

## SOCIO-CULTURAL DETERMINANTS OF INDUCED ABORTION AMONG FEMALE ADOLESCENTS OF SECONDARY SCHOOLS IN NSUKKA URBAN OF ENUGU STATE

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### Abstract

*The study was embarked upon to find out the socio-cultural determinants of induced abortion among female adolescents of secondary schools in Nsukka Urban of Enugu State. Four specific objectives with four corresponding research questions, and one null hypothesis guided the study. The study adopted the descriptive survey research design. The population for the study consisted of 1,525 female adolescents from co-educational and Girls only secondary schools. The sample was 308 female adolescents selected through multistage sampling technique. Researcher's- designed valid and reliable questionnaire was used for data collection. Mean scores were used to answer the research questions, while t-test statistic was used to test the null hypothesis at .05 level of significance. Results of the study among others indicate that female adolescents accepted culture ( $\bar{x}=3.46$ ), family background and upbringing ( $\bar{x}=3.51$ ), and peer pressure ( $\bar{x}=3.19$ ) as socio-cultural determinants of induced abortion; and female adolescents of all school types accepted the enlisted socio-cultural determinants of induced abortion, with those in co-educational schools ( $\bar{x}=4.05$ ) having slightly higher mean responses than those in Girls' only schools ( $\bar{x}=4.03$ ). There was no significant difference in the socio-cultural determinants of induced abortion among female adolescents based on school type. Based on the findings, recommendations were made among which is that health personnel and significant others should sensitize adolescents on the consequences of involvement in induced abortion and the risk factors so as to reduce deaths and complications resulting from its practices.*

**Keyword:** Abortion, Induced Abortion, Socio-cultural, Determinants, Female Adolescent.

### Introduction

Induced abortion has been a controversial issue for decades, especially among female adolescents. Every year about 36 to 53 million unwanted pregnancies are terminated either legally or secretly by induced abortion throughout the world (Henshaw, 2000). The exact number of induced abortion practices is not known, and about 30 to 50 per cent of all women undergo at least one induced abortion during their lifetime (Royston, 2002). Induced abortion seems to be prevailing among female adolescents, especially those living in urban settings due to their exposure to certain social activities such as prostitution, watching pornographies, reading erotic literatures, clubbing among others. These social activities lure young women into early sexual relationships, which may result in unwanted pregnancies. The adolescent may not want to keep the pregnancy, rather seek an abortion due to some socio-cultural factors.

Abortion may be seen as premature termination of pregnancy. Grimes (2006) defined abortion as the termination of pregnancy by the removal or expulsion from the uterus of a foetus or embryo before viability. It is the ending of a pregnancy so that it does not result in the birth of a baby. Thus, pregnancy is removed from the uterus either by taking pills or by surgery. Most abortion can be provided on a daily basis which means that one does not need to stay in the clinic overnight.

Abortion can occur spontaneously or be induced. World Health Organization-WHO (2007) posited that abortion can occur spontaneously in which case it is called 'a miscarriage' or it can purposely be induced, and that induced type could be called intentional termination of pregnancy. The World Health Organization added that spontaneous abortion is that in which the termination is not provoked; and induced abortion could be legal or criminal. Legal abortion refers to medically indicated abortion for women whose life or health is threatened by congenital or genetic factors; while criminal abortion is the termination of pregnancy by illegal interference, usually undertaken when legal induced abortion is unavailable, and is performed outside the law.

Induced abortion is caused by deliberate interference. Induced abortion is a procedure that is done to end pregnancy (Shah & Zao, 2009). The author added that most induced abortion is done in the first twelve weeks of pregnancy. It is done deliberately or intentionally in a manner that the embryo or fetus will not survive or live if born. Culwell, Vekemans, De-Silva, and Hurwitz (2010) disclosed that induced abortion has a long history, and has been performed by various methods, including herbal abortifacient (traditional means) or by the use of sharpened tools and other traditional methods. Moreover, contemporary medicine utilizes medication and surgical procedures for induced abortion. The authors further disclosed that legality prevalence, cultural and religious status of abortion varies substantially around the world; its legality can depend on specific conditions such as incest, rape, socio-economic factors or the adolescent's health being at risk. Induced abortion has long been the source of considerable debate, controversy, and activism. In this study, induced abortion refers to a deliberate interruption of pregnancy by secondary school female adolescents.

