

ORIGINAL RESEARCH ARTICLE

“Instead of killing myself, I would rather go for it”: Abortion experiences among adolescent girls and young women in low-income communities of Ibadan, Nigeria

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Abstract

This qualitative study aimed to explore the abortion experiences, including abortion decision-making and pathways to obtain abortions, as well as post-abortion experiences among adolescent girls and young women (AGYW) living in low-income communities in Oyo State, Nigeria. We conducted 27 in-depth interviews (IDI) and 8 focus group discussions (FGD) with AGYW aged 15-24 who had experienced an abortion in the past one to two years in two Local Government Areas (LGA). All interviews were recorded, transcribed, coded, and analyzed thematically. AGYW reported that the abortion experience involves giving up one's life, as they were not sure of the aftermath of the process. They recounted the fears of stigma, financial constraints, and secrecy around abortion (as most were living with parents or foster parents). Despite their concerns, they relied on social networks, like friends and older colleagues for referral recommendations to supposedly safe abortion providers for procurement. Community education on safe abortion is important in low-income communities to prevent unsafe abortion practices among AGYW. (*Afr J Reprod Health* 2024; 28 [3s]: 57-67).

Keywords: Abortion, female adolescents, low-income communities, Nigeria

Résumé

Cette étude qualitative visait à explorer les expériences d'avortement, y compris la prise de décision en matière d'avortement et les voies pour obtenir un avortement, ainsi que les expériences post-avortement chez les adolescentes et les jeunes femmes (AGYW) vivant dans les communautés à faible revenu de l'État d'Oyo, au Nigeria. Nous avons mené 27 entretiens approfondis (IDI) et 8 discussions de groupe (FGD) avec des AGYW âgées de 15 à 24 ans qui avaient subi un avortement au cours des deux dernières années dans deux zones de gouvernement local (LGA). Tous les entretiens ont été enregistrés, transcrits, codés et analysés thématiquement. AGYW a rapporté que l'expérience de l'avortement implique de renoncer à sa vie, car elle n'est pas sûre des conséquences du processus. Elles ont raconté leurs craintes de stigmatisation, de contraintes financières et de secret autour de l'avortement (car la plupart vivaient avec leurs parents ou des parents adoptifs). Malgré leurs inquiétudes, elles se sont appuyées sur les réseaux sociaux, comme leurs amis et leurs collègues plus âgés, pour obtenir des recommandations vers des prestataires d'avortement soi-disant sûrs. L'éducation communautaire sur l'avortement sécurisé est importante dans les communautés à faible revenu pour prévenir les pratiques d'avortement à risque parmi les AGYW. (*Afr J Reprod Health* 2024; 28 [3s]: 57-67).

Mots-clés: Avortement, adolescentes, communautés à faible revenu, Nigeria

Introduction

Abortion remains a global health burden among women of reproductive age despite increases in the use of contraceptives globally and decreases in unintended pregnancies. Worldwide, an estimated 73 million induced abortions occur annually¹. About 45% of all abortions worldwide are unsafe and 97% of these are from developing countries².

Three out of 10 (29%) of all pregnancies, and six out of 10 (61%) of all unintended pregnancies, end in induced abortion [1]. An estimated eight million abortions occur each year in sub-Saharan Africa (SSA). Of these, the majority (77%) are unsafe as of 2014³. In Nigeria, a study by Bankole and others showed an estimated 1.25 million abortion cases occurred in 2012, with a rate of 33 abortions per 1000 women, and about 212,000 women were

treated for complications of unsafe abortions⁴. A more recent report by Performance Monitoring and Accountability (PMA) also found 46 abortions per 1,000 women of reproductive age as of 2018⁵. It is also estimated that about 6,000 Nigerian women die annually from the complications of unsafe abortion⁶.

