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Secret strategies: Women and abortion in Yoruba society, Nigeria

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MARRIED WOMEN AND ABORTION

Abortion does happen among married Yoruba women; statistics in Chapter 4 showed that about one-fifth of abortions were among married women. In a sense this is surprising, because in Yoruba society, marriage is meant to produce children and married women who get pregnant should, in principle, welcome every pregnancy. So, a married woman aborting a pregnancy is always regarded suspiciously. Why would she not want the pregnancy? Maybe she got pregnant from a boyfriend? Or perhaps she is wicked and wants to prevent members of her husband's lineage from being born? There is a range of reasons. To find out *why* married women diverge from the dominant norm and *what* motivates married women to abort a pregnancy, this chapter analyses the abortion experiences as recounted by married women in the context of their marriage and their socio-economic standing.

'Marital status' among the Yoruba is not a straightforward one. Formal marriage can be traditional, civil, or religious (either in the church or in the mosque, as explained in Chapter 3). Traditional and Muslim marriages can be officially polygynous; Christian men may also be in polygynous relationships, although their religion does not sanction them. Engaged women or women in a stable relationship sometimes consider themselves to be married if they live with their boyfriend or fiancé. This happens more often in urban areas than in rural ones. The most salient characteristic of marriage, as defined for this chapter, is that the woman is in a sanctioned relationship with a man, and by extension, with his family.¹

We defined marriage in a slightly different way than some of the women in the study did. During interviews, when asking whether the woman was married or not, we did not define the various marriage categories for her. If the interviewed woman described herself as married, we asked her when she got married and whether she was the only wife of her husband, and if not, how many other wives the husband had. The married women referred to in this chapter are those women who responded that they were married (in any way) and had children from their husbands. Also included are those women who said they were married and did not have children yet, and (after probing) indicated that they were

formally married. Thus, women cohabiting but not formally married to their partners, even if they were sometimes referred to as 'husbands', were not counted as married when they did not have children together. As we have seen in Chapter 5, these relationships often break up when the woman becomes pregnant and the partner has to decide about formal marriage.

Study populations

The study populations for this chapter are summarised in Table 6.1 below. The main source of quantitative data were the semi-structured interviews with women in the communities and clinics of health service providers in Lagos and Epe who reported ever having had an abortion when they were married; 158 women reported a total of 233 past abortion experiences while they were married. Since 20 of these women also had abortions prior to marriage, when they were single, and 10 had abortions later, after they were divorced, one cannot calculate the average number of abortions of married women from these figures. The 128 women who had abortions *only* when they were married, had between 1 to 6 abortions with a mean of 1.5. The ages of the married women when they had abortions ranged from 17 to 42 years, with a mean of 27.2 years.

The main source of qualitative data and case histories were the in-depth interviews with 10 married women who came to the hospital with complications caused by induced abortion. They ranged in age from 20 to 32 years, and the mean age was 27.9 years. Throughout this chapter, reference will also be made to the information gathered from women in the community survey about 24 married women who died as a result of abortion. The age of these 24 women who died ranged from 16 to 42 years, with a mean of 29.1.

Table 6.1. Study populations and sample size for Chapter 6: Married women and abortion

<i>study population</i>	<i>sample size</i>
Women who had an abortion when they were married	158
Past abortion experiences (reported by the 158 women above)	233
Married women with abortion complications presented in the hospital	10
Histories about married women who died from abortion	24

Three case histories

In this section, Yemi, Jumoke and Gbemisola recount their experiences, which will serve as illustrations for the analysis in this chapter. We interviewed them in the hospital where they were admitted with abortion complications. Their

histories are typical in terms of their reasons for abortion, marital relationship, socio-economic background, decision-making on abortion method and involvement of partners and others. What is *atypical* about their cases is that they *all* had unsafe abortions that ended in serious complications that were treated in a specialist hospital; 70% of the abortions of married women recorded in the present study were relatively safe. At the relevant places in this chapter, parts of other women's abortion experiences will be quoted to illustrate important points that diverge from the experiences of Yemi, Jumoke and Gbemisola.

Yemi is a 28 year-old Anglican small trader in foodstuff who attended secondary school up to class 3. She has two children: "I found out that I was pregnant at one month. I was not using any family planning, but had just thought about starting. I was not happy, because our youngest child was only two years old. We just did not have money for another child. My husband is a civil servant, a clerk, and his salary is not regular. I am earning some money by trading, but it is not enough. When I told my husband I was pregnant again, he also was not happy, because we did not have money. We both thought that abortion was the best solution for the problem. I delayed for a few weeks, because I had to make up my mind about how to abort. My husband suggested going to the TBA where I had my last baby without complications, because we did not have money to go to the hospital. I was two months pregnant then. The TBA just helped us; we did not have to pay any money. I drank a concoction, prepared by the TBA. Two weeks later I had severe lower abdominal pain and I could not walk. I started noticing a pussy discharge from my vagina. I was very afraid; I thought that my intestines were decaying and if I would not go for treatment I would die. I told my husband about it. We decided to go back to the TBA. When we came to the TBA's house the neighbours told us that he had travelled and would only come back the next day. My husband then decided to take me to the general hospital where I was referred to LIMH. I regret the abortion. If I had left the pregnancy to grow, I would not be going through all these problems. From now on I will start using contraceptives. What would be the best method for me?" [Yemi's uterus was badly inflamed. Her fallopian tubes and part of the uterus had started degenerating. The surrounding pelvic area was also infected. She was placed on strong antibiotics, and will probably suffer from secondary infertility due to the infection.]

Jumoke is a 31 year-old Muslim small trader in cooked food with a secondary school certificate. She has four children, had one miscarriage, and had one previous abortion in 1993: "It was one month when I missed my period. I used to take the pill [oral contraceptive pill], but some days I would forget and sometimes I

would not take them for a whole week. I was not happy, because things were not going smoothly with my husband and me. We had a quarrel; he wanted to take another wife. My husband is a businessman and he is the father of my four children. We have been married for more than nine years. When I told my husband that I was pregnant, he did not show any sign of joy or concern. He just did not care at all. I felt I could not nurture a pregnancy in an uncondusive atmosphere because I was not on good terms with my husband. Moreover, he had also packed [moved] out of the house and left me living alone with the children. He stayed with the new wife he intended to marry. I wanted to abort, but did not abort immediately, because I did not have the money. At three months, I went to a nurse's house, two streets away from where we live. I had heard neighbours discussing the nurse. I went alone and paid her 400 naira. She did dilation and vacuum extraction. Immediately after the nurse finished the procedure, I noticed I could not walk and was bleeding profusely, and later I was passing urine involuntarily. I was very afraid, and I knew that my womb had been damaged. I shouted for help from the neighbours, because I had no other option. My neighbours immediately sent for my husband and they rushed me to a nearby private clinic from where I was referred to LIMH. I regret very much what I did. I am afraid that my husband will not forgive me that I did not tell him that I was going to abort the pregnancy. He has taken my children away from me and I am afraid that my husband and his relatives will not allow me to see my children again. [Jumoke had serious complications: perforations of the bladder, peritoneum and vagina. After treatment her general condition was better, but she may be not able to conceive again. There was no money to do all the tests and surgery for repair. Jumoke asked the interviewer to talk to the husband on her behalf, which she did. The husband said he had forgiven her, and hoped that she would not be 'stubborn' again and that his and her family should sit down together and talk to discuss the issue.]

