

ABORTION PROCUREMENT AND POST-ABORTION CARE SERVICES: EXPERIENCES OF NIGERIAN ADOLESCENTS

Onasoga, Olayinka A.* and Arunachallam, Sathasivan

School of Nursing, Faculty of Community and Health Sciences, University of the Western Cape, South Africa

ABSTRACT

Introduction: The prevention of abortion-related complications and mortality is dependent on the availability, accessibility and usability of emergency post-abortion care (PAC) throughout the health care system. Unfortunately, Nigerian adolescents are often unable to obtain adequate post-abortion care services due to numerous challenges and barriers. This study attempted to explore experiences with abortion and post-abortion care services from the adolescents' perspective which is the first step in enhancing optimal utilization of adolescents' PAC services

Methods: A qualitative exploratory research design was used. 20 semi-structured interviews were conducted with adolescent patients during hospitalization. The adolescent patients were duly counselled and informed consent obtained prior to the in-depth interview. The semi-structured interview guide was used for data collection and the data were analyzed using content analysis.

Results: Findings from the interviews revealed that adolescents found it difficult to discuss issues of pregnancy and abortion with their parents or guardians due to fear, stigmatization or rejection. The adolescents experienced negligence of care, shame and stigma due to failure of health care providers to ensure privacy, as well as delay in treatment due to hospital protocol and non-availability of prescribed drugs which significantly affected the PAC care services they received

Conclusion: The adolescents experienced fear, shame, and stigmatization, negligence of care and lack of access to adequate PAC services. These findings highlight the need to review health actions directed towards adolescents with abortion complications and plan interventions aimed at improving provision of adolescents' friendly PAC services, in order to meet the reproductive health needs of these adolescents.

*Corresponding author: yinka_onasoga@yahoo.com

INTRODUCTION

Plan International (2015) stated that adolescents are an essential resource of any country and that they are at a vulnerable stage in their development as they have to face and deal with many challenges. Among these challenges are the barriers to obtaining a safe abortion, post-abortion care and contraceptives

Nigeria is the most populous country in sub-Saharan Africa, with a population of over 178 million. It has a growing community of young people, with adolescents constituting 22.5 percent of the country's population (Rafael, Seemeen, Edmore, Oluwole, 2016; UNICEF, 2013; Nigeria Demographic and Health Survey, 2013). Many of these adolescents lack the skills to delay onset of sexual initiation and negotiate safe sex and about 28% of them are said to be sexually active which increases the likelihood of unintended pregnancy and unsafe abortion among them (Envuladu, Van de Kwaak, Zwanikken & Zoakah, 2017; Nnebue, Chimah, Duru, Ilika & Lawoyin, 2016).

Every year, 3 million unsafe abortions occur among adolescent girls aged 15 to 19 years globally due to their high vulnerability to unplanned pregnancies, thus contributing to maternal morbidity and mortality (Wangdi & Gurung, 2016, Mumah, Kabiru, Mukiira, Brinton, Mutua, Izugbara et al., 2014; WHO Fact Sheet, 2014; Bingham, Drake, Goodyear, Gopinath, Kaufman et al., 2011). Consequences of unsafe abortion may be more severe for adolescents. Several studies document higher complication rates and mortality from unsafe abortion among young women aged 11-24 years (WHO, 2018; Mumah, et al., 2014; Herrick, Kuhns, Kinsky, Johnson & Garofalo, 2013; Zolna & Lindberg, 2012; Hubacher, Olawo, Manduku, Kiarie & Chen, 2012).

Globally, about 210 million women become pregnant each year. Of these, 80 million have unintended pregnancies, 31 million have

spontaneous abortions or stillbirths, and 44 million have induced abortion. Of these induced abortions, about 22 million are unsafe and 47,000 ends in death, accounting for about 13% of all maternal deaths globally (Sedgh, Singh, Shah, Ahman, Henshaw & Bankole, 2012; WHO,

2011). Furthermore, WHO (2016) stated that complications linked to pregnancy and unsafe abortion are the second-most frequent cause of death for 15-19-year-old girls globally.

