



Rampant Sexual Intercourse among Female Undergraduates in Nigeria and Induced-Abortion Related Morbidity

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Abstract. Adolescent sexuality and reproductive health behaviour has stimulated the fascination of many researchers latterly, as unintended/unwanted pregnancy, induced abortion and post-abortion complications, particularly among university students and students of other institutions of higher learning have become major concerns. The aim of this study was to assess the prevalence of sexual activity, level of awareness, attitude and practice of contraception, incidence of unwanted pregnancy and induced abortion among female university students in Nigeria. The study adopted a triangulated research design and it employed the cross-sectional survey, Focus Group Discussions and In-Depth Interview methods. Structured questionnaire was used to assess the different variables of its inquiry, using the University of Lagos as its location. Female undergraduates of the institution constitute the study population. 350 questionnaires were administered and only 272 were returned in good order. Analysis of data obtained showed that majority of female university students are young adults or adolescents and unmarried, but in relationships that predisposes them to sexual intercourse and other like activities. It was established that the average female student in the University of Lagos is highly active sexually and that majority of the female students are knowledgeable about contraceptives, the male condom being the most widely used. Unprotected sexual intercourse and other unsafe sexual activities are not very popular among them while incidences of unwanted pregnancy, abortion and post-abortion complications were not found to be prevalent relative to their level of sexual activities. It was established that post-abortion complication is not significantly determined by the method used.

Key words: Adolescents, Sexuality, Sexual behaviour, Knowledge, Attitude, Beleif, Contraception, Unwanted Pregnancy, Induced Abortion.

Introduction

Most university students and students of other institutions of higher learning especially in Nigeria are young adults or adolescents who are at that phase of their lives when they start to discover and explore their sexuality behaviour, typified by development of sexual values, the initiation of sexual acts and an upsurge of sex drives, leading to a rather consistent aggression of intense sexual activities (Alubo 2000; DeLamater and Friedrich 2000; Moore and Rosenthal 1993; Varga and Makubalo, 1996; Lear, 1995, 1997). This is consistent with reports that majority of adolescents throughout the world are sexually active by the age of 19, with boys having the mean age of sexual activity at 14.4 years and girls at 15.9 years (UNAIDS/WHO 2000), and that more than one-half of 17 year olds have had sexual intercourse and majority of them by the end of adolescent (Feldman et. al. 1999).

The age of adolescence, a transitional period between childhood to adulthood is considered to be the most vulnerable of human life as it is associated with a lot of physical, mental, social and emotional development (Oyefara, 2011), a distinct life style (Caldwell, *et. al.*, 1998) and generally typified by confusion, mixed messages from different media (video, television, internet, satellite broadcasting, etc.), exuberance and a penchant for experimentation with different immoderations, sex being most ubiquitous (Alubo, 2000). There is consensus in the literature that people in this age bracket engage in high risk sexual behaviour, which predisposes them to different reproductive health challenges, including unwanted pregnancy (Alubo, 2000). Indeed, Dana Lear (1997) has observed that “college years may be viewed as an extension of adolescence” and young adults and college (university) students are more likely to experiment sexually, often with multiple partners without using any form of protection (or preventive mechanism) such as condoms on a regular basis. As Usman (1997); Harrison (1997); Kissekka 1992) posit that there is evidence that unintended pregnancy, maternal mortality and sexually transmitted diseases are much higher among this segment than others in various societies.

Adolescent sexuality and reproductive health behaviour has come to stimulate the fascination of many researchers since the 1980's when the HIV/AIDS pandemic emerged (Oyefara, 2011), and studies in this area have established a high prevalence of sexual networking, with associated reproductive health problems such as unintended/unwanted pregnancies, induced abortion, maternal mortality, and sexually transmitted diseases, including HIV/AIDS among adolescents (Shehu, 1992; Wall, 1998; Varga, 1997, 1999; Usman, 1997; Foreman, 1999; Harrison, 1997; Oyefara, 2011).