Gbemisola is a 32 year-old Muslim trader in leather bags and shoes with a secondary school certificate. She has four children, and had two prior abortions in 1985, when she was still in secondary school. Of this most recent abortion, she said: "I missed my period at one month. We usually use withdrawal method but did not use it on that day due to my husband's mistake. I did not take anything afterwards, thinking that I might be just lucky not to get pregnant. I was not happy to be pregnant, because I did not want to have any more children. Another child would be a [financial] burden to my family. My husband is a businessman who sells car parts. We have been married for 13 years. I did not tell him I was pregnant, because he would never allow me to abort the

pregnancy. I confided in a female friend who also sells in the same market and has a stall near my stall. I considered abortion immediately because I just could not have another child. However, I was afraid to go through the pains of abortion. I experienced it twice when I was in secondary school. I also had a strange feeling that I would die in the process. I talked about it with my friend and she told me about a private clinic somewhere in Ojodu [area of Lagos] where they did abortions. My friend went with me. I do not know what they did, because I was heavily sedated. I had asked them to sedate me because I did not want to have any pains. I paid 1000 naira. About four hours after I came home, I started bleeding profusely. I was startled at first and later I became so afraid. I was afraid to bleed to death, but also that my husband was definitely going to find out what I did. I did not like that. I knew that if I did not go to the hospital I would bleed to death. I called my neighbour and asked her to take me to the hospital because I just had a miscarriage. My neighbour helped me to go to a private hospital. The doctor in the private hospital tried to stop the bleeding, but he could not. I never told the doctor in the private hospital that I had done an abortion, just that I had miscarriage. I was later referred to the general hospital. There I confessed that I had an abortion and they referred me to LIMH. My husband got to know about everything when he came back from business in the East [of Nigeria] the next day and found me in the hospital. He is very much annoyed with me and may even send me away. He said he would give his verdict when I am well. I now regret having the abortion. I am afraid I have destroyed my marriage because of my foolishness. If only my husband can forgive me I will go and get the adequate method of contraception. I used IUCD before, but stopped because I started losing weight." [Gbemisola came to LIMH with retained products of conception, heavy bleeding and an atonic uterus. She received a blood transfusion and evacuation of the uterus was done. Her husband paid the bill. She was much better and was discharged after two days in hospital.]

Reasons for abortion

According to Yoruba tradition, married women have very few reasons for abortion. Community members acknowledged that there might be circumstances that could make a married woman's pregnancy unwanted, but only in very few cases could these be acceptable reasons for aborting. None of the married women in the interviews said that her unwanted pregnancy was a result of rape, which would be the main genuine reason for aborting, as far as public opinion is

concerned. Only one woman aborted because her husband had died and several aborted for health reasons, which are also acceptable reasons for married women to get an abortion. Any other reason that women reported for abortion would not be approved of. Nevertheless, the women interviewed considered abortion a better strategy to cope with their unwanted pregnancy than having the baby. Table 6.2 indicates the distribution of reported reasons for abortion of the 233 abortion experiences of married women.

Table 6.2. Reported reasons for 233 abortions by married women

<i>reason for abortion by married women</i>	<i>percent</i>
The previous baby too young	40%
Financial instability	16%
Enough children already	11%
Marital problems (and she decided to abort)	9%
Pregnant from extramarital affair	5%
Career plans	5%
Health reasons of self or partner	4%
Present education/apprenticeship	4%
Other*	6%
<i>Total</i>	<i>100%</i>

* Just not ready, circumstances, her other child died, partner died, feared delivery, husband's wish

Too short a birth interval

Yemi said she aborted because her previous child was still too young, which is the reason that women reported for 40% of all abortion experiences. The reason *why* a child who was conceived too soon is unwanted differs from case to case. For Yemi, the reason was that she and her husband did not have money for another child at that time. With ample space between children, parents can financially recover from a previous baby. A pregnancy, baby and infant cost a lot of money. The family must spend money on routine health services such as ANC, delivery, the post-natal clinic and the child welfare clinic. Moreover, parents must pay for food and clothes for the baby, a name-giving ceremony eight days after birth and another party when the child becomes one year old. These expenses are the bare minimum and assume that everything goes well. Small children are often sick and their medical expenses may be high.

Women reported other reasons why having children close together was undesirable. They said that they feared possible gossip and jokes about their obvious inability to restrain themselves sexually. Or, they were too tired to go through another pregnancy so soon, and did not want to face the trauma of

delivery again. Women also said they feared that short birth intervals were bad for the health of the previous baby.

What women considered as 'too close' a birth ranged from a few months to up to two years or more. If the birth interval was only a few months, the main reason mentioned was that women were tired of going through another pregnancy and delivery. If the child was already older, women were more motivated by the financial consequences.

Completed family

Gbemisola's reason for aborting was that she did not want to have more than the four children she already had. About one-tenth of the women with abortion experiences had the same motive for aborting; they felt that they had enough children already. What constitutes 'enough' children and what influences this number varies. Traditionally, couples should have as many children as possible. There are different opinions on what is considered 'possible'. Ideally it would be 'as many as the traditional postpartum abstinence period of two years allows', 'as many as God intends to give' or 'as many as a woman conceives'. The official national population policy 'permits' a maximum of four children per woman (which would mean that men in polygynous relationships are allowed to have as many as four times the number of children as the number of their wives). This figure of four seems to have stuck in people's minds, because many mentioned four children as an ideal figure – provided that there is at least one son. Nowadays, it seems to be mainly economic factors that influence the desired number of children, 'possible' has taken on the connotation of 'possible to care for'.

Financial problems

The inability to care for another child financially is a major underlying motivation for those who cite 'too short a birth interval' and 'having enough children already' as reasons for aborting, as was made clear by the stories of Gbemisola and Yemi. Some of the reasons given usually included other, less obvious ones. In Chapter 3, I explained how for many Nigerians, the economic situation is becoming increasingly austere. Many families are in a situation in which every additional child will reduce the money available to others in the family; only the rich can (still) afford to have many children. Yemi said that she and her husband, a civil servant, did not have money now for another child, but they would still want more later on. Salaries of civil servants in Nigeria have not been adjusted for the inflation caused by the devaluation of the national currency, and

remain far too low. Over the years, there has been increasing unrest and strikes among civil servants demanding higher salaries and regularly paid wages. At least civil servants at least still have the advantage of formal employment. Most Nigerians, in the formal and informal sector, feel the increasingly tight economic situation influencing all spheres of life. 'Financial instability', or lack of money for raising an additional child, was given as the main reason for aborting in 16% of abortion experiences of married women.

