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### Secret strategies: Women and abortion in Yoruba society, Nigeria

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**Publication date**  
2003

[Link to publication](#)

#### **Citation for published version (APA):**

Koster, W. (2003). *Secret strategies: Women and abortion in Yoruba society, Nigeria*. [Thesis, fully internal, Universiteit van Amsterdam]. Aksant.

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## ABORTION BY SINGLE WOMEN

The statistics in Chapter 4 clearly indicated that single women initiate the majority of abortions, and that single females, especially young girls, have unsafe abortions more often and will therefore suffer from complications more frequently than married women do. Various reasons account for these differences between groups as will be illustrated by the personal histories of women who have undergone induced abortion. We considered single women to be those who reported to be single or engaged *and* had not been married before – if they had been married before they were considered as divorced or widowed.<sup>1</sup> The few women who had initially reported that they had a husband, but who appeared, after probing, to not be formally married and to not have children were also counted as single. Personal histories presented in this chapter reveal that this type of relationship appears very unstable. When I talk about ‘single women’ in general, I group singles of all ages together: girls (below 20 years of age), young women (women 20-24) and women (25 years old and above).

### *Study populations*

Information was collected from various study populations as summarised in Table 5.1.

Table 5.1. Study populations and sample size for Chapter 5: Abortion by single women

<i>study population</i>	<i>sample size</i>
Women who had an abortion when they were single	513
Past abortion experiences (reported by the 513 women above)	823
Unwanted pregnancies of single women	427
Single women with complications of induced abortion interviewed in the hospital	29
Histories about single women who died from abortion	79
Stories on abortion by schoolgirls, written by secondary school youths	106

A total of 513 single (at the time of their abortion) women reported 823 abortion experiences. These women were interviewed in the communities of Lagos and Epe or while visiting an ethnomedical or biomedical service provider. We analysed their situation when they had their abortion retrospectively, thus women might be married when we interviewed them, but were still single when they aborted.<sup>2</sup> About one-quarter (26%) of the abortion experiences of single women were those of secondary schoolgirls, 20% were of women in some sort of post-secondary education, 17% were of apprentices and 37% were of women not involved in any training or school. Their ages ranged from 12 to 39 years, with a mean of 21.3. Almost half (48%) of the experiences were of young women within the age group 20-24 years, while 32% were of girls under 20 years of age. The age group 25-29 years had had just 17% of the abortion experiences; single women of 30 years or older had only 2%.

Apart from the generally quantitative data based on these 823 abortion experiences of single women, I collected case histories through in-depth interviews with 29 single women who came with complications of induced abortion to the hospital. Four of them were secondary school students, two were in post-secondary education and six were apprentices. The remaining 17 of them were not in school, but six of these planned to further their education and some had already gained admission to a university. Only one out of these 29 single women had had an abortion before.

In all the questionnaires of the different surveys,<sup>3</sup> we asked the respondent whether she had ever had a pregnancy she was not ready for, and whether she was single or married at the time. A total of 427 unwanted pregnancies of single women were reported; 34% were of secondary schoolgirls, 11% of students of post-secondary education, 18% of apprentices and 37% of single girls and women not in school. These women reported on how they coped with the unwanted pregnancy, whether they aborted, kept the pregnancy or attempted abortion.

References will be also made to the 79 histories about single women who had died from abortion, as reported by women in the community survey, and to the 106 stories about abortion by schoolgirls, written by secondary school students.

### **Reasons for resorting to abortion**

Abortion is usually preceded by an unwanted pregnancy; very few women terminate an initially wanted pregnancy. When asking girls and women for the reason(s) why they aborted, they could mention several, but usually each person had one primary reason. Reasons why the aborted pregnancy was unwanted

differed between single women who were following different forms of education (secondary school, post-secondary education and apprenticeship), and women who were not undergoing any training (Table 5.2).

Table 5.2. Main reported reasons for abortion by single girls and women, by schooling status

<i>reasons for abortion</i>	<i>schooling girls (N=515)</i>	<i>girls and women not in school (N=308)</i>
Present schooling or apprenticeship	89%	-
Financial instability of self/partner	3%	37%
Career plans	-	20%
The father of the child not acceptable to her	2%	14%
Partner broke off relation, denied responsibility	4%	10%
Feels she is too young	-	8%
Others influenced her to abort (parents, partner)	1%	5%
Did not want a child out of wedlock	-	3%
Others*	1%	3%
<i>Total</i>	<i>100%</i>	<i>100%</i>

\* Circumstances changed, partner died, bad health

'I was still schooling/apprenticed', was the most frequently mentioned reason why the 515 single girls and women who followed any form of education reported aborting their pregnancy (89%). It seems that the lower the level of education, the more important this motivation was. Of the 212 secondary school-girls, 95% mentioned their schooling as a reason for abortion, while 86% of the 167 post-secondary students and 84% of the 136 apprentices did. The accounts of secondary schoolgirl Ayo and apprentice Sherifat expand on this motivation.

Ayo is a 19 year-old student of senior secondary school class 2 who goes to the *Aladura* church. She aborted her first pregnancy: "Two months after my last menstruation I noticed that my breasts were full and I was afraid I was pregnant. I felt very bad. I am still schooling and I am the only girl out of five children and I know my parents would not be happy at all. I got pregnant from my boyfriend. We have been going out together for one year; in fact he is my first boyfriend. The pressure on me to have sex with him was too much and I agreed. I only had sex once and got pregnant. I never knew you could get pregnant from making love the first time. I did not use anything to prevent pregnancy. I had sexual education in school and my mother told me things herself. My boyfriend wanted me to keep the pregnancy, but I did not want to because of my education." [Continued in section 'Complications'.]

Sherifat is a 20 year-old Muslim fashion-design apprentice who has her secondary school certificate. She aborted her first pregnancy: "I was sad when I found out that I was pregnant, because I was still learning a trade. I used to observe my safe period, but I must have miscalculated. I got pregnant from my boyfriend whom I had for two years. I see him as my fiancé; we intend to get married. He sells spare parts. He said he was not ready for a baby because his business is not going very well. I also do not want to stop learning my trade. If I would keep the baby it means I would have to discontinue. I did not tell my parents that I was pregnant, because they would have stopped me from aborting and thus I would have to end my apprenticeship." [Continued in section 'Complications'.]

Ayo and Sherifat were afraid they would have to discontinue their education if discovered pregnant. School authorities send pregnant girls away; the girls may never have the chance to get back after they had their babies. They may be too occupied with caring for the baby, or parents may refuse to spend any more money on their schooling. Employers also do not want to keep a pregnant apprentice who is single. She is considered a bad example of immoral behaviour to others and, moreover, may be unreliable in her work during pregnancy. Many single girls, such as Ayo, added that they were afraid of the reaction of their parents if they discovered that their daughter was pregnant. On the one hand, they feared the anger of their parents because of having had premarital sex. On the other hand, they anticipated that their parents might force them to continue the pregnancy. Very few girls in school had other reasons for aborting. Four percent mentioned that the man who made them pregnant broke off the relationship and denied being responsible for the pregnancy. The other girls still in school said that they and/or their partners did not have money to raise a child (3%), that the man who made them pregnant was not acceptable to them (2%) or would not be acceptable to their parents (1%).

The account of Ronke (continued in Chapter 8) illustrates the reason most frequently mentioned why non-schooling women aborted: they and their partners had not saved enough money to start a family (37% of the experiences of non-schooling women).

Ronke is a 17 year-old Pentecostal 'house-girl' (domestic servant) who has completed six years of education. This was her first pregnancy: "I had a boyfriend for two years who is a house-boy, living in the same area. He promised to marry me when he would have enough money. We had sex every weekend. I do not know how I got pregnant, because as always I took Andrew's Liver Salt [a purgative] immediately after intercourse, but it did not work this time. I was

not happy at all when I found out after one month that I was pregnant because I missed my period. My boss would not want me to have a baby in her house, which means that I was about to lose my job. My boyfriend was afraid and sad because he had not saved enough money yet to take care of a baby and also if his boss would find out, he might send him away. Therefore we wanted to abort the pregnancy."

Funke's history illustrates the second most important reason (mentioned by 20% of non-schooling interviewees) why non-schooling single women abort: They have career plans and a pregnancy and a baby would hinder their opportunities. Although not in school presently, some women still had the intention of continuing with their education and some of them had already been admitted to further their studies. Others had plans to set up a business or had just secured a job.

Funke is 22 years old and unemployed; she attends Pentecostal church: "I missed my period in the third month, but in the two previous months I had scanty menstruation. I used to take Andrew's Liver Salt after sex and sometimes Limca Lemon [a bitter lemon drink] before sex, but did not take it then. I was afraid and confused because I had a baby once when I was in SSS3 [senior secondary school class 3, which is the final year] and I had to leave school for that reason. The child is only three years old and lives with my mother in the village, while I live here [in Lagos] with a kind aunt who promised to send me to school. I felt that I had let her down by getting pregnant again. I told a female friend and my boyfriend that I was pregnant. We had been going out for almost one year and had sex at least once a week. He had promised to marry me. He works somewhere in Victoria Island [a posh business area of Lagos], but I do not know the nature of his job. He was not happy when I told him I was pregnant because he also had the intention of furthering his studies. I was afraid and confused what to do, but I knew I wanted to abort." [Continued in section 'Complications'.]

The third most often mentioned reason by not-in-school single women to abort (14% of abortion experiences) was that the man who made her pregnant was not acceptable to them: They got pregnant from men that they would not like to marry and have a child with. These men might be either just boyfriends for fun (see Lara's history, page 180) and/or money (see Wanu's history, pages 163 and 172), persons other than their regular boyfriend or rapists.

Seven single women reported they aborted because the pregnancy resulted from rape. Two girls were still in secondary school when they were raped, two were in university, one was an apprentice and two were not schooling. Two girls

were raped by their step-father, one by a male friend of her mother, one by her father's friend, one by a senior student (she was in boarding school) and one by gangsters. Being raped by a family member is incestuous and it is very difficult to cope with, as the following two personal histories illustrate.

Yinka is 27 years old and married, a university graduate who is now seven months pregnant. She does not have children, but had two abortions, in 1993 and 1994: "When I was 22 and in university, my step-father raped me. I was so scared and I did not know what to do. I could not tell my mother because I did not want people to say that I was ruining my mother's marriage. Also I was ashamed to tell anybody what happened but I eventually told my best friend. I had an abortion by 'vacuum' at a hospital."

Dunni is a 35 year-old fashion designer who is Catholic and married. She has a secondary school certificate. She has one child and had one abortion: "When I was 13 years old and in secondary school, in 1977, my step-father raped me. I never knew that I was pregnant until when my mother noticed that I did not ask for a pad for two months. When my mother asked me to open my dress, she saw I was pregnant. I told her what had happened. My mother said I was too young to have a baby and that I might die in the process of giving birth. She took me to my brother who was a doctor in a teaching hospital and he did the abortion. My mother never told my brother that my step-father raped me; she told him that an unknown person did. I had vowed never to forgive my step-father till I die, but I am now a devoted Christian and I have forgiven the man." [Dunni still had difficulties in narrating her ordeals with her step-father.]

Yinka was already older and a university student when she was raped and knew that she could get pregnant. She tried to find a solution herself, because she could not confide in her mother. She felt ashamed and perhaps even guilty, fearing that others might accuse her that it was her own fault. Dunni was still very young and ignorant when her step-father raped her. She was not aware of what the consequence of rape could be. She did not tell her mother about what happened because she was ashamed. Her mother, upon discovering what had happened, found a solution, without telling others the exact facts.<sup>1</sup>

The numbers of reported rape cases were not many, but they confirm what is commonly held, that rape is often committed by a man close to the girl or woman. This may be even more emotionally damaging than when the rape was committed by a stranger, because it leads to permanent feelings of insecurity. The girl or woman raped by someone familiar to them will be tangled in a web of guilt and fear of exposing the man, because other relationships (such as that

between her mother and the step-father) will surely suffer from the exposure, and she may be blamed for it.

The fourth most commonly reported reason for abortion in single, non-schooling girls and women was that the men who made them pregnant denied responsibility or broke off the relationship. They felt unable to take care of a baby on their own or did not want to be a single mother (see the history of Iyabo, page 178). In 8% of experiences, girls and women said they felt they were too young to have a baby. The societal disapproval of premarital sexual relations and children as well as the practical problems they envisaged made these young women decide to abort. In 5% of cases, parents did not agree with her marrying the man who made her pregnant and made her to have an abortion.

The most oft-reported reasons for abortion imply that the pregnancy was unwanted from the outset, even before intercourse. Thus, pregnancy could and should have been prevented. Though some conditions that became reasons for abortion could not have been foreseen, for example if the partner changed his mind, or when health problems developed during pregnancy, this category of reasons was a small one. It appears that the vast majority of single women aborted for reasons that are not approved of as acceptable reasons for abortion by community opinions. The circumstances push young women with an unwanted pregnancy into practices that are not supported by the dominant rule.

