

## ORIGINAL RESEARCH ARTICLE

# Male partner involvement in abortion decision-making among adolescents and young adults in Ibadan, Oyo State, Nigeria

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### Abstract

This study examined the narratives of female adolescents and young adults in Ibadan, Oyo State, Nigeria on their male partners involvement in abortion decisions. Data was obtained by administering a semi-structured interviewer questionnaire to 104 female adolescents and young adults who have ever experienced abortion and were analysed using the Statistical Package for Social Sciences (SPSS) version 20 and descriptive/inferential statistics. Among the respondents, 77.9% reported that their male partners were not involved in their abortion decisions; 76.9% reported that their male partners were unconcerned about their abortion decisions, while only 21.2% reported that the decision to abort was forced on them by their male partners. It concludes that there is a low level of male involvement in the abortion decisions of their female adolescent partners in Ibadan, Nigeria. (*Afr J Reprod Health 2024; 28 [3s]: 102-109*).

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**Keywords:** Abortion decisions; male partner involvement; Ibadan female adolescents; young adults in Ibadan

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### Résumé

Cette étude a examiné les récits d'adolescentes et de jeunes adultes d'Ibadan, dans l'État d'Oyo, au Nigeria, sur l'implication de leurs partenaires masculins dans les décisions d'avortement. Les données ont été obtenues en administrant un questionnaire semi-structuré à 104 adolescentes et jeunes adultes ayant déjà subi un avortement et ont été analysées à l'aide du progiciel statistique pour les sciences sociales (SPSS) version 20 et de statistiques descriptives/inférentielles. Parmi les personnes interrogées, 77,9 % ont déclaré que leurs partenaires masculins n'étaient pas impliqués dans leurs décisions d'avortement ; 76,9 % ont déclaré que leurs partenaires masculins n'étaient pas préoccupés par leurs décisions d'avorter, tandis que seulement 21,2 % ont déclaré que la décision d'avorter leur avait été imposée par leurs partenaires masculins. Il conclut qu'il existe un faible niveau d'implication des hommes dans les décisions d'avortement de leurs partenaires adolescentes à Ibadan, au Nigéria.. (*Afr J Reprod Health 2024; 28 [3s]: 102-109*).

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**Mots-clés:** Décisions d'avortement ; participation du partenaire masculin; Adolescentes d'Ibadan ; jeunes adultes à Ibadan

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### Introduction

Adolescent and youth demographic information obtained from the website of the United Nations Population Fund<sup>1</sup> puts the population of adolescents and youths between the ages 10 to 24 across the globe at 1.8 billion. The World Health Organisation (WHO) defines adolescence as the period wherein the young child transits from childhood to adulthood. Usually, adolescent age ranges between ten and nineteen years of age and during this period, the adolescent sexual organs rapidly develop at the onset of puberty and this often results in unguarded sexual explorations and activities involving both the male and the female gender. These risky sexual exploration practices include unprotected sex,

transactional sex, and multiple sex partners<sup>2-4</sup>, and usually result in unintended pregnancies for female adolescents with a potential recourse to abortion as a way out.

Nigeria remains one of the countries with restrictive abortion laws<sup>5</sup>. The restrictions result in clandestine practices and unsafe abortion, especially among adolescents, which is a leading cause of maternal morbidity and mortality<sup>6,7</sup>, thus abortion among adolescents remains a public health burden in Nigeria<sup>8</sup>. About 55% of unintended pregnancies among adolescents usually end in abortion<sup>9</sup>. Within Ibadan alone, 62% of women of reproductive ages including adolescents and young adults were involved in abortion practices despite the restrictions to the practice of abortion in Nigeria<sup>10</sup>.

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The current state of abortion among adolescents and young adults in Nigeria, the stigmatization that arises thereafter, and post-abortion complications with serious health consequences resulting from unsafe abortion calls for great concern among governmental and non-governmental organizations. Despite the numerous interventions aimed at curbing the menace of maternal morbidity and mortality associated with unsafe abortion among adolescents and young adults, the battle is far from being over as some of these efforts such as contraception awareness and counseling services have largely focused on adolescent girls<sup>11</sup>.

