

An Assay on the Reasons and Awareness of Consequences of Abortion among Women of Childbearing Age in Chanchaga, Bosso Local Government Area, Niger State, Nigeria

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ABSTRACT

Abortion is a simple health care intervention that can be effectively managed by a wide range of health workers using medication or a surgical procedure. Comprehensive abortion care is included in the list of essential health care services published by WHO in 2020. Unsafe abortion has significant negative consequences beyond its immediate effects on women health which include infertility and economic burden on the family. Women who develop complications after unsafe abortion may experience a variety of symptoms like vaginal bleeding, fever, abdominal pain, cramping and foul-smelling vaginal discharge, septic shock, anemia, uterine perforation, infection and cervical damage. The objectives are: To assess the causes of abortion among women of child bearing age; to assess the awareness of women of child bearing age on the consequences of abortion; to investigate specific reasons why women, resort to abortion. 100 copies of questionnaires were distributed to women of childbearing age and 85 copies were retrieved up on which the analysis was conducted. The study shows that the women had abortions as a result of various causes ranging from mother's ill health, fetal abnormalities, use of drugs, stress/fear and malnutrition. The study also revealed that the awareness on the consequences of induced or unsafe abortion is low. Equally, the childbearing age women under study gave different reasons for involving in abortion which include; to stop child bearing, to postpone child bearing, fear of parents, poverty, schooling, too young for pregnancy and advice by the physician. It is obvious that the research identified that abortion is carried out among women of child bearing age regardless of their educational status, marital status and level of exposure to the consequences of the unsafe abortion. The researcher recommends the following: Married couple should engage in family planning to prevent unwanted pregnancy; The married women should be advised to be faithful to their partners to avoid unwanted pregnancy which may results in aborting the pregnancy; Parents should be friendly with their children and teach them sex education with morals; Pregnant women should reduce unnecessary stress; More awareness campaign to enlighten the women of childbearing age on the causes and consequences of unsafe abortion.

Key words: Abortion, Women, Childbearing age, Unsafe, Induced, Consequences.

INTRODUCTION

Abortion is a simple health care intervention that can be effectively managed by a wide range of health workers using medication or a surgical procedure. Comprehensive abortion care is included in the list of essential health care services published by WHO in 2020. In the first 12 weeks of pregnancy, a medical abortion can also be safely self-managed by the pregnant person outside of a health care facility (e.g., at home), in whole or in part. This requires that the woman has access to accurate information, quality medicines and support from a trained health worker if she needs or wants it during the process (Bearak *et al.*, 2020)

Comprehensive abortion care includes the provision of information, abortion management and post-abortion care. It encompasses care related to miscarriage (spontaneous abortion and missed abortion), induced abortion (the deliberate interruption of an ongoing pregnancy by medical or surgical means), incomplete abortion as well as fetal death (intrauterine fetal demise).

Abortion is a major public health problem across the globe due to the higher incidence and severity of its complications such as severe per vaginal bleeding, incomplete abortion, septic abortion, ill health, infertility and death of the women. Unsafe abortion has significant negative consequences beyond its immediate effects on women health which include infertility and economic burden on the family (Susheela, 2016). Women who develop complications after unsafe abortion may experience a variety of symptoms like vaginal bleeding, fever, abdominal pain, cramping and foul-smelling vaginal discharge, septic shock, anemia, uterine perforation, infection and cervical damage (Bankole *et al.*, 2018).

WHO provides global technical and policy guidance on the use of contraception to prevent unintended pregnancy, provision of information on abortion care, abortion management (including miscarriage, induced abortion, incomplete abortion and fetal death) and post-abortion care. In 2021, WHO published an updated, consolidated guideline on abortion care, including all WHO recommendations and best practice statements across three domains essential to the provision of abortion care: law and policy, clinical services and service delivery.

To keep women and girls safe, WHO has released more than 50 recommendations spanning clinical practice, health service delivery, and legal and policy interventions to support quality abortion care. The medical procedure is “simple and extremely safe” when it is carried out using a method recommended by WHO. The new guidelines include recommendations on many simple primary care level interventions that improve the quality of abortion care provided. These include task sharing by a wider range of health workers; ensuring access to medical abortion pills - which mean more women can obtain safe abortion services - and making sure that accurate information on care is available to all. (The UN Agency, 2022).

According to a report by WHO (2022), when abortion is carried out using a method recommended by WHO, appropriate to the duration of the pregnancy and assisted by someone with the necessary information or skills, it is a simple and extremely safe procedure.

Nearly half of all abortions are unsafe, and developing countries bear the burden of 97% of these unsafe abortions. Globally, unsafe abortions account for 4.7–13.2% of all maternal deaths, disproportionately affecting people in developing regions. Moreover, each year an estimated 7 million women in developing countries are treated in hospital facilities for complications from unsafe abortion (WHO, 2021).

Tragically, however, only around half of all abortions take place under such conditions as outlined by WHO, with unsafe abortions, causing around 39,000 deaths every year and resulting in millions more women hospitalized with complications. Most of these deaths are concentrated in lower-income countries, with over 60 percent in Africa and 30 percent in Asia – and they are impacting the most vulnerable.

While most countries permit abortion under specified circumstances, about 20 countries provide no legal grounds whatsoever for abortion. More than three quarters of all countries have legal penalties for abortion, which can include lengthy prison sentences or heavy fines for people having or assisting with the procedure. “It’s vital that an abortion is safe in medical terms”. (WHO, 2022). “But that’s not enough on its own. As with any other health services, abortion care needs to respect the decisions and needs of women and girls, ensuring that they are treated with dignity and without stigma or judgement. No one should be exposed to abuse or harms like being reported to the police or put in jail because they have sought or provided abortion care.”