Adolescent girls and young women (AGYW) are disproportionately affected by unsafe abortion⁷. Adolescents' sexual well-being is a global concern, and this is why the adolescent and youth-friendly health services (AYFHS) approach has been promoted in most SSA countries including Nigeria. Despite this laudable effort, only 12% of Nigerian women aged 15-49 including AGYW, were using a modern method of contraception according to a national survey of 2018⁸. A study from Ghana found that for 87% of the adolescent participants who had an abortion, the procedures were carried out in unsafe settings⁹. AGYW are at great risk for unintended pregnancy due to their age, according to a study¹⁰ which showed, 3 out of 5 adolescents would have had an abortion if they were to experience an unwanted pregnancy. Due to age, lack of experience, stigma, and fear, abortions among young women are often carried out by non-medical professionals or the woman herself, using herbs, concoctions, or other unsafe methods¹¹⁻¹⁴. Access to safe abortion and post-abortion services are not readily available in low-income communities (LIC), and several studies have indicated that AGYW in low-income communities are disadvantaged and at higher risk of poor sexual and reproductive health and rights (SRHR) outcomes, including those related to abortion, compared to their counterparts in other settlements^{15,16}.

Adolescents' health has to be prioritized to achieve the aim of leaving no one behind. Nigeria is committed to achieving the Sustainable Development Goals (SDG) 3.7 as a target for universal access to SRHR care services by the year 2030. Adolescent girls and young women living in low-income communities (LIC) are disadvantaged due to environmental factors because of where they are situated. A multilevel study on young women's pregnancy termination trend in Nigeria showed that community factors at 17% were a significant contributor to abortion due to the low socioeconomic status of AGYW¹⁷. That is, each community is unique in character, location, and

social infrastructure which influences all of their social lives. A hospital-based finding also showed that AGYW aged 15-24 years presented themselves in the clinics more due to abortion complications¹⁸. This showed that AGYW bears a greater burden of unsafe abortions than older women.

In Nigeria, several studies have investigated adolescents' unintended pregnancies, abortion complications, and sexual and reproductive activities^{12,13,17,18}. Most of the LIC in Ibadan is characterized by the high number of AGYW with increased rates of sexual exposure, intimate partner violence, domestic violence, high prevalence of unwanted pregnancy, and low contraceptive use. Due to the low socioeconomic status prevalent in this area, abortion procurement is performed in an un-clinical environment. Therefore, the need to provide an empirical perspective on the abortion experience, especially among AGYW residing in the LIC, is essential for improving care and developing timely interventions.

This qualitative study aims to describe the AGYW process of decision-making around abortion in selected low-income communities and assesses the type of abortion and post-abortion related information and support services available for the AGYW on abortion and the aftermath.

Methods

Setting

The study employed an explorative qualitative approach. In October 2022, we conducted semi-structured in-depth interviews (IDI) and focus group discussions (FGD) with AGYW who had obtained an abortion in the low-income communities of Ibadan city. The study was carried out in urban low-income settings in southwest Nigeria, specifically Ibadan Northeast (Ayeye, Oniyanrin, Ori-eru, Ogunpa) and Southeast (Beere, Idi-arere, Malet, Agbongbon and Mapo) Local Government Areas (LGA). These areas were part of the Local Government Areas with slums. Little or no infrastructure, poor sanitation, and squalid and overcrowded environments characterize slums or low-income communities.

Two different but triangulated qualitative methods were used to gather the data. The rationale behind simultaneously collecting data with different qualitative methods is that each method alone is not

sufficient to help with understanding the problem and may not be sufficient to give a comprehensive answer to the research questions.

Study population and sampling procedure

The study population comprised AGYW aged (15-24) who had attempted pregnancy termination and those who shared what others experienced. We conducted 27 IDI and 8 FGD sessions with AGYW. Each FGD session had a range of 6-10 participants. The participants were recruited within the community. The first stage of the recruitment was through the help of gatekeepers: community leaders and health workers who were familiar with the locations of the study. The primary healthcare facilities in the community were approached by the study team and were informed about the details of the research objectives, and one of the providers linked the first author to the community leader (s). Community leaders were informed of the objectives of the study, and the eligibility criteria for the study respondents.

