

## Prevalence of Abortion of Women in Various Occupations (Nigeria)

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**Abstract-** Occupation refers to job or profession (Oxford Advance Learner's Dictionary). Abuja is made up of mostly federal government workers, contractors, traders, students, tourists, diplomats, politicians, etc. The research was retrospective. The tool used was patient's folder in the gynecological unit of the Wuse General Hospital. The research looked at the prevalence of abortion among these four groups of persons (traders, public servants, house wives, students).

Our findings show that abortion was prevalent among traders (32.4%) and public servants (29.4%) most of whom were married. The students were the least probably because the data was collected from a government hospital; this may not reflect the actual percentage of students since most of them have multiple sex partners. Government hospitals attend to life threatening abortions. There is a low patronage to family planning. This will increase the incidence of abortions in Abuja if government and other anti-abortion crusaders do not take proactive steps to enhance the knowledge of sex education and reproductive health via the use of prints and electronic media as well as religious leaders and traditional rulers. Drug vendors and other quacks should be well educated on the dangers of abortions to residence of Abuja and its environs.

**Keywords- Occupation; Prevalence; Abuja; Abortion.**

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### INTRODUCTION

Abortion in Nigeria is not legalized. Most abortions committed are illegal and mostly committed by quacks or self-medication by women, who patronized patent medicine dealers, and some even use herbs. The drugs taken by these women are endocrine in nature which counteract the progression of the pregnancy [1].

The annual number of induced abortions in Africa rose between 2003 and 2008 from 5.6 million to 6.4 million. In 2008, most abortions occurred in eastern Africa followed by western Africa. The increase may be due largely to increase in the number of women of reproductive age of the 6.4 million abortions carried out in 2008, only 3% were performed under safe conditions (WHO) [1].

Abortion in Nigeria like some other African countries like Uganda, Sudan, Tanzania, Malawi and Mali is allowed to save the life of the mother. In most cases in Nigeria, because of poor family planning services most abortions are committed because of unwanted pregnancies, thus most of them resort to unsafe abortion. Surveys of knowledgeable health professionals suggest that in Uganda, 23% of women seeking abortion go to traditional practitioners, many of whom employ unsafe techniques, some women try to induce abortion by themselves using highly dangerous methods (15%), others purchase abortion-inducing drugs from pharmacist or other vendors (7%) [2].

In Burkina Faso 42% of women obtain abortion from tradition providers and 23% induce abortion by themselves. In Nigeria important differences in access to safe abortion exist by sub groups. For example, a 2002 national research-based survey found that almost six in 10 non-poor women who had had an abortion had a surgical procedure, compared with just 3 in 10 poor women [3].

There is no available literature yet on the prevalence of abortion in Abuja yet. This actually is the statement of the problem for this research.

**EMBRYOLOGY AND ANTHROPOLOGY**

Fertilization occurs at the ampullary region of the fallopian tube. The zygote divides repeatedly to form a sphere of cells as it passes the fallopian tube and the uterine cavity. The developing embryo begins to differentiate into the tissue which will become the fetus and will form the placenta and fetal membranes [4-6]. The primitive precursor of the chorionic membrane produces human chorionic gonadotropins (HCG), and HCG has a biological action very similar to luteinizing hormones and takes over its luteinizing function [7].

Symptoms of abortion include: missed period, intravaginal bleeding, lower abdominal pains. Associated complications include: ruptured uterus, ruptured fallopian tube, ectopic pregnancy, shock, etc [8]. This research work attempts to study the prevalence abortion in Abuja among various categories of workers.

**MATERIALS AND METHODS**

Data used in this research was collected from the record section of the gynecology unit of the Wuse General Hospital which is a government hospital. It is located at centrally and attracts a lot of people because of the popular Wuse market, the biggest market in Abuja metropolis. The data collected from 1998–2008 cover different types of abortions analyzed in months/years. The age range was 15 years to 44 years.

**RESULTS**

Microsoft excel 2008 and statistical package for social science (SPSS) were used to analyze the data. The results are shown in Table 1 and 2.

**TABLE 1 PERCENTAGE FREQUENCY OF VARIOUS OCCUPATIONS INVOLVED IN ABORTION AT THE WUSE GENERAL HOSPITAL ABUJA**

Occupation	Percentage frequency
Traders	32.4%
Public/civil servant	29.4%
Housewives	23.5%
Students	14.7%

**TABLE 2 PREVALENCE OF ABORTION IN ABUJA NIGERIA - YEAR 2000**

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	%
<b>Inevitable Incomplete</b>	2	1	-	2	5	6	8	9	3	2	1	2	41	12.5%
<b>Complete</b>	16	12	10	13	15	18	20	11	10	12	13	10	160	48.9%
<b>Complete</b>	2	-	3	1	2	1	-	2	3	-	2	-	15	4.6%

<b>Septic Threatened</b>	2	-	2	-	1	2	-	1	-	2	1	1	12	3.7%
<b>d</b>	8	10	11	7	9	4	6	3	2	4	2	3	69	21.1%
<b>Missed</b>	2	4	3	1	2	4	2	1	2	3	2	3	29	8.9%
<b>Criminal</b>	-	-	-	1	-	-	-	-	-	-	-	-	1	0.3%
<b>Habitual</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
<b>Total</b>	32	27	29	24	34	35	36	27	20	23	20	19	237	100%