The research carried out by Jonathan *et al.*, (2020), their findings show that, in 2015–19, there were 121.0 million unintended pregnancies annually (80% uncertainty interval [UI] 112.8–131.5), corresponding to a global rate of 64 unintended pregnancies (UI 60–70) per 1000 women aged 15–49 years. 61% (58–63) of unintended pregnancies ended in abortion (totaling 73.3 million abortions annually [66.7–82.0]), corresponding to a global abortion rate of 39 abortions (36–44) per 1000 women aged 15–49 years. Using World Bank income groups, we found an inverse relationship between unintended pregnancy and income, whereas abortion rates varied non-monotonically across groups. In countries where abortion was restricted, the proportion of unintended pregnancies ending in abortion had increased compared with the proportion for 1990–94, and the unintended pregnancy rates were higher than in countries where abortion was broadly legal.

Gutmacher Institute, (2015) lamented that the level of unintended pregnancy and unsafe abortion continue to be high in Nigeria. Improvements in access to contraceptives services and in the provision of safe abortion and post abortion care services (as permitted by law) may help reduce maternal mortality rate.

Each year in Nigeria, hundreds of thousands of women become pregnant without wanting to and many women with unwanted pregnancies decide to end them by abortion. Because abortion is legal only to save a woman's life, most procedures are clandestine, and many are carried out in unsafe circumstances. Unsafe abortions can endanger women's reproductive health and lead to serious, often life threatening complications. (Susheela, 2016).

Lamina, (2015), lamented that in Nigeria, unintended intercourse is the primary cause of unwanted pregnancies, and many women with unwanted pregnancies decide to end them by abortion. Also induced abortion is not only widespread in Nigeria but is also provided and practiced in a number of different settings, from traditional medical practitioners, herbalists, and private practicing clinicians to modern pharmacists. The consequences of these clandestine abortions are grave and often leading to maternal death. Abortions account for 20%-40% of maternal deaths in Nigeria.

Over the past two decades the health evidence, technologies and human rights rationale for providing, safe comprehensive abortion care have evolved greatly. Despite these advances, estimated 22million abortions continue to be performed unsafely each year, resulting in the death of an estimated 47,000 women and disabilities for additional 5million women (WHO, 2021).

Abortion can be broadly categorized into spontaneous and induced.

Spontaneous abortion is non-induced embryonic or fetal death or passage of products of conception before 20 weeks gestation. Threatened abortion is vaginal bleeding without cervical dilation occurring during this time frame and indicating that spontaneous abortion may occur in a woman with a confirmed viable intrauterine pregnancy. Diagnosis is by clinical criteria and ultrasonography. Treatment is usually expectant observation for threatened abortion and, if spontaneous abortion has occurred or appears unavoidable, observation or uterine evacuation.

Spontaneous abortions, or miscarriages, occur for many reasons, including disease, trauma, genetic defect, or biochemical incompatibility of mother and fetus. Occasionally a fetus dies in the uterus but fails to be expelled, a condition termed a missed abortion (Britannica, 2022). Isolated spontaneous abortions may result from certain viruses—most notably cytomegalovirus, herpesvirus, parvovirus, and rubella virus—or from disorders that can cause sporadic abortions or recurrent pregnancy loss (e.g., chromosomal or mendelian abnormalities, luteal phase defects). Other causes include immunologic abnormalities, major trauma, and uterine abnormalities (e.g., fibroids, adhesions). Most often, the cause is unknown.

Risk factors for spontaneous abortion include:

1. Age > 35
2. History of spontaneous abortion
3. Cigarette smoking
4. Use of certain drugs (e.g., cocaine, alcohol, high doses of caffeine)
5. A poorly controlled chronic disorder (eg, diabetes, hypertension, overt thyroid disorders) in the mother
6. Subclinical thyroid disorders, a extroverted uterus, and minor trauma have not been shown to cause spontaneous abortions.

Symptoms of spontaneous abortion include cramp pelvic pain, bleeding, and eventually expulsion of tissue.

Late spontaneous abortion may begin with a gush of fluid when the membranes rupture. Hemorrhage is rarely massive. A dilated cervix indicates that abortion is inevitable. If products of conception remain in the uterus after spontaneous abortion, vaginal bleeding may occur, sometimes after a delay of hours to days. Infection may also develop, causing fever, pain, and sometimes sepsis (called septic abortion).

Induced abortion is a simple and common health-care procedure. Each year, almost half of all pregnancies – 121 million – are unintended; 6 out of 10 unintended pregnancies and 3 out of 10 of all pregnancies end in induced abortion. Abortion is safe when carried out using a method recommended by WHO, appropriate to the pregnancy duration and by someone with the necessary skills. However, when women with unwanted pregnancies face barriers to obtaining quality abortion, they often resort to unsafe abortion.

Dulay (2018), indicated that, induced abortion procedures are safer and simpler at earlier stages of pregnancy. During the embryonic period (early first trimester), abortion can be induced by menstrual regulation or administration of prostaglandins, or a combination of mifepristone or methotrexate and misoprostol (medication abortion). During the early fetal period (late first trimester), pregnancy can be terminated by surgical means: dilation and curettage or, more commonly, by cervical dilation using a laminaria followed by vacuum aspiration. Common methods of inducing abortion during the second trimester are administration of medications used in first trimester abortions, or intra-amniotic saline, urea, potassium chloride, and prostaglandins, alone or in combination. Extra-amniotic prostaglandin is also used, as well as dilation and evacuation. Induced abortion of a third trimester fetus is rare; when done, it can involve dilation and evacuation, medications, or hysterotomy. Intact dilation and extraction (so-called “partial birth abortion”) in the late second and third trimesters has been banned in the United States.