An indication of how there has come to be such significant upsurge of rampant sexual activities among adolescent particularly, university students in Nigeria may be gleaned from the work of Alubo (2000) which point to the erosion, by foreign religions, of the (traditional African) moral and behavioural codes attendant to the transition from one period of the life cycle to the other, that used to be traditionally marked by certain prescribed rites of passage, which the work averred these religions frowned at and considers either as barbaric and/or paganism. The rites included a structured initiation process during which the child transitions into an adult, where sexuality and socio-culturally acceptable sexual behaviour is explained to the initiated in most African societies (Lemba, 1996 in Kapungwe, 2003). In most cases, the initiation of the girl usually starts when her breasts become enlarged or when the girl experiences her first menses and it is usually conducted by the grandmother or an elderly female family member, after which she is traditionally secluded for a certain period, during which she is not only instructed on the mechanics of sexual intercourse and acceptable sexual behaviour, but also on how to raise a family and how to behave towards her elders (Smith, 1962, in Kapungwe, 2003). It also includes teaching the girl various other issues related to gender roles including personal hygiene especially during menstruation; respect for her future husband expressed by being faithful, obedient and submissive to him and by learning how to look after him; and finally by learning how to look after her future in-laws (Kapungwe, 2003). These initiation ceremonies, especially in the rural areas, serve as an entry point for adolescent girls into the world of sexuality.

Besides, the traditional African society was known to exercise circumspection on sexual issues, which according to Oyefara (2011) were viewed as taboos that should not be discussed especially with (or by) young people.

Other factors that have contributed to the increasing sexual laxity fomented by the pervading moral latitude among young people in Nigeria are apprenticeships (Oyefara, 2011), and education (Alubo, 2000), which not only necessitated that most youths had to leave home early, thus breaking away from moral constraints traditionally applied by family members and becoming “freed” from elders who had hitherto directed and sought to control their behaviour. These also brought with them new values about life that in many instances contradict traditional African values. However, beyond the role of age, religion, education, apprenticeship and exposure to different mass media in the shaping of the prevailing sexual values and orientation of adolescents, Spencer *et. al.* (2007) posits that human beings are frequently driven by the desire for sexual pleasure which has biological, physical, and emotional aspects. Indeed, some theorists have identified sexuality as the central source of human personality (Russon, 2009), which are of major importance in building up personal identity and in the social evolution of individuals (Boccardo and Carulli, 2008). Sexuality activities have also been understood as part of the social life of humans, as Deleuze and Guattari (1972), consider it as a powerful force that permeates all social activities.

Presumably, frequent unprotected sexual intercourse (which in this context refers to sexual intercourse without contraceptives) is a precursor to unwanted pregnancy, a situation which is central to the issue of induced abortion. Unwanted pregnancies can, and do occur among women notwithstanding their social, demographic and economic background. As noted by Bankole *et al.* (2006), often hundreds of thousands of women (among who are young adults in the higher institutions across Nigeria), become pregnant without wanting to, and some of such women decide to terminate the pregnancy through induced abortion.

Curiously, the term abortion is used loosely by the lay-person to refer to the termination of a pregnancy, which in everyday use often takes on the meaning,

solely of induced abortion even though abortion may occur spontaneously in the course of a pregnancy, when it is known as a miscarriage; or it may be due to deliberate outside intervention, when it is termed as induced abortion. Roland Pressat (1985:12) succinctly states that “abortion is the termination of pregnancy before the foetus becomes capable of sustaining an independent extra-uterine life i.e. while the foetus is non-viable”. In other words, whether spontaneous or deliberate, abortion refers to any pregnancy that does not end in a live birth or that ends in a premature birth that does not result in a live infant.