Marital problems

Marital problems were given as a reason for abortion in 9% of abortion experiences of married women. Some women said their husbands were not caring, and they could not face going through a pregnancy and delivery on their own again. Other women were not on good terms with their husbands, and so did not want to *give* him a child. The tensions between spouses mostly arise when husbands want to take another wife, such as in the case of Jumoke. When women live in polygynous marriages, they often blame their husband for tensions with the co-wife. Women complain that their husband 'does not care for me equally' or 'does not equally support me financially'. Abortion can be seen as a way for women to be able to more or less quietly 'rebel' against their ambivalent and unstable position in the patrilineage (being a producer of members for the patrilineage without being a member themselves), and against the problems of polygynous marriages. Aborting a pregnancy that is still wanted by the husband was reported by some women as a way to 'punish' him. Women would have to feel very strongly about hurting the husband to do this. If the husband discovered the truth it could be a reason for divorce, which may not be their intention. Thus, polygyny can be the underlying cause for a woman wanting abortion. However, it can also be a reason why a husband wants one of his wives to abort, as the following case illustrates.

A 28 year-old Muslim trader in fish, with a primary school certificate, living in a village in Epe, is the second wife of her husband. She has three children: a 3, 6 and 10 year-old. She had an abortion twice for different reasons, both related to polygyny: "I am the second wife of my husband. I aborted first when I was 22 and my first child was four years old, because the first wife was already pregnant and our husband did not want two pregnant wives. He gave me the money to go and abort the pregnancy. I went to a private clinic and had a D&C done when I was two months pregnant. The second time I had abortion was this year. I had a fight with my husband, because I discovered that he slept in the first wife's room instead of in my room when it was supposed to be my

turn. I even wanted to kill myself since I felt our husband loves the first wife more than me. It was after much begging from my husband that I changed my mind and did not kill myself, but terminated the pregnancy at three-and-a-half months. I went to a private hospital and had vacuum aspiration. I did it so as to punish my husband."

The first abortion shows that it is not in the man's interest if both of his wives are pregnant at the same time. One of the advantages of a polygynous marriage for the man is that it is easier to 'obey' the traditional postpartum taboo of two years. If both of his wives are pregnant, he loses this advantage; he must find another woman to satisfy his sexual needs. This costs him a lot of money, so he asks one to abort. In this case, the previous child was four years old. This is a proper birth interval and the woman wanted the child, but she had to give in to her husband's wish. The reason for the second abortion illustrates that the (male) ideal of co-wives living harmoniously together does not always materialise, as I have already indicated in Chapter 3. There is a recurrent risk of tension and jealousy between them over the favours of their husband. Men, when planning to take or taking a second wife, may also just leave their first wives with their pregnancy and stop supporting them, or may even formally separate from them.

Some women reported they aborted because they were disillusioned with their marriage (not only as a result of polygyny). Their husbands were not supporting them in any way whatsoever, neither financially nor emotionally, and they were left on their own.

Wife's extramarital affairs

Another reported reason for abortion was pregnancy as a result of an extramarital affair by the wife (5% of experiences). Pregnancy from an extramarital affair is always a threat to a woman. If it is discovered, she may lose her position in the patrilineage of her husband, and she may be forced to divorce and leave the house and her children, a very shameful occasion. Some women would risk having the baby that is not their husband's and pretend it is his, but would always have to live with the fear that the truth may still come out in the end. The child may expose some extraordinary features or qualities (possibly good ones, but most likely bad ones) that cannot be explained through its genetic inheritance from the father or mother. Others who wish the woman ill may prove by divination that the child is not the father's. One woman who had wanted to keep her illegitimate child said that she had to abort it because she happened to find out when she was already pregnant that her husband had become infertile after a serious illness. She could never pretend the child was his. These days, some

husbands may want scientific proof of their biological parenthood and ask their wives with a 'dubious' child to go for a blood test.

Box 6.1. Trying to get an illegitimate child acknowledged

When listening to the stories by women who aborted a pregnancy from an extramarital affair, I remembered the amazing and terrible story that I heard when I had only been in Nigeria for a short while. One of the wives of a 'big' man who had around nine wives, had to take her illegitimate child for such a blood test. Out of panic and desperation, she had her child infused with other blood that would match the blood of the husband. The child died. I did not know the woman personally (I only knew who she was), but sympathised with her desperation. I wondered how she convinced a doctor, a nurse, or whoever, to perform the unethical and dangerous procedure. I did not follow up on the story because it was too appalling to me. I also did not want to become involved in what I felt to be sickening gossip and slander about the woman by showing too much interest. At that time I was not yet involved with the present research, which would have 'warranted' my following up the story.

Nine of the interviewed women reported that they aborted after getting pregnant by their boyfriend; three of them got pregnant twice from an extramarital affair. All of these women had children from their husbands already. Some said they had a boyfriend when their husbands were not around for a prolonged period of time. Others had a boyfriend alongside the husband, maybe for fun, perhaps for money; we did not ask. All nine women were petty traders and had plenty of opportunity for contact with men other than their husbands.

It was surprising that women risked getting pregnant from their boyfriends by not using contraception. Only one woman said to have used the safe period, but that she must have miscalculated; none of the other married women used any form of contraception with their boyfriends.

Education and career

The following history of Fashoro, one of the women who came to the hospital with complications of abortion, reveals yet another important reason why married women considered a pregnancy unwanted and aborted it.

Fashoro is a 20 year-old unemployed Muslim woman who finished secondary school. She and her two-year-old child live with her husband's grandmother: "I have been longing to go to university. I once had the same problem [pregnancy] when I was in JSS3. I had to leave school to have the baby before going back to school. This time nobody will want to help me to care for the child

when I eventually go back to school. The child I have caused a lot of problems in my family and in my boyfriend's family. We did a traditional marriage. My parents have never been happy with me since I had the baby. My husband's parents refused to accept me to live in their house and I live with his grandmother instead. My husband is still studying in the polytechnic. I told him I was pregnant, but he hardly reacted, because he was very weak with typhoid fever." [Fashoro confided in her stepmother, who helped her to abort with some drugs. After a week she was feeling drowsy and had severe abdominal pain and thought it was malaria. When her stepmother took her to the hospital, the nurse discovered she had serious complications from an incomplete abortion, and needed referral to LIMH. She had the retained products of conception evacuated, after which her condition improved.]

Fashoro's case shows that married women may still have career plans. If women married young, they may still seek to continue their education; some married women were even presently attending some sort of school. When Fashoro had her first pregnancy in secondary school she was lucky that she could finish her secondary education after she had the baby, even though there were many negative social consequences. These illustrate that the consequences that single pregnant women fear and motivate them to abort, as explained in Chapter 5, are not unrealistic. Fashoro saw her hope of continuing her study in university threatened when she got pregnant again.