Ensuring that women and girls have access to abortion care that is evidence-based – which includes being safe, respectful and non-discriminatory – is fundamental to meeting the Sustainable Development Goals (SDGs) relating to good health and well-being (SDG3) and gender equality (SDG5).

Britannica (2022) described that, induced abortions may be performed for reasons that fall into four general categories: to preserve the life or physical or mental well-being of the mother; to prevent the completion of a pregnancy that has resulted from rape or incest; to prevent the birth of a child with serious deformity, mental deficiency, or genetic abnormality; or to prevent a birth for social or economic reasons (such as the extreme youth of the pregnant female or the sorely strained resources of the family unit). By some definitions, abortions that are performed to preserve the well-being of the female or in cases of rape or incest are therapeutic, or justifiable, abortions.

In a study carried out by Dawn (2022), asking the reasons behind abortion, some people listed multiple reasons such as follows: Not financially prepared has 40%; Bad timing, not ready, or unplanned Partner-related reasons 36%; Need to focus on other children 29%; Interferes with educational or job plans 20%; Not emotionally or mentally prepared 19%; Health-related reasons 12%; Want a better life for a baby than they could provide 12%; Not independent or mature enough 7%; Influence from family or friends 5%; Doesn't want a baby or to place the baby up for adoption 4%.

Despite the fact that there are many ways of birth control such as contraceptives and several awareness on the risks and implications of abortion, it was noticed that women are still terminating or having abortion in the name of child spacing and unwanted pregnancies which is very alarming in the society. Also despite abortion pervasiveness, religions sanctions, campaign against it and personal dangers, the experience of many women who undergo induced has not improved overtime, they still face risks of death from the procedure that is hundreds of times higher than that for women in developed countries.

Generally, even though there seems to be an increased awareness of the risks and complications of abortion, it still remains high among women of child bearing age in Nigeria. And this has prompted the researchers to see into the reasons and consequences of abortion among women of child bearing age in Chanchaga, Bosso Local Government Area, Niger State. This study aimed at assessing the reasons and consequences of abortion among women of childbearing age in Chanchaga, Bosso Local Government Area, Niger State. The objectives are: To assess the causes of abortion among women of child bearing age in Chanchaga, Bosso Local Government; To

assess the awareness of women of child bearing age on the consequences of abortion; To investigate specific reasons women, resort to abortion.

METHODOLOGY

A probabilistic sampling methods, such as stratified random sampling was adopted to ensure representativeness and minimize biases in the data collection. The tools used for data collection which consist of a self-structured questionnaire comprising both open and closed ended questions, which was divided into 4 sections respectively. The study employed stratified random sampling technique in administering 100 questionnaires to women of childbearing age in Chanchaga, Bosso Local Government Area, Niger State. The study also employed qualitative method which include interviewing the focus group (women of childbearing age).

The researchers were able to establish the validity of the questionnaire through the review of literature and by subjecting it to thorough scrutiny, correction and modification by the superior researchers before the final administration of the questionnaire to respondents. Thus, the content validity of the instrument was ascertained through this process. The completed questionnaires were gathered and analyzed using a table descriptive statistics of frequency and percentage over a hundred units. Out of the 100 copies of validated questionnaires that have been subjected to reliability test was distributed to the randomly picked respondents, 85 were retrieved and were equally analyzed. Data collected were analyzed using descriptive statistic for research questions in the form of simple frequency tables and bar-chart. Logistic regression analysis was used to explore the relationships between variables like education and level of awareness of abortion consequences.

RESULTS AND DISCUSSION

Table 1: Age distribution of Respondents

Age	Frequency	Percentage (%)
15-25	38	44.7
26-35	32	37.6
36-45	10	11.8
46-above	5	5.9
Total	85	100

Source: Field work, 2024

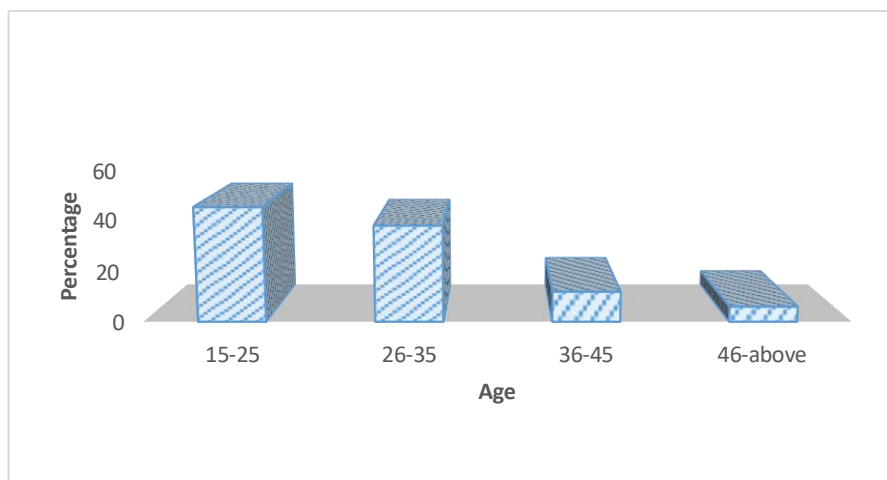


Fig. 1: Age distribution of respondents.