Secondly, the FGD was conducted to measure the perception of abortion and to identify AGYW who had had an abortion or knew a friend who had had an abortion and was willing to share their experience. This was to obtain general perspectives on the abortion experience among AGYWs in the community. A snowball approach was used to recruit eligible participants for in-depth interviews. Also, a prior familiarization visit to the study locations was conducted by the research team to identify participants with relevant experiences who would be interested in one-on-one IDI.

Data collection

The IDI lasted approximately 45 minutes; FGD sessions lasted up to 70 minutes, were audiotaped in the open data kit (ODK) platform to guide against loss of interview information, and were sent to the server immediately. The participants were duly informed about the purpose of the study and consent forms were signed, although some participants preferred to provide their verbal consent because they wanted to protect their identities. They were informed that if they were not comfortable or the discussion made them experience a painful memory, they could stop the interview at any time. Also, depending on their preferences, private places

in their homes and quiet spaces within the communities were used to establish a trustful atmosphere and guarantee confidentiality during the interviews. Incentives in the form of toiletries were provided for the AGYW participants after each interview and FGD session. Two female research assistants who were experienced in qualitative data collection conducted the interviews alongside the first author. The FGD guide contained questions on the process of decision-making around abortion among AGYW in the community while the IDI guide contained questions on specific experiences of individuals in decision-making as well as pathways to post-abortion care among them. All incomplete interviews were exempted from further analysis to have a clean and complete transcript.

Data analysis

The interviews were audio-recorded using open data kits (ODK) and were transcribed verbatim. The Atlas ti version 8, a computer-assisted qualitative data analysis software (CAQDAS) was used for the analysis. The in-depth reading of the transcripts and iterations, codes, and themes was developed for inductive analysis¹⁹. The steps recommended by Gale *et al.* were followed: 1) transcription; 2) familiarization with the interview; 3) coding; 4) developing a framework; 5) applying the framework; 6) charting data into a framework matrix; and 7) interpreting the data. Qualitative data were transcribed and analysed using codes and sorted thematically to provide in-depth explanations of the overall objectives of the study regarding abortion experiences and the health implications for female adolescents living in low-income areas²⁰. The data reporting was guided by Consolidated Criteria for Reporting Qualitative Research (COREQ-32)²¹.

Ethics approval and consent to participate

Approval for the study was from the Ethics Committee of the University of Ibadan Research Ethics Committee (ID: UI/EC/22/0320). It was conducted according to the Declaration of Helsinki. Ibadan Northeast LGA and Ibadan Southeast granted permission to carry out the study. Informed written consent was obtained from participants as part of the approved ethical guidance. Participants agreed to participate in the study and could stop the

interview at any time if not comfortable. We guaranteed confidentiality; all the given names were pseudonyms to protect the participants. All the participants gave their consent by reading and signing the consent form, while others agreed verbally before conducting the interview.

Results

Knowledge and risk perception of unwanted pregnancy termination

Teenage pregnancy was considered common in the environment because of poverty, and environmental factors such as settings where they resided, lack of sexual education, lack of care, peer pressure, parental harassment, parental influence, and wrong perception of contraceptive use. Some of the quotes that illustrate these reasons are provided below:

“Pregnancy termination is common in this area from age 11-20 years (R4, FGD Ibadan Northwest)”

From the FGD conducted about the prevalence of abortion in the community, the majority of the participants attested that abortion is a prevailing experience especially among the AGYW below age 20 in the community;

“...It is common in this community because there is no way they can abort and everyone won't know about it. If they abort, they move away from the community temporarily (this is to prevent everyone from finding out about their secret) (R1 FGD Ibadan Southeast).”