Today, abortion is one of the most common gynaecological experiences, which the majority of women will perhaps undergo in their lifetimes (Ahman and Shah 2004). Induced abortion normally involves a surgical or nonsurgical/medicinal procedure that terminates a pregnancy by removing the foetus and depending on the circumstances as well as the environment, induced abortion can either be legal or illegal. In Nigeria, induced abortion is illegal except in circumstances where the life of a woman is in jeopardy during the pregnancy. However, Bankole *et. al.* (2004), note that despite the restrictive abortion law, the incidence of induced abortion is widespread in Nigeria and its practice takes many forms among Nigerian women of reproductive age. It is for the reason of this restriction that most abortion procedures in Nigeria are clandestine, and many are carried out in unsafe circumstances and are therefore classified as unsafe abortion.

The World Health Organisation (2004) has defined unsafe abortion as “the termination of an unintended pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both”. Indeed, the WHO (1998) states that induced and unsafe abortion is a critical public health problem and an important cause of maternal mortality in developing countries. Worldwide, of the 600, 000 maternal deaths from pregnancy-related causes each year, an estimated 13% are attributable to complications of induced and unsafe abortion. Many of these deaths occur in developing countries where abortion laws are often restrictive and where access to safe abortion is largely denied to women with unwanted pregnancies.

With their involvement in frequent sexual intercourse, the reality is that a high number of unmarried young adults, particularly within the student community in the universities and other institutions of higher learning do get pregnant every now and then. There must indeed be something about the sexuality of the people within this age bracket which motivates them to indulge in unprotected sex despite the fact that their environment is replete with different types of contraceptive devices such as Male Condom, Female Condom, Withdrawal Method, Pills, Injection, IUD, Foam/Jelly spermicide, Herbal Concoction, Gin and Alabukun, Abstinence etc. This is an obvious problem as it most likely always leads to unwanted pregnancy and consequently, induced abortion, which often has dire consequences by way of complications that can be physical, emotional, economic, or even morbid.

Rampant as the issue of unprotected sex, unwanted pregnancy, unsafe abortion and the likely consequent post-abortion complications amongst university students and students of other institutions of higher learning have apparently become, it however appears to be under-researched and less reported as issues relating to how students live, including sexual relations, are seldom examined, even as the students and other young people are known to be a most sexually active population (Sai, 1995; Onifade, 1999; Moore and Rosenthal, 1993; Lear, 1995; Varaga and Makubalo, 1996). Therefore, the need has arisen more than ever before, for research works to be carried out which will inquire and possibly establish the factors that predispose and encourage young adults to indulge in unprotected sex, as well as the pervasiveness of unwanted pregnancy. It has also become essential to investigate the circumstances under which the resulting pregnancy is deemed unwanted, and the situations that encourage the decision to terminate it.

Of utmost significance also is the necessity of analysing the choice, as well as the process of choosing abortion methods. It is equally imperative to understand and appreciate the morbid consequences of (unsafe) induced abortion on the individual, the family, community and the entire society (Nation) at large.

In view of the foregoing, this study will seek to determine the attitude of female university students towards the use of contraceptives and the pervasiveness of unprotected sexual intercourse among them. It will also attempt to estimate the prevalence of induced abortion procured in unsafe form by female university students as well as evaluation the morbid consequences of post-abortion complications among female university students. Therefore, it is hoped that this study will not only further strengthen the body of knowledge in the area of reproductive health, but also help in the better understanding of factors which predispose female university students to rampant sexual intercourse. It is envisaged that its findings will be used by the appropriate bodies towards policy pronouncements capable of promoting the use of contraceptives among female adolescents, and that it will prompt more works in this area.

Methods

Specifically the methods used in this study are the cross-sectional survey, Focus Group Discussions and In-Depth Interviews.

The study location for this research work is the University of Lagos, Akoka, Lagos. It is one of the oldest and foremost universities in Nigeria, established by the Federal Government of Nigeria as a Federal Institution of higher learning in 1962 (Olurode and Oyefara (2010). There are nine distinct Faculties and one College in the University of Lagos. These nine Faculties are made up of 68 departments (Olurode & Oyefara (2010). The University has students enrolled in the excess of 25,000. The choice of University of Lagos, Akoka, Lagos, stems from the fact that of its being cosmopolitan in nature, as virtually all the major ethnic groups in Nigeria, as well as citizens of other Nations are represented in the students' population.