Adolescence can be described as the period of life that lies between the end of childhood and the beginning of adulthood. Arnett (2007) defined adolescence biologically, as the physical transition marked by the onset of puberty and the termination of physical growth. When a girl becomes an adolescent, major physical and psycho-social changes occur in the primary sex characteristics which involves growth of the uterus, vagina, menarche and other aspects of the reproductive system (Arnett, 2007). Female adolescents may have to deal with sexual advances from older boys in the same secondary school or outside before they are emotionally and mentally mature (Johnson, Xiao, Palmer, Sun, Want, & Wei, 2008). Female adolescents are considered in this study because they are more vulnerable to sexual activities, such as watching pornographies, sexual abuse, reading erotic literatures among others. These activities may cause arousal in the adolescents, thereby luring them into having sex which may result in early unwanted pregnancy necessitating induced abortion practice or engagement.

There are many determinants that can cause female adolescents to engage in induced abortion. Lohr, Fjerstad, Desilva, and Lyus (2014) outlined the various determinants of induced abortion to include cultural background, family background or upbringing, peer pressure, social support, health status of women, rape, incest, threat to life of the adolescent, disruption of studies, economic status, age, issue of stigma, intra-uterine deformity, location among others. This study focused on socio-cultural factors determining induced abortion such as culture, family background or upbringing, and peer pressure.

Culture plays a very significant role in the lives of the people. Grimes (2006) opined that an individual's position concerning the complex ethical, moral, philosophical, biological, and legal issues which surround abortion is often related to his or her value system. Opinions of abortion may be described as being a combination of beliefs about abortion's morality, beliefs about the rights and responsibilities of the adolescents seeking to have an abortion.

Family background or upbringing is a strong determinant of induced abortion. According to Nzioka (2001), the problem female adolescents face is usually being chased away from home when they get pregnant, and this is done by parents. The onset of their problems is when parents recognized that the adolescent is pregnant. For some girls, the situation may result in both physical and psychological violence, and some may have a very harsh parent, and may not want to disclose the issue for fear of being beaten up. Nzioka added that becoming pregnant as an adolescent was a stigmatizing experience, and that it brings shame to the family.

Peer pressure can be an important influence on behaviour during adolescence. Steinberg and Monahan (2007) defined peer pressure as an influence when a peer group or individual encourages another person to change value or behaviours to suit other people's convenience. According to the authors, the decision to have an abortion may be a choice suggested by peers. An adolescent's consideration of abortion is usually influenced by the behaviour of the peer group. This group has more positive sense of self, and is more likely to be influenced by peer pressure simply because they do not want to be left out or lose the relationship they enjoy with their friends. Adetoro (2002) posited that wide-spread availability of an acceptable family-life education, with improved socio-economic status of adolescents would most probably reduce the socio-cultural factors favouring induced abortions in communities.

Engagement in induced abortion has led to various cases of infertility in married women who engaged in the act in their adolescent age as well as ovarian and breast cancers (Shah & Zao, 2009).

World Health Organization (2007) recommended certain actions to reduce the incidence of abortion, these include funding programmes that offer comprehensive sexual health information and services, provide all teens with better teaching and experience, sex education with accurate age – appropriate sexual health education, including information about contraceptives, good parenting, sexually transmitted infections, creating new birth control methods, abstinence among others.