Others mentioned the example of girls who were pregnant and still attending school and were looking for solutions from friends. However, the unsuccessful abortion pills, which were likely attributed to inappropriate use or lack of right information led to unsafe abortion practices. The participants in the FGD said;

“...one is in my class, told her friends that she didn't see her period which later indicated pregnancy and her friends gave her several drugs but the pregnancy didn't end (R2, FGD Ibadan Northwest)”.

1. Factors influencing abortion-procuring experience

Abortion was mentioned as a common experience in the community, especially among school-going girls and those in apprenticeships. Some of the factors mentioned influencing decision to have an abortion were ignorance, wrong perception of contraceptive use, and boyfriends wanting to have sex without protection as a sign of love. To them, using protection signified that the lady was promiscuous.

Determinants of where/when to obtain an abortion

Access to abortion for the AGYW depends on finances, location, friends' and others' advice, fear of parents, partner's decision, and fear of death. One of the participants explained the ordeal of getting an abortion. Financial constraints were one of the major concerns, as the private hospital bill is far higher than that of prescription drugs from a chemist. Also, the influence of friends was one of the determinants of where abortion was obtainable among AGYW:

“I went to a private hospital but I didn't have the money they demanded, so I decided to inform my friend about it because she is a chemist and she was the one who sold the drug to me (IDI Southeast)”.

The specific amount of money used was mentioned in comparison with what was obtainable in the hospital as compared to patient vendor stores; *“...the only option I considered was the money aspect, my friend who is an auxiliary nurse only asked me to bring #5000 for the drug while the hospital was asking for 10 times it, so I had no choice but to obey my friend (IDI Ibadan Southeast)”*.

Methods used by AGYW in the abortion process

Participants identified different methods used to obtain abortion including prescription medicine, and traditional and herbal medicines, all of which were commonly used to obtain abortion. The traditional ones are herbal mixtures, alum, salt and water, lime, lemon, and gin, while prescription medicines and procedures are: drugs, injections, and dilation and curettage (D&C).

Table 1: Socio-Demographic characteristics of adolescent and young women

Category	Ibadan Northeast		Ibadan Southeast	
	IDI (13)	FGD (23)	IDI (14)	FGD (22)
Age				
15-19	8	14	8	15
20-24	5	9	6	8
Education				
Primary	1	2	0	2
Secondary Incomplete	5	8	4	7
Secondary	5	13	9	11
Higher education	2	0	1	2
Marital status				
Single/casual relationship	9	15	10	16
Married/cohabiting	3	5	4	4
Married/formal marriage	1	3	N/A	2
Occupation				
Student	6	9	5	7
Trainee/Apprentice	4	6	5	7
Trader/Artisan	3	5	2	5
Full housewife	N/A	3	2	3

Other methods mentioned were the use of drugs with other items, which some people in the past have tried and they worked. However, this was not suitable for everyone; they also used herbs which were not recommended for pregnant women;

“....Put dry gin and use with potash “kan-un bilala” If it doesn’t work, they can use the concoction “egusi EPA ije” and grind it and use it, works within 3mins, they can also use small-size lime (ripe and unripe) (R2 FGD Ibadan Northwest)”

“R1: ...other methods are Drugs, injection for abortion

R2:Mesophem tablet, 4 tablets; use two, put one under the tongue, put the other one in the vagina, but it is not working again. Mesoprotin can also be used but you can only get pregnant after 5 years

Traditional methods used in obtaining abortion

Several participants mentioned that young women preferred to use herbal remedies for abortion; others preferred to see a traditional birth attendant or patient medicine vendor (PMV) to obtain an abortion. It was noted that some of the herbs collected were not sold specifically for abortion. It is precisely these herbs that the AGYW sought to use which mostly threatened their lives. Some of the

herbs mentioned are: concoction “egusi-epaije”, “agunmu”, “agbo jedi agba”:

“....the use of **Egusi epa ije**; blend and roll it into a ball and insert it in the vagina (R2 FGD, Ibadan Northwest)”

“...There are no particular herbs but there is one herb that is “agbo Jedi agba” the “ogidi” It would have been said that, “not for pregnant woman” to use this herb. Nevertheless, you that is aware that a pregnant woman should not use it, that is what they will want to use when an unplanned pregnancy occurs and the herb sellers are not aware, as the girl will not let her know she is pregnant (R6 FGD Ibadan Southeast)”.

