

## Attitudes of University Students towards Abortion in Nigeria: The Role of Health Counselling

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**Abstract.** The study examined the attitude of university students towards abortion in Nigeria. A total of nine hundred (900) respondents gave their opinions on a self-structured questionnaire. The frequency counts and percentages were used to analyse the personal data of the respondents and means, standard deviation, t-test and analysis of variance (ANOVA) for analyzing the hypotheses at  $\alpha=0.05$  level of significant. Some students support abortion when it is on health condition of either the mother or the baby. Based on the findings, some of the recommendations made include proper reproductive health education and health counseling should be given to young ladies and boys about unsafe abortion preventive method, Federal Government as a matter of urgency should consider legalization of induced abortion to prevent the practice of clandestine abortion in the back street.

**Keywords:** Attitudes, University, Students, Abortion, Health Counselling, Nigeria

### 1. Introduction

Abortion is the removal or expulsion of an embryo or foetus from the uterus, resulting in or caused by its death. This can be spontaneously as miscarriage or artificially induced by chemical, surgical or other means. “Abortion” can refer to an induced procedure at any point during human pregnancy; it is sometimes medically defined as either miscarriage or induced termination before the point of

variability. Through history, abortion has been induced by various methods and the moral and legal aspect of abortion is subject to intense debate in many part of the world (Jones, Sheinberg & Byer, 2014).

John, Sutton & Cooley (2015) were of the opinion that abortion is the termination of pregnancy prior to the time the foetus is able to survive. McConell (2011) put it simply that when the conceived which is the product of conception is expelled from the uterus prematurely, this is called abortion. Potts, Diggory & Peels (2012) defined abortion as a loss of pregnancy before the foetus or foetuses are potentially capable of life independent of the mother. However, a clearer definition of abortion is the removal of a growing embryo or foetus from uterus to which it is attached. This general definition covers spontaneously abortion (miscarriage) and induced abortion but distinguished both from premature birth, live or still. Certain authorities seem to complicate the issue by defining abortion as a termination expulsion or detachment of foetus or fertilized ovum before its time of viability (Golden, 2011).

In general a foetus is not viable before the 28<sup>th</sup> weeks of gestation. The following medical terms are used to categorize abortion.

#### **Spontaneous Abortion (Miscarriage):**

Spontaneous abortion, according to Mules (2011), is the sudden termination or expulsion of

the foetus/pregnancy. It is characterized by complaints of feeling of uneasiness before the onset of specific signs and symptoms, by the mother such as vaginal bleeding i.e. brown spotting or bright red blood. Spontaneous abortion can be due to accidental trauma or natural causes, most miscarriages are due to uncorrected replication of chromosomes they can also be caused by environmental factors.

**Induced Abortion:** This is an abortion brought about by interference either by therapeutic or elective abortion as a result of deliberate human action (Roche, Nit, 2014).

**Therapeutic Abortion:** - An abortion performed either to:

- Save the life of the pregnant woman
- Preserve the woman's physical or mental health.
- Terminate pregnancy that would result in a child born with a congenital disorder that would be fatal or associated with significant morbidity.
- Selectively reduce the number of foetus to lessen health risks associated with multiple pregnancies.

In United Kingdom legal termination of pregnancy is a therapeutic procedure carried out under the terms of the 1967 abortion act (William, 2015). Before this type of abortion can be carried out, 2 registered medical practitioners should be of the opinion that the pregnancy should be terminated and consent must be obtained from the husband and wife. The procedure is performed after an agreement must have been reached between the 2 doctors.

**Elective Abortion:** This is an abortion performed at will by an individual in contravention of the *Abortion Act* (William, 2015). This type of abortion is performed for any other reason such procedures are illegal and punishable by imprisonment especially country like Nigeria.

It is attempted by unqualified, non-expert person or non-medical (Quack) practitioner, it can also be done by patient herself by ingesting corrosive substance such as taking blue, potash, lime or excessive salt.

The incident of abortion deals with sexual attitudes and behaviours within any given society. One of the major concerns of any society is the regulation of the sexual behaviours of the individuals so that they can conform to the generally accepted standards or norms of that particular society (Mcray, 2014). The society is becoming so diffused that it is becoming increasingly difficult to determine the acceptable sexual attitudes and behaviours.