### **Coping with unwanted pregnancy**

The stories above may suggest that single girls and women with an unwanted pregnancy more or less automatically cope with it by abortion. I often heard such remarks from persons who condemned the immoral behaviour of girls who nowadays have premarital sex and, supposedly, solve the problem of a pregnancy by aborting it without remorse. However, the decision to abort is usually not taken lightly, but weighed against the alternatives. A single woman faced with an unwanted pregnancy goes through internal turmoil. If she were discovered to be pregnant, she would have to endure feelings of shame and face social stigma. If she continues the pregnancy, practical consequences such as financial problems with caring for a baby and/or not being able to continue schooling would present themselves. Abortion is a way out of these anticipated problems but, at the same time, poses a problem in itself because it is known to be very hazardous. Other problems with abortion are where to go to get one and how to finance it. Thus, an unwanted pregnancy is a stressful event that the pregnant woman will have to cope with one way or another.

As discussed in the literature review in Chapter 1, coping strategies can be either more problem-focused or emotion-focused. Problem-focused coping tries to deal with the stressor itself, while emotion-focused coping involves dealing with the emotional strain the stressor invokes. A main factor influencing a woman's strategy of coping with an unwanted pregnancy will be the reasons why she evaluates her pregnancy as unwanted. Other influential factors will be her personal characteristics, knowledge resources, financial resources and her relationships with other (potentially supportive) persons. They could help her by giving her advice or financial assistance, or hinder her by preventing her to abort. They might be the cause for her choosing a certain strategy, for example if she wants to hide her pregnancy from them, or if the man who made her pregnant refuses responsibility. The ultimate outcomes of the two strategies for coping with unwanted pregnancy are straightforward: either to have a baby, or, to not have a baby (by induced abortion). Having the baby would involve mainly emotion-focused coping, and abortion involves mainly problem-focused coping strategies. Women who decide to continue the pregnancy and have the baby either redefine the problem, or they avoid thinking of it or taking action, and just let things happen as they come and undergo the consequences. Of course, women who decide to have the baby cannot escape some problem-focused coping as well: They have to deal with the social and practical consequences of carrying an unwanted pregnancy, which may require informing their parents, moving away from the area or leaving school. Likewise, abortion would also involve emotion-focused coping, because women have to face their fear of complications and their possible moral objections.

### *Coping outcomes*

It is remarkable that most single girls and women faced with an unwanted pregnancy coped with it by aborting (69%), i.e. resorted to problem-solving coping. Only one quarter allowed the pregnancy to continue for better or worse (see Table 5.3). An interesting intermediary category is the 'tried abortion' (7%). These girls and women attempted abortion, but then either decided to stop because the method they used did not work or were prevented from continuing when others found out. The 'tried abortion' in this study should be considered as abortions, according to the definitions laid out in Chapter 2, because the intention of the woman was to abort. Thus, the rate of abortion of single women's unwanted pregnancy is a very high 76%.

Table 5.3. Outcome of coping with unwanted pregnancy of single girls and women, by schooling status

<i>schooling status</i>	<i>% aborted</i>	<i>% tried abortion</i>	<i>% continued pregnancy</i>	<i>total %*</i>	<i>N</i>
Secondary school	67%	10%	24%	100%	144
Post-secondary	81%	6%	13%	100%	48
Apprentice	71%	3%	26%	100%	77
Not in school	67%	6%	27%	100%	158
<i>All</i>	<i>69%</i>	<i>7%</i>	<i>24%</i>	<i>100%</i>	<i>427</i>

*Source:* women in community, ANC and infertility surveys who reported an unwanted pregnancy when they were single. (Not included are the women who only answered the abortion questionnaire.)

\* Figures do not always add up to 100% due to rounding

Figures on coping outcomes for single girls both in and out of school did not vary significantly, although the abortion rates were highest among post-secondary school students. Perhaps the older girls had a greater sense of self-efficacy. This could be due to the fact that they are older than secondary schoolgirls and probably feel more in control of the situation. More of them live separately from their parents and will thus have better opportunities to seek solutions than secondary students who live at home. Also, students in higher education usually have better access to money for abortion. Girls and women not in school aborted the least (but still the majority did so), probably because their motivation to abort was less pressing, especially if marrying the father of the baby was an option.

Table 5.4 summarises the distribution of reasons that the 102 single women with unwanted pregnancies gave for *not* aborting; some of the reasons implying an active decision, others a less active decision.

Single women may actively decide to keep an unwanted pregnancy – keeping it does not necessarily imply a lack of agency. Some young women made an active decision not to abort because of their moral objections or fear of complications. Others let their parents or boyfriends convince them to continue the pregnancy and had to cope emotionally by abandoning their aspirations of finishing training or becoming financially stable. The most common reason for keeping an unwanted pregnancy was the fear of the negative health consequences of abortion, and in particular, the fear of dying, as illustrated in Fatima's history on the next page. These findings support the community opinions that object to abortion primarily because of the health risks. It should be noted that women who aborted also often feared for their health, but for them this fear was surpassed by their stronger motivations to abort.

Table 5.4. Reasons reported by single women for keeping an unwanted pregnancy

<i>reasons for not aborting</i>	<i>percentage (N=102)</i>
<i>active decision to keep it</i>	
Fear of health complications	37%
- Fear of death	(26%)
- Because pregnancy was too advanced	(4%)
- Fear of infertility	(3%)
- Fear of complications	(4%)
Against personal morals and values	7%
- Against faith	(4%)
- Just does not do abortion, because it is bad	(3%)
Fear to go against family taboo	6%
<i>not an active decision – circumstances made her keep it</i>	
Had wanted to abort, but	32%
- Was not allowed to do so by partner	(18%)
- Parents prevented her	(11%)
- Did not know what to take	(3%)
Reason resolved – partner married her	7%
No specific reason	7%
No answer	3%
Others	2%
<i>Total</i>	<i>100%</i>

Fatima is an 18 year-old Muslim small trader with a secondary school certificate who works with her mother. She is six months pregnant from her stable boyfriend: "I was still in school when I got pregnant from my boyfriend, I did not know one can get pregnant just like that, the first time. I was so afraid to tell my parents, my father would kill me. But I left the baby and did not have an abortion, because I had heard a lot about those who have taken drugs or went to the hospital for abortion and that they sometimes die." [Fatima is attending ANC at a TBA clinic and a private hospital. Her mother and the mother of her boyfriend told her that she should go there. She seems to be well taken care of, and may marry the father of her child.]

Moral objections against abortion ('abortion is against my faith, and is a very bad thing') were the reasons for not aborting for 7% of the single women, while 6% did not abort because, like Folake, they feared violating their family taboo against abortion.

Folake is a 26 year-old Muslim married fashion designer who attained her secondary school certificate. She has a two year-old child, which she had when she was single. Thereafter she had one miscarriage while still single: "I was not married and got pregnant when I was 26 years old, this year. I did not want the pregnancy, because I was not financially stable. However, I did not abort it, because it is a taboo in my family to abort, because it is believed that the person who aborts will surely die in the process. I married the man who made me pregnant." [She is now 6 months pregnant.]

Folake considered herself lucky that the man who made her pregnant married her. She shared this fate with 7% of the women whose initially unwanted pregnancy (because they did not want to be a single mother) became a wanted one, because the men who made them pregnant accepted the pregnancy and married them. None of these women were in school.

For another 32% of the single women, keeping the pregnancy was not their active decision. Most of them (29%) had wanted to abort, but they were convinced or coerced by others including their parents (see Islamia's history), partner (see Mosurat's history) or other family members to do so. That Islamia was really serious in her wish to abort is illustrated by the fact that she had two abortions afterwards.

Islamia is a 25 year-old Muslim owner of a food canteen, who dropped out of SSS2. She has one seven year-old child. "I was 16 and still in secondary school when I got pregnant. I was so afraid and did not know what to do and maybe wanted to abort. I confided in my friend. Unfortunately my friend then told my elder sister about it, and she reported me to my mother. So I had no time to even think about it. I dropped out of school and had the baby." [After the unwanted pregnancy to which this story pertains, she had two abortions. At the time of those abortions she was single and not in school and got pregnant from a married man whom she did not want to marry.]

Mosurat is an 18 year-old Muslim hairstylist, who went up to JSS3. She is five months pregnant: "I was working in a hair saloon and still single. I found out that I was pregnant at one-and-a-half months - this year. I got pregnant from my boyfriend. I did not want the pregnancy, because I still wanted to work and have money to set up my own hair salon. However, my partner was very keen on having a child. So he went to my parents and wedding arrangements started and I am married now."

The other 3% who had wanted to abort said they did not know how to go about having an abortion, or having a safe abortion, like Omolara.

Omolara is a 32 year-old Pentecostal married trader in clothes who went up to SSS3. She has two children of nine and one-and-a half years old, and had two miscarriages after her first child: "I was 22 years old and still an apprentice and single when I noticed I was pregnant at three months. I would have loved to abort it, but I was scared of using the wrong method and thus die in the process. I married the man who made me pregnant." [A year later she divorced him; she is now in her second marriage.]

Seven percent of the single girls and women who eventually kept an unwanted pregnancy actually had attempted to abort (See Table 5.3). They usually tried to abort by taking some medicines or other substances orally. Most of them knew about these methods from their girlfriends. When the method did not work, they stopped for a range of reasons, sometimes because of their own decision and sometimes because of the interference of others. Some young women, like Agunbadi, were afraid to go to a hospital for an abortion because of fear of exposure or fear of the abortion methods that staff would use in the hospital.

Agunbadi is a 28 year-old Muslim married hairdresser with a school certificate: "I was 24 and not in school, but I wanted to further my studies. I got pregnant from a boyfriend whom I did not want to marry. So at three months I tried to abort by taking Schweppes and Alabukun [an analgesic]. A female friend had told me about the method. However, it did not have any effect on me. I then decided to leave the pregnancy [in tact], because I could not stand the idea of going to a hospital for an abortion."

Other girls and women stopped after a failed self-abortion, because their pregnancy had advanced too much to abort it safely. Adesanya took the advice of the nurse at the clinic where she had gone to for help.

Adesanya is a 15 year-old Muslim unemployed girl who dropped out of JSS3: "I was still in secondary school when I got pregnant - this year. I wanted to abort it. When I was two months pregnant I took unripe lime and hot gin. My girlfriend had told me about it. I had only mild stomach pain. Later it subsided. I told my friend about it and she said it was okay, that the pregnancy would later come down, that I should just wait. I waited till the pregnancy was four months. Then my friend took me to a nurse for an abortion. However, the nurse advised me to keep it, because the pregnancy was too advanced. She said that I might die if I would try to abort it now. So I kept it. I am still pregnant now."

In some cases, like Kolawole's, girls were prevented from continuing with another abortion method by their parents. Most parents were very angry when

they found out. Girls were afraid to go against this anger and make matters even worse for themselves by attempting another abortion.

Kolawole is a 25 year-old Muslim woman with a secondary school certificate. She had two previous abortions in 1992 and 1993. Both times she got pregnant from a man she did not want to marry: "I got pregnant from my fiancé this year. I was unemployed. I felt I was not ripe for marriage yet and did not want to have to marry because of a pregnancy. I tried to abort with Gynaecosid tablets [a menstrual regulation drug] and gin, as I had tried before [she had tried two times, when it did not work those times she had gone to a private hospital] but it did not work on me again. My mother found out from other people that I was pregnant and she swore to disown me if I aborted the pregnancy. So I had no other choice but to keep it. I am still pregnant now."

Sometimes the abortion methods the woman tried causes so many problems that she then decides to stop trying. When Bunkola ended up in the hospital after her attempted abortion, she decided to keep the pregnancy when the doctor told her she was still pregnant.

Bunkola is a 28 year-old Muslim. She is married, an apprentice and has a school certificate. She has one child of two years old and is two months pregnant now: "I was 26 and had just finished my schooling when I found out that I was one month pregnant. I still wanted to further my education. I asked my friend what I could do, and she said she would help me. However, she disappointed me and kept me waiting. Then at three months I went to a chemist and asked him what I could take. He prescribed me four Chloroquine and two codeine tablets to take with hot gin. After having taken it I got serious stomach pain and was vomiting. I then rushed to the hospital. There they put me on drips for four days. I then decided to leave the pregnancy and not attempt another abortion. I married the man who made me pregnant and had the baby."

Titilayo's history below illustrates an exceptional case in which a mother is understanding of the situation of her daughter and supports her. Titilayo's experience shows that with this supportive attitude of parents, the stressful situation of unwanted pregnancy is suddenly not so stressful anymore.

Titilayo is a 19 year-old single girl and an *Aladura* believer: "I had just finished my secondary school. I noticed I was pregnant at three months. I wanted to further my education and therefore I wanted to abort the pregnancy. A friend of mine gave me some white tablets to swallow, but I was afraid to take them. I then went to a doctor to abort. I was still trying to gather the money for the abortion, when my mother found out about it. She was against such an evil

act. She counselled me that I could still go to the university after delivery and that she would take good care of my baby. Ever since, my mother has been very caring and supportive. Oh, I cherish my mother. I am still pregnant now.”