Several herbs can be used for abortion, which young people use more. Especially the one specifically mentioned not for pregnant women. The danger of these herbs is that they flush pregnancy in the body, unfortunately, due to street knowledge this is what adolescents with unplanned pregnancies want to use to terminate the pregnancy.

“...Some people use “**agunmu**” because there’s “**agunmu**” too and they said that “**agunmu**” flushes, when someone is menstruating someone can use it, it flushes blood so that kind of herb, that kind of “**agunmu**” concoction if a pregnant lady uses it, it’s possible it flushes the pregnancy and the pregnancy will be aborted (R6 FGD Ibadan Southeast)”.

While some of the AGYW who have attempted pregnancy termination by themselves using one drug or the other did not work, they end up going for evacuation to reduce the risk of un-prescribing drugs.

“...Some had taken “agunmu” non-abortion drugs, it didn't work, tried all she knew, it didn't work, then they decided to go to the hospital for evacuation (R6 FGD Ibadan Southeast)”.

Unsafe abortion practices

Unsafe abortion practices among AGYW are alarming, especially in low-income communities. One of our participants in IDI shared how a friend of hers died through an unsafe process of obtaining an abortion:

“... The lady R5 spoke about her friend. She was around 17 years old before she died due to an unsafe abortion. She was learning dressmaking, and her friends advised her wrongly to abort the pregnancy in an unsafe manner.

The advice AGYW received from their peers determined the kind of abortion process they would go through. Most of the advice from AGYW peers were unsafe processes, which usually led to complications or death. See one of the FGD participants` responses:

R4: She didn't tell her mother about the pregnancy and went to take advice from her friend who took her to where she would abort it and she died (R2 FGD Ibadan Northwest)”

2. Support system in procuring abortion by AGYW

The participants mentioned the support received from family and friends, in the form of advice, from pharmacies, especially at patent medicine vendors' stores, and community like “sisters association” in the neighborhood:

“...they could be afraid to talk to their parents, some can talk to their boyfriends and also their friends to advise them (R4 FGD Ibadan Northwest)”.

While others who could talk to their parents, especially those who had a mother who was a health practitioner, were able to get an abortion done easily:

“....Her mum is a nurse and when she got pregnant, her mother helped her abort, about 5 times now (R10 FGD Ibadan Northwest

Information on available abortion services

AGYW mentioned several kinds of support they received from friends, sisters, mothers, and big sisters in the community. The different types of support received included: encouragement to retain the pregnancy and give the child up for adoption, information from friends about where to have the abortion done, and several other types of support:

“...Some people can advise them that if they give birth, they can help her to adopt the child because if they cannot train them, they can abort them (R1 FGD Ibadan Southeast)”.

Some of the participants explained that information received from friends on abortion was somewhat authentic as some had also obtained abortions in the past:

“...some friends who have information have also terminated before, so she will take her to where she aborted hers to get rid of her own too (IDI Ibadan Northwest).

Reasons for obtaining abortion among AGYW

There were several reasons mentioned among AGYW for having an abortion. These were: to avoid shame, fear of parents, irresponsible partners, parents' refusal of the pregnancy, boyfriend denial of pregnancy, unemployment of both, lack of readiness, young age, and lack of financial capacity:

“....The fact that my partner and I were not ready for marriage influenced the decision. I just gained admission and I haven't resumed school I know my parents very well; they could cancel my dream of going to school if they found out I was pregnant, and that alone can be the end of an academic career (IDI Ibadan Southeast)”.

