

Pregnancy termination, consequences, and influencing factors: A study on perceptions of women of childbearing age

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ABSTRACT

Background: Pregnancy termination is a controversial topic worldwide. Regardless of morality, unsafe termination of pregnancy contributes to a significant proportion of maternal mortality and morbidity in Nigeria. This study aimed to evaluate the perceptions of women aged 15–44 years about the factors that influence pregnancy termination and its consequences. **Materials and Methods:** This study used a descriptive survey design, focusing on women aged 15–44 years during a 3-month period from July to September, 2023. A total of 200 participants were selected through Simple Random Sampling Techniques. Participants completed a questionnaire comprising 16 items, rated on a 4-point scale from Strongly Agreed to Strongly Disagreed. Analysis of the questionnaire involved calculating the average weighted mean, with acceptance set at a mean value of 2.50 or higher and rejection for any mean value below 2.50. **Results:** The study revealed that most respondents recognized the consequences of pregnancy termination, with an average weighted mean of 3.4. Moreover, there was a correlation between discontinuing or avoiding childbearing and pregnancy termination (average weighted mean 3.4). Being a single mother also contributed (average weighted mean 3.6), and the level of education attained was associated with pregnancy termination (average weighted mean 3.2) among women of childbearing age. **Conclusion:** Respondents acknowledged that pregnancy termination has consequences and influencing factors, which underscore the importance of awareness and education, indicating potential areas for targeted interventions to address perceptions and factors influencing pregnancy termination in this demographic.

Key words: Influencing factors, Perceptions, Pregnancy termination, Pregnancy

Pregnancy is a physiological process that begins with fertilization, where a sperm cell fertilizes an egg cell (ovum), forming a zygote. This zygote then undergoes multiple divisions, forming a blastocyst that eventually implants into the lining of the uterus. A woman carries and nurtures a developing fetus within her uterus, typically for about 40 weeks, divided into three trimesters [1,2]. Prenatal care is essential during pregnancy, involving regular check-ups with health-care providers, proper nutrition (avoidance of abortive herbs), and lifestyle adjustments. Monitoring the health of both the mother and the developing fetus helps to identify and address potential issues early [2,3].

Pregnancy termination is the deliberate ending of a pregnancy and it can be achieved through various methods; medical abortion (use of abortion pills in early weeks of pregnancy), vacuum

or suction aspiration, dilation and curettage, and dilation and evacuation [4]. The choice to terminate is highly personal, influenced by factors such as the woman's health, fetal health, socioeconomic conditions, and personal beliefs [5]. In Nigeria, moral considerations regarding pregnancy termination are often influenced by cultural, religious, and legal factors [6]. Many Nigerians, especially those who are Muslim or Christian, view abortion as morally wrong due to religious teachings that emphasize the sanctity of life from conception [7]. Nigerian culture often places a strong emphasis on family and the importance of children. Therefore, pregnancy termination may be seen as conflicting with cultural values that promote childbirth and family unity [8]. Nigeria has restrictive laws regarding abortion, except when the life of the woman is in danger. This legal framework shapes moral perspectives on pregnancy termination and can lead to stigma and secrecy surrounding abortion [9]. The process of deciding on pregnancy termination necessitates careful

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consideration and consultation with health-care professionals or a reproductive health clinic; to thoroughly assess available options, comprehend associated risks as well as benefits, and receive appropriate medical guidance [10]. There is global variability in the legality and accessibility of pregnancy termination services, emphasizing the need to ensure access to safe and legal procedures [11]. Given the dynamic nature of laws and regulations concerning pregnancy termination, obtaining location-specific information becomes crucial for informed decision-making [12]. Furthermore, the decision to terminate a pregnancy can evoke significant emotional challenges, underscoring the importance of a robust support system comprising health-care providers, counselors, and a network of friends and family [13].

