THE DETERMINANCE OF INDUCED ABORTION AMONG UNDERGRADUATE STUDENTS:

A STUDY OF UNIVERSITY OF CALABAR, CROSS RIVER STATE NIGERIA

BY

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SOC/2009/043

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TITLE PAGE

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A STUDY OF UNIVERSITY OF CALABAR

A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY, FACULTY OF MANAGEMENT AND SOCIAL SCIENCES, CARITAS UNIVERSITY, AMORJI-NIKE ENUGU IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE (B.SC) DEGREE

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APPROVAL PAGE

The research project titled The Determinance of Induced Abortion among Undergraduate Students: A Study of University of Calabar, has been approved and accepted as having satisfied the project requirement for the award of Bachelor of Science (B.Sc) Degree in Sociology, Caritas University Amorji-Nike Emene, Enugu State.

BY

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EXTERNAL EXAMINER

DEDICATION

This work is dedicated to God Almighty, the beginning and the end, who has kept me and seen me through the beginning of this journey to the end, I say may His name alone be praised and also to my lovely parents Eld. (Prof.) and Mrs Archibong Edem Archibong for their care, hard work, endless love and effort, support and provision.

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you all. Finally to The Lord of Host, God Almighty, Jehovah Nissi, for the gift of life, good health and strength to carry on.

ABSTRACT

Abortion is a wide issue and the major concern in most of the discussion on abortion draws heavily from the fact that abortion constitutes severe danger to a woman's health but at the same time when performed by medical specialist (i.e. abortion specialist) is safe for the woman. Abortion is accepted and also rejected by different societies and people indulge in abortion for a lot of reasons. some indulge in abortion so that they can complete their education, some because of the fear of having a child outside wedlock while others indulge in abortion to avoid be labelled by the society as "loose". The cross-sectional survey is the one adopted in this study and the sample size of this study is one hundred and seventy (170) possible respondents. The questionnaire was used for the collection of primary data. This study is divided into five (5) chapters, the first chapter is the introduction, the second chapter is the literature review, the third chapter is the methodology, the fourth chapter is the data presentation and data analysis and the fifth chapter is the summary, conclusion and recommendation. This study seeks to identify those factors that tend to induce abortion among female university students with focus on the University of Calabar. This study is beneficial to all categories of women, female students and the society at large. This study also identifies how abortion affects the society at large.

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CHAPTER ONE

INTRODUCTION

1.1   BACKGROUND TO THE STUDY

Abortion is the termination of a pregnancy associated with the death and expulsion of a fetus from a uterus before it reaches the stage of viability. An abortion may occur spontaneously, in normal parlance it is called a miscarriage, or it may be brought on purposefully in which case it is often called an induced abortion (www.britannica.com).

The issue of abortion has attracted substantial attention in recent times in Nigeria and everywhere in the world; abortion has therefore become a global issue (Alimson, 2001). The major concern in most of the discussions on abortion and related situation draws heavily from the fact that abortion constitutes severe danger to a woman's health, but at the same time when performed by medical specialist (i.e abortion specialists) abortions are safe for the woman, and relatively simple. Religious institutions are against the abortion process as they believe abortion is a process of committing murder and murderer are seen as sinners (Knight, 2003) Whey the society frowns at it is because of the inherent fact that if the phenomenon is

not regulated it would impact negatively on the population growth and also on the welfare of women (Barreto, 1992).

Abortion is therefore forbidden in many societies especially the traditional ones. The "abrupt removal" or premature termination of babies are said to be as a result of certain factors.

Most societies therefore recognize the importance of medical factors in pregnancy termination. According to the Oxford medical Dictionary, induced abortion can be performed for reasons that fall into four general categories.

i.   To preserve the life or physical or mental well-being of the mother.

ii.   To prevent the completion of a pregnancy that has resulted from rape or incest.

iii.   To prevent the birth of a child with serious deformity or genetic abnormality.

iv.   To prevent a birth because of the age of a women, therefore, a girl whose body has not formed property for child birth, or a

woman who has passed her child bearing age, as it could be dangerous for the two.

Abortions that are performed to preserve the well-being of the female or in case of rape or incest are therapeutic or justifiable abortions. Induced abortion is accepted on some countries but in other countries it is highly forbidden.

However, other factors (economic social, educational, and family size) have equally become prominent in respect to abortion or pregnancy termination. Both male and female students are supposed to be sexually responsible since a lot of student's in today's society are already sexually active, but females always carry the bulk of the responsibility as they are the ones who would be greatly affected by any mistake (Alimson, 2001). For instance, a female student who forget to take necessary pregnancy precautions and therefore gets pregnant may resort to an abortion for the following reasons.

  i. To complete her education,

ii. ii. To avoid becoming a mother prematurely, as well as the responsibility attached to it,

iii. To avoid being negatively labelled by the society has been "loose"

iv. Fear of having a child out of wedlock. (Almison, 2001:3).

1.2 STATEMENT OF THE PROBLEM

If an investigation or a study is carried out on the category of people that indulge in abortion, the result will definitely prove that it is adolescents and youths. The minority will be older people (especially those who have passed the age of child bearing.).

Several causes have been identified as inducing abortion other than medical. The phenomenon in most countries is frowned at. In Nigeria for example the abortion Act of 1967 as amended I n 1982 states the following;

1. If the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy was terminated, the pregnancy should be terminated.

2. If the termination is necessary to prevent grave permanent impurity to the physical or mental health of the pregnant woman, it should be terminated.

3. If the pregnancy has not exceeded its 24th week and the continuance of the pregnancy would involve risk greater than if the pregnancy were terminated of injury to the physical of mental health of the existing children of the family of the pregnant woman, it should be terminated.