Other participants mentioned the boyfriend's refusal of having to care for a child mentally, socially, and economically, and the issue of finance and instability of the boyfriend would make them go for abortion:

“....some might be as a result, that her boyfriend did not accept the pregnancy, he might say that he is not

accepting the pregnancy, that he is not ready to care for a child. So, he will tell her to terminate it (R6 FGD Ibadan Northwest)”.

One of the participants mentioned that abortion is not something that one freely decides to do and the risk attached to the unsafe abortion is unexplained. However, she decided to go for it not minding the outcome; she preferred abortion to committing suicide:

“...There is no one that won't consider abortion risk, including me, but I made my decision that instead of killing myself I would rather go for it, it was just as if I was committing suicide indirectly because I didn't care about the outcome, all I wanted was the pregnancy gone (IDI Ibadan Southeast)”.

Accessibility, and availability of health facilities for obtaining abortion

Several of the participants mentioned that some private hospitals were providing abortions, indicating that it depended on how the client approached them and whether or not they knew someone in the hospital or had a connection with the provider. However, it was more difficult to obtain an abortion at government hospitals, given that it is against the law unless the pregnancy threatens the life of the patient:

“...Private hospitals are available for abortion as long as you have your money with you and am sorry, I can't mention the name of the hospital because it's confidential (IDI Ibadan Southeast)”.

It was also recorded by one of the participants that some young girls patronized nurses on an individual basis to obtain abortions. This set of girls must have been financially capable or have had support from parents or a partner before they could patronize nurses because that cost outweighs the cost in the hospital. Those who patronize nurses do it for privacy:

“...A nurse can't help if there are no funds, even if they want to flush, they will need up to 30-50 thousand naira (R2 FGD Ibadan Northwest)”.

“...Some of these private hospitals have room for operation, they do the operation for people. So, they

have instruments for evacuation (R1 FGD Ibadan Southeast)”.

3. Post-abortion experiences among AGYW

The participants also mentioned complications they had heard of or had experienced themselves after having the abortion, especially when it is done in clandestine ways. Such complications were: excessive bleeding, fainting, weight loss, weakness, and difficulties in eating for some days. Post-abortion complications treatments like fluid transfusion, administration of drugs, and removal of remains were also mentioned. One of the ways to come out of the trauma and not have a reoccurrence of the experience is counselling received from the healthcare providers, including getting family planning information like the use of condoms, injections, and oral pills.

Complication experience, guilt, and lessons learned

Post-abortion complications seem to be prevalent among AGYW who obtained abortions clandestinely. Some of these complications were different, depending on the place where the abortion was obtained; some complications were heavy bleeding for several days, or non-stop bleeding which could signify an incomplete abortion. Others, if not taken care of urgently, could lead to death:

“...I have a neighbor, you see when she terminated her pregnancy, the bleeding was so much that it almost ended her life. The bleeding was so much that they had to go and meet a doctor, he gave her an injection and evacuated the remains from her stomach and the doctor prescribed drugs that she could use (R6 FGD Ibadan Southeast)”.

One of the participants explained her ordeal of dealing with an unplanned pregnancy which occurred to her on two different occasions. She used several methods that some of her age groups were likely to use with no result and experienced excessive bleeding:

“...it was just two attempts, I used drugs first when I didn't see any changes, I decided to use lemon water and I was bleeding for two weeks, and I felt fragile (IDI Ibadan Southeast)”

Impact of unsafe abortion

The aftermath of clandestine unsafe abortion was mentioned among the participants, ranging from not seeing the menstruation cycle for a period over a year, to later effects on the womb. It was evident that the body system differs and how any drugs, or injections worked differently in abortion.

One of the participants who had had an abortion in the past mentioned the delay in her menstrual cycle for over a year due to the unsafe process of abortion:

“...hmmm, I realized since the time I have had the abortion till now I haven't seen my menstrual period and it's already more than a year (IDI Ibadan Southeast)”.