Education is not the only arena that may be hindered by a baby; a career can be too. Some women said they had just got a promotion that would be withdrawn if they would have to take maternity leave. Others wanted to start a business or had just invested money in a business of their own, and a pregnancy and small baby would prevent them from putting the requisite 110% of their energy and time into building up the business. The formal and informal labour market in Nigeria is full and very competitive. If one gets an opportunity to progress (e.g. formal employment, promotion, chance to gather some money for your own business, admission to a school, or someone willing to pay for your education), it is very difficult to let the chance pass, because it may very likely never present itself again. Of all abortion experiences, 5% said they aborted because a pregnancy and new baby would interfere with, or halt their career plans, while another 4% were presently in some sort of education that they would have to stop if they would continue the pregnancy.

Coping with unwanted pregnancy

The majority of interviewed married women coped with an unwanted pregnancy by having an abortion. Three-quarters (75%) of the 192 unwanted pregnancies reported by married women were aborted, while 21% kept the pregnancy. Four percent (4%) tried to self-abort, but when the methods did not work, they stopped. The reasons why some women aborted and others did not may partly depend on the reasons why the pregnancy was unwanted. Some reasons are more pressing stressors for the women which require problem-solving coping, i.e. abortion. Figures are too small to find statistically significant associations, but it seems that when the reason 'having enough children already' was given, relatively more women kept the pregnancy (65%, or 20 out of 31 women). On the other hand, when pregnancies were unwanted for 'career' reasons or the 'man responsible for the pregnancy not being acceptable', women resorted to abortion relatively more often (respectively 17 out of 19 and 12 out of 13). The last reason, often indicating an extramarital affair, threatens women's (married) position the most.

Married women usually have more material and knowledge resources at their disposal to cope with unwanted pregnancy than do single girls. Moreover, the stressor of an unwanted pregnancy is usually less serious for married women than it is for single girls unless the pregnancy is from an extramarital affair. Only then could the pregnancy *really* bring her into serious social and marital trouble if found out. Married women usually have better knowledge of places where they could go for abortion than single women do, as they can go to the place where they have already delivered. They also have more access to money, if not their own, then perhaps that of someone in their network of female friends. Depending on the relationship with her husband, especially if both consider the pregnancy unwanted, a married woman might have his social and financial support when opting for an abortion. For all of these reasons, married women normally panic less than single women when they are faced with an unwanted pregnancy. However, since abortion is publicly condemned, married women still try to abort as quietly and as unnoticed as possible.

The main reason reported by the 40 interviewed women with an unwanted pregnancy who *did not abort* was that they considered it immoral because abortion was against their faith (28%). Women of all religions gave this as a reason. About one quarter (23%) of the 40 women who did not abort said it was because they feared the health complications of abortion, including secondary infertility and death. About one-fifth (18%) had wanted to abort, but were either prevented by their husbands from doing so, or they did not know how to go about it. Some also conformed to public opinion and considered abortion to

be unacceptable for a married woman, since all pregnancies within marriage should be welcome.

Marriage in Yoruba society is meant to produce children and therefore married women would normally not abort the first pregnancy of their marriage. The findings of this study support this. Nearly all the 129 women who had their first abortion when married had one or more children already; only nine did not. Three of these nine women had a genuine and publicly accepted reason: two aborted on medical grounds, based on a doctor's advice, while the other was a woman whose husband died when she was pregnant with their first child and her family-in-law did not want to accept the baby. Of the six others, either they or their husbands were still studying or they thought they did not yet have enough money, while one woman said she aborted because she was very disappointed in the husband she had just wedded; he was very uncaring and she was thinking of a divorce.

Husbands' and others' influence on coping decisions

Women usually made the decisions about how to cope with an unwanted pregnancy on their own. Four-fifths (80%) of married women said their decision was uninfluenced by their husbands or by others. From these findings, it cannot be concluded whether or not husbands knew that their wives were pregnant and wanted to abort; we did not ask about it. The husbands may have known, but have been indifferent and left it to their wives to decide, as in Jumoke's case. Women who got pregnant from an extramarital affair obviously would not tell their husbands.

The experiences of the ten married women with abortion complications provide more information on the involvement of husbands. Five of these women did not tell their husbands about their pregnancy, even though their pregnancies were reportedly legitimate. The case of Gbemisola illustrates why these women wanted to hide their pregnancy: They feared that their husbands would ask them to keep the pregnancy, though they themselves definitely did not want it. Either the women thought they had enough children already or their previous child was still too young. In addition, they foresaw financial problems. Since the brunt of the caring, raising and paying for a child is borne by the wife, as was explained in Chapter 3, she will more often find a pregnancy unwanted than her husband does. Women are aware that their wishes will most probably be contrary to those of their husbands and do not want to be prevented from choosing what they see as the best solution. Therefore, they decide to not tell their husbands they are pregnant.

Of the other five women who told their husbands that they carried an unwanted pregnancy, only Yemi's husband supported his wife with the abortion. He agreed with his wife that abortion was the best coping strategy and they looked together for a way of aborting. In the other four cases, the women went ahead on their own, because their husbands were either indifferent (like Jumoke's) or they did not really want their wives to abort, but had to give in to their wishes.

Abortion methods and providers

Compared to single women, married women are likely to have more information about abortion providers and more money to spend on abortion. Nearly all (93%) of the 233 abortions that married women had occurred after they had already given birth to a baby. They could thus return to the ANC or health care provider who helped them with their delivery; these (private hospitals and TBAs²) are often also potential providers of abortion. In Chapter 5, I elaborated on available abortion providers in Lagos and Epe and the abortion methods these providers use, as well as the cost involved. Therefore, it suffices here to list in Table 6.3 the providers whom married women reported to have used for their total of 201 abortion experiences.

Table 6.3. Abortion providers for 201 abortion experiences of married women

<i>provider</i>	<i>percent</i>
Private hospital	80%
- Straight to private hospital	(71%)
- Private hospital after attempted self-abortion	(9%)
No provider - self-induced abortion	2%
Chemist	8%
- Straight to chemist	(5%)
- Chemist after trying self-abortion first	(3%)
'Person in a room'	5%
- Straight to 'person in a room'	(4%)
- 'Person in a room' after trying self-abortion first	(2 ⁿ)
Traditional healer	3%
- Straight to traditional healer	(2%)
- Traditional healer after trying self-abortion	(1 ⁿ)
Public hospital	2%
- Straight to public hospital	(3 ⁿ)
- Public hospital after trying self-abortion	(1 ⁿ)
<i>Total</i>	<i>100%</i>

Source: abortion questionnaire, 201 and not all 233 abortion experiences of married women. Only women who were asked to report on self-abortion before going to a provider have been included; see note with Table 5.5.

ⁿ Numbers are given instead of percentages for figures involving less than four women

Most of the married women (71%) reported that they went *directly* to a private hospital or clinic for abortion.³ Many said they knew this hospital from when they delivered their babies or because it was in the neighbourhood. A total of 17% of the total 201 abortion experiences *started* with self-induced abortion, i.e. women taking some medicines or substances orally, but only 2% succeeded with these methods.⁴ The other 15% went to a provider, usually a private hospital, after the failed self-abortion. Providers other than private hospitals were few; in total they accounted for only 18% of abortions (4% after attempted self-abortions). The chemist was the most used 'other' provider (8%), followed by 'a person in a room' (5%). Only a few women said to have used a traditional healer for abortion (3%). Thus, about 73% of abortions of married women appear to have been implemented by *safe* providers, meaning private or public hospitals only (without the woman having attempted self-abortion first). However, as mentioned in Chapter 5, this does not mean that the abortion in the private hospital was actually safe.