4. If there is substantial risk that if the child were born it would suffer from much physical or mental abnormality as to be serious by handicapped, the pregnancy should be terminated (George, 2004:7).

The above Act therefore permits under certain conditions, the abortion of a pregnancy. Most women we the following conditions to involve in abortion which has negative effect.

Mindful of the social stigma of having unwanted pregnancies, many young girls who become pregnant seek abortion as the only way to end unwanted pregnancies. This however, has serious health risks,

which sometime leads to death to young girls. For instance, unsafe abortion results in various complications such as haemorrhage, perforation of the uterus, secondary sterify and even death. It is also obvious that unsafe abortion has a devastating health impact as measured by deaths, illnesses, injuries and the cases of emergency care (Expanding Access to safe Abortion, 1993).

Beside the risks of unsafe abortion, there are serious health risks involved child bearing as an adolescent or teenager. For instance, teenagers face greater risk of pelvic bone immaturity, prolonged labour and other wise difficult birth.

The fear of been sent out of School or dropping out of school because of unwanted pregnancy makes undergraduate students involve in abortion and in order to abort the baby, they go to quack doctors because it is cheap or they take concoctions and this either kills them or destroys their womb. Money in this case is also a problem.

George (2004) has clearly observed that about 72.5% of those involved in abortion are female students, 17.5% are unmarried

women, while abort 4.3% are housewives. It is this rate that has become a problem.

Therefore, this study seeks to look at extent of determinant of induced abortion among undergraduate students, by looking at the reason why people involve in abortion and why it is still being patronized by members of the society.

1.3   RESEARCH QUESTIONS

This study will seek answers to questions such as:

1.   What are the negative effects or disadvantage associated with involvement in abortion?

2.   How can abortion affect the society at large?

3.   What are the best possible ways to prevent or reduce the negative effect caused by abortion among undergraduate students?

4.   What are the factors that influence female university students to get involved in abortion?

1.4   OBJECTIVE OF THE STUDY

The main objective of this study is to identify the causes of abortion among University Students with focus on the University of Calabar. The specific objectives of the study are as follows:

i.   To identify the negative effect or disadvantages associated with involvement on abortion.

ii.   To determine how abortion affect the society at large.

iii. To suggest means or possible ways to prevent or reduce the negative effect caused by abortion among undergraduate students.

iv.   To examine those factors that influence female University Students to get involved in abortion.

1.5   SIGNIFICANCE OF THE STUDY

This study has both theoretical and practical significance.

THEORETICAL SIGNIFICANCE

This study has not been able to be addressed and reduced, the society, university authorities and policy makers should be able

to make out polices that will help address the issue of abortion in the society.   Seminars, exhortations, e.t.c should be organized in other to help solve the situation. People should continue to carry out study on why undergraduate female students indulge in induced abortion.

PRACTICAL SIGNIFICANCE

The study is therefore significant because it will be beneficial to all categories of women, female students and the society at large. This is because the understanding of the causes of abortion will enable society, university authorities and policy makers look for means to address and reduce the menace.

It will help individuals identify the negative effect or disadvantage associated with the involvement of abortion and how it affects the society at large.

Finally, this study is relevant to explain the incidence of induced abortion among youths in the society.

1.6 DEFINITION OF TERMS

1. **Abortion:**

This is the termination of a pregnancy associated with the death and expulsion of a fetus from a uterus before it has reached the stage of viability (in human beings, usually about the 20th week of gestation).

2. **Induced Abortion**

This refers to an abortion that is brought about purposefully. Abortion can be induced for medical reasons or because of an elective decision to end the pregnancy (www.factmonster.com/Encylopedia).

3. **Pregnancy:**

This is the period of time between fertilization of the ovum (conception) and birth, during which mammals carry their developing young in the uterus. The duration of pregnancy in

humans is all about 280 days, equal to a calendar month (www.factmoster.com/Encyclopedia).

4.   MISCARRIAGE

This is the spontaneous and of a pregnancy before fatal vivacity (the stage of potential independent survival)

CHAPTER TWO

LITERATURE REVIEW

2.1   HISTORY AND ORIGIN OF ABORTION

The history of abortion according to anthropologists, dates back to the ancient times, as abortion in some form, has existed in the human race for millennia. Ancient tribes would sometimes be forced to more quickly, and pregnant women could slow the entire tribe down. Abuses of the woman's abdomen, and later abuse through excessive horseback riding, could cause the baby to be born prematurely. This baby was either then killed or left to die. Unfortunately, the mother also frequently died during the birthing (Gluion, 1985). Today abortion is much safer for the mother, but just as deadly to the childe. There were evidence to show that historically, pregnancies were terminated through a number of methods, including the administration of abortificient herbs, the use of sharpened implements, the application of abdominal pressure, and other techniques.

Historically, culture plays an important role in the behaviour of people or groups with culture varieties as equally differential approaches to the issue of abortion. Hundreds of thousands of years ago there were no pregnancy tests and no tools to perform early term abortions. By the time an abortion was performed, the baby was delivered, primitively but alive, and then the abortion process would be completed by infanticide of a born child (Gluion 1985).

Until 19th century, methods of abortion no matter how remotely modern did not appear and the state did not prohibit abortion until the 19th century but the traition of women's right to early abortion was rooted in U. S Society by then (George, 2004).

2.2   FORMS AND NATURE OF ABORTION

Abortion is not just a simple medical procedure. For many women, it is a life changing event significant physical, emotional, and spiritual consequences. Most women who struggle with past abortions say that they wished they had been told of all the facts about the abortion and the risk (Henshaw, Singh and Haas, 1999).