Huber, Curtis, Irani, Pappa and Arrington (2016) affirmed that 75 million women worldwide need post-abortion care (PAC) services each year, following safe or unsafe induced and spontaneous abortions. Complications arising from spontaneous abortions and unsafely induced abortions pose a serious global threat to women's health and are the major contributor to countries high levels of maternal death, ill health and disability (WHO, 2016). For example, Nigeria has one of the highest maternal mortality ratios in the world, at 560 maternal deaths per 100,000 births, with little improvement in recent years as a result of the inability of women especially adolescents to access safe abortion services for unwanted pregnancies on the basis of restrictive abortion laws (IPAS, 2015; World Health Organization, 2014). This restrictive abortion laws in Nigeria has increased the following; private abortion services, delays treatment of complications of abortion, quackery, insufficient training opportunities for health care providers (especially midwives, obstetricians and gynaecologist), and consequently thousands of preventable complications and maternal deaths annually.

An estimated 497,000 Nigerian women had complications warranting treatment in a health facility and only 212,000 women were treated in health facilities, while the remaining 285,000 women did not have access to the quality of post-abortion care they needed (IPAS, 2015; World Health Organization, 2014) Post-abortion care (PAC) is a global approach to solving the problem of maternal mortality and morbidity arising from abortion complications in both spontaneous and induced abortion in order to improve women's sexual and reproductive health, and their quality of life in general (Adinma, 2012). Furthermore, post-abortion care (PAC) service has been identified as useful in ameliorating the often adverse health consequences associated with unsafe abortion in regions with restrictive abortion laws (Adinma, 2012).

Nigeria is tagged as a Category I country under the World's Abortion Laws (Center for Reproductive Rights, 2014). Countries in this category only permit abortion to be done if the purpose is to save a woman's life. In Nigeria, abortion is governed by two different laws base on geographical location. In Northern Nigeria, the Penal Code, Law No. 18 of 1959, is used, while in the southern

part operates the Criminal Code of 1916. Both Codes prescribe up to 14 years' jail term and/or payment of a fine for any provider of abortion service unless performed to save the woman's life (Center for Reproductive Rights, 2015; Criminal Code Act,1990; Laws of the Federation of Nigeria;1990)

This restrictive abortion laws and the social stigma around premarital sexual activity prompt many adolescent girls with unplanned pregnancies to resort to unsafe abortion. Adolescent girls in this position are also more likely to present with severe complications and to receive lower quality treatment following unsafe abortions (Tesfaye and Oljira 2013; IPAS, 2013).

In view of the above concern, it is therefore imperative to reflect the actual viewpoint of adolescents on post-abortion care and their sexual reproductive health needs, since they are the principal victims of unsafe abortion and the end-users of the PAC service.

RESEARCH METHODOLOGY

This is a qualitative, exploratory-descriptive study conducted in three selected hospitals in Edo State, Nigeria. The three hospitals (one tertiary and two secondary hospitals) were purposively selected due to their catchment area, patient load, scope and coverage of post-abortion care services. The tertiary hospital is owned by the federal government (public), while one of the secondary hospitals is owned by the state government (public) and the other is owned by the catholic missionary (private). A purposive sampling technique was used to select a total of twenty (20) adolescents with abortion complications who were hospitalized and only adolescent patients who agreed to participate were interviewed inside a room of the ward while they were still in the hospital. The setting was most appropriate because it was convenient, comfortable and conducive for discussion. A semi-structured interview guide was used to collect data on the experiences of the adolescents about abortion and post-abortion care services received. The interview was conducted as soon as the patient became more stable and the duration of the does not exceed 45 minutes. The interviews were audio-recorded and then transcribed. The transcribed data include field notes and non-verbal behaviours which were analyzed through content analysis. Various themes emerged and were coded into major themes and subthemes, then interpreted and summarized.

The study was approved by the ethical committees at the selected hospitals and informed consent was obtained from all participants involved in the study. In the case of

participants under the age of 18, parental consent forms were signed and informed assent forms were also signed by these participants (under 18). The researcher ensured voluntary participation, and that the participants were not harmed in any way and counselling was provided during interviews where necessary. Participants were given detailed information about the study without withholding information or giving false information concerning the study. Confidentiality and anonymity of participants were maintained since no actual names were used.