#### Box 5.1. Self-induced abortion

The history of Bunkola reminded me of what happened the day I interviewed Mama Kudi, a traditional birth attendant in Lagos Island. When we were halfway through the interview, a young girl in labour, about 18 years of age, was brought in by neighbours. Mama Kudi excused herself and went to help the girl. Mama Kudi told me she did not know the girl, but said she had to assist her and took her inside the examination room. After some 30 minutes Mama Kudi came out with a bucket covered by a lid and shook her head. Inside were two deformed fetuses. I glanced at them when Mama Kudi showed them to me. The bucket was placed in a highly visible place in the compound. During the rest of the interview many persons came in to look, obviously alerted by others. They peeped under the lid and showed how shocked they were by their exclamations and gesticulations. It must have been the talk of the day. The girl had told Mama Kudi that she had tried to abort the pregnancy several times by swallowing a lot of undiluted lime juice, Alabukun (an analgesic) and many other drugs from the time she was about four months pregnant. She did not feel life anymore, but the pregnancy did not come out till now. According to the girl, she carried the pregnancy secretly for eight months. Mama Kudi tells me that everything has come out now. She prepares some black medicinal powder in pap for the girl. Mama Kudi says she gets many miscarriages like this after an attempted abortion.

#### *Influence of others on the decision to abort*

The stories that circulate (I heard them often in casual conversation) about how others including boyfriends, mothers and girlfriends usually ‘push’ girls to abort, appear not to reflect the reality. Experiences of unwanted pregnancy in this study indicate that if mothers find out their daughter is pregnant, they usually tell her to keep the pregnancy out of fear of the health consequences of abortion. However, some mothers in this study did bring their pregnant daughter to a hospital or other place for abortion. To find out to what extent other persons influenced their decision to abort, we asked the women with unplanned pregnancies who aborted whether anybody had influenced their decision. The majority (74%) of the 196 respondents said that the abortion was their own decision and that nobody had influenced them.<sup>5</sup> If someone else influenced them, it was usually the partner (18%), who was not ready to accept fatherhood because he did not have enough money to get married, felt he was too young or was still in school. Very few single girls said they had been advised to abort by their mother

(4%) or by another family member (4%). Most of these family members warned the girls that they would be expelled from school if they were found to be pregnant and that it might mean the end of their education. Only three girls said that a girlfriend influenced them to abort.

The in-depth interviews with 26 single women who came with complications after abortion give more information on how others are involved in the decision to abort. Most of these women informed their partner (22 out of 26) or a girlfriend (9 out of 26) that they were pregnant. Girlfriends usually just agreed with the decision of the girl to abort and helped her with the practical problems of finding a provider or method and accompanied her to the provider, but did not influence the actual decision to abort. Partners were more influential. Some just agreed with the decision of the girl to abort, but others even forced her to abort or denied responsibility and left her, which often made the girl decide for an abortion as later stories in this chapter will illustrate. The majority (n=20) of these partners were serious boyfriends or even fiancés. None of the parents were involved in the decision of the women in the in-depth interviews to abort, because none of them had told their parents they were pregnant.

### **Abortion methods and providers**

Once a girl or woman has decided to abort, she must choose how to do it. She may decide to go to an abortion provider or try to abort herself, possibly influenced in her choice by other persons.

#### *Availability and cost*

Informants stated that finding a provider was not too difficult, especially in urban areas. Many private hospitals and clinics are known to perform abortions. They are situated in the city and in small towns; in Lagos metropolis there are numerous private hospitals and clinics, in Epe town there were about six. These private institutions range from proper hospitals with resident specialists to small clinics with possibly a visiting general practitioner. Not all private hospitals and medical doctors perform abortions.<sup>6</sup> They may fear prosecution for illegal practices, or they may be personally against abortion on religious or other moral grounds.

**Box 5.2. Doctor's ambivalence towards abortion**

I remember the outpouring of a public health medical doctor who became obviously upset when our conversation about completely different and more pleasant topics happened to come to abortion. He confided that an experience with abortion was the turning point in his career and changed him from a practising medical doctor into a public health doctor. When he was working in a private hospital, an acquaintance and his girlfriend came to his practice and asked him to help them. The girl was pregnant, still in university and needed an abortion. Although they had a steady relationship and planned to get married after she finished her studies, they could definitely not have a baby now. The doctor said he just could not do it, because he was a practising Catholic and would never help to kill a human being, even if it is only a potential life. So, he sent them away, asking them to reconsider and have the baby; things would work themselves out. Some time later on, he heard people talking about this girl at a party how she sadly died after having had an abortion. For many months after, the situation confused him and he wondered where he had to stand as a practising doctor, until he finally decided to quit practising clinical medicine.

In many neighbourhoods, there are also practitioners who perform abortions in their private room under dubiously hygienic conditions. These are usually unqualified medical or paramedical personnel, including nurses, auxiliary personnel and health assistants who work in a hospital and have observed or assisted doctors performing abortions. These back-street abortionists, or 'person in a room' as respondents called them, may also be outright quacks who do not have any ethnomedical or biomedical training whatsoever. Instead, they have specialised themselves in aborting, to respond to a demand for abortion and make money out of it. Abortions are also performed by some staff of chemist's shops, and by some traditional healers including *babalawo*, bonesetters,<sup>7</sup> traditional birth attendants and herbalists.

It is generally known that in public health institutions, abortions are only performed on medical grounds, i.e. when the life of the woman would be in danger if she would carry the pregnancy and deliver a baby. In the interviews, most women who had an abortion in a public hospital had it for health reasons, or to finish an incomplete abortion they began themselves. However, women and doctors told me that most specialised doctors working in public institutions have their own private practise or work part-time as a consultant in a private hospital, where they perform abortions. If a woman requests abortion through a doctor in a public hospital, he may refer her to his private clinic.

Most private hospital staff and some back-street abortionists and chemists apply immediate abortion methods that remove the products of conception, which can be used in the first trimester of pregnancy. These are dilatation and curettage (D&C) and electrical or manual vacuum aspiration (EVA or MVA).

Other providers usually apply more indirect methods including injecting with labour-inducing medicines, prescribing the oral ingestion of drugs and/or other substances, drinking traditional herbal drinks (*agbo*) or inserting something in the vagina or uterus, which may be a stick, root or medicinal substance. After a variable length of time, the indirect methods cause contractions of the uterus that should expel the products of conception. When providers supply these indirect methods, they usually do not wait for the expulsion of the products of conception to take place, but let the woman go home to abort. These methods are dangerous and have a high risk of complications, including incomplete abortion, often with consequent haemorrhage and infection, rupture of the uterus through too strong contractions and damage to the internal organs by poisoning.

The cost of abortion varies by method, provider and location. In Lagos, the mean cost for D&C or MVA in a private hospital in 1998 was 1,500 naira (about 16 US dollars). In Epe, the amount was somewhat lower, 1,200 naira (about 13 US dollars). Thus, abortion in a qualified private hospital would cost about one-fifth or more of a government worker's monthly wages, and a much higher portion of a small trader's income. The price of medicines that induce abortion, bought in the chemist or from a drug-peddler is only a few hundred naira (about 3-5 US dollars).<sup>8</sup> Generally, abortion is more expensive in private hospitals than when performed by a 'person in a room', a traditional healer or a chemist. The cost of abortion 'in a room' was about three-fifths of that in a private hospital; at the chemist it amounted to half, and at the traditional healer, one third of the hospital cost. However, there is wide a range in price between similar providers, because the price also depends on the stage of the pregnancy; most providers charge much more for a second trimester abortion than for a first trimester one. Even for the same stage, similar providers may charge different prices because of differences in the quality of services offered or the different qualifications of the person performing the abortion (a health assistant as opposed to the consultant gynaecologist of a private hospital). Unqualified abortionists, whether in rooms or in hospitals, will charge less to attract customers and make money, while private hospitals may cut corners with protocols to make the procedure cheaper. In in-depth interviews, women revealed that they paid so little for D&Cs in some private hospitals that the quality of the procedure must be doubted. Private hospitals are profit-oriented institutions (i.e. there is no subsidisation) and could never carry out quality procedures so cheaply. The bad economic situation in Nigeria inspires individuals and organisations to try to make ends meet in many ways, and apparently, one of these ways is to respond to the demand for abortion with low prices to attract customers. Women with little money will shop around for cheaper places, as the experience of Olabisi illustrates:

Olabisi is a 24 year-old married Pentecostal woman. She is a trader in glass with a secondary school certificate. She aborted her first pregnancy and is now pregnant again: "I was a secondary schoolgirl of 16 years when I had an abortion, in 1991. My partner brought me to a private hospital, in Ebutte Metta [area of Lagos town]. It was the cheapest out of all we went to, only 1,000 naira. I was very afraid to die in the process. My partner was also very scared. I believe it was not a very sophisticated hospital because they quickly discharged me after the procedure."

### *Relative frequency of use of providers*

Table 5.5 summarises the relative frequency of the women's provider choices for their abortions, broken down by the schooling status of the woman: secondary school, in post-secondary education, an apprentice or not in school. The table also indicates whether women tried self-abortion first before they went to a provider.

Table 5.5. Type of providers for abortion used by single women, by schooling status

<i>abortion provider</i>	<i>secondary (N=179)</i>	<i>post-secondary (N=136)</i>	<i>apprentice (N=118)</i>	<i>not in school (N=275)</i>	<i>all (N=708)</i>
Private	74%	88%	67%	72%	75%
- Straight to private hospital	(54%)	(80%)	(52%)	(60%)	(61%)
- Private hospital after tried self-abortion	(20%)	(8%)	(15%)	(12%)	(14%)
No provider - only self-abortion	10%	7%	19%	10%	11%
Chemist	5%	2 <sup>n</sup>	8%	8%	6%
- Straight to chemist	(3%)	(2 <sup>n</sup> )	(7%)	(7%)	(5%)
- Chemist after trying self-abortion	(3 <sup>n</sup> )	-	(2 <sup>n</sup> )	(1%)	(1%)
'Person in a room'	7%	3 <sup>n</sup>	3%	6%	5%
- Straight to 'person in a room'	(6%)	(2 <sup>n</sup> )	(3%)	(4%)	(4%)
- 'Person in a room' after tried self-abortion	(2 <sup>n</sup> )	(1 <sup>n</sup> )	-	(2%)	(1%)
Traditional healer	4%	1 <sup>n</sup>	2 <sup>n</sup>	3%	3%
- Straight to traditional healer	(4%)	(1 <sup>n</sup> )	(2 <sup>n</sup> )	(3%)	(3%)
- Traditional healer after tried self-abortion	-	-	(0)	(1 <sup>n</sup> )	(1 <sup>n</sup> )
Straight to public hospital	-	-	1 <sup>n</sup>	1%	1%
<b>Total *</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: abortion questionnaire, 708 and not all the 823 experiences of single women. (The reason for the lower total was that in the beginning of the study we did not ask whether a woman tried self-abortion before going to a provider. As self-abortion emerged as an important category, we later consistently asked about it. Percentages of providers used were about the same for the total of 823 experiences and the 708 experiences only.)

\* Some totals do not add up to 100% due to rounding

<sup>n</sup> Numbers are given instead of percentages for figures involving less than four women

The most common providers of abortion were the private hospitals, where 61% of all girls and single women went directly, while another 14% ended up there after a failed self-abortion. However, relatively fewer secondary schoolgirls (54%) and apprentices (52%) went straight to a private clinic, instead more often tried self-abortion first. Girls in post-secondary education had their abortion in a private hospital (88%) more than any other group did. Chemist shops (6%) and a 'person in a room' (5%) were not often used by any of the groups of single women, and very few went to traditional practitioners (2%). Even less (just 1%) had an abortion in a government hospital. Of these, all but one woman had the abortion because of medical indication. Private clinics, public hospitals and a 'person in a room' usually performed D&C or VA, and sometimes gave injections in case of a second trimester abortion. Chemists mainly gave injections or oral drugs. However, more than one-quarter of the abortions in chemist shops were also carried out by D&C or VA. The quality and safety of D&C by a 'person in a room' and by chemists must be strongly doubted for two reasons. First, the performer most likely was not qualified. Second, the hygienic circumstances may not be up-to-standard. Traditional healers usually gave *agbo* (herbal drink), while some of them inserted a powder or stick in the vagina or uterus, all unsafe methods.

I want to pay special attention to the high number of self-abortion because of the health risks involved in this method. More than one-quarter of the single women (27%) started off by self-aborting with oral ingestion of medicines or other substances; 11% succeeded with this method and therefore did not visit any abortionist. The 16% who did not succeed went to a provider (14% to a private hospital, 1% to a chemist and 1% to a 'person in a room'). Single women said they first tried to abort on their own as they wanted to keep the abortion secret, feared abortion in the hospital, or thought it would be cheaper. Shola ended up in a private hospital after trying self-abortion in a number of ways.