Table 2: Level of education of the respondents

Education Level	Frequency	Percentage
No formal education	20	23.5
Primary	30	35.3
Secondary	25	29.4
Tertiary	10	11.8
Total	85	100

Source: Field work, 2024

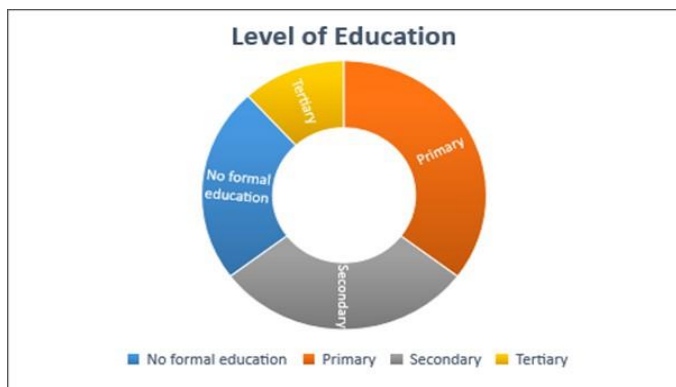


Fig. 2: Level of education of the respondents

Table 3: Marital Status of Respondents

Marital status	Frequency	Percentage
Single	25	29.4
Married	26	30.6
Divorced	24	28
Widow	10	12
Total	85	100

Source: Fieldwork, 2024

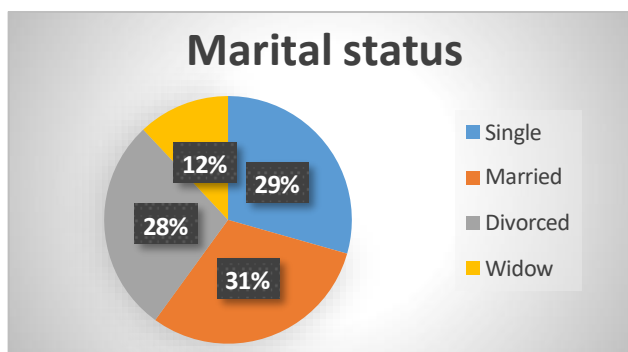


Fig. 3: Marital Status of Respondents

Table 4: Percentage of the causes of abortion among women of childbearing age in Chanchaga, Bosso Local Government area

Causes	Frequency			Percentage (%)		
	Yes	No	Total	Yes	No	Total
Mother’s ill health	65	20	85	76.5	23.5	100
Stress	70	15	85	82	18	100
Use of tobacco	67	18	85	78.8	21.2	100
Shock/fear	59.5	25.5	85	70	30	100
Malnutrition	65	20	85	76.5	23.5	100

Source: Researcher fieldwork 2024

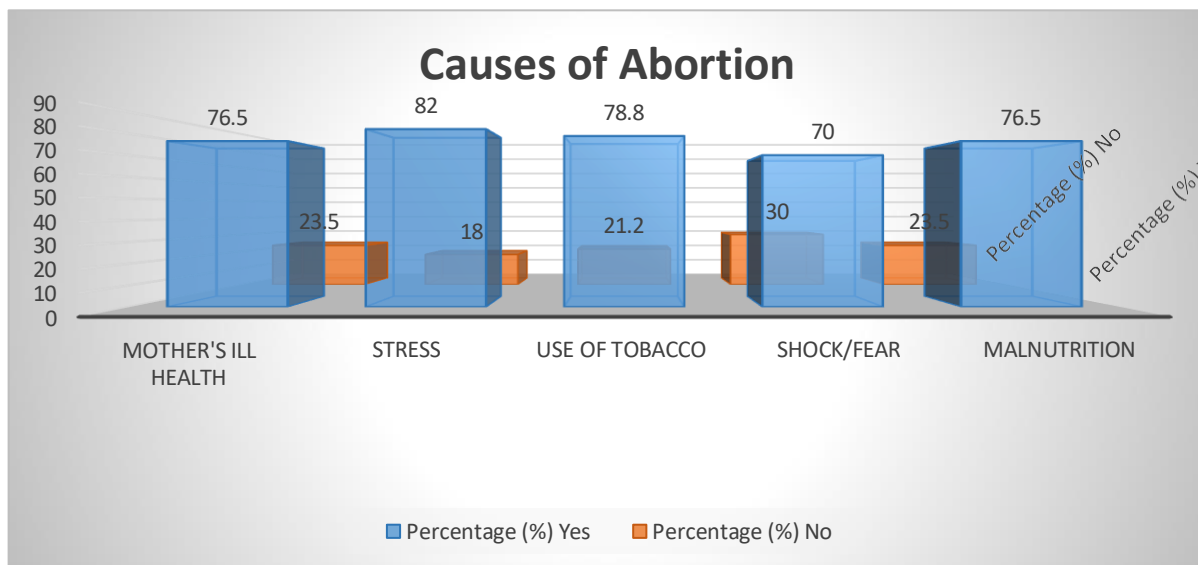


Fig. 4: Causes of Abortion among women of child bearing age

From table 4 above, 76.5% of the respondents agreed that mother’s ill health is one of the causes of the rate of abortion among women of child bearing age while 23.5% of the respondents disagreed with this. Also, 82% of the respondents admitted that stress could be responsible for high rate of abortion among women of child bearing age while, 28% of the respondents disagreed. Equally, 78.8% of the respondents agreed that use of tobacco causes high rate of abortion among women of child bearing age while, 21.2% of the respondents disagreed. Also, 70% of the respondents agreed that shock/fear causes abortion while, the remaining 30% disagree. In addition, 76.5% of the respondents agreed that malnutrition is another cause of high rate of abortion among women of child bearing age while the remaining 23.5% of the respondents disagreed. These agreed with the work of Britannica, (2022), who lamented that spontaneous abortions, or miscarriages, occur for many reasons, including disease, trauma, genetic defect, or biochemical incompatibility of mother and fetus. Occasionally a fetus dies in the uterus but fails to be expelled, a condition termed a missed abortion.