The programme of the action of the 1994 conference on population and development held in Cairo urged government and other relevant organizations "to deal with the health impact of unsafe abortions as a major public health concern and to reduce the recourse of abortion through expanded and improved family planning services" (U.N Conference on population and Development, 1994). However, in spite of the recommendation of the conference, abortion forms and nature varied across culture and countries all over the world.

There are different ways and abortion can be performed. Different methods are used under different circumstances and after different developments of the embryo or fetus. No. method of abortion is 100% successful.

2.3   METHODS AND RISK ABORTION

Throughout the years, right from the point that the first abortion was carried out, different methods and ways of aborting were found, both local and medical. The Medical practical became more advanced forming more ways and processes of abortion and some of these are; suction Aspiration, Dilation and Curettage (D and C), Dilation and Evacuation (D and E), salt poisoning (Saline Injection) etc. All of

these methods are surgical and can result in complications so the doctors have to be extremely careful as there are a lot of risks involved (Barreto, 1992).

Abortion complication have brought about a lot of awareness, some of the risks involved include; death, beast cancer, cervical ovarian and liver cancer, cervical lacerations, placentaprevia, handicapped newborns in later pregnancies, and lower general health (Fagbemi, 2001).

Effect occurs with induced abortion, whether surgical or pill. These include abdominal pain and cramping, nausea, vomiting, and diarrhea. Abortion also carries the risk of significant complications and damage to organs. Serious complications occur in less than 1 out of 100 early abortions and in about 1 out of every 50 later abortions. Complications may include: Heavy bleeding, infections, sepsis, anesthesia and damages to internal organs (Strahan, 1997).

2.4 FACTORS CONTRIBUTING TO ABORTION

George (2001); Fagbemi (2001); Lucas (1985) and Norton and Walls (1983) have identified in their various contributions several factors

that tend to induce abortion. These factors include; i) Medical, (ii) Economic, (iii) Education, (iv) Social/Cultural, and (v) Family size.

George (2004) particularly noted that individual females resort to pregnancy abortion largely because of medical and economic factors. According to Ejidah (1999) the lack of use of contraceptives by teenagers and young people resorts in high level of pregnancies and abortions. To them abortion becomes the on alternative as they are unable to carry the pregnancy.

Furthermore, Makinwa-Adebusoye (1997) identified reasons why students indulge in abortion. These according to her include;

i.   First, desire to remain in school; therefore complete her education. This is because she may have to stay home to have her baby and once she leaves the probability of coming back reduces.

ii.   Second, financial concerns; having and caring for a child is expensive and she would lack the ability to provide for the baby since she has no source of income.

iii.   Third, fear of social reprisal because of an out –of- wedlock pregnancy (International Family Planning Perspective, 1997)

A study of about 106 students in high institutions in Calabar was made and it was observed that;

i.   Majority (80%) of them perceived that abortions are necessary to the extent that they assist fellow students to get rid of unwanted pregnancies.

ii.   About 80% of the respondents admitted that they would abort if they accidentally got pregnant.

iii.   About 55% of them said they are not willing to use contraceptives but would not hesitate to abort if they get pregnant

iv.   About 63% of them admitted that though abortions seems risky, there is still need to legalize it so as to assure that qualified personnel handle the matter.

Adepojo (1991) also noted that the lack of preventive measure among youths indulging in sexual acts is prominent factor for inducing abortion.

2.5 SOCIETY, SOCIO-CULTURAL FACTORS AND ABORTION

Culture plays very significant roles in the lives of people. It performs a major regulatory behavior in which action(s) and reaction(s) of individuals are set or ordained. There are different societies and cultures all over the world and they all seem to frown down on abortion especially from the cultural and religious point of view (Bankole and Adebayo, 1999). In Nigeria, Christian, Islamic and traditional religious practices are against abortion and have equivocally restricted their members from indulging in it. These religious groups see abortion as nothing but "Murdering of unborn babies" (Bankole and Adebayo 1999).

2.6 REVIEW OF RELATED THEORIES

1. Theory of Reasoned Action

The theory of reasoned Action by Fishbein and Ajzen (1980) was designed to explain not just health behavior but all volitional behaviours. This theory is based on the assumption that most behaviours of social relevance are under volitional (willful) control. In addition, a person's intention to perform (or not to perform) the

behavior is the immediate determinant of that behavior. The goal is not to predict human behavior but also to understand it.

According to this theory, a person's intention to perform a specific behavior or act like having an abortion is a function of two factors; (i) Attitude (positive or negative) to wards abortion and (ii) the influence of the social environment (general subjective norms) on abortion.

The attitude towards abortion is determined by the person's belief that a given outcome will occur if she has no abortion and by the evaluation of the outcome. The social or subjective norm is determined by a person's normative belief about what important or "others think she would do and by the individuals motivation to comply with those other peoples wishes or desires.

Attitude towards abortion are functions of beliefs in this theory. If a person believes that having an abortion is a positive action (like finishing school), she would hard a favourable attitude towards having an abortion. On the other hand a person who believes that having an abortion would mostly lead to negative outcomes (like health problems) will hold an unfavourable attitude. These beliefs

that foundation of a person's attitude towards abortion are referred to as behavioural beliefs.

Subjective norms also a functions of beliefs. These are the person's beliefs that certain individuals and groups are for and against abortion.

2.   The Health Belief Model

The Health Belief Model was propounded by Irwin M. Rosenstock in 1966. This model maintains that the decision whether or not to engage in health related behaviour involves a form of cost/benefit analysis. Key elements involved in the decision   process are the health gain that would be the outcome of a particular behaviour and benefit (social, psychological, physical physiological etc) of engaging in such particular behaviour. These elements include the following. (i) The belief of susceptibility to illness. (ii) The possible severances of the illness. (iii) The health benefit of engaging in that behaviour. (iv) Solutions to actions of the belief which brings about the decision to engage in such behaviour.