Shola is a 27 year-old married Pentecostal woman. She is lawyer, has no children, and had one abortion in 1997: "I was single and in university, 25 years old then. That was one year ago. I found out that I was pregnant at one month. I took a lot of medication and thought it would abort the pregnancy. I bought four tablets of Menstrogen [a menstrual regulation drug] and took two in a day [for two days] but it did not work. I then bought Ergot injection [to induce labour] and my roommate injected me about three doses, but still it did not work. Then I took five ampoules of Chloroquine injection, but it did not work. I did all these, because I was afraid of abortion in the hospital. Then the pregnancy was three months and I decided to go to the hospital for vacuum extraction. Afterwards I had severe pains and bleeding. I went back to the doctor

who gave me antibiotics and painkillers." [Shola is now married and wants to get pregnant; she is under infertility treatment in the Gynae clinic]

Self-abortion occurred even more frequently than presented here, because 7% of women with unwanted pregnancies (see Table 5.3) also *attempted* to abort themselves and stopped for various reasons when the method did not work. Women used many different drugs and substances for self-abortion. They reported often taking the drugs and substances with gin, or other alcoholic drink, lime juice, bitter lemon drink, or 7UP, and sometimes a combination thereof. Substances they used for abortion included potash (Yoruba call it *kaun*, and use it in cooking to make vegetables soft), alligator pepper (a sharp pepper) and Blue (used to whiten clothes). Drugs for inducing abortion are usually taken in overdose. The drugs mentioned most often included the following:<sup>9</sup>

- menstrual regulation drugs: Menstrogen, Gynaecosid and Apion & Steel
- antibiotics: Ampicillin and Tetracycline
- analgesics: Alabukun, Bicodeine, Paracetamol and M&B
- purgatives: Andrew's Liver Salt and Epsom Salt
- bitter medicine: Quinine and Chloroquine
- emergency contraceptive: Postinor
- labour inducing: Ergometrin

These drugs and other substances are commonly believed to induce abortion: women, men, youth and ethnomedical and biomedical healers mentioned these methods and believed they worked.<sup>10</sup> The prescription insert of most drugs used for abortion states that it should not be taken during pregnancy. For women, this is an indication that it may help to abort an unwanted pregnancy.

In Nigeria, any drug can be bought without a doctor's prescription, so women can easily go to a chemistry shop or drug peddler and ask for the drugs. Since none of these drugs are indicated for abortion, they do not have to disclose their purpose. A literature review by a project assistant into the effectiveness of drugs and substances commonly found to be used for abortion, indicated that except for antibiotics, all other drugs and substances *could* induce abortion *if* taken in a 'proper' dose and at the 'right' time of conception. However, there are no prescriptions for what are a 'proper' dose and the 'right' time. Most women get their information on the abortive qualities of a method from friends who have possibly used the method. This information may be unintentionally false, e.g. a woman who thought she was pregnant and took three tablets of Paracetamol and started bleeding may not have been pregnant but just had a delayed period.<sup>11</sup> If a woman does not take enough drugs, or uses the drugs too late, they will not work; if she takes an excessive dosage, these drugs and substances may lead to serious complications.

Table 5.5 already indicated that secondary schoolgirls and apprentices practise self-abortion significantly more than other groups; women in higher education used it less and more often went directly to private hospitals. The figures in Table 5.6 stress the fact that secondary schoolgirls and apprentices more often resort to self-abortion, by combining the self-abortion *and* attempted self-abortion for the various groups of women who aborted.

Table 5.6. Single women who attempted or succeeded with self-abortion, by schooling status

study population	% did self-abortion				total	
	% tried, before going to provider	% succeeded with self-abortion	% total: tried and succeeded*	% used abortion provider only	%	N
Secondary school students	23%	10%	33%	67%	100%	179
Post-secondary students	9%	7%	16%	84%	100%	136
Apprentices	17%	19%	36%	64%	100%	118
Not in school	16%	10%	26%	74%	100%	275
All	17%	11%	28%	72%	100%	708

\* Chi-square test significant at  $p < 0.01$

Students in higher education self-aborted less often than other groups of single girls and women did. This may be because they are more aware of the dangers of self-abortion. Moreover, they have usually better access to abortion providers because of their greater financial resources and more knowledge of where to go. Another explanation, as indicated earlier, may be that they do not normally live with their parents and therefore do not need to act as secretly as secondary schoolgirls and apprentices who as a rule live at home. These findings confirm those in Table 5.4 in which the students of higher education had the lowest number (3%) and the secondary schoolgirls highest number (14%) of unsuccessful abortion attempts after which other abortion methods were not pursued.

### *Involvement of others*

Boyfriends and girlfriends often helped the young women to choose a provider or method, and accompanied them to the provider, as the stories presented so far have shown. Boyfriends also often helped to pay for the procedure. Analysis of the 823 abortion experiences of single women confirms the important role that girlfriends in particular play. Table 5.7 shows the persons involved in the abortion experiences. It differentiates between first and subsequent experiences, because a girl or woman who already experienced an abortion may not need as much involvement from others as those who have never had one. We

asked about three different stages of involvement in the abortion: deciding which method and provider to use, accompanying the women to the provider (when they did not self-abort) and paying for the abortion.

Table 5.7. Involvement of others in first and subsequent abortions by single women

<i>involvement of others</i>	<i>first abortion</i>	<i>subsequent abortion</i>
<i>Knowledge of provider/method</i>	(N=511)	(N=307)
From a girlfriend	51%	30%
Through partner/boyfriend	22%	12%
Knew it herself *	15%	9%
From sister/family member	7%	-
Mother	5%	-
Others **	1%	-
Had an earlier abortion by the same provider	-	43%
Used the oral method before	-	5%
<i>Total***</i>	<i>100%</i>	<i>100%</i>
(Missing values = 5)		
<i>Person who accompanied her to the provider</i>	(N=472)	(N=253)
A girlfriend	38%	21%
Her partner	25%	26%
Nobody, went alone	23%	51%
Sister/family member	7%	1%
Mother	6%	1%
Others ****	1%	-
<i>Total</i>	<i>100%</i>	<i>100%</i>
(Missing values = 11)		
<i>Person who paid for the provider</i>	(N=468)	(N=257)
Self	44%	58%
Partner	44%	39%
Mother	5%	2%
Sister/family member	5%	-
Others *****	2%	1%
<i>Total</i>	<i>100%</i>	<i>100%</i>
(Missing values = 11)		

\* The options she knew herself included: in the neighbourhood, a family hospital, the place where she delivered, where she worked, where she knew they did abortion

\*\* School-mother, doctor in the hospital, father

\*\*\* Totals do not add up to 100% due to rounding

\*\*\*\* Father, father-in-law, school-mother

\*\*\*\*\* Father, friend, school-mother

For the first abortion experience, more than half (51%) of the single women confided in their female friends, who helped to choose a method or provider. For subsequent experiences, this figure was still as high as 30%. Not all girlfriends actually went with their female friends to an abortionist, but they were still the largest group of persons to accompany them, especially for first experiences (38%). The peer-group is, for many Yoruba of all ages and for youths in particular, one of the most important influences on their ideas, practises and behaviour.

### Box 5.3. Peers

'Peers' are persons you go or went to school with, who you meet at certain places like church, who you work with, who are in the same profession, who are from the same village or area or who have similar ideas. Peer-groups are normally informal, dynamic, and a person can belong to different peer-groups. Yoruba like to identify with groups, and to feel part of them. It is difficult for Yoruba to feel comfortable when operating alone. Such persons run the risk of being gossiped about. In order to belong to a group, a person has to conform to the mostly unwritten rules of behaviour. If you do not conform, you run the risk of falling out of the peer-group. Persons aspiring to belong to a group have to show they conform to the 'rules' of the group. Peer-groups are an even more important influencing factor for adolescents. As is the case for most adolescents throughout the world, at this stage in their lives, so many things are changing and are uncertain that adolescents need the comforting presence of others who are in the same situation.

As described in Chapter 3, Yoruba adolescents have few people they can trust with all their questions on sexuality. Traditionally, there is no communication about such issues between parents and children, and children cannot turn to other adults like teachers, health personnel or church leaders. For information on sexuality, youths mostly rely on hearsay, stories of their peers and magazines. Therefore, if girls cannot even talk about sexuality with adults, they can definitely not talk about being pregnant. Thus they confide in their peers instead of in their elders.

The relationship between the girl or woman and her partner will in large part determine how she will involve him and how he will react. Sexual partners can be stable boyfriends or even fiancés, casual friends for 'fun', a man the woman has sex with for favours such as money, clothes, going out or a man who uses her for sex. Partners often have an equal interest in keeping the pregnancy a secret and want their girlfriends to have an abortion. These partners (males of all ages) have their own plans and agendas and normally do not want these to be thwarted. A man would not like to be forced by the family of his girlfriend to marry her because she is pregnant with his child. Men who use women for fun and sex and never intend to marry them may simply leave the women with their problems and deny they are responsible for the pregnancy. Only a few boyfriends

of women in the study accepted the pregnancy, although it was unwanted, and decided to marry the women. Partners usually limited their involvement to paying for the abortion (44% of first and 39% of subsequent abortions), and left the woman to sort out the practicalities. Yet, about one-quarter also accompanied their girlfriend to the abortionist. Whereas with the first experience boyfriends were still rather involved in choosing a provider, with subsequent experiences they were less consulted.

The persons strikingly absent in deciding on methods of abortion and going for the abortion are the parents.<sup>12</sup> This is of course not surprising, considering that daughters are not used to discussing sexuality issues with their parents and that one of the main motivations for aborting is that girls and young women want to keep the pregnancy a secret from their parents. None of the 29 single women who came to the hospital with complications of abortion said they had involved their parents; the parents only learned about the abortion once their daughter had complications. Of all the 818 reported abortion experiences, the mother was involved in only 3%. She was more involved in the first abortion experience than subsequent ones, 5% of the 511 first experiences (versus not up to 1% for subsequent ones). These figures were even higher for schoolgirls, especially during their first abortion experiences. About 12% of mothers of schoolgirls helped their daughters with their first (and often only) abortion, and about 6% with a subsequent abortion. Compared to other groups, schoolgirls may feel more helpless when they are faced with an unwanted pregnancy and their confusion about what to do may sometimes outweigh their fear of exposure. None of the post-secondary school students, who usually live away from home, involved their mother. That girls would hardly involve their parents when wanting an abortion was also made clear from the 106 stories about abortions by schoolgirls written by school youths: *none* of the stories featured the parents. They were often mentioned as the reason for aborting because the story characters could not have faced their parents with a pregnancy. Not all stories were real-life stories, but they indicate what youths would consider the norm.

Many girls and women went ahead aborting on their own, without involving anyone else, especially in subsequent experiences. These young women had nobody they felt they could trust and therefore decided on their own which method to use. For the first experience, about one-quarter went to the provider on their own, and for subsequent experiences more than half of the women did. More women paid for the abortion themselves as well, 44% paid for the first, and as many as 58% for subsequent experiences. These women wanted to hide their pregnancy from everyone, including peers and partners, because they feared their reactions. An example of the desperation and loneliness of many girls and women is the sad history of Iyabo (page 178)

## Unsafe abortion

Knowing which providers and abortion methods women used is interesting, but realising how many women used unsafe methods and providers is alarming. Of all the 823 abortion experiences of single women, 40% would be labelled 'unsafe', according to the criteria outlined in Chapter 4. The most vulnerable groups are secondary schoolgirls, 51% of whom had unsafe abortions; apprentices, 46% of whom had unsafe abortions; and girls less than 20 years of age, with 47% of their abortions being unsafe.<sup>13</sup> As would be expected, most of the interviewed single women who ended up with complications in the hospital had had unsafe abortions (88%), and of the 67 single women who died, 96% had had unsafe abortions.

To be able to *do* something about the problems, we need to know *why* women resort to having unsafe abortions. It means we have to know why women delay aborting (as any delay will carry an increased risk of complications) and why women opt for abortion with unsafe methods and providers. Is it that single women and in particular the younger women, i.e. secondary schoolgirls and apprentices, do not know that they are pregnant and therefore delay? Or are they not aware of the risks they are taking by delaying or by seeking unsafe abortions? Or are they taking the risks consciously because other problems compel them to do so? The personal histories of women who ended up in hospital with complications after abortion may shed some light on these points.

### *Delaying aborting*

Delaying abortion is an important risk factor; the more advanced the pregnancy, the higher the risks of complications from abortion. The majority of the 823 women who aborted (75%) reported that they knew they were pregnant as soon as they missed their first menstruation. This high number is not surprising because Yoruba women normally tend to carefully watch their menstruation. Any abnormality in menstruation frequency, length, colour, odour, or substance is considered a sign of something wrong that needs treatment. One of the traditional birth attendants' services is to provide treatment for 'regulation of menstruation', not only to make the frequency normal, but also to normalise the substance and flow.<sup>14</sup> Some women said they were used to sometimes missing a period, or having scanty bleeding and only suspected they were pregnant after two months of missing their menstruation.