Table 5: Level of awareness of women of child bearing age on the consequences of unsafe abortion

Items	Frequency			Percentage (%)		
	Yes	No	Total	Yes	No	Total
Do you know that unsafe abortion can result to	45	40	85	53	47	100

infertility?						
Abortion can lead to death of a mother	60	25	85	70.6	29.4	100
Abortion can lead to the damage of the female reproductive system	39	46	85	46	54	100
Complications from abortion can cause severe vaginal bleeding	75	10	85	88.2	11.8	100
Are you aware that complications from unsafe abortion result to cervical damage?	55	30	85	64.7	35.3	100

Source: Fieldwork 2024

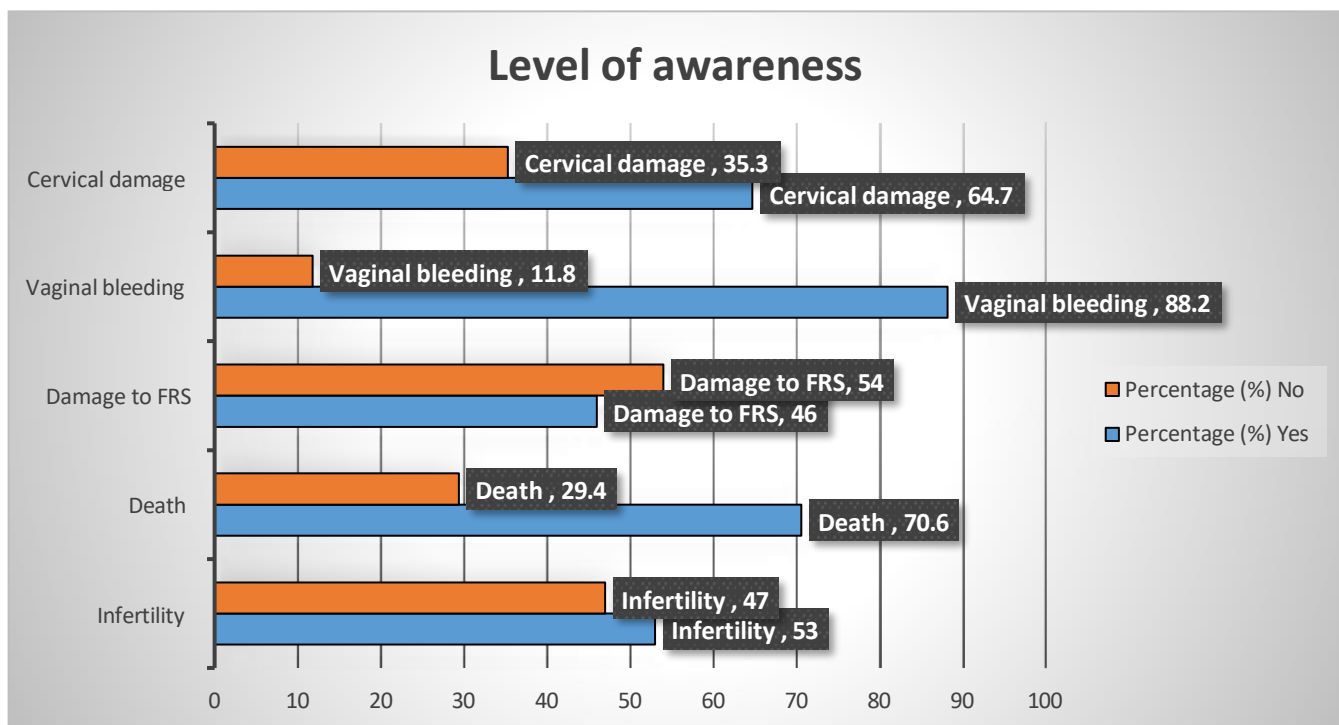


Fig. 5: Showing level of awareness of women of child bearing age on the consequences of unsafe abortion.

From result shown in table 5 above, it is clear that the awareness of the some of the consequences of abortion is very low among the women of childbearing age in Chanchaga which prone them to serious effects of the complications that may result from unsafe abortion. The question of if they are aware that induced abortion can result to infertility, the results shows that 53% of the respondents are aware while, 47% of the respondents are not aware. The level of awareness is low.

From the findings too, 70.6% of the respondents are aware that unsafe abortion can lead to death while, 29.4% are not aware. This is a little bit high in the level of awareness maybe, because they have witness people dying of unsafe abortion. It is also revealed that the awareness on the damage of the female reproductive system is very low. This is because, 46% are aware while, 54% are not aware that unsafe abortion can lead to the damage of the female reproductive organ. 88.2% agreed that abortion can cause severe vaginal bleeding while, 11.88% are not aware. The level of awareness is high probably because there is use of instrument and when this is done in an unsafe condition, there is tendency that the vaginal may be injured resulting in severe bleeding. Furthermore, on the question of if they are aware of that complications from unsafe abortion can result to cervical damage, 64.7% are aware while, 35.3 are not aware. This research is in agreement with the research conducted by Bankole *et al*, (2018) who identified that, unsafe abortion has significant negative consequences beyond its immediate effects on women health which include infertility and economic burden on the family. The research revealed that women who develop complications after unsafe abortion may

experience a variety of symptoms like vaginal bleeding, fever, abdominal pain, cramping and foul-smelling vaginal discharge, septic shock, anemia, uterine perforation, infection and cervical damage.