The stigma of having unwanted pregnancies, and the fear of being sent out or drop from school lure adolescents to engage in induced abortion. Induced abortion appears to be more frequent in urban areas than in rural areas. There seem to be tremendous increase due to the location and series of sexual activities that abound in urban areas of Nsukka, Enugu State than in rural areas. Because Nsukka urban is located in the commercial nerve centre of Nsukka LGA of Enugu State, young adolescents are found indulging in immoral acts such as prostitution, clubbing, watching pornographies, trading during school period, truancy among other predisposing factors to sexual debut that results in unwanted pregnancy that could lure them to practice induced abortion. Early sexual relationships among adolescents must be discouraged as it may result in seeking induced abortion. Many young girls who become pregnant seek abortion as the only way to end unwanted pregnancies, which has long term health problems and complications. Female adolescents in secondary schools in Nsukka Urban are at high risk of unwanted pregnancy. This is because being away from parental supervision may predispose engaging in sporadic and unprotected sexual debut.

Studies (Bankole, Oye-Adeniran, Singh, Adewole, Wulf & Sedgh, 2006; Assefa & Dessalegn, 2008) have shown that there is a high rate of prevalence of induced abortion among female adolescents of secondary schools in urban areas. Most of the studies reviewed were on other concept, and there is virtually no published study on socio-cultural determinants of induced abortion among female adolescents of secondary schools in Nsukka Urban of Enugu State, Nigeria. In view of these facts, it became necessary against the back drop that identification of socio-cultural determinants of induced abortion is capable of assisting in mitigation and prevention of adolescents' engagement in induced abortion, which has terrible consequences.

## Methods

The study adopted the descriptive survey design. The study was conducted in Nsukka urban of Enugu State. The population for the study consisted of 1,525 female adolescents in secondary schools in Nsukka Urban of Enugu State. The sample for the study was 308 secondary school female adolescents. The multistage sampling technique was used to draw the sample. The first stage involved purposive sampling of 7 out of the 24 secondary schools in Nsukka Urban. The second stage involved simple random sampling of 44 female adolescents from each of the 7 selected schools through balloting with replacement. The third stage involved purposive sampling of 11 female adolescents from each of JSS III, SS I, SS II, and SS III, that is, 4 classes. This brought the sample size to 308 secondary school female adolescents selected from the 7 secondary schools used for the study. The instrument for data collection was a close ended 16-item questionnaire. The questionnaire was face-validated by three experts from the Department of Health and Physical Education, University of Nigeria Nsukka. The experts' suggestions were incorporated in the final draft of the questionnaire. A split-half method using the Cronbach alpa statistic was used to correlate the data generated. The reliability index of .74 was obtained, and adjudged reliable for embarking on the study. In the questionnaire, respondents were asked to rate each of the items on a four-point scale as follows: Strongly Agree 4, Agree 3, Disagree 2, and Strongly Disagree 1. A total of 308 copies of the questionnaire were administered by the researchers. Out of the 308 copies of the questionnaire administered, only 302 were properly completed and were used for analysis. The responses were properly cross-checked for completeness of responses, and were analysed using mean scores and t-test statistic. A mean score below 2.50 indicate not accepted determinant, while a mean score of 2.50 or above indicate accepted determinant. Mean scores were used to answer the research questions, while t-test statistic was used to test the null hypothesis at .05 level of significance.

## Results

**Table 1: Mean Responses of Cultural Determinants of Induced Abortion among Female Adolescents (n = 302).**

S/N	Cultural determinants	$\bar{x}$	Decision
1	Your belief condemns abortion.	3.74	Accepted
2	Pregnant adolescent is regarded as loose by the society, therefore they abort their babies.	3.28	Accepted
3	It is a taboo to be pregnant out of wedlock.	3.48	Accepted
4	Fear of being ostracized by the community.	3.31	Accepted
5	Shame of stigma of pregnancy.	3.50	Accepted
	<b>Cluster mean</b>	<b>3.46</b>	<b>Accepted</b>

Table 1 shows that female adolescent had a cluster mean of 3.46 which is above the criterion mean of 2.50. This implies that female adolescents accepted culture as a socio-cultural determinant of induced abortion. The table also shows that female adolescents had mean scores above the criterion mean of 2.50 in items: your belief condemns abortion ( $\bar{x} = 3.74$ ); shame of stigma of pregnancy ( $\bar{x} = 3.50$ ); it is a taboo to be pregnant out of wedlock ( $\bar{x} = 3.48$ ); fear of being ostracized by the community ( $\bar{x} = 3.31$ ); and pregnant adolescent is regarded as loose by the society therefore they abort their babies ( $\bar{x} = 3.28$ ).