In the first place, perceived susceptibility in relation to unwanted pregnancy assumes that each individual has his own perception of livelihood of experiencing a condition that walled adversely affect ones health. An individual varies in their perception to ascertain degree of health discomfort likely to arise from certain pregnancy. This situation of often times influences their decision in a particular way leading to the decision to terminate such pregnancy. (Okonfua ,1993; Fagbemi, 2001).

Also perceived seriousness is about the belief a person holds concerning the effects a given condition would have on one state of affairs. Those at the extreme situation (e.g. educational institutions, adolescents etc) who get pregnant accidentally or without due preparation for it may seek possible option of terminating it.

Perceived benefit/gain may resort to particular decisions relating to the direction of action that a person chooses and this would be influenced by the belief regarding the actions. Barriers to taking the action may be ignored as a result the possible benefits of taking actions, which seems to be essential. Barriers relate to the characteristics of a treatment (That is; aborting unwanted

pregnancy), which may be inconvenient, unpleasant or expensive, painful or upsetting (Okonfua, 1993).

Solutions are the individual perceived position of levels of susceptibility and seriousness providing the basis for taking, may be either internal or external. Thus theory in essence provides the basis for explaining why people take decisions in particular; may be either to keep their pregnancy or terminate it. It hinges on the fact that cost analysis on the unexpected outcome of delivery of unwanted babies tend to guide individuals in making decision concerning pregnancy abortion (Okonfua, 1993).

3.   The social cognitive theory

This is another theory used in explaining an individual's productive health behaviour. This is termed social hearing theory or Bandura's Social cognitive theory (Bandura 1986) it is an extension of skinners operant conditioning paradigm with its root in psychology.

This theory assumes that individuals want to maximize their gains from the environment and the outcome is achieved by cognitive process. From the position of the theory, individuals are motivated to

gain the maximum reinforcement and minimum punishment for their environment. Behaviours are motivated by long and short term gains. In addition, individuals are capable of learning behaviour contingencies from observation of others and behave within a moral framework.

Under this perspective, behaviour choice is premised on two sets of expectancies. The first expectancy relates to the degree to which an individual behaves that an action would lead to a particular outcome and this outcome is than considered in terms of its value to the individual. The other set of expectancy is the self-efficacy explanation, which reflects the degree to which an individual believes she is of the behaviour being considered.

The theory is therefore fundamental to the premise that an individual is most likely to consider a behaviour if they believes a desired outcome and that she is capable of successfully managing the outcome. In essence, both outcome and self-efficacy beliefs have been shown to be important predictions of a number of health related behaviours including the determination to abort unwanted pregnancies.

This theory has therefore helped to provide explanations for the reasons why individuals tend to take certain actions and reactions in relation to their actions and reactions in relation to their sex act or practices. For example, the expectations of possible inconveniencies, pains, economic hardship, neglect, cultural/social labelling of carrying or delivering unwanted pregnancy may motivate an individual to terminate or remove such pregnancy (Fagbemi 2001:12).

4. The protection Motivation Theory

This theory is hinged on the work of Roser (1983) it combines elements of health belief model and social cognitive theory in describing how fear developing from reproductive health communication are reprocessed and acted upon. The theory is hinged on two broad categories of response namely:

i.   The Threat Appraisal and (ii) The coping Appraisal

The possible outcome of the appraisal processes is an intension to behave in either adaptive or maladaptive manner, the strength of

which reflects the degree of motivation to avoid getting unwanted pregnancy, the perceived susceptibility to reproductive health in conveniences and its severity (Edijah, 1999).

Hence coping appraisal is a function of both outcome and self efficacy beliefs. Individuals are most likely to change their behaviour in response to a fear arousing message if they believe they are susceptible to illness, discomfort or health hazards and that the situation would have severe consequences. Also, if a girl believes that carrying unwanted pregnancy constitutes a reproductive health risk considering her age and educational condition and that carrying the baby at an early age she is unprepared for will have severe consequences on her, she is likely to react indirection of seeking to abort the pregnancy (Fagbemi, 2001).

The protection motivation theory establishes relationship between knowledge about particular outcome from an intended act (or even existing particular condition) and individuals behaviour pattern towards that act. This theory is therefore relevant to explain the incidence of induced abortion among youths in the society.

2.7 THEORETICAL FRAMEWORK

In this work, four theories were used but two theories will make up the theoretical framework; the theory of reasoned Action and the protection motivation theory.

The theory of reasoned Action is based on a assumption that before a behaviour is carried out, the person thinks of it and that most behaviour done are willingly. According to this theory, a person intention to perform a specific behaviour like having an abortion is a function of two factors;

i.   Attitude (Positive or negative) towards abortion and (ii) the influence of the social environment (general subject norms) on abortion. In this theory, attitudes towards abortion are functions of beliefs. These beliefs that foundation of a person's attitude towards abortion are referred to as behavioural beliefs.

The protection motivation theory combines elements of health belief model and social cognitive theory and this theory is hinged on two broad categories (i) the Threat Appraisal and (ii) The coping Appraisal. The possible outcome of the appraisal processes is an

intension to behave in either adaptive or maladaptive manner. Individuals are most likely to change their behaviour in response to a fear of arousing message if they believe they are susceptible to illness or health hazard and that situation will have severe consequences.

The protection motivation theory establishes a relationship between knowledge about a particular outcome from intended act. Therefore, this theory is relevant to explain the incidence of induced abortion among youths in the society.