Table 6: Level of awareness of women of child bearing age on the consequences of unsafe abortion based on educational level

Education Level	Frequency	Aware	Not aware
No formal education	20	10	10
Primary	30	20	10
Secondary	25	15	10
Tertiary	10	8	2

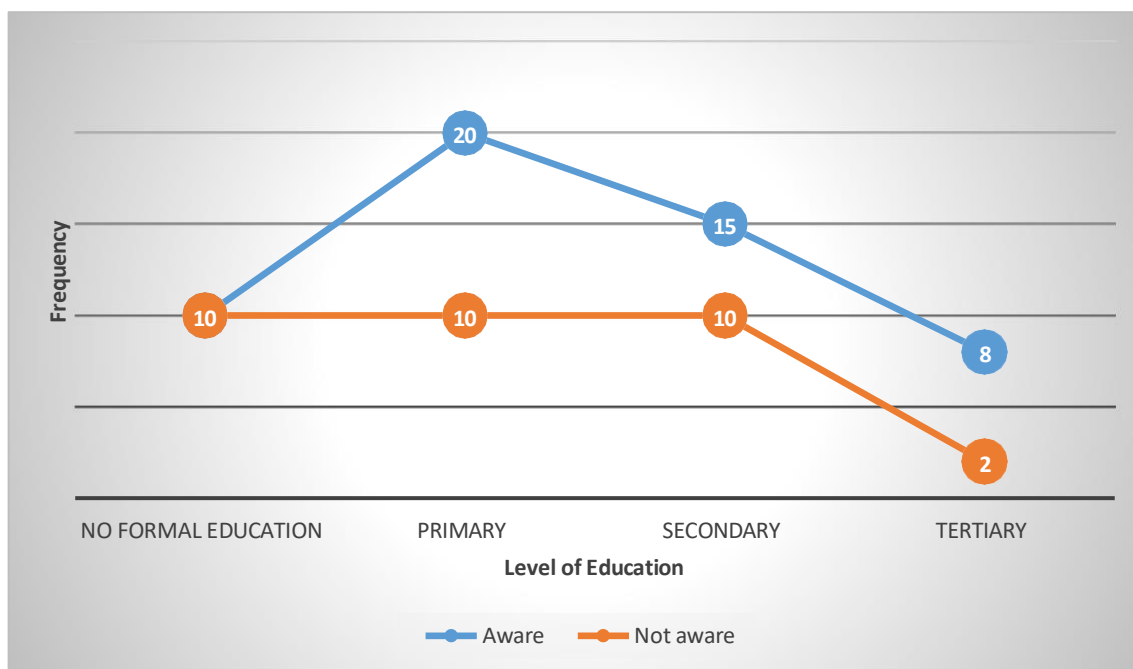


Fig. 6: Showing level of awareness of women of child bearing age on the consequences of unsafe abortion based on educational level

SUMMARY OUTPUT							
<i>Regression Statistics</i>							
Multiple R	0.65087						
R Square	0.423631						
Adjusted R Square	0.135447						
Standard Error	5						
Observations	4						
ANOVA							
	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>		

Regression	1	36.75	36.75	1.47	0.34913			
Residual	2	50	25					
Total	3	86.75						
	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>	<i>Lower 95.0%</i>	<i>Upper 95.0%</i>
Intercept	6.25	6.291529	0.993399	0.425199	-20.8203	33.32026	-20.8203	33.32026
X Variable 1	0.875	0.721688	1.212436	0.34913	-2.23017	3.980172	-2.23017	3.980172

The regression analysis indicates a moderate correlation between the independent variable (level of education) and dependent variable (level of awareness of the consequences of abortion); however, due to low R-squared values and high p-values, we can conclude that this model does not significantly explain variations in the dependent variable with respect to X Variable 1 based on this dataset.

Table 7: Reasons women of child bearing age had abortion.

Items	Frequency			Percentage (%)		
	Yes	No	Total	Yes	No	Total
To stop child bearing	35	50	85	41.2	58.8	100
To postpone child bearing	60	25	85	70.6	29.4	100
Fear of parent	65	20	85	76.5	23.5	100
Poverty	74	11	85	87	13	100
Schooling	70	15	85	82.4	17.6	100
Too young for pregnancy	65	20	85	76.5	23.5	100
Advice by the physician	30	55	85	35.3	65.7	100