**DISCUSSION**

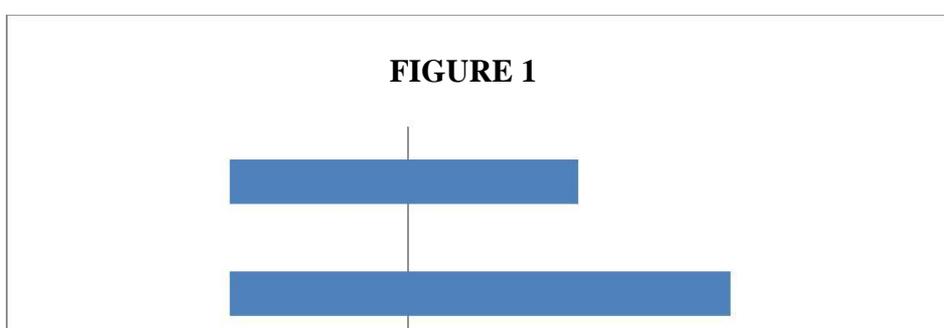
The 2006 census in Nigeria estimates that there are about 65 million females, out of which 30 million are of the reproductive age (15-49 years). Each year about 6 million women become pregnant, 5 million of these pregnancies result in child birth [9]. The remaining 1 million women pregnancies end as abortion. Unsafe abortions in Nigeria are 610,000/year. The traders had the highest rate of abortions (32.4%), public servants (29.4%) followed the figure of the traders closely. The house wives (23.5%) follows the public servants, while the students (14.7%) were the least. These values may not reflect the true positions of the frequencies considering the fact that most students are involved in sexual promiscuity (multiple sexual partners). The Wuse General Hospital where this data was collected is government-owned, for fear of publicity the students may not be confident enough to approach the government hospital for a medical abortion; probably this could be why the values of the married women were higher. Table 2 shows the distribution and percentage frequencies of abortions for year 2000 for these groups of persons (traders, public servants, house wives and students).

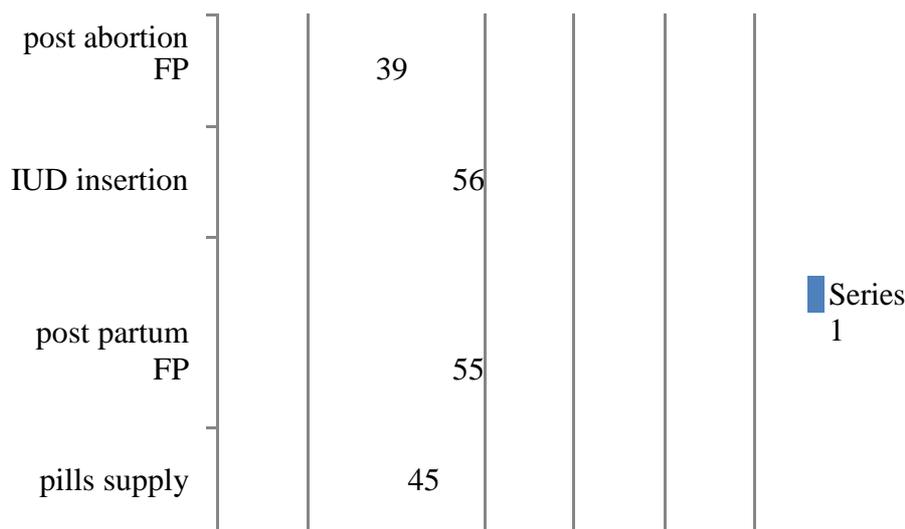
The result reveals that most married women are involved in abortion cases. This could be attributed to the low contraceptive use rate because most cultures and religious groups in Nigeria are against the use of contraceptives. Most cultures in Nigeria believe that children are a gift from God, hence, those who indulge in abortions practices are respectable persons in the communities, societies and religious places of worship [10-12]. Many pregnancies are high risk pregnancies; many women have 6 children on the average of about one in 4 mothers in Nigeria. One in seven (15%) pregnancies yearly in Nigeria is unintentional (NDHS, 2003) and one in six (17%) of married women who want space or limit the number of births have no access to family planning/child birth spacing information and services. High risk pregnancies and abortions are pre-requisition to maternal mortality [13].

Abortion has a great impact on family life and the society at large because of the associated complications to the woman which include infertility and in some cases death. These will make some children to be motherless and this will impact negatively on family. Those associated with infertility will lead to broken marriages and unfaithfulness in marriages, which impacts negatively on the society.

The loss of a woman in the prime and productive part of her life also adversely affects family income and increases the socio-economic burden on the man and children. Indeed women’s economic contributions are essential to reduce poverty in Nigeria, and projected losses from rational economy over a 10-year period (2001-2010) are estimated at about 30 billion naira [13].

The ratings of family planning services provided in the health centers and facilities district hospitals suggest that family planning services are limited in Nigeria. Both health centers and hospitals received moderate ratings for IUD insertions (56% and 65% respectively) and lower ratings for pill supplies (48% and 52%). Post abortions family planning (39%) was the lowest rated service for health centers, while male sterilization was the lowest for district hospitals [13]. Figure 1 below shows provision of family planning in health centers in Nigeria.





## CONCLUSION

Proactive steps need to be taken by governments, traditional rulers, opinion leaders, pastors, imams, parents, youths, teachers, non-governmental organizations (NGOS) etc. to curb this timed bomb called abortion, for everyone has a right to live.

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