2.8   STUDY HYPOTHESES

The following hypotheses have been formulated to guide the study:

i.   The desire to complete ones education is directly related to termination babies.

ii.   The higher the level of stigma associated with unwanted pregnancy the higher the desire to termination babies.

iii. There is relationship between fear of becoming a mother at a tender age and the desire to terminate unwanted pregnancy by students.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

Research Design is the aspect of the research process which provides answers to the questions of what, why, how, where, when, who, etc (Soyombo, 1999:59). In collecting the data, two main methods were envisaged. These are survey and non-survey methods. The former involves direct contact between the researcher and the subjects which entails questioning and answering, while the latter involves collection of data about subjects without necessary asking them questions.

For the purpose of this study, the survey research method was adopted as it is very useful. The survey research method becomes acceptable because it will enable the researcher to directly investigate the phenomenon. Survey methods are divided into two viz: Cross sectional Survey and longitudinal surveys. Hence, due to the scope and context of this study, the Cross-sectional survey is the one adopted.

3.2 STUDY AREA

The area of study was University of Calabar. The University of Calabar is situated in Calabar, Cross River State, and South Eastern Nigeria.

3.3 POPULATION OF THE STUDY

According to the dictionary of sociology by Marshal Gordon, in statistical terms, "a population refers to the aggregate of individuals or units from which a sample is drawn, and to which the result analysis are to apply. The total population of Calabar is 371,022 as at 2006 census. It has area of 406km2.

The aggregate number of persons within University of Calabar is 40,642

3.4 SAMPLE SIZE

The sample size of this study is one hundred and seventy (170) possible respondents. The researcher considered this sample size large enough for this study. The sample size is considered appropriate for effective management by the researcher due to time and financial constraints.

3.5 SAMPLING TECHNIQUE

The simple/accidental random sampling method was used to obtain information and data from the sample of one Hundred and (170) students from University of Calabar. The reason for adopting this method is that, it enables the researcher to pick or select respondents as they are sighted.

3.6 INSTRUMENTS FOR DATA COLLECTION

The questionnaire was used as the research instrument for the collection of primary data for this study. The questionnaire will contain questions on the socio-demographic characteristics of respondents, questions on the general knowledge of abortion and questions on the perceived causes of Abortion among students.

3.7 METHODS OF DATA ANALYSIS

The data collected from the administration of the questionnaire would be organized using simple percentage (%) as well as frequency distribution tables. Also, the hypotheses would be tested using the chi-square (x) statistical tool and the information will be analyzed using uni-variate and bi-variate tables.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

A total of one hundred and seventy questionnaires were distributed, one hundred and fifty were returned. Hence, analysis of data would be organized using percentages. The questions are s contained in the questionnaire.

Table 4.1: DISTRIBUTION OF QUESTIONNAIRE

QUESTIONNAIRE	LEVEL OF RESPONSES
Number distributed	170
Number collected	150
Number lost	20

Sources: Survey Field, 2013

Table 4.1 above shows that 170 questionnaires were distributed and one hundred and fifty were returned while twenty was lost.

4.1 SOCIODEMOGRHAPHIC CHARACTERISTICS OF THE RESPONDENTS

TABLE 4.2: PERCENTAGES DISTRIBUTION OF

RESPONDENTS BY AGE

AGERANGE	FREQUENCY	PERCENTAGE
15-19 years	16	10.7
20-24 years	101	67.3
25-30 years	29	19.3
30 years and above	4	2.7
Total	**150**	**100.0**

Sources: Survey Field, 2013

Table 4.2 shows that 16 (10.7%) of the respondents are between the

ages of 20 and 24 years, 29(19.3%) between the 30years and

above. This distribution shows that majority of the respondent are between the ages of 20 and 24years.

TABLE 4.3:   PERCENTAGES   DISTRIBUTION   OF RESPONDENTS BY SEX.

SEX	FREQUENCY	PERCENTAGES
Male	50	33.3
Female	100	66.7
Total	**150**	**100.0**

Sources: Survey Field, 2013

Table 4.3 shows that 50 (33.3%) of the respondents are male; while 100 (66.7%) representing the majorities are female.

The preponderance of females in the distribution was methodologically adopted. Since the females are the ones that are directly involved with the subject of investigation, hence, their views are very important.

TABLE 4.4: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY RELIGION.

RELIGION AFFILIATION	FREQUENCY	PERCENTAGES
Islam	33	22.0
Christianity	110	73.3
African Traditional Religion	2	1.4
Others	5	3.3
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.4 shows that 33 (22.0%) of the respondents are Muslims, 110(73.3%) of the respondents are Christians, (1.4%) have traditional religion, while 5 (3.3%) of the respondents have others forms of religion. This distribution shows that majority of the respondents are Christians.

TABLE 4.5: PERCENTAGE DISTRIBUTION OF

RESPONDENTS BY ETHNIC BACKGROUND

RELIGION AFFILIATION	FREQUENCY	PERCENTAGES
Igbo	29	19.3
Hausa	10	6.7
Yoruba	88	58.7
Others	23	15.4
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.5 shows that 29 (19.3%) of the respondents are Igbo, 10 (6.7%) of the respondents are Hausa, 88 (58.7%) of the respondents are the minority groups such as Edo, Efik, Delta, etc.

TABLE 4.6: PERCENTAGE DISTRIBUTION OF

RESPONDENTS BY MARITAL STATUS

MARTIAL STATUS	FREQUENCY	PERCENTAGES
Single	135	90.0
Married	12	8.0
Separated/Divorce	3	2.0
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.6 shows that 135 (90%) of the respondents are single, 12 (8%) of the respondents are married while 3 (2%) of the others were once married (ie. Either separated or divorced). The distribution shows that majority of the respondents are still single.