Source: Researcher fieldwork 2024

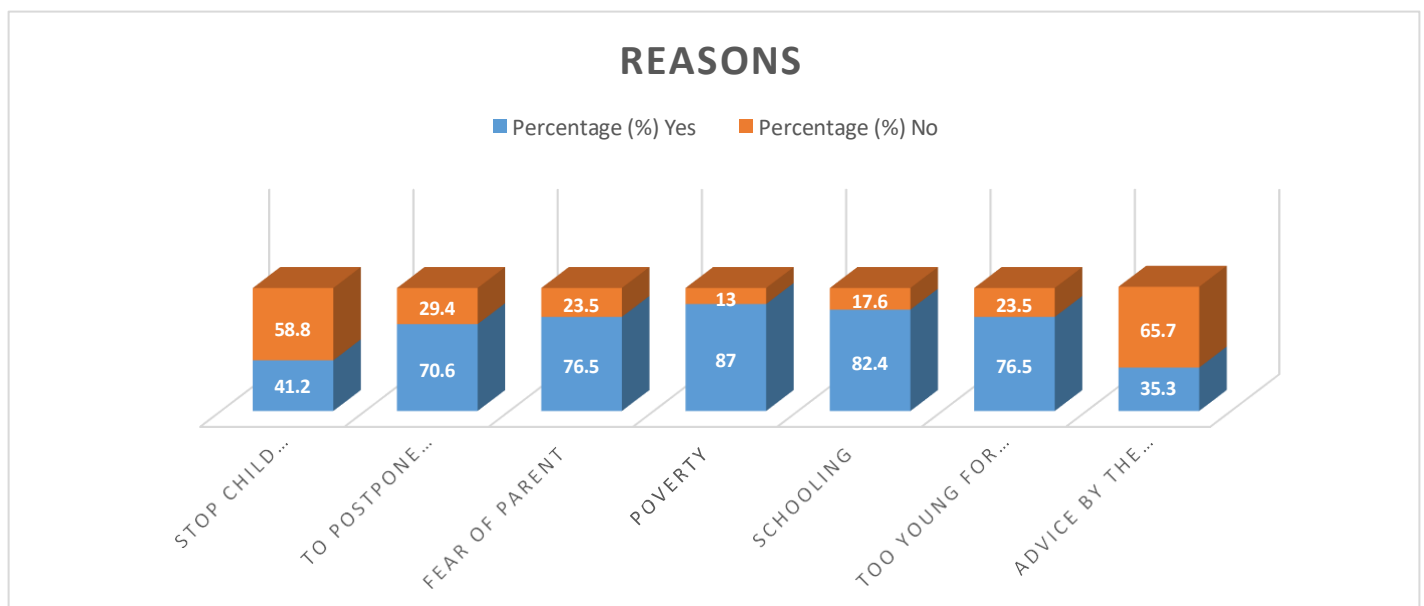


Fig. 7: Showing reasons women of child bearing age had abortion.

Table 7 above shows the percentage of the various reasons women of childbearing age involve themselves in abortion. 41.2% of the respondents support that reasons women of child bearing age had abortion is to stop child bearing while 58.8% disagree to this. Majority of the respondents which is 70.6% agreed that one of the reasons women of child bearing age had abortion is to postpone child bearing while minority 29.6% disagreed. Again, for the fear of parents, 76.5% of the respondents which are the majority admitted to this while, 23.5% disagreed. In addition, 87% of the respondents agreed that poverty is one of the reason women of child bearing age had abortion while, 13% of the respondents disagreed. Furthermore, majority of the respondents 82.4% agreed that schooling is one of the reasons women of child bearing age had abortion while 17.6% of the respondents disagreed.

Finding revealed that 76.5% of the respondents admitted that too young for pregnancy is one of the reasons women of child bearing age had abortion while 23.5% disagreed. And finally, 35.3% of the respondents supported that advice by the physician is one of the reasons women of child bearing age had abortion while, 65.7% disagreed. The research work done by Dawn (2022) justify this that, many people have different reasons for engaging themselves in abortion. Such reasons include according to Dawn (2022); Not financially prepared has 40%; Bad timing, not ready, or unplanned Partner-related reasons 36%; Need to focus on other children 29%; Interferes with educational or job plans 20%; Not emotionally or mentally prepared 19%; Health-related reasons 12%; Want a better life for a baby than they could provide 12%; Not independent or mature enough 7%; Influence from family or friends 5%; Doesn't want a baby or to place the baby up for adoption 4%.

CONCLUSION

It is obvious that the research identified that abortion is carried out among women of child bearing age regardless of their educational status, marital status and level of exposure to the consequences of the unsafe abortion. Also abortion rate is more pronounced or rampant among married women than single. Although, most of them do abortion for the health reasons which is to safe the mother from death of incapacitate the fetus before birth.

RECOMMENDATIONS

The researcher points out the following recommendations:

1. Married couple should engage in family planning to prevent unwanted pregnancy.
2. The married women should be advised to be faithful to their partners to avoid unwanted pregnancy which may results in aborting the pregnancy.
3. Parents should be friendly with their children and teach them sex education with morals.
4. Pregnant women should reduce unnecessary stress.
5. More awareness campaign to enlighten the women of childbearing age on the causes and consequences of unsafe abortion.

REFERENCES

1. Bankole A., Singh S., Sedgh G. and Hussain R. (2018): unwanted pregnancy and induced abortion in Nigeria; causes and consequences; a journal of Guttmacher Institute as retrieved from <http://www.guttmacher.org> on 4th April,2018 at 11pm
2. Bearak J, Popinchalk A, Ganatra B, Moller A-B, Tunçalp Ö, Beavin C *et al.*, (2020). Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. *Lancet Glob Health*. 2020 Sep; 8(9):e1152-e1161. doi: 10.1016/S2214-109X(20)30315-6.
3. Britannica, T. Editors of Encyclopaedia (2022, June 24). *abortion*. *Encyclopedia Britannica*. <https://www.britannica.com/science/abortion-pregnancy>