RESULTS

The adolescents with abortion complications who participated in this study were between 15 and 21 years of age and the findings from the semi-structured interviews were clustered into themes and sub-themes. Two main themes and seven subthemes were generated from the analysis of the data and the content of each theme is described and, when required, relevant quotes are included. Table 1 indicates the themes and sub-themes that emerged from adolescents' interviews.

Table 1: Themes and sub-themes that emerged from adolescents' in-depth interviews

THEMES (Adolescents)	CATEGORIES
1. Experiences with abortion procurement	Fear of unpleasant reaction from their parents and others, such as rejection, abandonment or stigmatization
	Inability to access abortion service from government hospitals
2. Experiences of adolescents with PAC services at the hospital	Attitude of health workers
	Admissions procedure in the hospitals and waiting period
	Patients' Privacy
	Landmarks (signposts) in the hospital environment
	Hospital drugs and supplies

1. Experience of adolescents on abortion procurement *Fear of unpleasant reactions from parents*

The experiences of adolescents about the abortion done were painful and unpleasant. The adolescents were observed to be helpless, confused and afraid to discuss issues of pregnancy/abortion with their parents or guardians, because of unpleasant reactions from them. Adolescents had encountered condemnation, rejection,

stigmatization and even being disowned. Furthermore, some adolescents could not tell their parents or guardians about the pregnancy, because of the shame of getting pregnant out of wedlock. This meant that they could only disclose to or confide in their friends or the boyfriends who had impregnated them. A 17-year-old adolescent shared her ordeal (in the quote below) when she disclosed her being pregnant:

"hummmm...when I didn't see my period for two months, so ...I didn't want to tell my parents about it, because my parents will beat me, and almost kill me, so I decide to ask my friend for help." (17-year-old participant)

Sometimes, adolescent girls dread the anticipated maltreatment they are likely to suffer should

their parents get to know that they are pregnant. One of the girls interviewed expressed the fear of possibly being killed by her parents if they ever get to know about her unwanted pregnancy. Hence, she said:

"...knowing my family background, there is no way I will go home and come out alive, so I had no option, I had to go for an abortion, a friend who had done it before took me to a private clinic" (19-year-old participant)

Sometimes, some adolescents were confused about who to tell when they get pregnant unexpectedly. During the interview, a girl of 16 years expressed her experience thus:

"In fact, the experience was very painful, when I discovered that I was pregnant, I didn't know who to tell because I can't tell my aunty am staying with, so I told my boyfriend, the person that impregnated me and he gave me some drugs, but I didn't know the name of the drugs, to take with local gin (alcohol) mixed with lemon and salt...."

Furthermore, some adolescents employed the help of medical practitioners in private settings to procure these abortions. A 19-year-old girl narrated how she was led to a private hospital where she had an abortion performed on her:

"I noticed that I was pregnant, I know I wasn't ready for a baby, because I want to further my education, I want to go to university, so I went to the person that impregnated me, I told him, he is also a student, and he is also not ready for a baby, so he asks me to go and abort it; so I told my

friend that we finish secondary school together and she took me to a private clinic to have it done."

Inability of the adolescents to access PAC services

The difficulties experienced by adolescents in trying to access abortion services were commented on by all the respondents. The initial option was to procure an abortion in government hospitals where they were sure of quality care. However, they later discovered that there are restrictions in these hospitals that caused them to opt for private clinics or for self-induction by using over-the-counter drugs and traditional medicines. This was captured in a statement by an 18-year-old girl:

"... well coming to the hospital was actually my first choice, when I came I was told that such services were not rendered in the hospital, it was a really painful thing, it was a blow to me because if the hospital had helped me out in the first place, I wouldn't be here."

From the above comments, it can be deduced that adolescents experienced barriers in procuring an abortion in government health care facilities. They adolescents, therefore, decided to patronize different informal centres such as private hospitals, patent medicine stores and traditional medicine men, or prepared concoctions themselves.