Unwanted or unplanned pregnancies, among other factors highly influence the decision to terminate pregnancy as it poses a major economical, psychological, social, and/or religious challenge in women of reproductive age, especially in developing countries as it was estimated that, of the 210 million pregnancies that occur annually worldwide, about 80 million (38%) are unplanned and 46 million (22%) end in abortion [14,15]. Examining the factors that influence pregnancy termination and perception of its consequences can serve as the foundation for a sensitization program aimed at reducing its prevalence among women of childbearing age. Therefore, this study aimed to assess the perceptions of women aged 15–44 years on the factors that influence pregnancy termination and its consequences in the context of local epidemiological settings in Nigeria.

MATERIALS AND METHODS

Design, Area, and Population of Study

This study with a descriptive survey design carried out for 3 months from July to September 2023 and focused on women of reproductive age (15–44 years) [16] in Ogba Local Government Area/Egbema/Ndoni of Rivers State. Ogba-Egbema-Ndoni is a local government area of Rivers State, Nigeria, located in Rivers West Senatorial District. Its capital is Omoku, and it was formerly known as Old Ahoada LGA. According to the 2006 Census, it has a population of about 258,700 people. The area is surrounded by Imo, Delta, Bayelsa, Abia, and Anambra states, as well as Ahoada West, Ahoada East, and Ubimini in Emohua Local Government Areas in Rivers State. The local population consists of three tribes: Ogba (dominant with 12 legislative wards), Egbema, and Ndoni (with two and three legislative wards, respectively). Ogba–Egbema–Ndoni is known for being an upland area and is a significant hub for upstream oil and gas exploration and exploitation activities since the early 1960s. The region hosts multiple mining and producing fields operated by companies such as AGIP, total, and Shell/NPDC, with numerous other reserves. The area is represented in the Nigerian House of Representatives as part of the Ogba/Egbema/Ndoni/Ahoada West constituency. The Executive Chairman of ONELGA is Hon. Vincent Job. Traditional institutions include the Oba of Ogbaland, the Nze-Obi of Egbema Kingdom, the Awor of Ndoni, and recently, the Eze

Egi of Egi Kingdom in Ogbaland, who was adopted and elevated to First-Class Status. The local geography makes it convenient to travel to the famous Onitsha World Market through the River Niger. Ogba–Egbema–Ndoni is endowed with vast arable and fertile land suitable for agricultural and industrial purposes [17].

Sample Size and Sampling Technique

Sample size was calculated as described by Ajuzie *et al.* [2]. A total of 200 participants, representing crucial areas in Ogba/Egbema/Ndoni Local Government Area, Rivers State, were selected through Simple Random Sampling Techniques. The sample comprised 20 Women of Childbearing Age each, chosen evenly from 10 communities within the LGA: Omoku, Obrikom, Okwuzi-Egbema, Mgbede-Egbema, Ndoni, Akabuka, Ogbogu, Kreigani, Aligwu, and Ikiri.

Instrument for Data Collection; Validity, and Reliability

The study utilized a questionnaire named TOPAIDFAWOCBA to collect data on the termination of pregnancy and its determining factors among women of childbearing age in the Ogba/Egbema/Ndoni Local Government. The instrument consisted of 16 items, each rated on a 4-point modern scale ranging from strongly agreed (SA) to strongly disagreed (SD).

The researcher constructed and validated the research instrument. Before its administration, the instrument was presented to the project supervisor and two measurement and evaluation lecturers for corrections and suggestions. Their feedback was utilized to make necessary adjustments before the instrument was administered.

To assess the reliability of the instrument, a test-retest method was employed to measure the consistency of the items. The instrument was administered twice over a 2-week period. The average-weighted mean method was utilized for administration assessment. The correlation between the results of the first and second tests indicated no significant difference, suggesting that the instrument is reliable for use in the study.

Ethics, Data Collection, and Analysis

This study is part of a dissertation approved by the Community Health Department, Centenary College of Health Science and Technology, Emohua, Rivers State, Nigeria. The study adhered to ethical considerations, obtaining informed consent from volunteered participants, and maintaining confidentiality throughout the process.

The researcher personally administered the research instrument to the respondents by hand, and retrieval was also done on the same day to prevent misplacement. The analysis of the research questionnaire was conducted using the average-weighted mean. The criterion was set such that any mean value equal to or above 2.50 would be accepted, while any mean value below 2.50 would be rejected.