The experiences of women who came with complications to the hospital are illustrative of the quality of private hospitals. Five of the ten had an abortion in a private hospital: One woman was probably just 'unlucky' to be suffering from complications, because the abortion could have been safe. She was a 27 year-old petty trader who had an MVA of a two-months-old pregnancy for which she paid 1,500 naira (which is the minimum price for a safe abortion in a private hospital). Her abortion was incomplete. The four others most probably had unsafe abortions in the private hospitals where they went, judging from their accounts of the procedure and from the amount of money they paid for them. One of these four women was a 30 year-old university student. She had an abortion by D&C in a family hospital at about one month of pregnancy, for which she did not have to pay anything. But the abortion was botched and she developed fistulae. On the one hand, it is laudable that family doctors assist their clients without pursuit of profit, but on the other hand, they may be performing procedures without qualification or experience. A chief matron in LIMH had told me earlier about her observations of dangerous abortions performed in private family hospitals by unqualified staff that are done to help their clients, who are mostly married women who had delivered there before.⁵

Involvement of others in abortion decisions

Most married women reported that they decided on their own that they wanted to abort (75%). Yet, some of these women involved others once they had made the decision to abort. They asked for advice on which provider or method to use, for company when she went to the abortionist or for assistance with paying

for the abortion. Table 6.4 summarises how others, such as husbands, friends and family, were involved.

Table 6.4. Involvement of others in first and subsequent abortions by married women

<i>involvement of others</i>	<i>first abortion only*</i>	<i>subsequent abortions</i>
<i>Knowledge about the provider/method</i>	(N=132)	(N=98)
Knew of it from experience	52%	22%
From a (female) friend	34%	20%
Through husband/partner/boyfriend	7%	2%
Through sister/family member	6%	4%
Others **	2%	-
Had an earlier abortion by the same provider	-	48%
Used the oral method before	-	3%
<i>Total ***</i>	<i>100%</i>	<i>100%</i>
(Missing values = 3)		
<i>Person accompanying to provider****</i>	(N=133)	(N=93)
Nobody, went alone	48%	66%
Her partner/husband	23%	17%
A (female) friend	20%	14%
Sister/family member	8%	3%
<i>Total***</i>	<i>100%</i>	<i>100%</i>
(Missing values = 4)		
<i>Person who paid for the abortion</i>	(N=117)	(N=86)
Self	50%	63%
Partner/husband	49%	36%
Others *****	1%	1%
<i>Total</i>	<i>100%</i>	<i>100%</i>
(Missing values = 8)*****		

* Some women had already had an abortion when they were still single

** Husband's friend, doctor in hospital

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

**** Not self-abortion

***** Sister, friend, father-in-law

***** Not included the 16 women who paid nothing and the 6 women who self-abortioned.

For cases in which abortion was a husband and wife's joint decision, most women did not want to involve anyone except their husbands. They preferred to hide the abortion from others because community opinions disapprove of abortion under most circumstances; the reason for the unwanted pregnancy may be something shameful, and could easily become a topic for gossip. Even if the community would endorse the reason for the abortion, as in the case of rape, being raped is still something shameful that women (and their husbands) would like to hide from others.

Especially in the case of subsequent abortion(s), women did not involve others in their abortion: 73% of women decided for themselves how to abort, 66% went to the abortionists on their own and 63% paid for it themselves. With first abortions, they tended to involve others more, but even so, about half of the women still did everything by themselves. They said they knew where to abort because they had delivered there or because it was in the neighbourhood. About half of the 98 women who had more than one abortion went back to the same provider who performed their first abortion; only one of them reported complications after the first one. This woman had only minor complications, some abdominal pain that was treated in the same hospital. It was striking that *if* women involved someone in choosing a provider for abortion, it was seldom a family member (or her own or in-laws), whereas for other health matters, family members are usually consulted. Women ask their family where to go when a child is sick or where to go for ANC care and delivery. In cases of abortion, the woman would not want her family to know, because they would most likely not agree with abortion and might even prevent her from carrying it out. Those women who *did* confide in someone usually consulted female friends who also often escorted them to the abortion providers.

In one-quarter of first and less than one-fifth of subsequent abortions, husbands escorted their wives to the abortionists, but a greater percentage of husbands paid for the abortion than actually accompanied their wives. This indicates that they *knew* their wives aborted. It seems the husbands did not want to be publicly seen as agreeing with abortion by openly escorting their wives, but quietly supported them instead. It may also be that husbands considered gynaecological problems to be women's affairs. One hardly sees couples together in gynae clinics, except when the gynaecologist or traditional birth attendant who is treating the woman explicitly asks the husbands to come. However, since husbands usually escort their wives to the hospital for surgery or delivery, the first impression, that most husbands do not *publicly* want to support their wives in abortion is probably nearest the truth. Another possibility is that men might consider their wife's abortion as their personal failure, i.e. they were so careless to make their wife pregnant when a baby was unwanted. The fact that more than half of the women paid for the abortion themselves is an indication that many of their husbands probably did not know they were getting an abortion, otherwise the women would have asked their husbands for the money; cultural norms dictate that husbands finance the medical treatment of their family. This corresponds to the findings that of the ten women with complications admitted to the hospital, half of the husbands did not know they were pregnant and wanted to abort.

Unsafe abortion

More married women than single women had relatively safe abortions: 70% as opposed to 60%. Yet 30% of the married women had unsafe abortions because they had a late abortion, and/or used unsafe methods and/or used unsafe providers (according to the criteria set out in Chapter 4). Some of the main reasons why married women ended up delaying abortion or resorted to unsafe providers and/or methods were illustrated by the cases of Yemi, Jumoke and Gbemisola, and will now be discussed.

Delaying abortion

Delaying abortion does not imply a conscious choice for a relatively unsafe abortion; it is instead an unwanted outcome of the circumstances. Although all ten women who entered the hospital with complications aborted in the first trimester of pregnancy, seven of them delayed aborting by one or two months; every delay carries an increased risk of complications. The main reasons for these ten women's delay were lack of finances and the prolonged period time it took to determine which provider to use. The histories of Yemi and Jumoke illustrated these points.

Interviews on abortion experiences of married women confirmed that most of the 28 who did delay⁶ said the main reason was that they had to gather money (32%). Others delayed because they wanted to be sure they were pregnant (29%). These women had had experience with missing their period, and hoped it would come back by itself. Some women said they initially had wanted to keep the pregnancy, but when circumstances changed, they also changed their mind and wanted to abort (29%). 'Changed circumstances' were usually related to health problems and to husbands who were found to be unfaithful, and worsened economic circumstances for only one woman.