2. Experiences of adolescents with PAC services at the hospital

Attitude of health care providers

Most of the adolescents perceived the attitudes of the health worker(s) as being judgmental and unfriendly. Some participants described both verbal and non-verbal attitudes of some health workers toward them when they visited a hospital for post-abortion treatment:

"Most of them (doctor and nurses) are usually very rude when talking to me or my mother....em. They pass comment that makes one more depressed"

(21-year-old participant)

Some of the adolescents think that the judgmental attitude was responsible for the poor attention

paid to them when they presented with abortion complications at the health facilities. The statement quoted below describes the experience of some adolescent patients, while receiving care on the ward: "Sometimes, they might not be busy but will not answer when I call them, they said that they are not the one that sent me to go and abort ..." (16-year-old participant)

However, the views of some of the adolescents about post-abortion care received in the health facilities were positive. An adolescent had this to say about the care she received in a particular health facility:

"...the care I have received since have been good because all the nurses, all the nurses took care of me really well, and all the doctors, they showed that they really care, maybe it was good." (16-year-old participant)

Admissions procedure in the hospitals and waiting period

Some adolescents expressed concern about the long waiting time and the bureaucracy associated with hospital admissions. Some adolescent girls described their experience as follows:

"... they were just sending us from one place to the other, go and get card, go and get forms, go and queue somewhere and the experience was not palatable at all..." (17-year-old participant)

"... the waiting time was so long, that I was almost fainting before I actually got a doctor to attend to me..." (19-year-old participant)

Patients' Privacy

Most of the adolescents were of the view that the healthcare providers were not discreet in the way they discussed their condition freely in the ward and sometimes referred to their condition while admonishing the patients' friends. This was embarrassing to them and was reflected in the statements below:

"The doctors, when they are doing their... rounds, they just say people diagnosis openly without caring whether people around are listening or not..." (19-year-old participant)

"... when some of my friends came from my schools to visit me, the nurses were telling them not to be like me, that they should stop jumping from bed, that they should face their book and it was so embarrassing that I don't even know if I would be able to go back to school again..." (16-year-old participant)

Land marks in the hospital environment

Landmarks are sign posts that give direction to different places in the hospital for easy recognition. However, some respondents claimed that the landmarks were not adequate to find the places they needed to get to. The statement by one of the participants in the quote below describes the inadequacy of landmarks in hospitals:

"I did not know the hospital very well, people were not too helpful describing it, took me some time to locate where I was going." (18-year-old participant)

Hospital drugs and supplies

Some of the adolescents identified shortage of prescribed drugs in the hospital pharmacy and their relatives had to go outside of the hospital environment to buy these drugs. This is reflected in the statement below:

"Some drugs that the doctor wrote were not available in the pharmacy, and my mother had to go outside the hospital to buy it at higher price." (16-year-old adolescent)

DISCUSSION

The age range of these adolescents is similar to those in the study conducted by Paluku, Kalisoke, Julius, & Kiondo (2013), who observed that PAC services were mostly sought by adolescents between the ages of 15 and 24. Most of them were students in either secondary schools or tertiary institutions, as noted by others researchers (Adjei, Enuameh, Asante, Baiden, Nettey, Abubakari et al., 2015; Awoyemi & Novignon, 2014; Iboudo, Greco, Sundby, & Torsvik, 2014) This study revealed that adolescents found it difficult to discuss issues of pregnancy and abortion with their parents or guardians due to fear of stigmatization or rejection, as noted by Strefling, Filho, Kerber, Soares, & Ribeiro, (2015). They were confused on where to seek help; the inability of adolescents to access safe abortion care services led them to private