Abortion is as old as humanity and probably occurs in all cultures, yet, clouded by shame, secrecy and misunderstanding. Throughout recorded history women have resorted to induced abortion to terminate unwanted pregnancies regardless of religion or legal sanction and often at considerable risk (David, 2013 & Konje, 2012). Voluntary regulation of family was one of the earliest features of most human social group, frequently implemented by abortion and infanticide (David, 2013 & Hodgson, 2011).

Social problem on a society, seems to progress from denial or rejection of their existence to pragmatic approaches whereby formal steps are taken to alleviate such problems, such progress has occurred in the past decade in relation to the question of abortion. The question is being debated frequently in our society as individuals learn more about this volatile issue. People are learning that abortion has been employed as a method of birth control.

The way people react to abortion often depends in their attitudes towards it. Guilt about abortion has been and in most societies continues to be deliberately induced as part of a traditional system of social control. In such circumstances it is superfluous to ask whether patients experience guilt. It is axiomatic that they will (Hodgson, 2011).

Where abortion laws have been liberalized public attitudes have shifted towards approval of abortion (David, 2013) even in conservative setting (Hodgson, 2011). Such objectives are probably too deep to be changed within one generation. As a result, many women while seeking abortion are still intimidated by the moralities that for them retain its prestige even

though they are unable to confirm it in their own behaviour (Figa-Talamance, 2011 & Hodgson, 2011). Infact, several studies have shown that women undergoing abortion do not necessarily have more permissive attitudes towards this practice; while they may consider abortion an undesirable practice in general, they judge it necessary in their own personal situation (Figa-Talamance 2011, & Hodgson 2011).

The world-wide legal status of abortion ranges from complete prohibition to elective procedures at the request of the pregnant women. In the wake of a growing awareness of population and environmental concerns, social-economic development and recognition of the right of women to control their own fertility and aided by technological innovational, abortion has gradually emerged from an aura of social ambivalence (Olaitan, 2009).

Beginning in 1920 and accelerating during the past decades, accepted of abortion as a women's right has gained increasing public support. Infact, abortion practice in our society which appears firmly embedded in our history, now seems to be approaching an era of social acceptance (David, 2003 & Hodgson 2001). However, abortion has continued ranging debates in political social, medical, theological and legal fields (Christain, 2009). To this end two major camps have emerged namely.

- (i) The Pro-choice
- (ii) The pro-life

The pro-choice fights for the legalization of abortion and hence that a woman should have the right to decide whether or not to have her baby.

To pro-life activists, on the other hand fight for the right, the unborn child to life and hence are vehemently opposed to the legalization of abortion (Christain, 2009).

Since we live in a free world, who would not favour the privilege of choice? But at the same time, looking at the issue from reasonable man's perspective, which would not favorable? In resolving this controversial issue, its becomes imperative to conduct an individual

opinion/survey strictly on abortion so as to be able to decide whether abortion should be legalized in Nigeria as in case of Britain, United State of America and other Western Countries.

Thus, the university students appear to be the fertile area for this study since the modal societal impression is that this cohort is the most responsive to change of a traditional ideas and the adoption of what may be heuristically labelled as liberal political and social philosophy.

## 2. Purpose of the Study

The purpose of this study is:

- (i) To examine the general attitudes of university students in south west Nigeria towards abortion.
- (ii) To assess whether gender, religion, marital status, age, tribe and institution influence university students' attitudes towards abortion.
- (iii) To determine the role of health counselling on the university students' attitudes towards abortion

## 3. Research Questions

To what extent do gender, religion, marital status, age, tribe, institution of students and health counselling influence their attitudes toward abortion in south west Nigeria?

## 4. Research Hypothesis

- (i) There is no significant difference in the attitudes of University students toward abortion on the basis of their gender.
- (ii) There is no significant difference in the attitudes of University students toward abortion on the basis of their religion.
- (iii) There is no significant difference in the attitudes of University students toward abortion on the basis of their marital status.
- (iv) There is no significant difference in the attitudes of University students

- toward abortion on the basis of their age.
- (v) There is no significant difference in the attitudes of University students toward abortion on the basis of their tribe.
  - (vi) There is no significant difference in the attitudes of University students toward abortion on the basis of their institutions.
  - (vii) Health Counselling will not significantly play a role on the university students' attitudes towards abortion

**5. Materials and Methodology**

The study area is located south western Nigeria. A cross-sectional survey design was adopted for the study. The population of the study area is a heterogeneous group of both gender, different age groups, religions, tribes, marital status and institutions. There are many universities from each state, but 6 universities located at the capital city of each state were purposively selected and 150 students from each of the institutions through a simple random sampling

technique to make total of 900 students as the subjects.