Decision Rule

The nominal values were assigned to the rating scales as follows:

Strongly Agreed (SA)	=	4
Agreed (A)	=	3
Disagreed (D)	=	2
Strongly Disagreed (SD)	=	1
Thus: 1 + 2 + 3 + 4	=	10
	=	10/4
	=	2.5

Therefore, when $X \geq 2.5$, the statement or item was considered acceptable, but when the mean of the item $X < 2.5$, the statement or item was rejected.

RESULTS**Consequences of Pregnancy Termination among Women of Child-bearing Age**

The results presented (Table 1) revealed an average weighted mean of 3.4, indicating that the majority of respondents accepted the idea that pregnancy termination has consequences among women of childbearing age.

Influencing Factors of Pregnancy Termination among Women of Childbearing Age**Halting childbearing**

The results (Table 2) illustrate that the majority of respondents acknowledged that discontinuing or avoiding childbearing is associated with pregnancy termination among women of child-bearing age, with an average weighted mean of 3.4.

Being a single mother

Results display an average weighted mean of 3.6, suggesting that the majority of respondents accepted the notion that being a single mother contributes to the termination of pregnancy among women of child-bearing age (Table 3).

Level of education

This study result displays an average weighted mean of 3.2, indicating that the majority of respondents accepted the idea that the level of education attained contributes to the termination of pregnancy among women of child-bearing age (Table 4).

DISCUSSION

This study examined the perceptions of women of child-bearing age regarding the consequences and influencing factors of pregnancy termination. The findings revealed that the majority of respondents acknowledged the potential consequences, including side effects on a woman's womb, the risk of death, malfunctioning of reproductive organs, and the possibility of internal and external bleeding. This report aligns with existing studies indicating that a significant number of women of childbearing age are aware of the associated risks of pregnancy termination, including issues related to the womb, organ malfunction, and internal/external bleeding [18].

In addition, the respondents embraced the idea that influencing factors of pregnancy termination include discontinuing or avoiding childbearing, being a single mother, and the level of education which aligns to previous studies [19-22]. The findings indicated that some women of child-bearing age view pregnancy termination as a means to stop childbearing, especially when other preventive measures fail. Termination of pregnancy is considered

Table 1: Responses on consequences of pregnancy termination among women of child-bearing age

S. No.	Questionnaire Items	SA	A	D	SD	F	X	Decision
1.	Termination of pregnancy can result in side effects affecting a woman's womb.	50	145	3	2	200	3.2	Accepted
2.	It can lead to death.	169	39	0	0	200	3.9	Accepted
3.	It can lead to dysfunction of the reproductive organs.	101	89	6	4	200	3.4	Accepted
4.	It can lead to internal and external bleeding in women of childbearing age.	80	119	1	0	200	3.3	Accepted
	Average-weighted Mean						3.4	

SA: Strongly agree, A: Agree, D: Disagree, SD: Strongly disagree, F: Frequency, X: Mean

Table 2: Perceptions regarding the impact of halting childbearing on pregnancy termination among women of child-bearing age

S. No.	Questionnaire Items	SA	A	D	SD	F	X	Decision
1.	Some women of childbearing age prefer termination as a means to stop further childbearing.	90	105	5	0	200	3.4	Accepted
2.	Some preventive measures fail women of childbearing age, leading to the termination of pregnancy.	69	135	2	2	200	3.4	Accepted
3.	Termination of pregnancy serves as an easy option for teenage girls due to their underage status.	151	39	2	8	200	3.6	Accepted
4.	Women of childbearing age prefer termination of pregnancy over other methods.	101	99	0	0	200	3.5	Accepted
	Average-weighted Mean						3.4	

SA: Strongly agree, A: Agree, D: Disagree, SD: Strongly disagree, F: Frequency, X: Mean

Table 3: Perceptions regarding the impact of being a single mother on pregnancy termination among women of child-bearing age