clinics or pharmacies and even the use of self-prepared concoctions to induce abortion. The shame, stigma and condemnation attached to abortion have fueled the emergence of unqualified and opportunistic operators setting up shops and charging exorbitant amounts of money to help these adolescents get rid of the pregnancies, so they can spare themselves and their families the shame and the wrath of the community (Akanbe, 2015). Furthermore, the decision of the adolescents to seek abortion in alternative places to government (Public) hospitals is stimulated by the fact that these adolescents are sometimes treated with contempt in government hospitals. The resultant effect though, is that many lives are lost due to incomplete abortion or the use of unsterile instruments, which leads to complications like excessive bleeding, tubal infection, hysterectomy, etc. (WHO, 2018; Kalu, Umeora, & Adeoye, 2012; Aboyeji, Ijaiya, & Fawole, 2007) The adolescents also perceived negligence of care which they pointed out, has affected significantly the PAC services they received. Most of them affirmed that the health care providers, particularly nurses, were unfriendly and judgmental while providing PAC services to them. It is possible that these caregivers were actually unfriendly and less caring than they should be, but nurses were particularly mentioned because they, unlike other health care providers, spend more time with the patients and it is just common to lay the blame on whoever is available at any given time. However, studies have also reported the unpleasant attitudes of health care providers who often see these adolescents as wayward only because they have gotten pregnant outside of wedlock. Notable among such studies is that of Arambepola, Rajapaksa and Galwaduge (2014) who found that respondents were dissatisfied with their overall care during their hospital stay, predominantly due to verbal harassment of health care providers about their abortion status. Moreover, this judgmental attitude as observed by the adolescents may also be explained by the moral principles held by these caregivers, that abortion means taking someone's life as can be observed in a study by Rehnström, Gemzell-Danielsson, Faxelid, & Klingberg-Allvin (2015) who found that providers have moral, social- and gender-based reservations about induced abortion which subsequently influence their attitudes towards care, and affect the relationship between the health care providers and women seeking such services.

Also experienced by most of the adolescents is the delay in treatment occasioned by unnecessary and avoidable bureaucratic procedures in Nigerian hospitals. This is quite detrimental, as most of these adolescents with abortion complications delay seeking health care services

and may present with complex complications that must be handled as an emergency until proven otherwise (IPAS, 2013; IPAS, 2017; Olukoya, Kaya, Ferguson, & AbouZahr, 2001).

Non availability of prescribed drugs and supplies in pharmacies within the facilities was also experienced by some of the adolescents which they felt affected PAC services received. This is because the absence of the necessary drugs in the hospital owned pharmacies place an extra burden on the patients, relatives and friends of these adolescents who may have to go to distant places in search of these drugs and supplies at a higher cost than they would incur in government hospitals. Besides, this may also be the rationale for the delay in the care received by these adolescents.

Limitations

The lack of willingness of the adolescent's PAC patients to be interviewed as a result of shame and stigma associated with abortion. However, this was relatively overcome by assuring and ensuring high level of confidentiality and anonymity

CONCLUSION

Adolescent girls experience difficulty while securing an abortion to end an unwanted pregnancy and they met with disapproval and contempt while receiving Post-abortion care services. Above all, the findings from this study have shown that the harmful effects of unsafe abortion on the health of adolescents are the result of restrictive laws, fear, shame, stigma, and lack of access to adequate PAC services which cannot be overemphasized. Therefore, there is a need to review health actions directed towards adolescents with abortion complications and plan interventions aimed at improving provision of adolescent-friendly PAC services, in order to meet the reproductive health needs of these adolescents.

REFERENCES

- Aboyeji A. P, Ijaiya, M. A, & Fawole, A. A. (2007) Maternal mortality in a Nigerian Teaching Hospital: a continuing tragedy: *Tropical Doctor*. 37: 83-85.
- Adinma, E.D. (2012). Post-abortion care services in Nigeria, from preconception to postpartum, Dr. Stavros Sifakis (Ed.), ISBN: 978-953-51-0353-0, *InTech*,

[<http://www.intechopen.com/books/from-preconception-to-postpartum/post-abortion-care-services>]. Accessed 13 April 2017.