Abortng with unsafe methods and providers

Though relatively more married women than single women used safe abortion providers, a substantial number of married women, 28%, used unsafe providers, i.e. a 'person in a room', a chemist or a traditional healer (see Table 6.3). Most women *know* which abortion providers are safer than others and *know* that abortion can be very dangerous, but may still take the risk. The three case histories presented illustrate the main reason why married women use these unsafe providers: lack of money to pay for a good private hospital. Unsafe providers are usually cheaper. Only very few married women said they used unsafe

providers and methods for reasons of secrecy, as was the case with many single girls.

Yemi and her husband decided to have an abortion with a TBA for free, and said explicitly that they simply did not have money to go to a hospital. Jumoke waited with aborting because she did not have money, and finally settled for an abortion by a nurse where she had to pay only 400 naira. Gbemisola went to a private hospital for her abortion, but it could not have been safe because she paid only 1,000 naira for a procedure for which she was heavily sedated. These cases reveal again and again that many persons and families really live on or below the poverty line. It is sad that in Nigeria a civil servant like Yemi's husband could not easily raise 1,500 naira for a relatively safe abortion, and therefore risked the infertility or death of his wife.

It is striking that when husbands were involved and paid for the abortion, more women went to safe providers (88%) than when the women had to pay for the abortion themselves (78%). Again, this boils down to more readily available money making abortion safer, and not that the husband's choice of abortion provider insured a safer abortion. Husbands were normally not involved in choosing providers; Yemi's husband is an exception. Thus, husbands were not the ones who influenced the women to use a safer provider; the availability of money from them was.

Coping with complications

Thirteen percent of the 233 abortion experiences of married women resulted in complications. Just as it is generally easier for married women to cope with an unwanted pregnancy, it is usually easier for married women to cope with abortion complications than it is for single girls. Although complications after a secret abortion might reveal all the practices that the abortion was supposed to conceal, at least initially, married women, even if they aborted secretly, have one big 'advantage' over single women: They can always pretend their problems are due to a spontaneous miscarriage. When a woman reports she is having a miscarriage, everyone will pity her and try to help if they can. This is exactly what Gbemisola and many other women did. People around them, including their husbands, would not be surprised that they did not know about the pregnancy that was miscarried because Yoruba women normally keep all pregnancies, even the welcome ones, a secret until the pregnancy starts to show.⁷ The reason is that women fear others may be jealous and try to do harm to them and their baby. Early pregnancies are especially vulnerable to evil powers; many a miscarriage is blamed on these influences. It is understandable that women who

are suffering from abortion complication hide the real cause by telling the persons around them that the problems are due to miscarriage, but it *may* become problematic when these women do not immediately inform the staff at the hospital that they had undergone an abortion. I was told by medical doctors that although the treatment of complications of spontaneous and induced abortion is rather similar in most cases, and the doctor who treats the woman would most likely discover the underlying cause in the end, knowing the cause immediately would facilitate the most adequate treatment.

Strategies of coping with complications will partly depend on how women assess the threat of the complications, both in terms of their health and the exposure of their secrets. If the abortion was a secret from their husbands, women might have more difficulty with coping, because the most obvious person to inform and to ask for help from would be the husband. Yemi's husband knew about her abortion, and helped her when she had complications.

Most of the ten women with complications interviewed in the hospital knew that there was something seriously wrong as soon as the complications started. Most said they were afraid of dying. These women sought help immediately. Only two women (see Biodun's history below) said that they were initially not too worried when they noticed problems and tried some self-treatment at home first. All ten women who came to the hospital with complications had serious complications, including a perforation of the uterus, vaginal wall or bladder, vaginal-rectal fistulae, septicaemia or serious bleeding and shock. Some came straight to LIMH, while others were referred from private hospitals (like Jumoke and Gbemisola).

Biodun is a 29 year-old Muslim petty trader in provisions with a secondary school certificate. She has three children of whom the youngest is two years old. She had one previous abortion in 1992. This time she had a badly performed D&C in a private hospital after having tried self-abortion with antibiotics. She aborted without her husband knowing because she had been afraid her husband would have asked her to keep the pregnancy. The same day as the abortion, while sitting in her stall in the market, she had severe pains and could hardly walk: "I was afraid at first, but when I remembered that the doctor had told me that I would experience some pains, I felt at ease again. I asked my co-traders to help me pack my wares in and I locked up the shop, and went home. However, I became worried again when the pains persisted for ten days. All these days I had used warm compresses to massage my abdomen. The pain would subside a little before it would start again. After using this method for ten days without any improvement, I became afraid and helpless and knew I could not handle the situation myself. I then sent for my mother. She and my

husband took me to a private hospital in the area where evacuation was repeated. I was admitted for four days, but the pain persisted. My husband then decided to take me to the general hospital. The doctor there referred me to LIMH. My mother was annoyed with me but at the same time afraid for my life. My father was made to believe that I am only sick so that he can help to pay the hospital bills since he is rich. He lives in Abeokuta [a town one and a half-hour drive from Lagos]. I regret very much what I did and believe my womb must have been completely damaged. Will I ever be able to get pregnant again? [Biodun had a retroverted uterus with bladder displacement by a thick walled mass with cystic and solid components within, due to uterine perforation. She had foul smelling discharge. Manual correction of retroversion was done and she was put on drugs. She was discharged after one-week hospitalisation and asked to come back for follow-up after four weeks.]

Biodun was among the minority of married women who used avoidance coping when faced with complications. She clung to the doctor's information that abdominal pain after abortion is normal in order to reassure herself. Only after ten days of persistent pains did she admit something was seriously wrong and she changed to problem-solving coping instead. Usually married women with abortion complications know they have to ask for help because they are not able to handle the situation on their own.

Coping with the complications was easier for those five women whose husbands were aware of the abortion, even if they had not fully agreed with it. These husbands brought their wives to a hospital. Some went to a private hospital first, before being referred to LIMH. In these cases, the women and their husbands would tell the doctor in the private hospital straight away what the cause of the problems was, and the proper treatment could start immediately.

Four of the five women who kept the abortion secret from their husbands continued to hide the real causes of their problems from them, even when they asked their husbands to take them to the hospital. Only at the hospital did the husbands hear the real cause of the problems. When they found out, these women reported that the men were very annoyed and showed little compassion. The stories of Jumoke and Gbemisola illustrate how much women who aborted without their husbands' knowledge regretted the abortion, and feared they might have spoilt their marriage. In fact, the thing they really regretted was that the abortion was no longer secret. Nothing would have happened if there had been no complications. As a woman in the community survey commented on abortion, 'Nothing is bad about it if you succeed'.

Among married women, just as among single girls, abortion complications could have been prevented from becoming worse if women had taken timely,

appropriate action. Some women delayed getting adequate treatment because they first treated themselves at home in an effort to keep the abortion a secret. Others had gone to a private hospital where complications could not be treated adequately, perhaps because either they did not immediately disclose the cause of the problems or the complications had progressed too far to be treated in a non-specialist centre. Some private hospitals referred these women immediately, whereas others delayed and referred the women only after some days (and charging them money). Some also went to a TBA first, because they trusted their treatments (and possibly feared the treatment in the hospital).