**Table 2: Mean Responses of Family Background and Upbringing Determinants of Induced Abortion Among Female Adolescents (n = 302).**

S/N	Family Background determinants	$\bar{x}$	Decision
6	Shame and disappointment to parents.	3.48	Accepted
7	Fear of being disowned by parents.	3.43	Accepted
8	Parents' disapproval of their pregnancy.	3.63	Accepted
9	Feeling of being an object of ridicule.	3.57	Accepted
10	A feeling of being regarded as bad influence to family members.	3.46	Accepted
	<b>Cluster mean</b>	<b>3.51</b>	<b>Accepted</b>

Table 2 shows that female adolescents had a cluster mean of 3.51, which is above the criterion mean of 2.50. This implies that female adolescents accepted family background as a determinant of induced abortion. The table also shows that female adolescents had mean scores above the criterion mean of 2.50 in items: parents' disapproval of their pregnancy ( $\bar{x} = 3.63$ ); feeling of being an object of ridicule ( $\bar{x} = 3.57$ ); shame and disappointment to parents ( $\bar{x} = 3.48$ ); a feeling of being regarded as bad influence to family members ( $\bar{x} = 3.46$ ); and fear of being disowned by parents ( $\bar{x} = 3.43$ ).

**Table 3: Mean Responses of Peer Pressure Determinants of Induced Abortion Among Female Adolescents (n = 302).**

S/N	Peer Pressure determinants	$\bar{x}$	Decision
11	Fear of losing friends.	3.11	Accepted
12	Ridicule from friends.	3.30	Accepted
13	Stigma of being a single parent.	3.16	Accepted
14	Do not want to be labeled a timid girl	3.19	Accepted
15	Fear of being discriminated by the friends.	3.18	Accepted
	<b>Cluster mean</b>	<b>3.19</b>	<b>Accepted</b>

Table 3 shows that female adolescents had a cluster mean of 3.19, which is above the criterion mean of 2.50. This implies that female adolescents accepted peer pressure as a determinant of induced

abortion. The table also shows that female adolescents had mean scores above the criterion mean of 2.50 in items: ridicules from friends ( $\bar{x} = 3.30$ ); do not want to be labeled a timid girl ( $\bar{x} = 3.19$ ); fear of being discriminated by friends ( $\bar{x} = 3.18$ ); stigma of being a single parent ( $\bar{x} = 3.16$ ); and fear of losing friends ( $\bar{x} = 3.11$ ).

Table 4 shows that female adolescents in co-educational schools ( $\bar{x} = 4.05$ ) and Girls only schools ( $\bar{x} = 4.03$ ) accepted the enlisted items as determinants of induced abortion, with those in co-educational schools having greater acceptance than those in Girls only schools.