Another of the participants mentioned, that to avoid the long-term effect of abortion she would suggest D&C as a safe method, although this is a method that is not easily accessible by AGYW due to cost and restrictions. She believed drugs, injections, and herbs would leave indelible marks in the womb of any woman obtaining an abortion through that method:

“...I did D & C which is still the best. If you have no choice but to go for an abortion, don't ever go for drugs. Bodies are not the same and drugs or herbs can be very dangerous they might work perfectly and not affect you now but later they will show symptoms that you have tampered with your womb before (IDI Ibadan Northwest).”.

Discussion

This qualitative study provides insight into the conditions under which young women have abortions and abortion management, starting from decision-making, information, and support received from friends, street big sisters, chemists, and auxiliary nurses, and post-abortion experiences in Ibadan low-income communities. Evidence indicates that AGYW obtained an abortion through three major channels: namely, the use of drugs prescribed by friends and chemists, application of traditional methods such as the use of lemon, gin (alcohol), and herbs, and visits to private hospitals for D & C. Many AGYW turned to their social networks to seek alternative means for obtaining an abortion. Most of the support received was from friends, sisters, boyfriends, and other trusted

community big sisters, who help to identify or recommend various options for abortion. This support seems to provide AGYW some level of confidence in making decisions as to what option is suitable and affordable to pursue, and such information sometimes helps to alleviate their fears. This is consistent with findings from a study in Zambia, where abortion is legal based on socio-economic reasons. The importance of trusted acquaintances like friends, sisters, and street aunties who influence an individual's decision on where to have an abortion done and their pathway to abortion management²² is very crucial. This implies the need for community engagement to prevent unsafe abortion practices is important in low-income communities, as AGYW relied more on information available within the community.

Despite access to information on various available methods of abortion, AGYW still usually opts for unsafe abortion. This could be due to a lack of money to seek a safe abortion, a strong desire to keep the abortion secret, or an inability to properly assess the quality of the information received among many other reasons. This is in line with evidence from a study in Ghana, which indicated that barriers to accessing safe abortions, stigma, high cost, and abortion law⁹. The uniqueness of AGYW, due to age and socioeconomic status contributes to their decisions as to where to have the abortion done. One of the participants in our study categorically mentioned that the money she paid to the PMV for an abortion was ten times what was required at a private clinic she initially visited. This corroborates the high cost of abortion reported in the study by Bain⁹.

Our study identified different methods reportedly available to participants who have obtained abortions and information received from their friends. As the majority sought help from PMV for drugs, they did not know the names of the drugs, some opted for the traditional way using lemon and herbs. In contrast, a few others used the clinical method of D&C. AGYW knowledge of these methods was usually influenced by social connection, through the testimonies about different methods used by friends. These were the basis on which AGYW made their decisions. Unfortunately, many young people cannot properly assess the information they receive and the efficacy of suggested methods to choose an appropriate method. Even if they do, their low socioeconomic

status precludes them from choosing the right path in a context where abortion is socially sanctioned and legally restricted. As noted in another study, the younger the AGYW, the greater the possibility of seeking unsafe abortion methods from non-medical providers²³ or using unhealthy methods of procuring abortion. This finding is in consonant with our study results.

Support systems available to AGYW in our study differed depending on the type of social networks and disclosure status of intention to terminate the pregnancy. Some of our participants mentioned the involvement of friends, boyfriends, sisters, mothers, and street aunties in terms of support for their abortion-seeking and management experiences. These social supports are on different levels, including pre-abortion support in terms of information on whom to consult or where to have the abortion done; abortion support by staying with the participant through the process; and post-abortion support by helping to ensure that everything goes well. Although in Nigeria, this is still not yet prevalent, training of community volunteers in the dissemination of information on sexual and reproductive health including abortion²⁴ reduces unsafe practices of abortion and post-abortion complications. Support through information received from friends and family members has been proven to be five times more effective in providing needed information for having a safe abortion than the one received from television or radio^{24, 25}. Nonetheless, there is also growing evidence of social media communication on SRH promotion²⁶, which mostly targets young people to provide needed support on sexual health including abortion management, and serve as a connection to safe abortion providers, the acceptability and accessibility remain low²⁷.