Death from abortion

Fortunately, none of the ten married women whom we interviewed who had gone to the hospital with complications of abortion, died. The discussion in this section is therefore not based on personal experiences, as it was with the single women, but on the 24 histories told by respondents in the community survey. Women in the community had known the women who died from abortion either as neighbours, friends or family members. Their 24 histories are not very different from what we have learnt from the personal experiences of married women who survived abortion, at least in regards to the reasons for abortion and the involvement of husbands. However, as would be expected, more of the women who died had had unsafe abortions: 22 out of 24 women (92%) had had unsafe abortions. They had either used unsafe methods or had aborted at a later stage of gestation; half of the women who died aborted in their second trimester of pregnancy and 18% aborted in the third trimester. The four histories presented below about women who died illustrate how hazardous abortion can be, and how 'easily' and unnecessarily women die.

A 32 years-old married Muslim schoolteacher in Lagos recounts the experiences of her fellow teacher and friend. She had an abortion herself in the same year as her friend who died. Her opinion about abortion is negative, because through her own experience she knows it is very painful, and moreover it kills a lot of women, such as her friend: "In 1992 my friend died. She was only 28 years old and a Christian. She was a teacher in a private school in Lagos. She had one child who was just five months old when she got pregnant again. The main reason for not wanting the pregnancy was that the private school where she worked would not allow her to go on maternity leave again. They might fire her or just not pay her for maternity leave. The husband knew about the pregnancy. They had a good relationship. He asked her to leave the pregnancy

because he had been warned in church that his wife might die if she would abort. At four months she had an abortion by D&C after having an injection, in a private hospital. She went there on her own. Immediately after the procedure, when she was still in the hospital she fainted and was sick and they admitted her and warned her husband. She stayed in the hospital for five days before she died. My friend was telling everybody that if God says anything they should not object to it [if she would die it was God's wish]. She asked us to take care of her child. I can understand that my friend wanted to abort. She was very unlucky." [Being a teacher in a private school is a highly valued position, because private schools pay more than government schools. The woman would indeed have lost her job when asking for maternity leave so soon after a previous leave. A teacher in a government school in her condition would not have lost her job, though her maternity leave would perhaps not be paid. Possibly she delayed till after the relatively safe first trimester because her husband was not in favour of abortion.]

A 29 year-old engaged housekeeper in Lagos with primary education tells the story about her neighbour. She belongs to a Mission church and believes abortion is a sin in the eyes of God and deserves punishment: "My neighbour died in 1994 when she was 33 years old. She was a small trader and had only primary school. We lived in a small town in Oyo State. She was a Muslim. She had two children already. When she got pregnant, she and her husband were not happy, because they felt they had enough children already and could not support another one. So they decided to abort. At three months she took something at home, I do not know what she took; a friend had told her about the method. The next day her stomach started paining her and she had heavy bleeding, but the pregnancy could not be expelled, as was intended by taking the medicines [or substances]. Her husband and friends immediately took her to the hospital. However, the foetus did not come out and she died of shock and bleeding. I do not understand why my neighbour did it. I feel that since she was married they could still try to look after one more child." [The poor financial situation of the couple was the reason for abortion as well as for the unsafe method of self-abortion. The story shows how self-abortion can get completely out of hand in a short time.]

A single, 26 year-old Pentecostal hairdresser, with a secondary education who lives in Lagos discusses her neighbour who died of abortion. She believes abortion is very hazardous because it can kill and cause infertility: "It was in 1991 when my neighbour died of abortion. She belonged to the Pentecostal church,

like I do, and worked as a petty trader. I don't know what was her age exactly, but she already had six children. Then she got pregnant from another man and of course she did not want to have this baby. Also her boyfriend, who was a married man, did not want it and asked her to abort. She aborted when she was three months pregnant. She went to a chemist shop where she was given some drugs to take at home. A day after she took the drugs, she had severe pains and bleeding. The husband then rushed her to the hospital, but efforts to rescue her proved to be in vain. She died a few hours after admission to the hospital. I understand that she did not want her husband and other people to know that she was dating another man. [Pregnancy from an extramarital affair is usually unwanted both by the woman and her lover, who in this case was also a married man. The lover did not financially assist the woman to have a safe abortion in a private hospital and she went for a cheap, secret abortion in a chemist instead. This story shows how fast these drugs can do their disastrous work.]

A 30 year-old married petty trader with a primary school level education in Epe recounts the story of her neighbour. She belongs to a Mission church. She believes abortion is very dangerous because it can kill: "In 1996 my neighbour died of abortion. She was just 23 years old. She was a Muslim, a small trader and she had gone up to SSS2 with her education. She had one child already and had had another child before, but that child had died. Her husband was a civil servant. She was pregnant and first wanted the pregnancy, but then she had a serious quarrel with her husband and so to punish him, she wanted to abort it. Her husband wanted her to keep the pregnancy, but at two-and-a-half months she took some drugs at home, I do not know what exactly. Two days after taking the pills, she complained of stomach-ache. She went for treatment to a TBA who gave her some *agbo*. However, the medicine did not stop the pains. The same day that she went to the TBA, she died at home. [This young woman seems to have been very upset because of the quarrel with her husband, which maybe made her make rash decisions concerning the manner of aborting. We do not know whether she told the TBA the cause of her stomach problems and thus whether the TBA was trying to treat just stomach-ache or complications of abortion.]

Usually the community women who recounted the deaths from abortion were rather compassionate. Probably they were more compassionate than persons talking about women aborting in general were, because they had known these women personally and understood why the pregnancy was unwanted and the woman decided to abort. Some of the women reporting these histories had had abortions themselves. Nevertheless, sometimes I heard disparaging remarks

like, 'I think the woman got what she deserved, because she was unfaithful to her husband'.

All but three of the 24 married women who died had children already. It is always surprising when married women without children decide to abort. According to the storytellers, two of these three women acted on the advice of their female friends. Of these two women, one was in a cult, and thus very much under the influence of her fellow cult members to conform to the rules, no matter what they were. The third woman reportedly always quarrelled with her new husband and might have either made up her mind to divorce him, and aborted to avoid being tied to her husband and in-laws, or as a way to punish him, by withholding a child from him.

Can we identify underlying factors for married women having unsafe abortions that increase the likelihood of their death? Figures are too small to obtain significant associations, but some findings may be indicative. The reasons why the women who died had abortions were similar to those for women with complications and all abortion experiences, but relatively more of them were said to have gotten pregnant from an extramarital affair. One-quarter of the 24 women who died became pregnant from an extramarital affair (compared to only 5% of the 233 abortion experiences of women who survived). Abortions by these women thus resemble those of single women as far as secrecy is concerned. These women had to keep the abortion a secret from their husbands and could not count on their financial support for a safe abortion. Moreover, they probably panicked more easily when they had complications and were even more reluctant to ask for adequate help immediately. Compared to the women who survived abortion, fewer of the 24 women who died had an abortion done by a safe provider (only 43%), and relatively more performed self-abortion (29%) or went to a chemist (19%). As far as the storytellers knew, most husbands knew their wives were pregnant, that is if the pregnancy was not from an extramarital affair, and all but two husbands wanted to have the child. Only these two husbands agreed with their wives that abortion was the best decision in the circumstances as they felt they had enough children or the interval was too short.