**Table 4: Mean Responses of Determinants of Induced Abortion among Female Adolescents Based on School Type (n = 302).**

S/N	Determinants of Induced Abortion	Co-educational (n = 168)		Girls only (n = 134)	
		$\bar{x}$	Decision	$\bar{x}$	Decision
<b>Cultural determinants</b>					
1	Your belief condemns abortion.	3.79	Accepted	3.68	Accepted
2	Pregnant adolescent is regarded loose by the society, therefore they abort their babies.	3.25	Accepted	3.33	Accepted
3	It is a taboo to be pregnant out of wedlock.	3.49	Accepted	3.48	Accepted
4	Fear of being ostracized by the community.	3.27	Accepted	3.36	Accepted
5	Shame of stigma of pregnancy	3.54	Accepted	3.37	Accepted
	<b>Cluster mean</b>	<b>4.12</b>	<b>Accepted</b>	<b>4.11</b>	<b>Accepted</b>
<b>Family Background and Upbringing determinants</b>					
6	Shame and disappointment to parents.	3.39	Accepted	3.51	Accepted
7	Fear of being disowned by parents	3.53	Accepted	3.31	Accepted
8	Parents' disapproval of their pregnancy	3.69	Accepted	3.54	Accepted
9	Feeling of being an object of ridicule.	3.55	Accepted	3.59	Accepted
10	A feeling of being regarded as bad influence to family members	3.48	Accepted	3.43	Accepted
	<b>Cluster mean</b>	<b>4.24</b>	<b>Accepted</b>	<b>4.20</b>	<b>Accepted</b>
<b>Peer Pressure determinants</b>					
11	Fear of losing friends.	3.11	Accepted	3.02	Accepted
12	Ridicules from friends	3.19	Accepted	3.37	Accepted
13	Stigma of being a single parent	3.22	Accepted	3.02	Accepted
14	Do not want to be labeled a timid girl	3.19	Accepted	3.18	Accepted
15	Fear of being discriminated by friends.	3.11	Accepted	3.10	Accepted
	<b>Cluster mean</b>	<b>3.80</b>	<b>Accepted</b>	<b>3.77</b>	<b>Accepted</b>
	<b>Overall cluster mean</b>	<b>4.05</b>	<b>Accepted</b>	<b>4.03</b>	<b>Accepted</b>

**Table 5: Summary of t-test Analyses of no Significant difference in the Socio-cultural Determinants of Induced Abortion Among Female Adolescents Based on School Type**

	School Type	N	$\bar{x}$	SD	Df	t	P-value
Mean Responses of Socio-cultural determinants of induced abortion	Co-educational (mixed)	168	3.48	.45	30	.6	.54
	Girls only	134	3.44	.57	0	2	

Table 5 shows the t-value with corresponding P-value of socio-cultural determinants of induced abortion among female adolescents ( $t = .62$ ,  $P = .54 > .05$ ). Since the P-value was greater than .05 level of significance, the null hypothesis of no significant difference in the socio-cultural determinants of

induced abortion was therefore accepted. This implies that accepted socio-cultural determinants of the studied school type were the same.

### Discussion

The finding of the study in Table 1 shows that female adolescents of secondary schools in Nsukka Urban accepted culture ( $\bar{x} = 3.46$ ) as a determinant of induced abortion. This finding was expected and therefore not surprising because culture plays a very significant role in the lives of a particular people. The finding was in line with the assertion of Bankole and Adebayo (1999) who asserted that culture performs a major regulatory behaviour in which actions and reactions of individuals are set or ordained. The finding was also in agreement with the opinion of Grimes (2010) that an individual's position concerning the complex ethical, moral, philosophical, biological, and legal issues which surround abortion is often related to his or her value system. The findings could be as a result of having different societies and cultures all over the world, and they all seem to frown down on abortion of any type especially from the cultural and religious point of view. In Nigeria, Christian, Islamic, and traditional religious practices are against abortion, and have equivocal restriction of their members from indulging in it. The finding has implication for parents in inculcating sound moral principles and societal norms that helps their wards to refrain from indulging in induced abortion, which is a dangerous act.

The finding of the study in Table 2 shows that female adolescents of secondary schools in Nsukka Urban accepted family background and upbringing ( $\bar{x} = 3.51$ ) as determinant of induced abortion. This finding was expected and therefore not surprising because the way a child is trained or brought up reflects in his lifestyle afterwards or in the future. The finding conforms to the finding of Paluku, Mabuza, Maduna, and Ndimande (2010) who reported that people indulge in abortion so that they can complete their education, the fear of having a child outside wedlock, and avoid being labeled by the society as loose. The finding was in line with the assertion of Nzioka (2001) who asserted that the problem female adolescents face is usually being chased away from home when they get pregnant by their parents; and becoming pregnant as an adolescent was a stigmatizing experience, and it brings shame to the family. Some female adolescents may have very harsh parents, and may not want to disclose the issue for fear of being beaten up. Pregnant adolescents should receive empathy and support from their parents, rather than being sent away from home or over punished. The finding could also be because if girls become pregnant, the people around them begins to point fingers at them, which leads them to stay in the house and not come out during day time, and some are compelled to leave their homes to places they do not know. The finding has implication for parents in educating their female wards on sex education, risk of unwanted pregnancy, and the shame and negative consequences associated with engagement in induced abortion.