Adjei, G., Enuameh, Y., Asante, K.P., Baiden, F., Nettey, O.E.A., Abubakari, S., Mahama, E., Gyaase, S. & Owusu-Agyei, S. (2015). Predictors of abortions in rural Ghana: a cross-sectional study *BMC Public Health*, 15, 202

Akangbe, M.A. (2015). *Post-Abortion Care in Nigeria*. [www.africaontheblog.com/post-abortion-care-in-nigeria/] Arambepola, C., Rajapaksa, L.C. & Galwaduge, C. (2014). Usual hospital care versus post-abortion care for women with unsafe abortion: a case control study from Sri Lanka. *BMC Health Services Research*, 14,470 [<http://www.biomedcentral.com/1472-6963/14/470>]

Awoyemi, B.O., & Novignon, J. (2014). Demand for abortion and post-abortion care in Ibadan, Nigeria. *Health Economy Review*, 17(4), 3. DOI: 10.1186/s13561-014-0003-9. eCollection.

Bingham, A., Drake, J.K., Goodyear, L., Gopinath, C.Y., Kaufman, A., et al. (2011). The role of interpersonal communication in preventing unsafe abortion in communities: the dialogues for life project in Nepal. *Journal of Health Communication*, 16, 245-263.

Center for Reproductive Rights, (2015) Nigeria's Abortion Provisions <https://www.reproductiverights.org/world-abortion-laws/nigerias-abortion-provisions> Center for Reproductive Rights. (2014). *The World's Abortion Laws 2014* [<https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/AbortionMap2014.PDF>]

Criminal Code Act, Chapter 77 of the Laws of the Federation of Nigeria (Revised ed. 1990), [Articles 228-230, 297, 309, 328] <http://nigerianlawguru.com/legislations/STATUTES/CRIMINAL%20CODE.pdf>

Envuladu, E.A., Van de Kwaak, A., Zwanikken, P., & Zoakah, A.I. (2017). Exploring the Factors Influencing Adolescent Sexual Behavior in Plateau State Nigeria, *American Journal of Medicine and Medical Sciences*, 7 (1),1-6.

Herrick, A., Kuhns, L., Kinsky, S., Johnson, A., Garofalo, R. (2013). Demographic, psychosocial, and contextual factors associated with sexual risk behaviors among young sexual minority women. *Journal of the American Psychiatric Nurses Association.*, 19 (6), 345-55. DOI:[10.1177/1078390313511328](https://doi.org/10.1177/1078390313511328).

High Impact Practices in Family Planning (HIP). (2012). *Post-abortion family planning: strengthening the family planning component of post-abortion care*. Washington, DC:USAID [<http://www.fphighimpactpractices.org/resources/post-abortion-family-planning-strengthening-familyplanning-component-postabortion-care>]

Hubacher, D., Olawo, A., Manduku, C., Kiarie, J., & Chen, P.L. (2012). Preventing unintended pregnancy among young women in Kenya: *prospective cohort study to offer contraceptive implants* *contraception*. 86 (5), 5117

Iboudo, P.G.C., Greco, G., Sundby, J., & Torsvik, G. (2014) Costs and consequences of abortions to women and their households: a cross-sectional study in Ouagadougou, Burkina Faso. *Health Policy and Planning*, 1-8

IPAS. (2013). *Sexual violence and unwanted pregnancy. Protecting the human rights of adolescent girls and young women. Fact sheet*. Chapel Hill, NC, USA: IPAS. www.ipas.org

IPAS. (2015). *Abortion Law and Policy in Nigeria: Barriers to Women's Access to Safe and Legal Care. Nigeria*. [www.ipas.org]

IPAS. (2017). *Frequently Asked Questions about Adolescents and Postabortion Care: Why focus on adolescents within Postabortion Care (PAC) programs?* [<http://pac-consortium.org/downloads/Frequently%20Asked%20Questions%20about%20Adolescents%20and%20Postabortion%20Care.pdf>]

Kalu, C.A, Umeora, O.U.J., & Adeoye, S. (2012). Experiences with Provision of Post-Abortion Care in a University Teaching Hospital in South-East Nigeria: A Five Year Review. *African Journal of Reproductive Health*, 16 (1), 105

Laws of the Federation of Nigeria (1990 revised edition): Penal Code (Northern States) Federal Provisions Act (No. 25 of 1960). Vol. 19, pp. 12576-12592