TABLE 4.7: PERCENTAGE DISTRIBUTION OF

RESPONDENTS BY FACULTY

DEPARTMENT	FREQUENCY	PERCENTAGES
Business Administration	25	16.7
Social Sciences	25	16.7
Sciences	25	16.7
Education	25	16.7
Engineering	25	16.7
Law	25	16.7
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.7 shows that 25 (16.7%) of the respondents are from faculty

of Business Administration, 25 (16.7%) were from Social Sciences,

25 (16.7%) were from Education, 25 (16.7%) were from Engineering,

while another 25 (16.7%) were from Law. The distribution shows that

everyone had equal opportunity infilling out questionnaires as they were distributed equally to all departments.

TABLE 4.8: PERCENTAGE DISTRIBUTION OF

RESPONDENTS BY THEIR LEVEL

LEVEL	FREQUENCY	PERCENTAGES
100	10	6.7
200	19	12.7
300	28	18.7
400	71	47.3
500	22	14.7
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.8 shows that 10 (6.7%) of the respondents are in their 100 level, 19 (2.7%) of the respondents are in their 200 level, 28 (18.7%) of the respondents are in the 300 level, 71 (47.3%) of their respondents are in their 400 level, while the remaining 2(14.7%) of

the respondents are in their 500 level. The distribution shows that majority of the respondents are in their 400 level.

4.2   CHARACTERISTICS ON THE GENERAL KNOWLEDGE OF ABORTION

TABLE 4.9: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY METHODS ABORTION THEY ARE AWARE OF

METHODS	FREQUENCY	PERCENTAGES
Pills	49	32.7
Dilation and curettage (D&C)	53	35.3
Suction aspiration	36	24.0
Injection	12	8.0
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.9 shows that 49 (32.7%) of the respondents are aware of pills, 53 (35.3%) of respondents are aware of Dilation and curettage

(D&C), 36 (24%) of the respondents are aware of suction Aspiration, while the remaining 12 (8%) of the respondents are aware of injection. The distribution show that majority of the respondents are aware of Dilation and curettage (D&C).

TABLE 4.10: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY WHETHER THEY SUPPORT A THEY SUPPORT ABORTION AMONG STUDENTS

RESPONSE	FREQUENCY	PERCENTAGES
Yes	111	74.0
No	39	26.0
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.10 shows that 111 (74%) of the respondents admitted that they support abortion, while 39(26.0%) of the respondents claimed otherwise. This distribution shows that majority of the respondents supported abortion.

Majority of the respondents who supported abortion maintained that they did so because of their education, some medical conditions and socio-economic parameters. Most of the respondents said the inability to cater for the child.

TABLE 4.11: PERCENTAGE DISTRIBUTION OF RESPONDENTS WHO SUPPORTED ABORTION AND BY WHICH ABORTION METHOD THEY SUPPORT.

METHODS	FREQUENCY	PERCENTAGES
Pills	26	17.3
Dilation and curettage (D&C)	58	38.6
Suction aspiration	32	21.4
Injection	34	22.6
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.11 shows that 26 (17.3%) of the respondents support the use of pills, 58 (38.6%) of the respondents who supported abortion

identified Dilation and curettage (D&C) as the method they supported, 34 (22.6%)of the respondents support suction aspiration, 32 (21.4%) of the respondents support injection use for aborting pregnancy. This distribution shows that majority of the respondents supported Dilation and curettage (D&C) as this method is the most popular in Nigeria.

TABLE 4.12: PERCENTAGE DISTRIBUTION OF FEMALE RESPONDENTS ON WHETHER THEY HAVE EVER BEEN PREGNANT   N   =100

RESPONSE	FREQUENCY	PERCENTAGES
Yes	127	84.6
No	23	15.3
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.12 shows what 127 (84.6%) of the respondents admitted to having been pregnant, while 73 (15.3%) of the respondents said they have never been pregnant. The distribution shows that the

incidence of unwanted pregnancy is low among majority of the female respondents.

TABLE 4.13 PERCENTAGE DISTRIBUTION OF MALE RESPONDENTS ON WHETHER THEY HAVE EVER GOTTEN A GIRL PREGNANT

RESPONSE	FREQUENCY	PERCENTAGES N=50
Yes	133	66
No	17	34
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.13 shows that 133 (66%) of the respondents said that they have gotten a girl pregnant, while 17 (34%) of the respondents have

not gotten any one pregnant. The distribution shows that majority of the male respondents have gotten someone pregnant.

TABLE 4.14: PERCENTAGE DISTRIBUTION OF RESPONDENTS ON WHETHER THEY HAVE BEEN DIRECTLY OR INDIRECTLY INVOLVED IN ABORTION PROCUREMENT.

RESPONSE	FREQUENCY	PERCENTAGES
Yes	59	39.3
No	91	60.7
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.14 shows 59 (39.3%) of the respondents have been directly or indirectly involved in abortion procurement, while 91(60.7%) claimed otherwise. The distribution shows that majority of the respondents have not been involved in abortion procurement.

Here respondents who were involved in abortion procurement claimed they got involved to avoid becoming a mother unexpectedly; to save themselves fro, stigma complete their education.

TABLE 4.15 PERCENTAGE DISTRIBUTIONS OF RESPONDENTS BY WHETHER THEY WOULD RECOMMEND ABORTION TO OTHER STUDENTS OR ANYONE

RESPONSE	FREQUENCY	PERCENTAGES
Yes	18	12
No	132	88
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.15 shows that 18 (12%) of the respondents admitted that they would recommend abortions to other students, while 132 (88%) of the respondents, said they would not recommend abortion anyone. This distribution shows that majority of the respondents are not willing to recommend abortion to anyone because of the risks involved.