The finding of the study in Table 3 shows that female adolescents of secondary schools in Nsukka Urban accepted peer pressure ( $\bar{x} = 3.19$ ) as a determinant of induced abortion. This finding was expected and therefore not surprising because peers influence some of the lifestyles of their members, and peer pressure is adolescents' experience. The finding agrees with the assertion of Steinberg and Monahan (2007) who asserted that the decision to have an abortion may be a choice suggested by peers. An adolescent's consideration of practising induced abortion is usually influenced by the behaviour of peer group. This group has more influencing power and positive sense of self, and is more likely to be influenced by peer pressure simply because they do not want to be left out or lose the relationship they enjoy with their friends. The finding has implication for health educators in sensitizing female adolescents through health talks and seminars on the benefits of choosing good friends or peer that can influence them practice healthy lifestyle.

The finding of the study in Table 4 shows that female adolescents in co-educational schools ( $\bar{x} = 4.05$ ) and Girls only schools ( $\bar{x} = 4.03$ ) accepted the enlisted items as determinants of induced abortion, with those in co-educational schools having greater acceptance than those in Girls only schools. The summary of t-test analysis in Table 5 indicates that there was no significant difference in the socio-cultural determinants of induced abortion among female adolescents in secondary schools in Nsukka Urban of Enugu State based on school type. The findings were expected and therefore not surprising because the respondents are more exposed to premarital sexual debut in co-educational

schools than in Girls only schools where males rape and deny the paternity of what they did. The finding was in line with the assertion of Johnson, Xiao, Palmer, Sun, Want, and Wei (2008) who asserted that female adolescents may have to deal with sexual advances from older boys in the same secondary school or outside before they are emotionally and mentally mature. Most of the male students in co-educational schools are too young to father children. The finding has implication for school administrators in discouraging premarital sexual debuts among secondary school students as well reduce the availability and spread of erotic literature which predispose adolescents to premarital sexual acts that result in unwanted pregnancy and desire to engage in induced abortion. The summary of t-test analysis revealed that there was no significant difference in the socio-cultural determinants of induced abortion among female adolescents in secondary schools in Nsukka Urban of Enugu State based on school type.

### Conclusion

The findings have shown that female adolescents in secondary schools in Nsukka Urban of Enugu State accepted culture, family background and upbringing, and peer pressure as socio-cultural determinants of induced abortion. Female adolescents in co-educational and Girls only schools accepted the enlisted determinants of induced abortion, with those in co-educational schools having greater acceptance than those in Girls only schools. The null hypothesis was accepted for no significant difference in the socio-cultural determinants of induced abortion among female adolescents based on school type. These findings have shown that female adolescents engage in induced abortion for reasons of lack of support from significant others, parents disapproval, avoidance of becoming mothers prematurely as well as the responsibility attached to it.

### Recommendations

1. Health personnel and significant others should sensitize adolescents on the consequences of involvement in induced abortion and the risk factors so as to reduce deaths and complications resulting from its practices.
2. Female adolescents should be provided with the knowledge of correct use of contraception, and be informed on the danger of unprotected sexual debut that leads to engagement in induced abortion.
3. Health Educators and other health professionals should be able to identify or detect a health issue that could cause the death of an adolescent during pregnancy or could cause a lifelong huge complication.
4. Parents and teachers should be aware of the age at which adolescents are sexually active, and involve them in active sex education programme.

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