S. No.	Questionnaire Items	SA	A	D	SD	F	X	Decision
1.	Single mothers may prefer termination of pregnancy to avoid bearing more children out of wedlock.	120	75	5	0	200	3.5	Accepted
2.	They terminate pregnancy to avoid further conception.	135	69	4	0	200	3.7	Accepted
3.	They terminate pregnancy due to past frustrations.	181	19	0	0	200	3.9	Accepted
4.	They terminate pregnancy due to financial distress.	101	99	0	0	200	3.5	Accepted
Average-weighted Mean							3.6	

SA: Strongly agree, A: Agree, D: Disagree, SD: Strongly disagree, F: Frequency, X: Mean

Table 4: Perceptions regarding the impact of attained level of education on pregnancy termination among women of childbearing age

S. No.	Questionnaire Items	SA	A	D	SD	F	X	Decision
1.	The level of education attained is a significant factor leading to termination of pregnancy among women of child-bearing age.	20	170	5	5	200	3.0	Accepted
2.	It leads to termination of pregnancy among women of child-bearing age, particularly within the secondary school setting.	49	155	0	4	200	3.3	Accepted
3.	Women of child-bearing age consider termination of pregnancy when they have not achieved the level of education they aspire to have.	11	189	1	0	200	3.0	Accepted
4.	The level of education attained contributes to the termination of pregnancy among women of child-bearing age.	101	99	0	0	200	3.5	Accepted
Average-weighted Mean							3.2	

SA: Strongly agree, A: Agree, D: Disagree, SD: Strongly disagree, F: Frequency, X: Mean

an easy option for teenage girls due to their underage status. Moreover, women of child-bearing age express a preference for pregnancy termination over other methods. The influence of being a single mother is suggested by the tendency of single mothers to terminate pregnancies to prevent bearing more children out of wedlock, avoid further conception, cope with past frustrations, and address financial distress. Furthermore, the level of education attained emerged as a significant factor leading to pregnancy termination among women of childbearing age. This influence is observed within secondary school settings, where women of childbearing age may propose termination when they have not attained the desired level of education.

Study Limitation

The scope of the study is limited to the perception of women of child-bearing age about the consequences and factors that influence pregnancy termination, such as avoiding pregnancy, being a single mother, and level of education; however, this study did not evaluate participants' attitudes and other influencing factors such as unemployment, health programs, and others towards pregnancy termination to determine the extent of the problem in the area of study.

CONCLUSION

The study found that women of child-bearing age accepted that pregnancy termination has consequences and that avoiding childbearing can lead to it. They also perceived being a single mother and education level as contributing to pregnancy termination. Based on the findings of the study, women of childbearing age should be mindful of the consequences associated with pregnancy termination and explore effective solutions to address and mitigate

these consequences. Family planning, particularly in terms of discontinuing or avoiding childbearing, should be emphasized to prevent the need for pregnancy termination among women of childbearing age. Being a single mother should not be considered a sufficient reason for pregnancy termination. Instead, women in such situations should prioritize precautionary and preventive measures to avoid unintended pregnancies. The level of education attained by women of childbearing age should not necessarily be a determinant for pregnancy termination. Education should be promoted as a tool for informed decision-making rather than a factor leading to termination.

AUTHORS' CONTRIBUTIONS

All authors made substantial contributions to the reported work, participating in various aspects such as conception, study design, implementation, data collection, analysis, and interpretation, as well as contributing to drafting, revising, and critically reviewing the article, and ultimately approving the final version for publication.

REFERENCES

1. Onwuka OM. Prospective loss of human reproductive functionality: An implication of artificial medical intelligence, its invention of sex robot machines and assisted reproductive technology. *Adv J Curr Res* 2023;8:1-12.
2. Ajuzie GC, Waxon NO, Onwuka OM. Herbal medicine usage in malaria treatment during pregnancy: Practical matters and danger perception among pregnant women in Ahoada Town of Nigeria. *J Dis Glob Health* 2022;15:14-20.
3. Rianga RM, Nangulu AK, Broerse JE. Perceived causes of adverse pregnancy outcomes and remedies adopted by Kalenjin women in rural Kenya. *BMC Pregnancy Childbirth* 2018;18:1-6.
4. Rajshree L, Dushyant B. Exploring the safety and efficacy of medical termination of pregnancy: A comprehensive review. *Cureus* 2023;15:e46444.
5. Frederico M, Michielsen K, Arnaldo C, *et al.* Factors influencing abortion