When comparing the month the woman found out she was pregnant to that in which she aborted, 39% of the women delayed aborting the pregnancy by one month or more after they found out they were pregnant. Secondary school

students delayed more than any other group (43%), compared to 40% of post-secondary students, 38% of apprentices and 35% of women not in school who delayed. These schoolgirls had significantly more second trimester abortions (9%) than other groups and thus ran a higher risk of developing complications.<sup>15</sup> More than three-quarters (78%) of the 29 women who came to the hospital with complications had delayed aborting after they found out they were pregnant, and 24% had their abortion in the second trimester of pregnancy.

Since any delay is potentially dangerous, it is important to know the reasons why women do so. Delay may be due to non-availability of resources, such as money and knowledge about where to go, but it may also be due to ambivalence about the right strategy. Lack of money for abortion appears to be the main reason for delay; it was reported by 29% of the 153 women who delayed aborting (out of 596 abortion experiences of single women who answered the question on delay).<sup>16</sup> Most girls do not have a lump sum of 1,500 naira on hand for an abortion in a private clinic and will have to scout around for money. Trying to borrow money always takes time, but it will take even longer when one wants to keep the purpose secret. It is easier to borrow money for socially acceptable causes, such as weddings, funerals, sudden sickness and school fees, than for an abortion. Amaka had to delay for five months while she collected the money. In the end, she had to pay the enormous amount of 5,000 naira for a second trimester abortion in a private hospital.

Amaka is an 18 year-old student of JSS3, of Pentecostal faith, who aborted her first pregnancy. She got pregnant from her boyfriend (nine months friendship) whom she was dating just for fun: "I was afraid when I found out that I was pregnant, at one month, because I believed that my sister would beat me and send me away from the house and I was still in secondary school. When I told my boyfriend he was afraid also, because he had no money and moreover he was living with his brother and it means that when his brother would get to know, he will send him out of the house. I delayed till five months, because I had no money of my own, and I had to wait for my friend who also complained that he had no money. I did the abortion in a private hospital at Iju and a nurse performed the procedure. I do not know what she did, because I was heavily sedated. My boyfriend had to pay 5,000 naira." [Continued in Chapter 8.]

Nineteen percent (19%) of the 153 women who delayed said they wanted an abortion, but were ashamed, confused and afraid, and did not know what action to take. They wanted to hide the pregnancy, especially from their parents. The experiences of Wanu and Abiola are illustrative.

Wanu is a 16 year-old unemployed secondary school leaver, a Muslim, who lives with her parents. She got pregnant, the first and only time, from a married man who works in the same area as her father. She was going out with him for fun and for the gifts she received from him: "I missed my period at one month and feared I was pregnant. I was so afraid of my parents' reaction. They might beat me and send me away from the house. The man [who made her pregnant] was annoyed with me when I told him. He cursed me and said I purposely got myself pregnant so that he has to marry me. But I do not want to marry; I want to further my education. I had to wait for the man's decision about what to do and how to abort the pregnancy, because I did not have any idea. When I was more than two months pregnant, the man gave me drugs and I swallowed six tablets of Quinine and two tablets of Buscopan as he had told me to do." [Continued in the section 'Complications'.]

Abiola is a 19 year-old apprentice food seller with a secondary school certificate. She aborted her first pregnancy: "I had missed my menses at two months. I told a nurse I knew, who works at PPFN [Planned Parenthood Federation of Nigeria] and she asked me to bring my urine for pregnancy test. It was positive. I was afraid and I was panicking. I was pregnant from my boyfriend whom I had for four years already. We never had sex till Christmas when he disvirgined [common word used for 'deflowered'] me. That was the first and only time. We intended to marry, but the time was not good yet. I am still an apprentice and he is a student. He said we could not keep a baby now. Also my father is a very strict man. If he would find out that I am pregnant, he will drive me and also my mother out of the house. I went to the same nurse at PPFN and I asked her for help. She told me not to abort it. I did not know what to do again and I just waited. I had believed that this sister [nurse] would help me. After about a month, I then went back to my boyfriend who took me to a native doctor, whom he knew. She gave me some concoction to drink and asked me to wait for three days. At that time I would see my period. My boyfriend paid her 500 naira." [Abiola came with severe pains and bleeding straight to LIMH. She had evacuation of the uterus done and will be fine.]

The accounts of Amina and Kudirat illustrate that fear of the health risks of abortion and fear of the pains and the side-effects may be another reason for delay. You will recall this was also one of the reasons why women decided *not* to abort. These stories also show women's ambivalence towards abortion; they are torn between fear of the health risks of abortion and fear of the consequences of making their pregnancy publicly known. Of the 153 women who delayed, 15%

said they delayed mainly because they feared the health risks of abortion. However, they increase the risk of complications when they postpone their abortion.

Amina is a 28 year-old married trader who sells jewellery. She belongs to a Pentecostal church. She aborted three times in 1993, and thereafter had two children: "I was 23 years and an apprentice, still single, I had two abortions before. I delayed my third abortion for two months, till I was more than three months pregnant. I was very afraid to have another abortion, because I thought I was going to die in the process. When my boss started suspecting that I was pregnant, I had to sum up the courage to do it. I went for vacuum in a private hospital." [The same hospital where she had her previous abortions. She did not have complications.]

Kudirat is a 28 year-old single university student, a Moslem. She now has one child, but aborted her first pregnancy in 1993: "I was 23 and in university when I noticed at one month that I was pregnant. I knew that I did not want a baby, but I was scared of abortion. Three times I ran away from the hospital when I went for abortion. I only aborted at five months. Luckily I did not have complications. After this experience I stopped having sex for some time."

Some women also mentioned they delayed abortion because they just could not believe they were pregnant when they missed their menstruation; they preferred to ignore the problem. Some of them said they sometimes missed their menstruation and hoped they were not pregnant, while others said they never missed their period before, and prayed they were not pregnant. They did not go for a pregnancy test to confirm their status (self-pregnancy tests are not common). Only when they missed their period for a second or third month, they could no longer deny that they were really pregnant and had to find a way to cope with it. Sixteen percent (16%) of women with abortion experiences who delayed said they waited because they wanted to be completely sure they were pregnant.

It was surprising that none of the women said they delayed because they were not sure whether they wanted to abort or keep the baby and needed time to think about it. (This would be an important reason for delay in the Netherlands.) What we *did* find is that sometimes the woman and her partner disagreed about the desirability of the pregnancy. Often, the woman wanted to keep the baby but her partner did not. In this case, the woman took time to try to convince her partner, but when she did not succeed she more or less agreed to abort like Adeola and Tayo did.

Adeola is a 24 year-old fashion designer, with a secondary school certificate. She is Pentecostal. She aborted her first pregnancy: "I was happy when I found I was pregnant, because I thought the man would marry me. I really wanted to marry the man and have a baby for him. When I told him I was pregnant [she found out at one month], he was not happy. He said he did not yet have money for the marriage rites, because I was the first daughter of my parents, which means that he would have to spend a large sum of money to marry me. He asked me to abort the pregnancy. I believed that if I was stubborn with the man he would change his mind, but he did not, and that is why I delayed aborting till after three months. He took me to a private clinic where the abortion was done. They sedated me, so I do not know what they did." [Adeola had heavy bleeding. She was referred from a private hospital to LIMH where she had evacuation of the uterus and will probably not have further complications.]

Tayo is a 26 year-old unemployed single woman with only primary school education. She lives with an aunt. "I made up my mind to have the baby despite the inconveniences it might cause my auntie or me. I consider abortion as a sin. The father was my friend for more than five months and I saw him as my fiancé. He had promised to marry me. He was the one who disvirgined me in November and I only had sex with him once. However he was not happy when I told him I was pregnant and said that he did not have enough money to start up a family. He went to the extent of threatening me that if I insisted on having the baby he would never have anything to do with the baby and me. He said he would leave Lagos for another town and that I would never see him again. When I finally accepted to abort, the man gave me two tablets. I was five months pregnant then." [After some months Tayo expelled a dead foetus. She went to the hospital where she had the placenta removed.]

The situations of Tayo and Adeola above illustrate the confusion due to changing norms and practises (as discussed in Chapter 3): In some (mainly poorer) sections of society, girls are expected to prove their fertility *before* marriage, which is in contradiction with traditional norms of bride-virginity. So, when a boyfriend or fiancé is a little hesitant or slow to start marriage procedures, some women may hope that their pregnancy is the small push he needs in the direction they want: marriage. Unfortunately for Adeola and Tayo, their fiancés had other ideas. I think the fiancé of Adeola was more sincere with her than Tayo's friend of only five months. Adeola's fiancé wanted to save more money and gather more possessions before marrying her, since she was an 'expensive' bride. It seems that Tayo's friend was more deceitful; he lured her into having sex by telling her he wanted to marry her.

In the narrative below, Kehinde, who also had hoped her fiancé would marry her, delayed abortion until the fifth month of pregnancy; her case is extreme and very sad. It illustrates the traditionally strong influence of the extended family on personal decisions, which make relationships between spouses (and spouses-to-be) subordinate to those between family members.

Kehinde is a 30 year-old owner of a beer parlour with a secondary school certificate. She had one previous abortion in 1986 without complications, before the present one. "When I found out I was pregnant at one month, I was very happy to know I was going to be a mother and I believed that the pregnancy would tighten my relationship with my fiancé; this would make my fiancé make the necessary marriage rites. We were not planning on a child. I used mini pills daily from a health centre. But they got finished and I did not use them for three weeks, because my fiancé was not around and I felt there was no need for contraceptives. I was going out with him already for four years and we were already living together. He had promised to marry me as soon as he had enough money. He was very happy initially until he travelled to his home town to inform his parents who refused to let him to marry me, and said that they had already picked a wife for him in his natal village. This made him sad, but he did not want to offend his family. When he got back to Lagos he asked me to go for an abortion. The pregnancy was already five months then. I did not want to go for abortion, but my fiancé forced me to the hospital [a private hospital, she says she does not know the name]. My sister in-law also went with us. During the procedure my movements were restricted. I do not really know how they did it, but they used some instruments to bring out the foetus." [Kehinde developed serious complications. She had to stay in the hospital for about one month. She may never conceive again]

Kehinde and her fiancé had made a life for themselves in Lagos and were already together for four years. Yet his parents did not even want to meet Kehinde; they had already decided that she was not a good wife for their son. From their point of view, this is understandable; running a beer parlour is not regarded as a respectable profession. Her fiancé could not break with his family. This was bad enough for her, but it got even worse when he and his sister actually forced her to go to the hospital for an abortion. I wonder which 'doctor' they had convinced to carry out an abortion of a five-month-old pregnancy under such circumstances.

### *Resorting to unsafe abortion methods*

Delay is one contributing factor that makes abortion more risky. Other factors are the unsafe abortion methods some providers use to perform an abortion or that women themselves use when they self-abort. I assumed that the potentially safe abortion methods D&C and VA could not be performed safely outside hospitals, because of the deficient qualification of the abortionists and the low standard of hygiene. Nurses in private hospitals cannot safely perform abortions of five months' pregnancies like Amaka (page 162) had. A nurse can only be qualified to do a manual vacuum aspiration of a first trimester pregnancy. I labelled all abortions by ethnomedical providers, be it herbalists or traditional birth attendants, who supply concoctions (see Abiola, page 163) or insert substances or sticks like Funke had, unsafe. According to the study criteria, 39% of the 708 abortion experiences of single women were with unsafe methods.<sup>17</sup>

Funke is a 22 year-old unemployed young woman who we met under the section 'Reasons for resorting to abortion': "My boyfriend said he did not have money for abortion. When I told my female friend about my problems, she then took me to a herbalist who gave me something to use. I had to pay 150 naira. We did it in my friend's house. The charm given by the herbalist looked like the stalk of a leaf. I had to insert it into my vagina and my friend inserted it for me. I was four months pregnant." [Continued in section 'Complications'.]

Self-abortion by taking some medicines or substances like Tayo (page 165) and Wanu (page 163) did is always dangerous. Bunmi used the very dangerous and well-known method of *kaun* (potash), while Bola had an abortion by a chemist who injected her with an unknown substance.

Bunmi is a 19 year-old unemployed girl, still living with her parents, who just finished her secondary school and is waiting to go to university. She got pregnant from her boyfriend of a year who is a university student. "When I found out that I was pregnant I was afraid and unhappy because my mother would be so disappointed in me, and it means I would not be able to go to university again. My boyfriend was not happy at all because he is still studying. I thought abortion was the only way out for me. I had no money. I had heard from girls when I was in school who had swallowed *kaun* with Schweppes that it worked and that there would not be complication. In that way I could abort without anybody knowing." [Bunmi developed complications that got worse, because she delayed getting treatment for more than a week. She was admitted with septicaemia and distended abdomen. She may never conceive again.]

Bola is a 19 year-old apprentice hairdresser who left school in SSS2. She aborted her first pregnancy. "I noticed at one month that I was pregnant from my boyfriend whom I had for two years, a young mechanic. We were just going out for fun and had sex once or twice a week. He never promised to marry me. When I told him I was pregnant, he said he was too young to be a father. I wanted to abort, but I did not have money, and neither did my boyfriend. I did not want to tell my parents, because I was afraid of their reaction; they would be so annoyed with me. I asked my best friend what to do. She introduced me to a chemist man who gave me an injection and told me that I would bleed. I was three months pregnant. I had to pay 500 naira. My boyfriend helped me with the money." [Continued in section 'Complications'.]