- Mumah, J., Kabiru, C.W., Mukiira, C., Brinton, J., Mutua, M., Izugbara, C., et al. (2014). Unintended pregnancies in Kenya: a country profile [STEP UP Research Report]. Nairobi: African Population and Health Research Center
- Nigeria demographic and health survey. (2013). Report.
- Nnebue, C.C., Chimah, U.C., Duru, C.B., Ilika, A.L., Lawoyin, T.O. (2016). "Determinants of Age at Sexual Initiation among Nigerian Adolescents: A Study of Secondary Schools Students in a Military Barracks in Nigeria." *American Journal of Medical Sciences and Medicine*, 4(1), 1-7.
- Olukoya, A.A., Kaya, A., Ferguson, B.J., & AbouZahr, C. (2001). Unsafe abortion in adolescents. *International Journal of Gynecology & Obstetrics* 75, 137-147.
- Paluku, J.L., Kalisoke, S., Julius, W. & Kiondo, P. (2013). Knowledge and attitudes about induced abortions among female youths attending Naguru Teenage Information and Health Centre, Kampala, Uganda. *Journal of Public Health and Epidemiology* 5(4), 178-185.
- Penal Code (Northern States) Federal Provisions Act, Chapter 345 of the Laws of the Federation of Nigeria (Revised ed. 1990), [Articles 232-236].
- Plan International. (2015). A time of transition: adolescents in humanitarian settings. Rafael C. Seemeen S. Edmore M. Oluwole O. (2016) Adolescent Fertility and Sexual and Reproductive Health in Nigeria: Determinants and Implications *World Bank's Health, Nutrition and Population (HNP) Discussion Paper*.
- Rehnström Loi, U., Gemzell-Danielsson, K., Faxelid, E., & Klingberg-Allvin, M. (2015). Health care providers' perceptions of and attitudes towards induced abortions in sub-Saharan Africa and Southeast Asia: a systematic literature review of qualitative and quantitative data. *BMC Public Health* 15, 139. [<http://doi.org/10.1186/s12889-015-1502-2>]
- Sedgh, G., Singh, S., Shah, I.H., Ahman, E., Henshaw, S., & Bankole, A. (2012). Induced abortion: incidence and trends worldwide from 1995 to 2008. *Lancet* 379 (9816), 625-632.
- Shah, I.H. & Ahman E. (2012). Unsafe abortion differentials in 2008 by age and developing country region: high burden among young women. *Reproductive Health Matters*, 20(39), 169-173.
- Strefling, I.S., Filho, W. D. L., Kerber, N.C., Soares, M. C., & Ribeiro, J. P. (2015). Nursing Perceptions About Abortion Management and Care: A Qualitative Study. *Text Context Nursing* 24(3), 784-91.
- Tesfaye, G. & Oljira L. (2013). Post-abortion care quality status in health facilities of Guraghe zone, Ethiopia. *Reproductive Health* 10, 35. <http://www.reproductive-health-journal.com/content/10/1/35>
- UNICEF (2013). At a glance: Nigeria https://www.unicef.org/infobycountry/nigeria_statistics.html
- Wangdi, K., & Gurung, M.R. (2016). Understanding the Factors Associated with Abortion among Women Seeking Abortion Related Health Services in Phuentsholing General Hospital, Bhutan. *Int Arch Nurs Health Care*, 2,059. [10.23937/2469-5823/1510059](https://doi.org/10.23937/2469-5823/1510059)
- World Health Organization. (2014). *Adolescent Pregnancy Fact sheet* [www.who.int/mediacentre/factsheets/fs364/en/]
- World Health Organization. (2016). *Adolescents: health risks and solutions Fact sheet* [www.who.int/mediacentre/factsheets/fs345/en/]
- World Health Organization. (2018) Preventing unsafe abortion Fact sheet <http://www.who.int/mediacentre/factsheets/fs388/en/>
- Zolna, M., & Lindberg, L. (2012). Unintended pregnancy: Incidence and outcomes among young adult unmarried women in the United States, 2001 and 2008. *New York: Guttmacher Institute*