Little attention is being paid to exploring the roles that the male gender play in the build-up to the sexual activities that culminate in unintended pregnancies, induced abortion, and post-abortion complications that follow thereafter. An adequate examination of male involvement as a correlate of induced abortion among adolescents and young adults in Nigeria will contribute in no small measure to efforts aimed at curtailing the effects of induced unsafe abortion and its negative health consequences.

Despite the prohibition and illegality of abortion practices in Nigeria, unsafe abortions continue to take place across the country, leaving behind a trail of mortalities and morbidities. Clandestine practices of induced abortion leading to adverse consequences resulting from post-abortion complications among adolescents and as well young adults due to the perceived or actual illegality of abortion in Nigeria as well as the stigmatization that arises thereafter have been a major source of maternal deaths both in rural and urban areas<sup>5</sup>.

Abortion is the endpoint of a series of sexual activities that involve both male and female gender. Beginning from when the male meets the female gender or vice versa, both partners are involved. Also, when they have sexual fantasies together, both partners are involved. Their sexual explorations continue and they eventually have sexual intercourse in which both partners are involved, but when it results in unintended pregnancy, in some cases, the male partner backs out and the female partner is left alone to face the consequences and might even be left alone to decide on whether to abort or not.

Since abortion is just one of the incidences in adolescent sexual activities that involves both the male and female gender, any successful efforts aimed at reversing the negative impacts of induced abortion and post-abortion complications among adolescents and young adults must take into consideration the roles and involvement of the male gender in induced abortion and post-abortion complications among adolescents. This is because studies have shown that women agree that their decisions to abort an unintended pregnancy are largely influenced by their male partner<sup>12-15</sup>. Research carried out in Ghana and Kenya showed that denial of paternity, as well as withdrawal of financial support, constitute men's influence on the decision of their female partners to abort an unintended pregnancy<sup>16-18</sup>.

A study carried out in urban Zambia investigated men's roles in women's abortion trajectories. The study which was qualitative in nature was conducted in 2013 among 112 women who received abortion-related care at the largest abortion care facility in Zambia<sup>19</sup>. Findings from the study showed that men largely influenced whether women will seek a safe or unsafe abortion, through their action, inactions or reactions to the unintended pregnancies of their female partners. Abandonment by men coupled with their desire not to disclose their pregnancy status to their male partner because of the fear of the reactions that will follow were factors responsible for abortion decisions among the women. The study however focused more on the involvement of men in abortion-related care after the abortion decision has been taken. This study however seeks to investigate the level of involvement of the male partner in the abortion decisions of their female counterparts in Ibadan, Oyo State, Nigeria. This was with a view to eliciting information as to whether the decision to abort was forced on them or it was out of stigmatization from their male partners.

In cases of legal abortion, it was discovered that male partners were largely involved in the decision to abort. A study carried out among 75 men in Sweden where abortion is legal showed that more than half of the men wanted their female counterpart to abort while 20 reported that they only submitted

themselves to the decision of their female partners to abort<sup>13</sup>. While the study in Sweden focused on cases of legal abortion, the current study focuses on cases of abortion among female adolescents and young adults in Nigeria where there are restrictions on abortion. Hence most of the abortions were carried out by private patent medicine vendors and the male partners of the adolescents were unwilling to show up.

The study mainly focused on the narratives of the female partners on the involvement of their male partners in their abortion decisions based on the level of personal relationship between the female and their male partners. This was to obtain the perspectives of the female partners on the actual involvement of their male partners rather than from the males themselves. Hence, this study specifically seeks to (i) determine the related socio-demographic correlates influencing abortion practices among female adolescents and young adults in Ibadan, as well as (ii) identify the level of involvement of male partners in abortion decision-making as reported by female adolescents and young adults in Ibadan.

## Methods

### Study area and population

The study was conducted in Ibadan, the capital city of Oyo State, Nigeria. Ibadan is the largest city in West Africa as the city has five (5) metropolitan Local Government areas (LGAs) with the 2022 projected population of 440400, 473700, 220100, 380800, and 404,600 respectively<sup>20</sup>. The projected population of Ibadan as of September 2022 is 3,756,000 at 2.93 percent increase from the 2021 population<sup>21</sup>. Based on the male-female sex ratio of 107:100, the projected population of women will therefore be 2,140,920. A further breakdown of this figure puts the number of adolescents and young adults between ages 13-24 years in Ibadan at 406775.