- decision-making processes among young women. *Int J Environ Res Public Health* 2018;15:329.
6. Chima SC. Legal and cross-cultural issues regarding the termination of pregnancy: African perspectives. In: *The Ethics of Reproductive Genetics: Between Utility, Principles, and Virtues*. Ch. 16. Cham: Springer; 2018. p. 241-57.
 7. Chukwunenye EF. Problem of abortion and covid-19 in Nigeria and the role of the church of Nigeria Anglican communion. *Oracle Wisdom J Philos Public Aff* 2023;7:37-55.
 8. Oyediran KA, Ishola G, Bankole A. Relationship between religion and unintended childbearing in Nigeria: A cross-regional perspective. *Genus* 2020;76:1-20.
 9. Obalum DC, Agwu SK. Analysis of the laws and ethics of contraception, sterilization and abortion with the socio-cultural and religious issues in Nigeria. *ABUAD Law J* 2023;11:194-219.
 10. Dehlendorf C, Diedrich J, Drey E, *et al.* Preferences for decision-making about contraception and general health care among reproductive age women at an abortion clinic. *Patient Educ Couns* 2010;81:343-8.
 11. Bearak J, Popinchalk A, Ganatra B, *et al.* Unintended pregnancy and abortion by income, region, and the legal status of abortion: Estimates from a comprehensive model for 1990-2019. *Lancet Glob Health* 2020;8:e1152-61.
 12. Mejova Y, Gracyk T, Robertson RE. Googling for abortion: Search engine mediation of abortion accessibility in the United States. *J Quant Descrip Media* 2022;2:1-41.
 13. Tatum C, Rueda M, Bain J, *et al.* Decisionmaking regarding unwanted pregnancy among adolescents in Mexico City: A qualitative study. *Stud Fam Plann* 2012;43:43-56.
 14. Conradie L. Tertiary Students' Experiences and Needs Related to Unplanned Pregnancies and the Termination of Pregnancy: Practice Guidelines for Psychosocial Support [Doctoral Dissertation, PhD Dissertation, University of South Africa, Pretoria, South Africa].
 15. Kubuka AE, Abdulrahman HM, Soa AH. Unsafe abortion; the hidden cause of maternal death. *Int J Fam Commun Med* 2023;7:157-8.
 16. Hutchesson MJ, Houwer MJ, Brown HM, *et al.* Supporting women of childbearing age in the prevention and treatment of overweight and obesity: A scoping review of randomized control trials of behavioral interventions. *BMC Womens Health* 2020;20:14.
 17. DB Pedia, Ogba-Egbema-Ndoni. Available from: <https://dbpedia.org/page/ogba%e2%80%93Egbema%e2%80%93Ndoni> Last accessed on 2024 Jan 18].
 18. Alhassan AY, Abdul-Rahim A, Akaabre PB. Knowledge, awareness and perceptions of females on clandestine abortion in Kintampo North Municipality, Ghana. *Eur Sci J* 2016;12:95-112.
 19. Imbuki K, Shaffer DN, Sinei SK, *et al.* Factors influencing contraceptive choice and discontinuation among HIV-positive women in Kericho, Kenya. *Afr J Reprod Health* 2010;14:103-14.
 20. Finer LB, Frohvirth LF, Dauphinee LA, *et al.* Reasons US women have abortions: Quantitative and qualitative perspectives. *Perspect Sex Reprod Health* 2005;37:110-8.
 21. Yong MQ, Yeo Y, Shorey S. Factors affecting unintended pregnancy resolution from the perspectives of pregnant women and people: A systematic review of qualitative evidence. *Midwifery* 2023;127:103866.
 22. Woldeamanuel BT. Assessment of determinant factors of pregnancy termination among women of reproductive age group in Ethiopia: Evidence from 2016 Ethiopian demographic and health survey. *Int J Sex Reprod Health Care* 2019;2:10-5.

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