Some chemist shops are notorious places for abortions. During the fieldwork in the heart of Lagos Island, I often came across the name of a particular chemist shop, 'Clement', where many women went for an abortion. From the women's histories I learned that this chemist used all sorts of abortion methods and that he also did second trimester abortions. He performed D&Cs, gave injections, inserted a catheter or gave drugs to induce abortion. Often the abortions ended in severe complications.

#### **Box 5.4. Clement's chemist shop**

During the fieldwork in the maze of narrow streets of Lagos Island, I passed Clement's chemistry several times. A small, one-storey shop, newly painted in bright blue, stood out between the unpainted window-frames and doors and greyish cement walls of the other shops. The windows of the chemistry are curtained. The door is closed. Women sit on two nicely painted benches in front of the shop, waiting for their turn. I felt like talking to them and warning them, telling them not to go there, but I also knew that I could not interfere at that moment. I asked women who had been there why they went to that man, whether they knew they might get complications and asked other women who only knew about the man why women would go there. They explained to me that the man is very cheap and that although you may have complications, often women do not have any complications afterwards. The man is one of the few in the area who does not ask any questions and who would do any abortion no matter how late in pregnancy. I discussed the issue with the Local Government Health Staff. They knew about the man and his crooked, illegal business and told me that at some point the chemist had been forced to close, after another abortion death. However, and they said this resignedly, probably the man has some influential connections, because later he just opened again, and was not prosecuted. The new LGA medical Officer-in-Charge, a young motivated female doctor, did not know the man, and was shocked when I told her about my findings. She said she would try her best to do something about it, but she also knew it would be very difficult to intervene in that sort of established business.

I recorded several experiences of Clement's former clients who had come with complications to the hospital or with later problems in conceiving after having undergone an abortion at his shop. An example is the following history of Idowu whom I interviewed in the gynae clinic of LIMH, where she went for infertility treatment.

Idowu is a 23 year-old hairdresser. She is engaged and is illiterate. She had one abortion in 1994. "I was 19 and working as a salesgirl. I got pregnant from my boyfriend who was also very young. I was three months pregnant. My female boss was very strict. I had to abort; otherwise the woman would send me away. I went to a chemist [Clement's]. I knew about the man from a female friend. He dilated my cervix after giving me something and an injection to make me sleep. He then inserted something [a Folly's catheter] that he told me will go off after three days and will aid in aborting the pregnancy. Three days later, when the thing was partially out, I forced it out myself. I then experienced profuse bleeding. I went back to the chemist and the man gave me Epson salt in hot water. This helped the uterus to contract and I brought out big clots of blood. Some days later I noticed swelling of my hands and feet. I reported back at the chemist and the man said I was anaemic and then prescribed haematics and cocoa beverages. I became okay, but since then I wanted to get pregnant. [The doctor in LIMH diagnosed fibrosis in the uterus due to induced abortion.]

Generally, people know which abortion methods and providers carry the greatest risk of complications. Risky abortions were discussed with secondary schools youths, with ethnomedical and biomedical service providers and in focus group discussions with community members, males, females, boys and girls. Discussants *know* that the safest method of abortion is by having it done in good private hospitals, by a qualified doctor and in the first trimester of the pregnancy. Participants in the discussions were also fully aware of the various unsafe methods and providers for abortion that are used by women. However, besides the stories circulating of women suffering complications from these methods or dying from them, there are also 'success' stories of women aborting with unsafe methods and providers. These exceptions come to serve as role models or justifications for risky decisions. An example is the case of Korede, told by schoolgirls in a focus group discussion in Epe.

Korede was a girl of our school who got pregnant from a labourer. The girl was from a poor family and she had the relationship mostly because of the money and gifts the man gave her. The man gave her 5,000 naira to go and abort the pregnancy. [Which would be more than enough to have a safe abortion in a good private hospital.] She had to pay the fees for her WAEC [final exam of

senior secondary school] and she therefore decided to use the money to pay the fees and go to a chemist and get drugs for abortion instead of going to a private hospital. The chemist gave her potash and she bought a small bottle of gin. It only cost her 180 naira. So she kept the remaining money. She bled for months, but finally she was fine.

This story exhibits a variety of highly risky practices that may be copied by other schoolgirls, especially because Korede succeeded. It 'proves' that potash (*kaun*) can abort an unwanted pregnancy, and 'directs' girls that they are smart to save money by going for a cheaper method instead of spending much more money in a private hospital. Moreover it 'teaches' that complications may just go away by themselves if you wait long enough.

Participants of group sessions explained that women would decide to or end up using the unsafe methods for two main reasons: because they are cheaper and because they can be done more secretly. If you have little money, you are sometimes compelled to take the risk of going for a relatively unsafe method for abortion, because that is the only alternative to having the baby. Analysing the in-depth stories of the 26 single women who ended up in the hospital because of complications, it appeared that many of them (10) indeed resorted to unsafe abortion methods because they or their partners did not have money for a safer abortion. Funke (page 167) paid only 150 naira for a stalk from a herbalist; Bola (page 168) paid just 500 naira to a chemist who gave her an injection and Bunmi (page 167), who had no money, took *kaun* at home.

The wish to have the abortion as secretly as possible (sometimes in addition to financial reasons) was another reason for using unsafe providers (9 out of the 26 women). Bunmi reported this explicitly as a reason for her choice of *kaun*. Drugs and substances used for abortion can be taken at home without anybody knowing; you do not even have to tell the chemist you need the drugs for abortion, because they are not drugs specific to abortion (although providers may 'suspect' what the woman is going to use it for). A provider 'in a room' is used to doing abortions secretly. Often they give injections that only later will cause contractions, when the woman is already at home. Traditional healers provide many different services and nobody can tell that you went there to get medicines for abortion. Moreover, respondents in the present study reported that traditional healers usually maintain the privacy of their clients. Herbal drinks for abortion are the same as the herbal drinks for menstrual regulation, but differ only in dosage or strength. A woman can say she just went to a traditional healer to get some *agbo* (herbal drink) for stomach pains. All the traditional methods are indirect; you take them at home and they start working later.

Another reason for using an unsafe method was not because a woman 'preferred' an unsafe method, but rather the woman did not know what to do and left it to others (often a partner) to choose a method (6 out of 26). Abiola (page 163) trusted her boyfriend and went to a native doctor. However, some men also more or less *forced* a woman to use unsafe methods. The married man who made Wanu pregnant had her use drugs (page 163), as did Tayo's friend (page 165). Kehinde's fiancé forced her to abort a five-month-old pregnancy (page 166).

### Facing complications

In this section I extensively cite the experiences of girls and women who had complications after abortion and analyse why many delayed going for appropriate treatment. This 'phase' in abortion experiences is greatly understudied (I have not come across any study of it), and yet is extremely important, because wrong decisions (by women and providers) at this point may mean the difference between life and death. Complications after induced abortion are potentially dangerous. Incomplete abortion, toxification and damage to the vagina or the uterus may all lead to secondary infertility and are often life-threatening. Symptoms and signs of the complications are haemorrhage, fever, severe abdominal pain, fainting, confusion, and bad-smelling discharge from the vagina. The appropriate action in case complications arise is to go *straight* for treatment to a good hospital, e.g. a public specialist hospital, a university hospital or a high quality private hospital, where the equipment and staff to treat these complications is available. Delaying appropriate treatment of complications may seriously aggravate the problems.

Complications after abortion are stressful; a woman must find a way to cope with them. The coping strategies a woman will consider will depend on the circumstances surrounding her abortion. If she did the abortion with the knowledge of persons close to her, she can inform them of the problems and they might find a solution together. However, if she did the abortion secretly, which is most often the case, coping will be more difficult. She will be torn between making decisions that would be best for her health by informing close relatives or going to a referral hospital, and making decisions that would enable her to continue hiding that she did something 'bad'. In the latter case, she may ignore the seriousness of the complications, not disclose the real cause of her health problems or try self-treatment.

The 29 in-depth interviews with single women who came to the hospital with complications of induced abortion give a good idea of what women go through when they developed complications: the ambivalent feelings, whom

they involved, which coping strategies they used and where they decided to go for help. All 29 single women had kept the abortion a secret from their parents. Out of fear of the negative reactions of their parents, some girls also hid the abortion complications from them, or did so for as long as possible, and thus risked more serious complications. Women with complications are faced with multiple stressors, which they cannot cope with in the same way at the same time. For single women, quietly going to a referral hospital for treatment is no option, assuming that their physical condition would even permit them to move, because they have no money for it. Women used different coping strategies to deal with this difficult situation of conflicting interests, ranging from telling their parents or guardians straight away to continuing to hide it until they collapsed. Ayo and Wanu, both young girls, overcame their fear of exposure because their fear of dying from the complications was greater. They more or less told their mother everything that they had done straight away, while Funke told her cousin whom she lives with.

Ayo is a 19 year-old student of SSS2. We 'met' her (page 139) when she explained her reasons for aborting. Ayo's boyfriend gave her Menstrogen and Gynaecosid to use when she was two-and-a-half months pregnant. Because this did not abort the pregnancy, her boyfriend took her to a private doctor's house. She said not to know what the doctor did, because she was made to sleep. "Five days after it happened I was running a temperature and my tummy pained me and I was bleeding. I was afraid and just did not know what to do. I decided to tell my mother. I am her only daughter out of five children and thought I had to tell her. My mother took me straight to the general hospital. She was angry that I did not tell her initially and she said 'After all that I have been telling you, this is how you will disgrace me?' My father must not know about this. I have learned my lesson in a big way. This was my first pregnancy, and see where it landed me. No more sex for now till after my education." [Ayo had a evacuation of the uterus done and was discharged after three days in the hospital.]

Wanu is a 16 year-old girl whom we 'met' before (page 163) when she told about how she had a late abortion by taking drugs. "Some hours later I had severe pains in my lower abdomen. I was afraid to die and thought that the man had given me poison to kill me, because he was never happy with me after he realised I was pregnant. That same day I told my mother everything when the pain became unbearable. I decided to tell her because I felt helpless and in case I would die, the man should be held responsible. My parents rushed me to the general hospital where I was referred to LIMH after they heard my story. My mother was shocked and sad; she never knew that her daughter was dating a

man. My father was very annoyed and vowed to kill the man. They both sell spare parts in the same place. I regret going out with the man and also that I was too greedy in the first place. I wanted the money to buy myself things so that I can also look good like my friends. I will not have sex again until I am ready to get married. Will I ever get pregnant again?" [Evacuation of the uterus was done. Her condition was improving.]

Funke is a 22 year-old unemployed young woman, who earlier explained (page 167) how she aborted by inserting a stalk from a herbalist in her vagina with the help of a girlfriend. "That same night I had severe pains and bleeding. I was very afraid and thought I would die. I told my cousin all that had happened and she then told me to drink Lipton tea, but the pain and the bleeding did not subside. When the tea did not help, my cousin then gave me two white tablets. I do not know the name. The pain subsided, but the bleeding continued. When things got out of hand, my elder brother was sent for on the fourth day. He then took me to Bibat private hospital at Ajegunle [area of Lagos]. I got there in a state of shock due to severe bleeding. I was resuscitated before other treatment was started. I was admitted for seven days. I was transfused with one pint of blood and given drugs [antibiotics]. A drip [Pitocin] was put up to help with contractions of the uterus and expulsion of the foetus, but it failed and I was referred to LIMH with septicaemia. My mother lives in the village and she does not know. My father is late. I regret very much what I did, and especially that I disappointed my aunt who loves me so much." [Evacuation of the uterus was done. It is doubtful if she will ever conceive again. She was discharged from the hospital after five days.]

Some girls initially tried to hide the cause of the problems from their mother, although they asked her for help with health complaints, like Bola and Funmi did. They continued to hide the cause for several days until they could not endure the pains anymore and then told their mother everything.

Funmi is a 21 year-old unemployed girl who wants to go to university; she lives with her parents. Funmi got pregnant the first time she had sex with her casual boyfriend. She was afraid and confused when she discovered the pregnancy, because she feared the anger of her parents who might refuse to pay for her university. She immediately thought about abortion. Her boyfriend was confused as well, he had just gained admission to university and was looking for money to finance his education; he was from a poor home. Since both did not have money for a D&C, Funmi aborted by taking Alabukun and *kaun*. She knew about this method from peers in secondary school. "After five days I had foul smelling discharge from my vagina and severe lower abdominal pain. I

was afraid and thought that I would die. When my mother heard me complaining of abdominal pain, she gave me Buscopan tablets, which relieved the pain. However, on the seventh day, when I started smelling some more, my mother ordered me to go and have my bath, thinking that I had not been having my bath because of the pains. That night I felt a pain below my abdomen that was unbearable. That was when my mother got to know what I did, because I confessed to her. Also my father got to know. My parents rushed me to a private hospital. There I was given treatment for 24 hours, but it did not work and that is why I was referred to LIMH. My mother is very sad and feels that I am a failure. My father is sad and disappointed in me because he had always boasted about my innocence and intelligence to his friends. I had never wanted anybody to know about the pregnancy because I was very much afraid of my parents' reaction and that is why I delayed telling them. I regret ever to have indulged in sex in the first place. I am afraid my father might not sponsor my education anymore, but I am happy that I am alive." [Funmi's condition improved after evacuation of the uterus and she was discharged after one day in the hospital.]