A purposely designed structured validated questionnaire that was tested for reliability was distributed to the students by the researcher with the help of 12 trained research assistants who administered the questionnaire to the students in their various institutions to gather information about their attitudes towards abortion. The information provided on the questionnaire includes, gender, religion, marital status, age, tribe and institution of the respondents. Also general information about attitudes towards abortion was included. Data were analysed by using descriptive statistics of frequency count and percentage for the bio-data and inferential statistics of *t*- test and analysis of variance (ANOVA) were employed to test the hypotheses formulated at  $\alpha = 0.05$  level of significance.

**6. Results and discussions**

These are reported on two sections, the first section dealt with the bio-data which were analyzed and discussed under frequency counts and percentages (Table 1). The second section presented the analysis of the respondents' opinion on the six hypotheses of the study.

**Table I: Bio-data of respondents in percentages**

**N=900**

Variables		Freq.	%
Gender	Male	342	38.0
	Female	558	62.0
Religion	Christian	378	42.0
	Muslim	522	58.0
	Traditional	-	0.0
Marital Status	Single	520	57.8
	Married	380	42.2
Age Group	≤30 years	318	35.3
	≥31 years	582	64.7
Tribe	Yoruba	504	56.0
	Hausa	120	13.3
	Igbo	276	30.7
Institution	University of Lagos, Akoka, Lagos State, Nigeria (Unilag)	150	16.7
	University of Agriculture, Abeokuta, Ogun State, Nigeria (UNAAB)	150	16.7
	University of Ibadan, Ibadan, Oyo State, Nigeria (UI)	150	16.7
	Obafemi Awolwo University, Ile-Ife, Osun State, Nigeria (OAU)	150	16.7
	Federal University of Technology, Akure, Ondo State, Nigeria (FUTA)	150	16.7
	University of Ado-Ekiti, Ekiti State, Nigeria (UNAD)	150	16.7

Table 1 revealed that majority of the respondents 62% were females while 38% were males. As much as 58.0% of the respondents were Muslims while 42.0% were Christians. Majority of the respondents 57.8% were single, while 42.2% were single.

Also, 35.3% of the respondents were less than or equal to 30 years old while 64.7% were greater than or equal to 31years old. 56.0% of the respondents were Yorubas, 13.3% were Hausas, while 30.7% were Igbos. 150 (16.7%) each of the respondents were from Unilag, UNAAB, UI, OAU, FUTA and UNAD respectively.

**Table 2: Results of hypotheses testing on differences on the attitudes of university students towards abortion on the basis of gender, religion, marital status, age, tribe and institution**

N=900

S/N	Variable	Alternative	$\bar{X}$	SD	Calculated value statistical test	Critical value	Decision on Ho
Ho 1	Gender	Male	47.54	7.98	$t$ -test = 2.55	1.96	Rejected
		Female	96.67	16.54			
Ho 2	Religion	Christianity	33.34	3.15	$t$ -test = 2.10	1.96	Rejected
		Islamic	59.28	8.91			
Ho 3	Marital status	Single	91.27	15.11	$t$ -test = 1.34	1.96	Accepted
		Married	79.56	10.78			
Ho 4	Age Group	≤ 30 years	83.23	12.24	$t$ -test = 1.62	1.96	Accepted
		≥ 31years	76.67	10.98			
Ho 5	Tribe	Yoruba	59.92	8.44	$F$ -test = 4.03	4.07	Accepted
		Hausa	51.65	7.99			
		Igbo	56.67	8.21			
Ho 6	Institution	Unilag	50.98	7.98	$F$ -test = 2.98	3.69	Accepted
		UNAAB	54.11	8.34			
		UI	57.02	8.41			
		OAU	52.23	8.08			
		FUTA	51.78	8.01			
		UNAD	55.56	8.39			
Ho7	Health Counselling	All universities students	67.48	9.33	$\chi^2$ =17.57	21.03	Rejected