### Inclusion/Exclusion criteria

The inclusion criteria included female adolescents who are between ages 15 to 19 and young adults between ages 20-24 and must have had abortion experience in the past. The exclusion criteria

included female adolescents between ages 13 and 14 because data on pregnancy and childbirth in those ages are not widely available.

### Sample size determination

The study adopted Leslie Kish's formula for calculating sample size for a cross-sectional design. The sample size formula is:

$$n = \frac{Z_{\alpha}^2 pq}{[d^2]}$$

Where;

- p is the proportion or a best guess about the value of the proportion of interest. In this study, p refers to the proportion of unsafe abortions among adolescent girls and young adults. A report shows that 32% of most abortion occurs among adolescents<sup>24</sup>. Therefore, to calculate for the proportion of interest, 32 per 1000 will give  $p=0.032$ . Given that  $q=1-p = 1-0.032 = 0.968$
- d represents the level of tolerance of how close the proportion of interest is to the desired estimate. This is assumed to be 50 per 1000.
- $Z_{\alpha}$  represents the statistical table value corresponding to  $\alpha=0.05$ .  $Z_{0.05}$  which is 1.96

Leslie Kish's formula

$$n = \frac{(1.96)^2 \times 0.033 \times 0.967}{[0.05^2]}$$

$$n = \frac{1.96 \times 1.96 \times 0.033 \times 0.967}{[0.0025]} = 49$$

Assuming an 85% response rate (i.e. 0.85), the sample size becomes =  $\frac{\text{calculated sample size}}{\text{response rate}}$   
 $= \frac{49}{0.85} = 58$ .

However, given that the respondents were enrolled from their clusters (LGAs), a design effect of 1.8 was factored in. The sample size then becomes  $1.8 \times 58 = 104$ , thus, bringing the study sample to a total of 104 adolescents and young adults aged 15-24 who were sexually active and had experienced abortion.

### Study instruments

A semi-structured interviewer-administered questionnaire was used to collect quantitative data

from 104 adolescents and young adults within the age group 15-24 who had ever experienced abortion. As it was difficult to identify the adolescents who had aborted, the respondents were made available by ten (10) private patent medicine vendors (PPMVs) who provide abortion services in different parts of Ibadan, Oyo State. The PPMVs had a record of female adolescents and young adults who had come to them for abortion services. Each of the PPMVs helped in contacting at least ten (10) of the young girls who had recently patronized their services. The researcher as well as five other trained research assistants were involved in administering the questionnaires to the respondents. The questionnaire is self-structured and was divided into different sections ranging from socio-demographic characteristics, and sexual and reproductive health history to male partner involvement in abortion decisions. It contained twenty-eight (28) questions with given response options. Answers different from the given response options could also be provided by the respondents. The first four (4) questions focused on the socio-demographic characteristics of the respondents, while the next thirteen (13) questions focused on their sexual and reproductive health history. The last eleven (11) questions elicited information about their narrations of male partner involvement in abortion decisions.

Questions were asked to elicit information on whether their male partner accepted or rejected the unintended pregnancy. For those respondents whose responses indicated that their male partner accepted the pregnancy, they were asked if it was their male partner who suggested the abortion to them or perhaps forced the decision on them. A question was asked to know if their male partner showed any form of concern or was just unconcerned about the unintended pregnancy. It also sought to know if it was their male partner that possibly suggested the facility where the abortion took place. Questions about the forms of support (if any) given by their male partners ranging from physical, financial to emotional, gave the respondents the possibility to choose more than the given response options and bare their minds on the subject matter. They were also asked to know if they

faced any form of stigmatization from their male partner.

### ***Methods of data analysis***

The questionnaires were analysed using the Statistical Package for Social Sciences (SPSS) version 20 as well as descriptive statistics such as percentages and tables and inferential statistics. The study variables were presented using frequency and percentage distribution. Chi-square was used to show the level of associations between the dependent variable and each of the categorical independent variables. Also, logistic regression was done to show the predicting factors after controlling for confounders in the study. All background characteristics of adolescents and young adults were categorical variables.