The induced abortion experience either ends successfully or with complications. The majority of complications are a result of an unsafe abortion process, which is mostly domiciled among AGYW, particularly those living in low-income communities. Abortion complications range from high fever, abdominal pain, anaemia, vaginal excessive bleeding, infectious diseases, morbidity, and delay of menstruation and conception^{18,28,29}. Studies have shown that more than half of women who presented themselves for abortion complication treatment were AGYW^{18,30}.

In our study, as our participants were aged below 24 years, unsafe abortion remains a common phenomenon, as many of them also considered it risky but still tread along this path. The majority of our participants expressed concerns about their post-abortion experience, as some had not experienced a menstrual cycle for more than a year after the abortion, which is a sign that they were not able to get pregnant when they were ready. This finding is in parallel with a study by Akinlusi and others¹⁸ that found infertility is a likely long-term experience of unsafe abortion, especially among young people due to the stigma who delay in seeking help to get prompt interventions.

There are limitations of the study that must be acknowledged. While we aimed to understand AGYW abortion seeking and management processes, the experience does not represent the experiences of all adolescents seeking or obtaining an abortion. This includes those who had successful abortions, those who are unable to complete the abortion process, and those who experienced complications. In addition, our sampling does not cover a large number of participants due to the research method used and the findings might be individually biased, as these were mostly individually shared experiences. Therefore, we might not have heard from AGYW with the most successful experiences of abortion or those with the most negative experiences of abortion and post-abortion management.

Implications for policy

Given the high prevalence of abortion in low-income communities, there is a need for the community's reorientation of sexual and reproductive health, with a focus on unsafe abortion. Young people need to be aware of safe options for abortion through education and community engagement forums to prevent the aftermath of unsafe processes of obtaining abortions in low-income communities. There is a need for the Ministry of Health to make available healthcare services for abortion among AGYW in low-income communities who want access to safe abortions. The involvement of stakeholders in advocating for safe abortions is very crucial to ending unsafe abortion processes, which have resulted in complications and death among AGYW.

Conclusion

These findings show varying processes of abortion seeking and management among AGYW. They illustrated different methods used, available support, and post-abortion experiences. However, the majority of the abortions by AGYW in low-income communities were unsafe. They were obtained through the use of drugs, alcohol, herbs and the aftermath experiences including the delayed resumption of the menstrual cycle and womb damage are worrisome. Community networks play a key role in abortion management; therefore, educating people about abortion at the community level reduces the clandestine process of abortion and reduces the long-term health implications of AGYW. The need to empower young girls early with sex education, the use of contraceptives, and sexual negotiations with their sexual partners is one of the avenues to pursue. Since young women are particularly vulnerable to sexual initiation and engagement at this stage of life, education on how to manage their sexuality is crucial to achieving their overall healthy lives. It is also important to take into account the fact that even the best contraceptives may fail. Therefore, making provision for access to safe abortions and post-abortion care should be seen as parts of a comprehensive package to prevent unwanted pregnancy and associated maternal mortality, and to avoid the irresponsibility of not caring for a child mentally, socially, and economically.

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Authors' contributions

OOI and AA conceptualized the topic. OOI collected, analyzed, and interpreted the interview

transcripts and wrote the manuscript. AB and AIA supervised the data collection and reviewed the manuscript. AB supervised the interpretation of data and critically reviewed the manuscript. All authors read and approved the final manuscript.

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Availability of data and materials

The dataset presented in this article is not publicly available, because it contains information that could compromise the privacy of the interviewees and breach the agreement. Request to access the dataset can be directed to the corresponding author.

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