4.3 CHARACTERISTICS ON REASONS OR CAUSES OF ABORTION

TABLE 4.16: PERCENTAGE DISTRIBUTION OF RESPONDENTS OF ABORTION ON WHETHER THEY THINK STUDENTS PROCURE ABORTION REGULARLY

RESPONSE	FREQUENCY	PERCENTAGES
Yes	120	80
No	30	20
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.16 shows that 120 (80%) of the respondents admitted that students procure abortions regularly, while 30 (20%) of the respondents claimed otherwise. This distribution shows that majority of the respondents believe that students procure abortions regularly.

TABLE 4.17: PERCENTAGE DISTRIBUTION OF RESPONDENT ON WHETHER THEY BELIEVE THAT FEMALE STUDENTS WHO GET PREGNANT UNEXPECTEDLY WOULD TERMINATE THEIR PREGNANCY IN ORDER TO COMPLETE THEIR EDUCATION

RESPONSE	FREQUENCY	PERCENTAGES
Yes	122	81.3
No	28	18.7
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.17 shows that 122 (81.3%) of the respondents believe that female students would terminate their pregnancy in order to complete their education, while 28(18.7%) of the respondents think otherwise. This distribution shows the majority of the respondents think that female students procure abortions in order to complete their education.

TABLE 4.18: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY WHETHER THEY BELIEVE THAT STIGMA ASSOCIATED WITH CARRYING UNWANTED PREGNANCY ENCOURAGES INDIVIDUALS TO TERMINATE IT.

RESPONSE	FREQUENCY	PERCENTAGES
Yes	142	94.7
No	8	5.3
Total	**150**	**100**

Sources: Survey Field, 2013

Table 4.18 shows that 142 (94.7%) of the respondents believe that stigma associated with carrying unwanted pregnancy encourages individuals to terminate it, while 8 (5.3%) of the respondents claimed the strength of relationship is further measured by the use of contingency co-efficient (cc). The formula is expressed thus;

$$\sqrt{\frac{X^2C}{X^2t}}$$

Where   Xc   =   Calculated X value

              N   =   Total Number of Frequencies

DECISION REGION

According to our calculations, the X calculated value is greater than X tabulated value at 0.05 alpha level of significance, the stated research hypothesis is accepted and the null hypothesis is rejected. If however the X tabulated is greater than X calculated value, the stated research hypothesis rejected and null hypothesis is accepted.

HYPOTHESIS 1

The desire to complete ones education is directly related to termination of babies.

TABLE 4.23: DISTRIBUTION OF RESPONDENTS BY THEIR RESPONSE WHAT GROUND THEY WOULD PROCURE AN ABORTION I.E MEDICAL, ECONOMIC OR EDUCATIONAL (REFERENCE QUESTION 24 AND 17)

Reasons	Respondents by their response to what grounds they would procure an abortion					
	Yes (0) (e)		No (0) (e)		Total %	
On medical grounds	1	1.6	2	3.2	3	4.8
On Economic grounds	2	3.2	2	3.2	4	6.3
On Education grounds	37	58.7	19	30.2	56	88.9
Total	**40**	**63.5**	**23**	**36.5**	**63**	**100.0**

Calculation of X2C value for table 23

O	E	O –e	$(o - e)2$	$\dfrac{(o - e)^2}{e}$
1	1.6	-0.6	0.36	0.225
2	3.2	- 1.2	1.44	0.45
2	3.2	- 1.2	1.44	0.45
2	3.2	- 1.2	1.44	0.45
37	58.7	- 1.2	470.89	8.03
19	30.2	- 11.2	125.44	4.15
			X^2C	13.745

Observation: it is observed that:

X^2C = 13.745

X^2t = (α = 0.05) with 2df = 5.99

Therefore, X^2C (13.745) > X^2t (5.99)

Contingency coefficient (cc) $\quad = \quad \sqrt{\dfrac{X^2C}{X^2c + 150}}$

$$= \quad \sqrt{\dfrac{13.745}{13.745+150}} \quad = \quad 0.28$$

INTERPRETATION

A+ 0.05 alpha level of significance, we accept the research hypothesis since X2C value 13.745 is greater than X2t value of 5.99, hence, the hypothesis which states that female students who get pregnant unexpectedly are more likely to terminate it in order to complete their education. The coefficient is weak at 0.28 though positive. This shows that a weak positive relationship exists between female students getting pregnant unexpectedly and the desire to terminate it. This finding is in line with that of George (2004) and Alimson (2001) who found a correlation between termination of unwanted pregnancy and students desire to complete their education.

HYPOTHESIS   2

The higher the level of stigma associated with unwanted pregnancy the higher the desire to terminate babies.

TABLE 4.24: DISTRIBUTION OF RESPONDENTS BY SEX ON WHETHER STIGMA ASSOCIATED WITH UNWANTED PREGNANCY CAN LEAD INDIVIDUALS TO TERMINATE. (REFERENCE QUESTION 26 AND 3)

Sex of Respondent	Stigma associated with carrying unwanted pregnancy will lead individual to terminate					
	Yes (0) (e)		No (0) (e)		Total %	
Male	44	29.7	2	1.4	141	98.3
Female	97	65.5	5	3.4	7	4.7
Total	**46**	**31.1**	**102**	**68.9**	**63**	**100**

Calculation of X2C value for table 24

O	E	O –e	(o – e)2	$\dfrac{(o-e)^2}{e}$
44	29.7	143	204.49	6.88
97	65.5	31.5	992.29	15.14
2	1.4	0.6	0.36	0.25
5	3.4	1.6	2.56	0.74
			$X^2C =$	23.02

Observation: it is observed that:

X2C = 23.02

X2t = (α = 0.05) with 1df = 3.84

Therefore, X^2C (23.02) > X^2t (3.84)

Contingency coefficient (cc) = $\sqrt{\dfrac{X^2C}{X^2C + 150}}$

$$= \sqrt{\dfrac{23.02}{23.02+150}} = 0.36$$

INTERPRETATION

At 0.05 alpha level of significance, we accept the research hypothesis since X2C value 23.02 is greater than X2t value of 3.84, hence, the hypothesis which states that there is a relationship between stigma associated with carrying unwanted pregnancy and the desire to terminate it. The coefficient of contingency (cc) which helps to measure the relationship is weak at 0.36 though it is positive. This shows that a positive relationship exists between stigma associated with carrying unwanted pregnancy and the desire to terminate it.