### ***Ethical consideration***

The study paper was submitted to the Ethical Review Committee of the University of Ibadan/University College Hospital(UI/UCH), Oyo State. Following full compliance with the standard of ethical requirements, ethical approval with reference no UI/EC/22/0392 was obtained from the UI/UCH Ethical Review Committee before embarking on the research. It was mentioned to the participants that the study was meant for research and academic purposes only and that there were no incentives offered for taking part in the study. The participants were further informed that their participation was purely voluntary and that they could discontinue their participation at any time during the course of the study without being penalized.

### **Results**

From Table 1, it was observed that the mean age of age at first sex of the respondents was 18.94. Also, more than half of the respondent with (67.3%) fell within the age group 18 to 20 years. The majority (74.0%) of the respondents had more than one sex partner. There were more Christians (61.5%) compared with other religions. More than half (65.4%) of the respondents lived with their parents.

**Table 1:** Showing the socio-demographic characteristics of the respondents

Socio-demographic characteristics	Frequency	Percentage %
Age group of respondent		
15-17	15	14.4
18-20	44	42.3
21-23	25	24.0
24-26	20	19.2
Total	104	100
Religion		
Christianity	64	61.5
Islamic	38	36.5
Traditional	2	1.9
Total	104	100
Age at first sex		
15-17	21	20.2
18-20	70	67.3
21-23	11	10.6
24-26	2	1.9
Total	104	100
More than 1 sex partner		
Yes	77	74.0
No	27	26.0
Total	104	100
Living arrangement		
Alone	14	13.5
Friends	3	2.9
Parent	68	65.4
Spouse	19	18.3
Total	104	100

**Table 2:** Role of male partners in abortion decisions

Variables	Frequency	Percentages %
<b>Male partners involved in abortion decisions</b>		
Yes	23	22.1
No	81	77.9
Total	104	100
<b>Male partners concerned about abortion decisions</b>		
Concerned	24	23.1
Not concerned	80	76.9
Total	104	100
<b>Male partners forced abortion decisions</b>		
Yes	22	21.2
No	82	78.8
Total	104	100

The majority of the respondents (77.9%) reported that their male partners were not involved in their abortion decisions. Furthermore, only 23.1 percent of the respondents reported that their male partners showed any form of concern about their abortion decisions. Also, only 21.2 percent reported that their decision to abort was forced on them by their male partners.

The result from Table 3 indicating for the Adjusted Odd Ratio (AOR) showed that the respondents in the age group 18-20 and 24-26 were 40.9% and 92.7% respectively less likely to have their male partner involved in their abortion decisions compared with those in the other age groups. The living arrangement of the respondents showed that those living with either friends or parents were 92.1% and 90.5% respectively less likely compared with those living with their male partners. Furthermore, those who were not forced to have an abortion by their male partners were less likely (AOR=0.312) compared with those who were forced. Also, the respondents who did not have multiple sex partners are more likely (AOR=2.015) compared with those who had multiple sex partners. The results also showed that those whose friends suggested the abortion facility are less likely (AOR=0.363) than those whose male partners or parents suggested the abortion facility.

## Discussion

The uni-variable analysis showed that most of the respondents had their first sex at the age of 18. Since all of the respondent were young people who had engaged in abortion before, it becomes a factor that early engagement in sex by adolescents possibly serves as a correlate of abortion practice among adolescents. Findings from the analysis further revealed that the majority, (74%) of the respondents had more than one sex partner. This is a pointer to the fact that adolescents with multiple sex partners were prone to abortion practices<sup>22,2,10</sup>. Furthermore, the results showed that although more than half (61.5%) of the respondents lived with their parents, they were still involved in induced abortion practices.

**Table 3:** Binary logistic regression examining the involvement of male partner in abortion decision controlling for selected demographic variables