Bola is a 19 year-old apprentice hairdresser whom we 'met' before (page 168) when she described the abortion she had in a chemist shop. "The next day early in the morning I had severe pains and was bleeding. I was very afraid that my mother would find out what I did. I took Panadol Extra to relieve the pain and Ampicillin to stop the bleeding. When the bleeding persisted I had no other choice but to tell my mother. My mother was mad at me and she almost beat me up. My father was very disappointed; he had believed that I was innocent and had no boyfriend. My mother took me to the general hospital where they referred me to LIMH. I am happy that I am alive, but sad that my parents will never trust me again. I hope I can still get pregnant in future." [After evacuation of the uterus, Bola was much better.]

When they develop complications, boyfriends and girlfriends are usually not around to help the girls as they did when the girls decided to get an abortion. Only Sherifat managed to tell her girlfriend about her complication who then helped her. In the hospital where they had gone, they could not deal with the problem. Only in LIMH, where her mother had rushed her when she saw all the blood on her dress, did she tell her mother about what she did.

Sherifat is a 20 year-old apprentice fashion designer (see page 140). She had a badly performed D&C in a private hospital. Her girlfriend told her about the place and brought her there. It must have been a quack hospital because her boyfriend only had to pay 700 naira. "The next day I had severe pains and I was bleeding. I was very afraid. I went to my girlfriend who took me to the

same hospital [again]. The doctor there gave me an injection and some drugs, but the bleeding did not stop when I came home. When my mother noticed blood on my dress she rushed me to LIMH. In the hospital I confided in her that I had an abortion. My mother was very sad; she did not believe that I could get myself pregnant and abort it. My father had travelled. I did not tell my parents that I was pregnant, because they would have stopped me from aborting it and thus I would have to end my apprenticeship. I am happy that I am alive, but I regret that I have disappointed my parents." [Sherifat is much better after evacuation was improving rapidly.]

Girls may try to treat themselves first by using some pain relievers, hot baths and antibiotics (11 of the 29 girls and women did so). Some girls did not take any action, but used avoidance coping instead. They just ignored the problems and hoped that these would go away by themselves. Kafilat used such avoidance coping until it was taken out of her hands when she fainted and was rushed to the hospital.

Kafilat is a 19 year-old Muslim apprentice in selling stainless steel. She got pregnant (her first pregnancy) from her boyfriend who works in the same shop. Although they have been dating for just four months, Kafilat thought the relationship might end in marriage. When she would go out with her boyfriend every Saturday, she always lied to her mother, telling that she was going to a friend's house or one of her relatives, but instead she would go and spend the night in the man's house. She was very scared when she discovered she was pregnant. She could imagine the likely reaction of her parents because her sister became pregnant out of wedlock. Her parents made her sister have the baby, and then neglected her and her baby. Kafilat did not tell her boyfriend she was pregnant, because she thought she would be able to handle it on her own. She confided in a male friend who directed her to a man who performs abortions. This man first gave her injection and then 'sucked out the foetus'. It was so painful that Kafilat asked the man to stop. He then gave her an injection and said she was ready. She paid him 1,200 naira. "The next day I started feeling severe lower abdominal pain and I found that I could not walk. I was so afraid; I thought the pain would kill me. I felt so embarrassed with my condition that I refused to tell anybody what I did, so I decided to keep quiet, hoping that the pain would go away. I still kept quiet on the next day when the pain had become very severe. On that night I finally fainted, so my mother, aunt and brother rushed me to the general hospital where I was resuscitated before transferring me to LIMH early the next morning. My mother got to know about what I did from the doctor whom I had confessed to all what I had done. She was shocked; she never believed that I had a boyfriend. Later she

threatened me that she will deal with me when I get better. My father should not know about it. My mother refused to tell him because he would blame her for my condition and her co-wife would also laugh at us. I regret aborting the pregnancy. If I had known that it was so painful and would cause me so much problems, I would not have done it." [Kafilat's condition was poor, with retained products of conception, severe pains, haemorrhage and fainting attacks. Her lower limbs were paralysed, and will require physiotherapy later. She needed blood transfusions before evacuation of the uterus could be done.]

Girls and women who have an abortion *know* they are doing something that is a risk to their health. The majority of the in-depth interviewees (who had complications) realised the seriousness of the problem they faced, as soon as they started noticing more or less heavy bleeding or severe pains after abortion immediately, or days after the procedure. Most women said their most urgent feelings when they noticed the complications were that they were afraid to die or feared that their womb was spoilt. Because their confidants, girlfriends and partners are not around, they have to make the decision to confide in their mothers and reveal their abortion or to continue hiding it from their parents. Of all the 29 single girls and women with complications, only six told their mother at home that they had had an abortion, although two of them first tried to do something themselves about the problems. Seven mothers only got to know in the hospital that their daughter aborted when the doctor told them. The other half still did not know, either because their daughters did not live with them, or the mothers were not around when their daughters developed complications and the fathers were involved instead. Usually girls would rather inform their mothers than their fathers, because they fear the negative reaction of their fathers even more than that of their mothers. Some of the mothers also willingly hid the information from their husbands, because fathers would usually also blame the mothers for not being able to control their daughters.

The reaction of the parents once they learned that their daughter aborted often times confirmed what the girls had been afraid of. Kafilat's mother, for example, threatened that she would deal with her later, when her daughter was healed. Bola's mother almost beat her up. Some parents were also just sad about what happened to their daughter and did not talk harshly to her. They just asked themselves how they could have prevented this from happening. Many girls reported that their parents were disappointed. Fathers and mothers tend to be confident that such things like sexual relationships and getting pregnant do not happen to *their* daughters. They know it happens a lot, but think it happens only to others, as was made clear by participants in the FGDs for this study. Parents, when finding out their daughter had an abortion, were shocked to learn that

their daughter had had a sexual relationship at all. Bola's and Funmi's fathers were said to have always boasted about their daughters' intelligence and innocence to their friends. A common reaction of single women after their abortion became known was that they were very sad to have disappointed their parents, to have 'lost their love' and to probably lose their financial support.

Many girls with complications after abortion delayed seeking treatment or did not get appropriate treatment, and so risked further complications. I believe it is not out of ignorance that they delay seeking treatment because they *know* that the complications they developed are serious and may be life-threatening. The reasons for their delay have to be sought elsewhere. They may delay telling others about the complications and the cause of the problems out of shame and fear of exposure of the forbidden things they did.

Once they were brought for treatment, it was often to private hospitals where the staff could not handle the complications. Nine out of 29 girls and women with complications were brought to a private hospital first, which further delayed appropriate treatment. In some private hospitals, first aid was provided to stop the bleeding before they were referred to LIMH, but in the majority of cases, the staff tried to treat the patient and kept her in the hospital, from a few days up to one week (see Funke's history). Only when the treatment appeared ineffective, was the patient referred to LIMH. This inappropriate treatment and failure to refer in time by private hospitals and clinics ('doctors-delay') was an important additional factor aggravating the complications. Only two young women were rejected by the private hospital they went to and were referred straight to LIMH. (Unfortunately this adequate action of the private hospital did not prevent these women, Toyin and Iyabo, dying some days later.) Parents and relatives can hardly be blamed for not bringing the woman to a referral hospital straight away, because they often did not know the real cause of the problems and thus what action would be most appropriate.

Many women will have lasting complications from their abortion. The hospital patient records alone indicated that twelve of the 26 girls and women who survived the complications of abortion that made them come to the hospital, might have problems in future pregnancies (infertility as a result of abortion will be discussed in Chapter 8).

### **Abortion deaths**

Death as a consequence of induced abortion is the ultimate complication. Three of the young women who came to LIMH with complications died after we had interviewed them. The agonising reality is that their deaths, like nearly all

abortion deaths, were unnecessary because they were preventable. By discussing the sad histories of Iyabo and Lara, I want to show how their deaths were the result of a series of decisions that made sense to them as the best alternatives, given the many constraints of their situations.

### *Two personal histories*

Iyabo was a 24 year-old Muslim hairdresser with a school certificate. This was the first time she was pregnant and the first time she had had an abortion. Iyabo was brought to the hospital by her cousins and admitted with foul smelling vaginal discharge, swollen abdomen, anaemia and high fever. She was given antibiotics, intravenous fluid, analgesics and a slight aspiration of fluid from the abdomen was extracted for investigation.

When I missed my period the first month, I did not suspect anything, because I miss my period at times. The man who made me pregnant is a computer operator and we had been going out for two years. I saw him as my fiancé. We had sex about once a week. We normally used condoms to prevent pregnancy in the period I am not safe. When I did not menstruate the next month, I then went for pregnancy test and it was positive. I must have miscalculated my safe period. The pregnancy was not planned, but in a way I was very happy, because I had the intention of marrying the man and he had also promised to marry me. When my fiancé heard that I was pregnant he pretended to be happy. I believed then that he was happy, not knowing that he was only pretending. He even asked me to borrow him some large sum of money to pay for some set of computers he had purchased to set up his business. [She was very bitter talking about her fiancé.] I did not know then that he wanted to travel out of the country with the money I loaned him. He said he had to go to his village to make arrangements for me to meet with his parents and he asked me to wait until he got to the village to inform his parents. I then got a letter from America. He had eloped there. He wrote that I should terminate the pregnancy and that he was not interested in marrying me, and he wanted to further his studies. I was then four months pregnant. I was not ready to bring up a child on my own and therefore I wanted to abort the pregnancy. I had always heard from friends that D&C was very painful so I was afraid of going through the pains and taking the risk of quack doctors. I had heard from friends when I was in school and when I was learning my trade that they had swallowed *kaun* and Blue and that it worked, so I decided to take that. I did not tell anybody and took it at home. Three days later I had severe stomach-ache. I thought first that it was my normal stomach pain, because I have an ulcer, so I took *agbo*

[herbal medicinal drink] as usual. The pain persisted for five days. I became afraid when I started noticing foul-smelling discharge from my vagina on the fourth day. I kept it to myself for two weeks, without telling anybody. When I noticed that my stomach was distended I then confided in my cousins, who had already become suspicious anyway. I live with my cousins. I knew that the situation had got out of hand and that I could die if no adequate treatment was given to me. My cousins took me to a private clinic where I was referred to LIMH. I did not tell my parents about what happened to me; they live in the village. I had wanted to meet the man's family to see their reaction, before I would tell my parents. I regret very much aborting and I am very sad. My condition is very bad. I will never trust any man in my life and will never have sex again. I just wonder if I will survive this. [Iyabo did not respond to treatment and died two days after admission.]

Iyabo aborted a pregnancy that was originally wanted but became unwanted when the man whom she saw as her husband-to-be cheated her. Such 'gambling' on their fiancé's finalising the marriage arrangements was reported before as a reason for delaying abortion. He took away her dreams of having a family together and to make matters worse, he took a lot of money from her. She was a hairdresser, hardly a profession that would have given her a big income; the loan must have taken a lot of her savings. Their relationship might have been kept a secret from the man's family, or at least from his parents who lived in the village. Or maybe they had heard about her and saw her just as a pastime for their son. This is a generally acceptable practice for Yoruba men; a man can have as many girlfriends as he likes without the community starting to speak of him. It is in his interest to keep the girlfriends away from one another, and to let them believe they are the only one, or at least the most important one, for him. Iyabo was already four months pregnant, when her dreams were shattered and she was faced with the stressful situation of being left alone with a pregnancy. She did not want to go on carrying the pregnancy, it would remind her too much of her lost future. She did not involve anybody, probably because she was so depressed, ashamed and disappointed with the man she had trusted. She had lost face and suddenly gone from being an engaged pregnant woman, who was going out for two years with a desirable partner, to being a pregnant woman without anybody responsible for the pregnancy. Unfortunately, she chose an extremely dangerous abortion method. She was afraid of the pains of D&C and quack doctors; this is understandable, because there are many quack doctors who misuse the needs of women and offer dangerous services. Iyabo therefore chose to rely on a method that she had heard of which was secret and effective. *Kaun* and *Blue do* abort in some women, but often result in very serious

complications including rupture of the uterus or intestines, sepsis, cardiac arrest, paralysis and convulsions. The next aggravating condition was that she delayed getting appropriate treatment for the complications that developed. She first denied the seriousness (avoidance coping), and later when she knew it was serious, she kept quiet because of shame. When she became really afraid she would die, she finally told her cousins whom she lived with about what happened. In the private hospital they went to, the staff knew that they could not do anything for Iyabo and they referred her to a referral hospital straight away. But it was already too late.

