Wolfe (2004) recommend that such actions that will make high quality abortion care available and assessable especially at the primary health care level to the extent permitted by law need to be prioritised.

In conclusion, this study has shown that the general public looks unfavourably on abortion but personal opinions are likely to be based on whether it directly involves one as in the case where females were more favourably disposed to it than males. Young people have greater negative experiences when procuring abortion ranging from cost and stigmatisation especially when there are complications. In view of the fact that this study was conducted to support the development of a radio serial drama, we make the following recommendations. The radio drama should address the issue of unintended pregnancy in adolescents and youth, focusing on providing information about contraception and how to negotiate safe sex. Information concerning facilities and sites where adolescents can receive counselling and reproductive health services in their communities may be necessary. Affected adolescents and young persons and the larger society will benefit from messages aimed at encouraging pregnant girls to return to school. The society also need to be further sensitized to be more compassionate, to reduce stigma and to provide support to pregnant adolescents or mothers in order to ensure positive health outcomes for affected adolescents and young persons.

## References

Ajayi, A. I., Nwokocha, E. E., Akpan, W., & Adeniyi, O. V. (2016). Use of non-emergency contraceptive pills and concoctions as emergency contraception among Nigerian University students: results of a qualitative study. *BMC Public Health*, 16(1), 1046.

- Bankole, A., Adewole, I. F., Hussain, R., Awolude, O., Singh, S., & Akinyemi, J. O. (2015). The incidence of abortion in Nigeria. *International Perspectives on Sexual and Reproductive Health*, 41(4), 170.
- Cadmus, E., & Owoaje, E. (2011). Knowledge about complications and practice of abortion among female undergraduates in the University of Ibadan, Nigeria. *Annals of Ibadan Postgraduate Medicine*, 9(1), 19–23. Retrieved from <https://www.ajol.info/index.php/aijm/article/view/72430>
- Hebert, L. E., Schwandt, H. M., Boulay, M., & Skinner, J. %J J. F. P. R. H. C. (2013). Family planning providers' perspectives on family planning service delivery in Ibadan and Kaduna, Nigeria: A qualitative study. *Journal of Family Planning and Reproductive Health Care*, 39(1), 29–35. <https://doi.org/10.1136/jfprhc-2011-100244>
- Hord, C., & Wolf, M. (2004). Breaking the Cycle of Unsafe Abortion in Africa. *African Journal of Reproductive Health*, 8(1), 29–36.
- Jegede, A. S., & Odumosu, O. (2003). Gender and health analysis of sexual behaviour in south-western Nigeria. *African Journal of Reproductive Health*, 63–70.
- Lamina, M. A. (2013). Health care providers' attitudes towards termination of pregnancy: A qualitative study in Western Nigeria \*. *Open Journal of Obstetrics and Gynecology*, 2013(June), 400–410. <https://doi.org/10.4236/ojog.2013.34074>
- Lamina, M. A. (2015a). Prevalence and determinants of unintended pregnancy among women in South-Western Nigeria. *Ghana Medical Journal*, 49(3), 187–194.
- Lamina, M. A. (2015b). Prevalence of abortion and contraceptive practice among women seeking repeat induced abortion in Western Nigeria. *Journal of Pregnancy*, 2015.
- Mitchell, E. M., Halpern, C. T., Kamathi, E. M., & Owino, S. (2006). Social scripts and stark realities: Kenyan adolescents' abortion discourse. *Culture, Health & Sexuality*, 8(6), 515–528.
- Oginni, A., Ahmadu, S. K., Okwesa, N., Adejo, I., & Shekerau, H. (2018). Correlates of individual-level abortion stigma among women seeking elective abortion in Nigeria. *International Journal of Women's Health*, 10, 361.
- Olaide, G., & Aderibigbe, T. O. (2014). Justification of Women's Right of Access to Safe and Legal Abortion in Nigeria. *African Journal of Legal Studies*, 7(2), 177–202.
- Omideyi, A. K., Akinyemi, A. I., Aina, O. I., Adeyemi, A. B., Fadeyibi, O. A., Bamiwuye, S. O., ... Anazodo, A. (2014). Contraceptive practice, unwanted pregnancies and induced abortion in Southwest Nigeria. *Global Public Health: An International Journal for Research, Policy and Practice*, Sup1(52–72).
- Omo-Aghoja, L. (2010). The story of abortion: Issues, controversies and a case for the review of the Nigeria national abortion laws. *African Journal of Medical and Health Sciences*. Retrieved from <https://repository.library.georgetown.edu/bitstream/handle/10822/708572/7509.PDF?sequence=1>

- Otoide, V., Oronsaye, F., & Okonofua, F. (2001). Why Nigerian adolescents seek abortion rather than contraception: evidence from focus-group discussions. *International Family Planning*, 7(2), 77–81. Retrieved from [https://www.jstor.org/stable/2673818?casa\\_token=uLnUwgIC4OAAAAAA:IVi0GvLwWZ0aIHuIex3LJnI99KyzDOColp38ZMxx5IhTLyPuF0IR2ncloXWUuAp7RYKYhe5BjY77gv8EAmKo\\_5d2uCzHxBJM7NeI2qhNLwMDdGCD\\_Csp](https://www.jstor.org/stable/2673818?casa_token=uLnUwgIC4OAAAAAA:IVi0GvLwWZ0aIHuIex3LJnI99KyzDOColp38ZMxx5IhTLyPuF0IR2ncloXWUuAp7RYKYhe5BjY77gv8EAmKo_5d2uCzHxBJM7NeI2qhNLwMDdGCD_Csp)
- Oye-Adeniran, B. A., Adewole, I. F., Umoh, A. V, Iwere, N., & Gbadegesin, A. (2005). Induced abortion in Nigeria: findings from focus group discussion. *African Journal of Reproductive Health*, 9(1).
- Patel, C. J., & Kooverjee, T. (2009). Abortion and Contraception: Attitudes of South African University Students. *Health Care for Women International*, 30(6), 550–568. <https://doi.org/10.1080/07399330902886105>
- Tsui, A. O., Casterline, J., Singh, S., Bankole, A., Moore, A. M., Omideyi, A. K., ... Shellenberg, K. M. (2011). Managing unplanned pregnancies in five countries: Perspectives on contraception and abortion decisions. *Global Public Health*, 6(sup1), S1–S24.
- Wekesah, F., & Izugbara, C. (2017). Maternal Health in Nigeria : Facts and Figures. *African Population and Health Research Centre*, (June), 1–4. Retrieved from <https://www.popline.org/node/671301>