Male involvement	Model 1 (Unadjusted)		Model 2 (Adjusted)	
	OR	95% CI	OR	95 CI
<b>Age group</b>				
15-17	RC		RC	
18-20	0.455	0.08-2.65	0.591	0.06-5.60
21-23	1.670	0.28-10.01	3.364	0.34-33.05
24-26	0.098	0.01-2.08	0.073	0.00-1.94
<b>Religion</b>				
Christianity	RC	0.43-5.01	RC	
Islamic	1.471	0.01-	1.799	0.44-7.33
Traditional	1.492	170.17	0.135	0.00-30.87
<b>Living arrangement</b>				
Alone	RC	0.02-	RC	
Friends	1.046	45.92	0.079	0.00-3.42
Parent	0.192	0.04-1.01	0.095***	0.02-0.61
Spouse	1.249	0.22-6.96	1.561	0.27-8.98
<b>Have multiple sex partner</b>				
Yes	RC		RC	
No	0.974	0.73-9.64	2.015	0.50-8.06
<b>Did partner force</b>				
Yes			RC	
No			0.312	0.08-1.23
<b>Who suggested abortion facility</b>				
Male partner			RC	
Friend			0.363	0.10-1.32
Parent			11.364	0.95-135.46

(RC-Reference category; C.I- Confidence Interval  $P < 0.001$ \*\*\*;  $P < 0.01$ \*\*;  $P < 0.05$ \*)

The analysis as shown in Table 2 revealed the very low level of involvement of the male partners in the abortion decisions of their female partners among adolescents which could be a result of the fear of the abortion outcomes. The majority of the male partners had no involvement in whatever form in the decisions of their female partners to abort, and neither did they demonstrate any form of concern about their female partner's abortion decisions. The findings align with other studies that identified the low level of male involvement in reproductive health concerns<sup>23-25</sup>. Only 21.2% of the female partners reported that the decision to abort was forced on them by their male partners. This however indicates that there were quite some cases where the decision to abort was not a personal decision of the female adolescent and young adults, but was forced on them by their male partners<sup>26</sup>. This aligns with other

studies that also noted the low involvement of men in abortion decisions among married women, although male partners can be influential in controlling resources for abortion access and also providing the needed support. Also, the results in Table 3 indicated that the low level of involvement of the male partner in the abortion decisions of their female partners cuts across all age groups of adolescents and young adults. The result implies that there is no significant relationship between the ages of adolescent girls and young adults and male partner involvement in their abortion decisions at  $P > 0.05$ .

The logistic regression analysis showed that the living arrangement of the respondents is a significant factor that influences male partner involvement in abortion decisions. The results however showed that the respondents living with

either parents or friends are less likely to have their male partner involved in their abortion decisions compared with those living with spouses. Those who had multiple sex partners reported a very low level of male partner involvement compared to those who did not have multiple sex partners. This may be because females with multiple partners were likely to experience cases of abandonment by men or denial of paternity which may eventually become a catalyst for abortion. This corresponds with the results from other studies<sup>13,19</sup>. The results showed that the respondents whose male partners forced the decision on them were invariably actively involved in their abortion decisions.

### Limitations

There are other levels of male involvement such as the actions and inactions of male medical officers and law enforcement/regulatory officers in one way or the other in abortion decisions not examined in this study. Furthermore, this study focuses on the narratives of female adolescents and young adults about the involvement of their male partners in their abortion decisions. Due to the restrictions on abortion in Nigeria, female adolescents and young adults who engage in abortion are usually unwilling to come to the open. This is even worse with respect to their male partners who are not willing to show up publicly to own the unintended pregnancy. It was difficult to reach out to the male partners directly, hence questions eliciting information on male partner involvement were directed to the female partners rather than the male partners themselves. This approach was useful as the females expressed their minds on the actual involvement of their male partners in their abortion decisions. However, it could also mean an underrepresentation of the male partner's experiences in the narratives. Further research carried out directly with the males whose female partners were involved in abortion practices would possibly yield complementary data that will enhance a further understanding of the roles men play in the abortion decisions of their female partners.

### Conclusions

The study found that among adolescents and young adults in Ibadan, the level of involvement of male partners in the abortion decisions of their female partners was very low. Usually, both genders are involved in unhealthy sexual explorations and practices, but when these unhealthy practices subsequently result in unintended pregnancies, the burden of terminating such unintended pregnancies suddenly becomes that of the female partner alone. When the decision to abort is made known to the male partner, they often demonstrate a high sense of insensitivity, non-involvement, and unconcerned attitude to the plight of the female partners. There is, therefore, the need for policymakers to critically examine the role of the male gender in the abortion decisions of their female counterpart to adopt the right framework that will engender improvement in the sexual and reproductive health of female adolescents and young adults in Nigeria.

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