4. Daniel Goodkind (2015), Sex Selective Abortion, Editor(s): James D. Wright, International Encyclopedia of the Social & Behavioral Sciences (Second Edition), Elsevier, 2015, Pages 686-688, ISBN 9780080970875, <https://doi.org/10.1016/B978-0-08-097086-8.31038-8>. (<https://www.sciencedirect.com/science/article/pii/B9780080970868310388>)
5. Dawn S. (2022), Why Do People Have Abortions? sexual health abortion, Medically reviewed by Monique Rainford, MD
6. Duignan, B. (2022, June 24). *Dobbs v. Jackson Women's Health Organization*. *Encyclopedia Britannica*. <https://www.britannica.com/topic/Dobbs-v-Jackson-Womens-Health-Organization>
7. Dulay A. T. (2018): Clarification of Abortion, "a journal of Merck sharp and Dohme corp. retrieved from <http://www.wikipedia.com>
8. Ganatra B, Gerds C, Rossier C, Johnson Jr B R, Tunçalp Ö, Assifi A., (2017), Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. *The Lancet*. 2017 Sep.
9. Grant C. Fowler MD, (2020), Pregnancy Termination: First-Trimester Suction Aspiration in Pfenninger and Fowler's Procedures for Primary Care.
10. Guttmacher Institute (2022), Parental Involvement in Minors' Abortions, State Laws and Policy, Public Policy Office, 202-296-4012, info@guttmacher.org.
11. Guttmacher Institute (2015): facts on induced abortion Worldwide retrieved from <http://www.guttmacher.org> on 4th April, 2018 at 9pm
12. Dohbit J. S. (2007), Abortions: Causes and Management, Postgraduate Training in Reproductive Health Research, Faculty of Medicine, University of Yaoundé.
13. Jonathan Bearak, Anna Popinchalk, Bela Ganatra, Ann-Beth Moller, Özge Tunçalp, Cynthia Beavin, Lorraine Kwok, Leontine Alkema, (2020), Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019, *The Lancet Global Health*, Volume 8, Issue 9, 2020, Pages e1152-e1161, ISSN 2214-109X, [https://doi.org/10.1016/S2214-109X\(20\)30315-6](https://doi.org/10.1016/S2214-109X(20)30315-6). (<https://www.sciencedirect.com/science/article/pii/S2214109X20303156>)
14. Lamina M. A. (2015): Prevalence of Abortion and Contraceptive practice among women seeking repeat induced abortion in ern Nigeria; a journal of pregnancy retrieved from <http://www.hindawi.com/journals/jp/p 2015/486203> retrieved on 26th May, 2018 at 2pm.
15. Richard E. Jones, Kristin H. Lopez, (2014) *Human Reproductive Biology* (Fourth Edition), Academic Press, Pages 271-282, ISBN 9780123821843, <https://doi.org/10.1016/B978-0-12-382184-3.00014-3>. (<https://www.sciencedirect.com/science/article/pii/B9780123821843000143>)
16. World Health Organization (2021): Safe Abortion: Technical and policy guidance for health system retrieved from <http://www.who.int/reproductive health>.
17. United Nations (2022), Population Division, HIV/AIDS and fertility in sub-Saharan Africa: A review of the research literature. United Nations, New York. Google Scholar
18. Susheela Singh (2016), Global Consequences Of Unsafe Abortion, *Women's Health*, Volume: 6 issue: 6, page(s): 849-860, Guttmacher Institute 125 Maiden Lane, 7th Floor New York, NY 10038, USA, Tel.: +1 212 248 1111, Fax: +1 212 248 1951, ssingh@guttmacher.org.

APPENDIX I

Questionnaire

Dear Respondents,

This research work titled “**Analysis on the Reasons and Awareness of Consequences of Abortion Among Women of Childbearing Age in Chanchaga, Bosso Local Government Area, Niger State Nigeria**” is for the purpose of study and publication in journals.

I thereby solicit for your sincere response to the questions below. Every information given will be treated with utmost confidentiality and used for pure academic purpose. Thanks for your anticipated cooperation.

In order to maintain anonymity and confidentially do not indicate / include your name.

Yours faithfully,

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Section A: Socio-Demo Graphic Data

Instruction: Please study the questions carefully and tick () only the appropriate option in the box.

1. Age: (a) 15-25 () (b) 26-35 () (c) 36-45 () (d) 46 and above ()
2. Level of education: (a) No formal education () (b) Primary school () (c) Secondary school () (d) Tertiary ()
3. Marital status: (a) Single () (b) Married () (d) Divorced () (e)Widow ()
4. Occupation: (a) Trading () (b) Civil servant () (c) Artisan () Others ()

The causes of abortion among women of childbearing age in Chanchaga Local Government area.

5. What are the causes of abortion?

S/N	VARIABLES	YES	NO
A	Mother’s ill health		
B	Stress		
C	Use of tobacco		
D	Shock/fear		
E	Malnutrition		

Level of awareness of women of child bearing age on the consequences of unsafe abortion

6. Abortion is the termination of product of conception before 24 weeks of pregnancy (a) Yes () (b) No ()
7. Do you know that unsafe abortion can result to infertility? (a) Yes () (b) No ()
8. Are you aware that abortion can lead to death of a mother? (a) Yes () (b) No ()

9. Abortion can lead to the damage of the female reproductive system (a) Yes () (b) No ()
10. Abortion can lead to death of the mother. (a) yes () (b) no ()
11. Can complications from abortion can cause severe vaginal bleeding. (a) Yes () (b) No ()
12. Are you aware that complications from unsafe abortion result to cervical damage? (a) Yes () (b) No ()

Reasons women of child bearing age had abortion.

13. What are the reasons women had abortion?

S/N	VARIABLES	YES	NO
A	To stop child bearing		
B	To postpone child bearing		
C	Fear of parents		
E	Poverty		
F	Schooling		
G	Too young for pregnancy		
H	Advice by the physician		