The multi-stage random sampling method was employed to select the respondents in the cross-sectional survey. All the nine distinct Faculties and one College were sampled in a representative manner. Three stages of sampling were then employed in selecting eligible respondents wherein all the nine distinct Faculties and the College were sampled in the first stage, and two departments in

each nine distinct Faculties and the College were selected through simple random sampling in the second stage. This was achieved vide the arrangement of the departments in alphabetical order. As such, a total of 20 departments were selected for the study. Afterwards, the systematic random sampling was employed in selecting eligible respondents in each department. In all, 350 questionnaires were administered for the purpose of the study.

Purposive sampling method was adopted in selecting respondents for Focus Group Discussion and the In-Depth Interviews. This is to ensure that the selection of respondents is based on availability and relevance to the study.

The questionnaire was designed to elicit such information as demographic characteristics of the respondent, their background and their general status in school. It also inquired information on the parental background, sexuality behaviour knowledge of contraceptive and attitude towards the use of the different types of contraceptives available from the respondents. The design of the questionnaire was such that it extracted information on the respondents' attitudes to conception, abortion and possible post-abortion complications suffered by the respondents.

The data gathered from the field were both qualitative and quantitative. They were carefully presented, meaningfully interpreted in order to explain the observation vide the testing of the hypotheses. Both descriptive and inferential statistical analysis was employed. The various tables and illustrations were vividly presented and elucidated using the percentile parameters. To be able to achieve this, data has been edited for error, legibility and completeness of answer. Thereafter, the data was meaningfully coded. Since computer processing is more useful for quantitative analyses, this process is used by employing the chi-square tool, vide the SPSS package.

Results and discussions

The study reveals that quite a sizeable number of female university students are adolescents (Table 1). 77 of them representing, 28.4% are below the age of 20.

The modal age of the students in the institution is between 20 and 24 years. A total 131 of them, representing 48.3 % of the entire respondents belong to this age bracket. This shows that majority of the female students in the University of Lagos are young adults or adolescents as 208 of them, that is 76.7% range between the ages below 20 years to 24 years.

Table 1 – Demographic information of Respondents

Age	Frequency	Percentage
Below 20	77	28.4
20-24	131	48.3
25-29	45	16.6
30-34	5	1.8
35 and above	1	0.4
No Response	12	4.4
Total	271	100
Marital Status		
Single	238	87.8
Married	20	7.4
Divorced/separated	13	4.8
Total	271	100

This perhaps explains why 238 of the respondents (Table 1), representing 87.8% are single while only 20 (7.4%) are married and just 13 i.e. 4.8% are either divorced or separated, and there are no widows/widowers in the sampled population as they did not respond to these options in the questionnaire.

Table 3 – Respondents’ relationships and sexual disposition

Respondents’ Spouse/boyfriend/Fiancée	Frequency	Percentage
Yes	232	85.6
No	30	11.1
No Response	9	3.3
Total	271	100
Number of Spouse/Boyfriend/Fiancée		
1	155	57.2
2	24	8.9
3	7	2.6
4	2	0.7
5 and above	4	1.5
No Response	79	29.2
Total	271	100
Ever had sex		
Yes	238	87.8
No	24	8.9
No Response	9	3.3
Total	271	100

The study sought to investigate the attitude of the female students of the University of Lagos to sex. Quite a number of them admitted to being in a relationship that predisposes them to sexual activities. 323 of the respondents i.e. 85.6% (Table 2) claimed to be in “spousal/boyfriend/fiancée” relationship while 30 (11.1%) claim they do not have any such relationship, and of those who admitted to the existence of such a relationship, 155 (57.2%) claim to have only 1, while 24 (8.9%) claim to have 2. 7 of them, i.e. 2.6% claim to have 3 while 2 (0.7%) have 4. Only 4 respondents (1.5%) claim to have more than 5 (Table 2).