P≤0.05

Table 2 shows the  $t$ -test statistics for gender, religion, marital status and age group. Also, Analysis of Variance (ANOVA) statistics for tribe and institution were shown. The calculated  $t$ -values are 2.55, 2.10, 1.34 and 1.62 for Gender Religion Marital status and Age Group respectively. Hence, the hypothesis that there is no significant difference in the attitudes of University students toward abortion on the basis of gender was accepted meaning that significant difference existed in the of attitude of male and female students towards abortion. Male with the mean of 47.54 does not have a good attitude towards abortion as female with the mean score of 96.67. The result of this finding contrary to the finding of Adler (2011) that both male and female students have a liberal attitude towards abortion. In the same vein, the study concluded by Martin (2012) when students (males and

females) were asked if they favoured or opposed abortion at anytime during the first three months of pregnancy. The results showed that two third (67%) of both male and female students questioned were in favoured that abortion should be legalized regardless of circumstances.

The finding obtained on religion revealed that, the hypothesis was rejected, that implies that significant difference existed in the attitudes of University students toward abortion on the basis of their religions. The mean value for Christian is 33.34 and so have negative attitudes towards abortion compared with Muslim with the mean of 59.28. The result of this finding was expressed by certain scholars in respect to abortion and religion. Moore (2014) and David (2013) who did an extensive examination of statement by western religions scholar of diverse

persuasions came to the conclusion that Christianity religion according to Okagbue (2008) expressed that Christianity set its face sternly against abortion mainly because it regards it as high religions crime that a child should die Islam's view on abortion is not precise. To them abortion is strictly prohibited after the foetus has required a life or soul of its own which is estimated to about 120 days. In a nut shell, Christians totally against abortion, while the Muslim supports before formation of life (before 120days) therefore, both religions have different views

The result on marital status shows the calculated value is greater than the table value. Therefore, the hypothesis formulated that, there is no significant difference in the attitudes of University students towards abortion on basis of marital status was accepted. That is, both single with mean of 91.27 and married with the mean of 79.67 have positive attitude towards abortion. The result of the findings tallied with the submission of Raphael (2011) whose findings revealed that both the single and married students have liberal attitudes toward abortion over 679 of the students said abortion should be as available be as available to the single as to the married students.

On the tribe, however, the hypothesis was accepted, meaning that no significant difference between Yoruba (59.92), Hausa (51.65) and Igbo (56.67) on their attitudes towards abortion, they all have positive attitudes towards it. This finding corroborated with Olaitan (2009) who in his study on sociodemographic factors, said that the attitudes of Nigerians are more or less the same when it comes to reproductive health issues, regardless of the tribes.

As regards the institutions of the respondents with the following *means* ( $\bar{X}$ ), UNILAG (54.11), UNAAB (57.02), UI (52.23), FUTA (51.78) and UNAD (55.56) the ANOVA result showed that the hypothesis was accepted. Hence, regardless the institutions, students have positive attitudes towards abortion. The result of this funding tallied with some of the reasons for abortion in some societies according to Potts. et al (2012) which included the following:

- For the sake of the mother's health.
- A pregnancy resulting from a crime like rape or child abuse
- The child resulting to serious physical deformity, genetic problem mental defects after given birth to
- Poverty
- Regulating population size etc

Health counselling has been proven to have a significant role on the university students' attitudes towards abortion in Nigeria

## 7. Conclusions and Recommendations

Gender and religion have been seen to have significant influence on the attitudes of university students towards abortion. Whereas, age, marital status, tribe and institutions have been seen as socio-demographic factors that do not have influence on the attitudes of university students towards abortion They are of the opinion that abortion should be allowed when it on health conditions of either the mother or the baby to be given birth to, and that abortion should be legalized and people be educated on unsafe abortion.

Based on the findings of this study, the researcher, the following recommendations were made.

- (i) The federal government as a matter of urgency should consider legalization of abortion to prevent the practice of abortion in the back street or corner by unqualified medical doctors or quacks.
- (ii) Health counselling should be intensified to young ladies and boys about preventive methods of unsafe abortion.
- (iii) Reproductive health (sex and family life) education should be introduced at secondary and tertiary institutions in the country, so as for the students to be properly informed on issues such as abortion and other related areas in human sexuality
- (iv) Further researches should be carried out in areas of abortion and other

areas relating reproductive health, sexuality, family life and sex education

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