The histories also indicate that the illegality of abortion hinders optimal treatment of abortion complications. When the woman developed complications while still in the private hospital or other provider's place, the provider did not refer the woman to a specialist hospital. This would have exposed him or her as the cause of the problem, and he would risk being prosecuted. The woman of the first history cited developed complications in the private hospital where she had an abortion and died after five days. Two other women also died at the provider's place where they had the abortion. They would have had more of a chance of surviving if they had been treated in a specialist hospital.

The dangers of taking drugs and substances at home, self prescribed or prescribed by the chemist shop, are painfully illustrated. With these methods, the situation can get completely out of hand and beyond the point of being treatable in a short period of time. Quality emergency treatment in specialist hospitals is needed in such cases, which ordinary (non-specialist) private clinics and traditional healers, where most women were brought, if they were taken anywhere at all, could not provide.

Six of the 24 women died at home. It is worrying that it appears that three of them had been to a provider for help with the complications, but were sent home. A private hospital sent two women home, a TBA sent one woman home. Of course we do not know the motivation of the providers for sending the women back home. Perhaps they did not want to get involved in an abortion case or did not recognise the seriousness. The other three who died at home did not ask for help from any provider, but simply stayed home with their complications.

Conclusion

The findings of the present study on abortion by married women do not support the theory of Caldwell & Caldwell who argue that married women who abort have 'learned' this during the time when they were single. They state, 'Abortions to single women have provided individual and social familiarity with the practice and have undoubtedly been the single most important influence promoting marital abortions' (Caldwell & Caldwell 1994:290). Statistics from the present study show that only 4% of the total of 652 interviewed women who aborted had an abortion when they were single *and* subsequently when they were married. Twenty percent of the 652 women with abortions *only* had abortions when they were married. One percent had an abortion when they were married and then again when divorced, or when they were divorced and then again later, when they were married. Thus 75% only had abortion(s) when they were single (of whom 79% are presently married).

If we consider only the 289 women who reported multiple abortions, only 9% of them had an abortion first when they were single and subsequently when married. Even this more conservative figure does not substantiate the Caldwells' theory. As many as 72% of the women who had multiple abortions only aborted when they were single. (Of these women, 79% are presently married.)

The Caldwells seem to falsely assume, like many of the other demographic researchers on abortion, that the decision to abort an unwanted pregnancy is made easily and almost automatically, and that once a woman has had the expe-

rience, she will most likely repeat the 'convenient' solution to a problem. They forget that for most women, abortion is a painful experience, physically as well as mentally. It is one that a woman would not *like* to relive.

The primary (but not sole) reason why married women abort pregnancies is, directly or indirectly, their impoverished financial situation. Some women explicitly stated that financial reasons were their motivation. Others offered already having enough children, or not wanting children too close together or wanting to pursue a career, as reasons; these often boil down to present financial problems. Figures from the present study cannot be conclusive, but abortion among married women may well be on the increase because of increasing economic austerity. Likewise, the prevailing economic crisis at national and individual levels makes more women and couples motivated to use contraceptives to limit their family size. Makinwa-Adebusoye & Feyisetan (1994:82), when interpreting the DHS figures for 1990, showed that the total fertility rate for Southwest Nigeria decreased from 6.25 in the 1981/2 DHS to 5.46 in 1990. In 1973, when Caldwell (1976:75) conducted his research on Yoruba fertility and the household economy, he found that Yoruba did not see an additional child as a burden. At that time 100 naira was still equal to 50 pounds sterling, while at the time of the present research, about 25 years later, 100 naira was not even equivalent to one pound sterling, and the purchasing power of the naira was much less than before.

Additionally, a lack of finances was often the main reason for married women having *unsafe* abortions. This worked at two levels: indirectly because of the delay while women gathered money for the abortion, and directly because they had to settle for cheaper providers. They either opted for cheap private hospitals or abortionists other than private hospitals. Some women in my network of Nigerian friends and family, of middle and higher income, also had abortions. Reasons for their unwanted pregnancies were usually extramarital affairs or career opportunities. All of them had abortions in good private hospitals and paid up to 3,000 naira to a gynaecologist; none of them had complications.

Analysing the abortion experiences of married women makes one understand their unstable 'outsider' position in the patrilineage of their husbands, which may 'push' them into having an abortion because of financial problems, tensions in polygynous marriages or out of fear of exposure of having broken societal norms (i.e. the postpartum taboo on sex). Though the husband and his family own the products of the wife's reproduction, she is largely responsible, financially and practically, for the upbringing of the children that she produces for the patrilineage. In towns more than the countryside, more couples live with their nuclear family and not with or even near to the extended family as was once customary. The result is that there is often no caretaker available at

home, unless one is employed. Both the physical care-taking and the financial burden of an additional child will weigh more heavily on the wife than on her husband, and therefore a pregnancy is more often unwanted by the wife than by the husband. Besides the practical and financial problems of raising additional children, which are often more problematic in a polygynous marriage where more women have to share the husband's income, there are the intrinsic tensions in polygynous marriages which may push women into abortion. Tensions between husbands and wives often arise from the tensions between co-wives. Abortion by some women was described as a wife's way to rebel against her ambivalent position: She 'punishes' her husband by withholding another member from his patrilineage.

In many spheres of life, Yoruba women are used to act independently from their husbands; they likewise act independently in their decisions concerning abortion. A considerable number of married women made coping decisions about what to do with an unwanted pregnancy on their own, either because they wanted to keep the pregnancy a secret from their husbands and their families or their husbands were indifferent about what they decided to do. Some husbands did not agree with abortion, and although they could not prevent their wives from aborting, they just let them take care of it on their own. Among the married women, those who aborted without their husband knowing, and especially those who gotten pregnant from an extramarital affair, were the most vulnerable, because often they had less money available and because they had to keep the abortion and the possible complications as secret as possible. The situation of these women can be compared to that of most single women; they are the most at risk, as the histories of abortion deaths showed.

After having presented all the misery that married and single women face when making the difficult decisions to abort: scraping money together to pay for the abortion, resorting to unsafe abortion methods, coping with complications, ending up infertile or dying, one important question remains. Why did they not prevent the unwanted pregnancy in the first place? Prevention of pregnancy seems like such an easy solution to the problem. Obviously, the women who recounted their abortion experiences cannot prevent what has already happened, but other women could. Women who survived their abortion could prevent the situation in which another one could happen. The next chapter deals with the opinions and the practice of prevention of unwanted pregnancy, by way of abstinence and use of contraception. It will show that the solution of prevention is not as simple as it seems.