Lara was a 22 year-old student at a polytechnic who aborted her first pregnancy. Her mother and a neighbour brought her to LIMH. She complained of general body pains, had lost a large amount of blood and was jaundiced. She was given intravenous infusion, antibiotics and a blood transfusion.

I knew I was pregnant at two months, when I missed my menses and was always feeling drowsy. I was afraid because I was still in school and my parents would be very disappointed in me and they would scold me severely. I did not want anybody to know about it because the boy who impregnated me is a rascal and a cult boy. [Cults are secret societies.] I went out with him for three months. He is in the same polytechnic with me. I just went out with him for the fun of it and just wanted to have a boyfriend, because all my friends have boyfriends. We never discussed marriage; we both wanted a short relationship just to enjoy ourselves. The boy was not the serious type. I never wanted such a boy to be the father of my child. We had sex about once a week. I usually took Schweppes [bitter lemon drink] immediately after sex to prevent pregnancy, but did not use it on the fateful day. I did not tell him that I was pregnant because I knew the boy would deny getting me pregnant. He may even deal with me [do harm] because he was in the cult and he had warned me before not to get pregnant. I was sad, because my parents will never be happy with me for getting pregnant while in school. If they would hear about it they may not pay my school fees again or even disown me. In the school I did not tell anybody that I was pregnant, I wanted to do the abortion in Lagos, because I was not sure if the doctors in Kwara were well qualified. So I had to wait till the end of the session so as to go home to Lagos. The pregnancy was over three months then. I told my girl friend in Lagos about the pregnancy and she went with me to a private clinic. I paid 1,500 naira and they did injection and vacuum extraction. Three days later I started experiencing severe lower abdominal pains, general body pains and had severe bleeding. I was confused, because I believed that the abortion had been successful because the doctor had told me that I would be all right. I decided to call for my mother and I told her everything

that I had done. I knew that if I would not call for help, I would have died because the bleeding was too much and was coming out with force. My mother took me to a private clinic; my father was not around. I was so afraid, I thought I would die instantly. I spent two days in the private hospital, but when my condition became worse they referred me to LIMH. My mother is very sad because I am her only daughter. My father was disappointed in me and never knew I could do such a thing. He scolded me and talked bitterly to me. I regret ever joining the bad girls on campus to live a carefree life. If I had known I would go through all these problems I would not have had sexual intercourse with a ruffian. If the boy had been a respectable person I would have been able to approach him. Maybe he may have had a better option what to do with the pregnancy. I am not interested anymore in having a sexual affair. All I wish for is to get well and go back to school. [Lara was very restless due to loss of a large amount of blood. She had severe septicaemia and did not respond to the large amounts of antibiotics. Her condition was very critical because she also developed liver dysfunction and was deeply jaundiced. Lara died after four days in LIMH.]

Lara's history indicates the strong influence of peer-groups on individual girls' behaviour. For girls in boarding schools and students who live away from home, these peer-groups are nearly the only social security they have. Lara said she had a boyfriend because she wanted to conform to the norm in her peer-group, in which all girls had boyfriends. Later in her story she refers to them as the 'bad' girls. Indeed, there are peer-groups whose members have relationships with boys and enjoy themselves by going out, and there are peer-groups who are more serious about studying and are members of Bible study groups and do not have boyfriends. They are good girls, but 'boring', according to the bad girls. Lara was 'unlucky' to be attracted to the company of the 'bad' girls. She was even more 'unlucky' that she was going out with a 'cult' boy.

Religious and ceremonial cults or secret societies are a traditional feature of Yoruba society, and have practices both with positive and negative intentions for the society at large. Students transposed the dark side of these secret societies into their groups. Cults are considered a serious problem in places of higher education. The press often reports on murder and mutilation cases perpetrated by cult members and fights between different cults with victims being killed. Students – usually boys – in cults are feared because they are involved in dangerous and criminal practises. They blackmail and threaten lecturers and fellow students and rape girls. Often they make use of *juju*, black magic. It is extremely dangerous to penetrate into cults, let alone to try to dissolve them. Once persons are members of a cult, it is difficult to step out, that is, to step out alive.

Therefore, when Lara found herself pregnant, she did not want to tell the boy that she was pregnant because of the fear that he would do her harm if he knew.

She was afraid to let anybody in her school know and because she was not familiar with places she could go safely for abortion, she decided to wait with the abortion till she was home in Lagos on holiday. Her school is about a day's travel by road from Lagos. By that time, the pregnancy was past the first trimester when a safe abortion would have been possible. The abortionist in the private hospital risked a vacuum extraction of a (barely) second trimester pregnancy and with disastrous consequences. The complications were aggravated when staff of the private hospital where her mother brought her tried to treat the complications. When she was finally referred to LIMH, the complications had progressed too far.

### *Analysing the reasons for abortion deaths*

Iyabo, Lara and Toyin (see prologue) died unnecessarily, and I cannot help but become sad every time I read their personal stories. I do not see their deaths as 'their own fault', as other persons may say and do say. They did not just 'foolishly' or 'lightly' decide to do something stupid, but considered the alternatives and chose the best options given the society they lived in. I feel that particular conditions in their society caused their deaths. These include: Men like Iyabo's 'fiancé', who turn their back on their responsibility and 'play' with women and their well-being. The lack of openness in the society about issues related to sexuality between generations, which means that children cannot confide in their parents or other adults when they are in serious trouble. The dearth of information about effective contraception, especially lacking in its availability to single girls and young women. Persons who take advantage of other's needs and offer dangerous abortion services to desperate women. Greedy private hospitals that do not acknowledge their limitations but keep patients they cannot care for; if Lara had not been kept in a private hospital for two whole days, undoubtedly paying a considerable amount of money, she would have had a better chance of surviving. The condemning attitude of schools, churches and governments which does not take the problems of abortion seriously enough and does not recognise and understand the underlying causes for women's decisions, which eventually encourages women to hide what they have done. The patrilineal society that puts such high value on fertility and that stigmatises infertile women (much more than men); Toyin's parents decided against hysterectomy because it would mean an infertile life and so reduced her chances of surviving to nil.

Toyin was a secondary schoolgirl, Lara a student of higher education and Iyabo was not in school at all. All three were single and vulnerable. Within the

group of single women, the secondary schoolgirls proved to be the group most likely to die from abortion. We have already seen that secondary schoolgirls and apprentices have relatively unsafe abortions more frequently and therefore suffer more from complications. Not surprisingly, these groups were also over-represented in the histories of 79 single girls and women who died from abortion, reported in the community survey; 62% of the single women who died were secondary school students and 23% were apprentices.

## Conclusion

Pregnancy is a stressful event for almost every single woman. Premarital pregnancy shows that they violated the societal rule against premarital sex; it is the irrefutable proof that they went against the wishes and the prohibitions of their parents. Single women know that their parents lose face with neighbours and other community members when their daughter gets pregnant. Parents, and especially mothers, will be held more or less held responsible for their daughter's pregnancy, and it will stain the honour and esteem of the family. There is very little communication about sexuality issues between parents and children, and most parents believe that children should not be educated on sexuality issues including feelings of attraction, relationships with the other sex and prevention of pregnancy by using contraceptives. Parents (and other adults) reason that this would only make children want to explore and put into practice what they have learned, i.e. it would entice them to have sexual relationships.

Though it is *against* societal rules, many single women have started sexual relationships nowadays. Yoruba girls and young women have a long period during which they are at risk of unwanted pregnancy, because they marry relatively late, especially in urban areas and in comparison to other ethnic groups including the Hausa of Northern Nigeria. This is due to the high value Yoruba place on education and the relatively independent relationship between spouses, which makes Yoruba women want to have established a business of their own and be financially independent before they enter into marriage. In Chapter 3, I explained the strain on children in school to study fast and to not disappoint their parents, and that this stress is even bigger for girls. The education system in Nigeria is such that there are many periods when children are not in school. They have long vacation periods, up to three months. They have to take various exams and wait for long stretches of time for the results, and only then will they know if, and in which school or university, and in which subjects they are allowed to continue to study. These are more or less idle periods in which they often get bored. The boredom is worsened by the fact that during their

upbringing they have not learned how to entertain themselves, other than by studying. Very few students involved in the present study said that they were engaged in sports or music, and only a few families spend money on novels. Public libraries hardly exist. The most common way to pass free time is to go to church services and be part of Bible or Koran studies groups. These are publicly sanctioned opportunities to meet with the other sex. In these relatively idle periods, girls (as well as boys) are prone to explore relationships with the other sex. Health staff said there is always a sharp increase in numbers of complications of induced abortion of schoolgirls after vacation periods.

When single girls and women get pregnant, they anticipate the shame of having to face their parents, probably having to give up their education and seeing their plans for the future obstructed. With a premarital child, they will have less of a chance to find a good marriage partner, or at least less chance to be a first wife with a higher status. (Men are not so critical about the 'virtues' of their second wives.) Children born out of wedlock and not acknowledged by their father are 'bastards'. Children spiritually belong to the patrilineage of their father. The family ancestors and *oriša* (of the father's patrilineage) will *know* the child and may in future cause trouble for it and the persons involved, i.e. the mother and the family in which it is adopted. Caldwell & Caldwell (1994:284) state that a girl with a baby will be taken in by her own patrilineage if the man who made her pregnant does not acknowledge the child. Though this may be true, we have to consider the point of view of the girl. Surely this will change her status, and not for the better. She will always be reminded, in a negative way, about what she did, and girls would rather avoid such situation. Her past mistakes will continue to be a cause of embarrassment and source of gossip for the rest of her life. Whenever she does not conduct herself as she should, according to the unwritten rules of Yoruba society, it could and most likely will always be explained in terms of her flawed character: After all, she had a child before marriage. Even if her future husband would have no objections to accepting her illegitimate child, his patrilineage will be unwilling, because the child, and especially a son, is a threat to the family because he may claim inheritance. The (future) ancestral line will moreover not be 'pure' anymore.

Thus, Yoruba society is such that most single women with an unwanted pregnancy will be inclined to problem-solving coping by aborting the pregnancy, no matter how much they may fear the negative health consequences of abortion, have moral objections against abortion and be anxious about public opinion condemning abortion. Boyfriends are usually supportive of abortion, because they would not like to be held responsible and be forced to marry, and thus have their future plans thwarted.

Abortion, when done in the first trimester by a qualified and experienced person in a hygienic environment, carries very few health risks. Unsafe abortions however, carry high risk of complications that may lead to secondary infertility and death. Generally, girls and women are aware of what safe and unsafe abortion methods are. Yet, when 'pushed' by societal conditions, many of them resort to unsafe abortions by delaying abortion until after the first trimester and by using unsafe methods and providers. Unsafe abortion methods are usually cheaper and more private than safe methods. The economic situation for most Nigerians is tight and loaning money for abortion is not an easy thing to do. Because traditionally there is no communication with parents on sexuality issues, single women cannot ask their parents or other adults for financial help to have a safe abortion. They, and often times their boyfriends, have to scout around for money, and may end up just having enough for an unsafe provider, or because of the time it took them to look for the money, the pregnancy may have progressed to the second trimester. Women also may *prefer* these unsafe providers and methods, including back-street abortionists, chemists, traditional healers and self-abortion, because in this way they can abort more secretly; that is what they value most. A 'painful' fact was that so many unqualified persons seem to make use of the despair of women who need a cheap, secret abortion and offer 'quack' services. They seem to have no consideration for the safety of their procedures, but are just interested to make money quickly and easily in the lucrative business of providing abortions. The illegality of abortion in Nigeria ensures that there is no official control of the quality of abortion procedures and providers. It is surprising what girls and women are willing to risk, but maybe they do not realise their odds. The 'success' stories of how unsafe methods work seem to be more often repeated than stories of how unsafe methods end up costing so many lives. Two groups of single women especially appear more frequently to have unsafe abortions: secondary schoolgirls and apprentices. The main reasons have to be looked for in their stronger wish to keep their pregnancy secret, in particular from their parents, school authorities and bosses. Additional reasons are their more limited access to financial resources and probably their greater reliance on where boyfriends bring them or the medicines they give them.

The same 'wish for secrecy' that contributed to making single girls and women use relatively unsafe abortion methods and providers is also mainly responsible for the delay in treatment when complications of abortion occur. If they tell their parents that they have health problems after an induced abortion, they expose two embarrassing truths: that they had a sexual relationship and that that they had been pregnant. Single girls and women faced with complications of abortion go through a terrible emotional turmoil about what to do.

Once complications occur, they cannot confide in their girlfriends and partners anymore, who were their main confidants when faced with the unwanted pregnancy and in making decisions about their abortion. Going against their common sense that said that they should ask for help, many girls and women were found to still hide their problems or the real cause of the problems from adults, including their parents, who could help them go for treatment. In this way, they risked more serious complications, because any delay in the treatment of abortion complications is dangerous. In addition to this delay due to a wish for secrecy, the other reason for the delay in appropriate treatment was caused by private hospitals, where most women were brought when they finally went for treatment. The staff in private hospitals sometimes referred the patients with complications straight to a specialist hospital, but mostly they tried to treat them themselves, and only referred the patients when the situation got out of hand. For some girls and young women, this was too late.