This therefore gave the inkling to their sexual lives, as 238 respondents, representing 87.8% admitted to having had sex before while 24 (8.9%) reported not to have been engaged in sexual intercourse (Table 2). It can thus be deduced that the average female student in the University of Lagos is highly sexually active.

Table 3 – Knowledge of, belief in, and attitude to contraceptives, types and use

Know about Contraceptives	Frequency	Percentage
Yes	219	80.3
No	28	10.3
No Response	24	8.9
Total	271	100
Belief in use of contraceptive		
Yes	201	74.2
No	39	14.4
No Response	31	11.4
Total	271	100
Ever used a contraceptive		
Yes	203	74.9
No	56	20.7
No Response	12	4.4
Total	271	100
Type of contraceptive commonly known		
Male Condom	190	70.1
Female Condom	11	4.1
Withdrawal Method	9	3.3
Pills	14	5.2
Injection	1	0.4
Herbal Concoction	1	0.4
Gin and Alabukun	1	0.4
Abstinence	26	9.6
None	9	3.3
No Response	9	3.3
Total	271	100
Type of contraceptive commonly used		
Male Condom	187	69.0
Female Condom	10	3.7
Withdrawal Method	9	3.3
Pills	13	4.7
Injection	4	1.5

Herbal Concoction	1	0.4
Gin and Alabukun	1	0.4
Abstinence	17	6.3
None	10	3.7
No Response	19	7.0
Total	271	100

As to the quest of the study to determine the attitude of female students of the University of Lagos towards the use of contraceptive, and the devices that is/are commonly used during sexual intercourse. Findings of the research revealed that a vast majority of the students are knowledgeable about contraceptives and that male condom is the most widely employed form of contraceptive. 219 of the respondents i.e. 80.8% affirmed to knowing about contraceptive while only 28 (10.3%) claimed that they did not (Table 3). 201 respondents (74.2%) have a strong believe in the use of protective devices during sexual intercourse, while 39 (14.4%) do not believe in the use of protection (Table 3). 203 representing 74.9% claimed to have ever used contraceptive while 56 i.e. 20.7% answered in the negative (Table 3). The most commonly known protective method is the condom (Table 3). 187 (69%) of the respondents prefer the use of male condom, 13 (4.7%) preferred pills, while female condom is preferred by 10 (3.7%) of the respondents and 9 (3.3%) of them showed in their response that they preferred the withdrawal method, while 17 of the respondents, representing 6.3%, indicate their preference for abstinence (Table 3).

Table 4 – Sexual activities, pregnancy, abortion and method

Engage in unprotected sex	Frequency	Percentage
Rarely	168	62.0
Occasionally	58	21.4
Frequently	26	9.6
Very Frequently	7	2.6
No Response	12	4.4
Total	271	100
Ever been pregnant		
Yes	81	29.9
No	180	66.4
No Response	10	3.7
Total	271	100
Number of times pregnant		
1	51	18.8
2	17	6.3
3	8	2.9
4	5	1.9
5 and above	3	1.1
No Response	187	69.0
Total	271	100
Method of abortion		
Abortion Inducing Pills	20	7.3
Concoctions	7	2.6
D&C (Surgical Procedure)	39	14.3
Induced Labour	8	3
Others	5	1.9
No Response	192	70.9
Total	271	100

In determining the pervasiveness of unsafe sexual activities, it can be deduced that unprotected sexual intercourse is not very popular among the female students of the University of Lagos as 168 (62%) of the respondents claimed that they rarely have unprotected sex, while 58 (21.4%) of them claim to do so

occasionally. 26 (9.6%) indicated that they frequently have unprotected sex and 7 (2.6%) also indicated they do have unprotected sex very frequently (Table 4).

The incidence of unwanted pregnancy does not appear to be as prevalent relative to the level of sexual activities engaged in by the female students of the University of Lagos, as only 81 (29.9%) of the respondents admitted that they have been pregnant before as a result of unprotected sex while 180 (66.4%) of the total respondents claim that they have never been pregnant (Table 4). The reason for this relative low percentage may not be unconnected with the fact that majority of them are familiar with and employ the use of contraceptives.

For those who have been pregnant, 51 (18.8%) have been pregnant only 1 time, 17 (6.3%) have been pregnant 2 times, 8 (2.9%) have been pregnant 3 times, 5(1.9%) has been pregnant 4 times while 3 (1.1%) have been pregnant more than 5 times before (Table 13). D&C appears to be the most popular method of abortion as 39 (14.3%) employed D&C. 20 (7.3%) were abortion inducing pills, 7 (2.6%) used herbal concoctions while to get rid of the pregnancy and 8 (3%) were induced into premature labour. 5 (1.9%) respondents employed other means (Table 4).

Post-abortion complications appear not to be so prevalent among the female students of the University of Lagos. This may not be unconnected with the fact that a vast majority of those who admitted to having ever committed it did so in the clinic which can be relatively considered to be safe.

The in-depth interview and FGDs also gave some startling revelations. Most important of which include the fact that the use of protection has nothing to do with sexual enjoyment. A male respondent had said: *“Condoms don’t inhibit sexual enjoyment at all. Once you are having sex, all that is on your mind is just to ejaculate and that is where the fun is”*.

A Female Student also corroborated this view: *“Me, I enjoy sex with my boyfriend whether he wears condoms or not”*.

There is however, a consensus as to the need for protection against the twin incidents of sexual transmitted infections and pregnancy. A female respondent had answered thus: *“The truth of the matter is that it is in our own interest for him or me*

to use protection because of not just unwanted pregnancy but also sexually transmitted diseases like HIV. But the truth is I have had sex without protection a couple of times before”.

It is also very clear from where many victims of abortion get their recommendations as to which method of abortion to use. A respondent answered thus: *“Everybody is having an abortion these days so all I need is to just ask one or two of my friends what I should do and they will tell me”.*

When asked why they even think about abortion, two of our respondents, one male and one female answered thus: *“But why should any girl tie me down with pregnancy? She should know that we are not ready for the responsibility”.*

“Is any of these boys responsible? If you get pregnant and you don’t remove it, then you have tied yourself down with a liability for life. Please count me out.”

On the most commonly used method of abortion, a respondent gave a useful insight: *“Let me tell you, many of us girls don’t have the money to do it in the hospital. If it is your school boyfriend, where will he get the money from? So we just use tablets and it will come down”.*

Another respondent retorted: *“Me, I will not use any pills. I will rather have a proper D & C in the hospital. The risks of using pills are too much. It may alter your cycle or even damaged the womb”.*

On post-abortion complications: *“Sir, in this scientific age? Things hardly go wrong like I hear it used to be in the past. The whole D&C thing is not more than five minutes and you won’t even know anything happened to you. Me I know some very good Doctors.”*

Another respondent said: *“I guess the bulk of those that do self-medication are the ones that always have that kind of complication sir. You hardly hear of such things anymore. It is not like they don’t happen but the percentage is really low. The truth is that an average of two girls at least, commit abortion on a daily basis in this Unilag and you don’t get to hear of such complications.*

In the course of the study, the hypothesis which sought to clarify whether abortion complication is significantly determined by the method of abortion employed was tested.

NULL HYPOTHESIS

H₀: Abortion complication is not significantly determined by the method of abortion employed.

H_A: Abortion complication is significantly determined by the method of abortion employed.

q64: What method was used to remove the unwanted pregnancy? * q69:

Were there complications after the abortion?

Cross tabulation

$X^2 = 6.795$, d.f = 4

What method was used to remove the unwanted pregnancy?	Were there any complications?				Total	
	Yes		No		Number	Percentage
	Number	Percentage	Number	Percentage		
Abortion Inducing Pills	5	25.0	15	75.0	20	25.3
Concoctions	4	57.1	3	42.9	7	8.9
D&C (Surgical Procedure)	8	20.5	31	79.5	39	49.4
Induced Labour	2	25.0	6	75.0	8	10.1
Other methods	3	60.0	2	40.0	5	6.3
Total	22	27.8	57	72.2	79	100

Interpretation and Decision

With the critical value at 5% level of significance and 4 degree of freedom being 9.488, the calculated X^2 test statistic with the value of 6.795 is statistically not significant at 5% level. Thus, there is no significant relationship between the method of abortion employed and abortion complication $\alpha = 0.05$. Consequently, the

Null Hypothesis (H0) that abortion complication is not significantly determined by the method used is accepted.

This therefore points the fact that post-abortion complications are not a function of the methods applied to terminate it. The allusion therefore is that anyone of the methods of abortion is capable of causing post-abortion complication. This may not be unusual or unexpected, for the reason that abortion can also sometimes be spontaneous, particularly in the case of miscarriage. Complications have been known to result from spontaneous termination of pregnancy. Moreover, post-abortion complications are not restricted to the physiological symptoms but the symptoms can also manifest as physical, emotional or economic challenges.

Furthermore, the result is consistent with the some findings of the study by the International Family Planning Perspectives on The Incidence of Induced Abortion in Nigeria (Stanley K. Henshaw, Susheela Singh, Boniface A. Oye-Adeniran, Isaac F. Adewole, Ngozi Iwere and Yvette P. Cuca, 1998), where it was submitted that: respondents considered pharmacists or chemists as one of the two most common providers of abortions resulting in complications (mentioned by 50% of respondents), followed by paramedics (40%), nurses or midwives (35%) and other doctors (22%). Respondents differed sharply according to region in their opinions as to the sources of abortion complications. In the Southeast, for example, 72% of respondents identified pharmacists as one of the most common sources of complications, 38% identified paramedics and 17% identified nurses and midwives. In the Southwest, nurses and midwives were mentioned by 52% of respondents, while only 19% named pharmacists as one of the most likely sources of complications. "Quacks"—individuals with no formal training who nonetheless provide medical treatment—were mentioned by 23% of respondents in this region.

The study also affirmed that the complications caused by women themselves were thought to result most often from the use of commercial drugs (mentioned by about four in 10 respondents), alcoholic drinks and traditional herbs (about three in 10 respondents for each) and quinine or chloroquine (mentioned by about one in six respondents).

Conclusion and Recommendation

The aim of the research was to estimate the prevalence of unwanted pregnancy, induced abortion and the consequent incident of post-abortion complications in institutions of higher learning in Nigeria with the study location being the University of Lagos, Akoka Yaba, Lagos.

In the final analysis, the study determined that a sizeable number of female university students are young adults or adolescents and unmarried, but in relationships that predisposes them to sexual intercourse and other like activities. It was established that the average female student in the University of Lagos is highly sexually active and that a vast majority of the female students are knowledgeable about contraceptives, with the male condom being the most widely employed form of contraceptive among them. With the knowledge and use of contraceptives highly popular, unprotected sexual intercourse and other unsafe sexual activities are not very popular among them. As such, incidences of unwanted pregnancy, abortion and post-abortion complications was not found to be prevalent relative to the level of sexual activities engaged in by these female students. For the few reported cases of abortion, it was established that complication is not significantly determined by the method used, which points to the fact that post-abortion complications are not a function of the methods applied to terminate it. The allusion of which is that anyone of the methods of abortion is capable of causing post-abortion complication. This may not be unusual or unexpected for the reason that abortion can sometimes be spontaneous on the one hand, and on another, that post-abortion complications are not restricted to the physiological symptoms but the symptoms can also manifest as physical, emotional or economic challenges.

The following recommendations are put forward:

- That awareness campaigns should be intensified that will encourage the use protection when having sex.
- That such awareness blitz should be such that will emphasise the danger in inherent in the procurement of unsafe abortion.

- That mechanics should be devised such as would help in evaluating the other likely aftermaths of unprotected sexual activities like STDs, HIV etc, with view to formulating several combative measures.

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