This finding is in line with that of Alimson (2001) who maintained that students would tend to terminate unwanted pregnancy to avoid been labelled negatively by society as "loose".

HYPOTHESIS 3

There is a relationship between fear of becoming a mother at a tender age and the desire to terminate unwanted pregnancy by students.

TABLE 25: DISTRIBUTION OF RESPONDENTS BY AGE ON WHETHER FEARS OF BECOMING A MOTHER AT A TENDER AGE LEADS TO THE DESIRE TO TERMINATE UNWANTED PREGNANCY. (REFERENCE QUESTION 27 AND 4)

Age of Respondents	Fear of becoming mother at a tender age leads to the desire to terminate unwanted pregnancy					
	Yes (0)	(e)	No (0)	(e)	Total	%
15-19yrs	13	8.7	3	2.0	16	10.7
20 – 24yrs	96	64.4	5	3.24	101	67.8
25-29yrs	27	18.1	2	1.3	29	19.5
30&above	2	1.3	1	0.7	3	2.0
Total	138	92.6	11	7.4	149	100.0

Calculation of X2C value for table 25

O	E	O –e	$(o – e)2$	$\dfrac{(o – e)^2}{e}$
13	4.3	4.3	18.49	2.12
96	64.4	31.6	998.56	15.50
27	18.1	8.9	79.21	4.37
2	1.3	0.7	0.49	0.37
3	2.0	1	1	0.5
5	3.4	1.6	2.56	0.75
2	1.3	0.7	0.49	0.37
1	0.7	0.3	0.09	0.12
			$X^2C =$	24.1

Observation: it is observed that:

X^2C = 24.1

X^2t = (α = 0.05) with 3df = 7.8

Therefore, X^2C (24.1) $> X^2t$ (7.81)

Contingency coefficient (cc) $\quad = \quad \sqrt{\dfrac{X^2C}{X^2C + 150}}$

$$= \sqrt{\dfrac{24.1}{24.1+150}} \quad = 0.37$$

INTERPRETATION

A+ 0.05 alpha level of significance, we accept the research hypothesis since X2C value 24.1 is greater than X2t value of 7.81; hence, the hypothesis which states that there is a relationship between fear of becoming a mother at a tender age and the desire to terminate unwanted pregnancy by students. The coefficient of contingency (cc) which helps to measure the relationship is weak at 0.37 though it is positive. This shows that a weak positive relationship exists between the relationships.

This finding is in line with that of George (2004) who found out that students; indulge in abortion in order to avoid been mother unexpectedly at a tender age.

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CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1   SUMMARY

This study seeks to identify those factors that tend to induce abortion among female University students or undergraduates in Nigeria. It seeks closely and precisely those factors that tend to motivate or influence individual undergraduate students to indulge in abortion practice. The issue of abortion is a Universal Phenomenon which has gained worldwide attention. Various variables have been identified to posses over bearing influence on this issue of abortion practice among individuals all over the world.

All this has equally been established to be directly or indirectly related to medical factors, socio-economic factors and socio-Cultural factors. Therefore it is established that relationship exists between abortion and factors listed above. Hence, to effect an investigation into this relationship, a study of the University of Calabar Students (Undergraduates – both male and female), was carried out.

Previous relevant and appropriate literature and works on the subject matter are critically examined and received. Among the relevant works reviewed are Adepoju (1991), Alimson (2001), Bankole and Adebayo (1999), Barreto (1992), Edjah (1999), Fagbemi (2001), George (2004), Gluion (1985), Henshaw et al (1999), Lucas (1985), Norton and Walls (1983) and others were examined and received. The review of relevant literature provided the necessary background and platform for the proper understanding and direction of the study.

The review of literature is followed by application of appropriate theoretical framework. Those theories describing and examining the phenomenon of unwanted pregnancy and induced abortion were highlighted with the view of drawing a relationship between the variables involved. Hence, "theory of reasoned action", "the health belief model", "the social cognitive theory", and "the protection motivation theory" were critically highlighted and adopted. These theories have significantly sought to give explanations to variables that make up or continue behavioral pattern towards sexual

activities, unwanted pregnancies and abortion. The application of appropriate theories led to the formulation of research hypothesis.

5.2 CONCLUSION

This study has shown that certain social, economic and cultural factors can lead to induced abortion among individuals. This was ascertained through a study conducted among the University of Calabar, Cross River State students. This study shows that these factors presented themselves in number of ways to influence individual's behaviour pattern in a particular way. Thus is apparent therefore that induced abortion is the outcome of various factors that are likely to constitute social, economic, cultural, religious, etc. problems for the individuals. It is apparent therefore that the intention to terminate unwanted pregnancy is dependent on certain possible outcome of keeping the pregnancy that may jeopardize the social, economic and cultural life of the individual.

In general therefore, the conclusion derivable from this study is that induced abortion is usually motivated by factors likely to constitute constraint on the individual behaviour pattern in relation to the large society. These include the individual being financially constrained;

being labelled loose, being stigmatized, being unable to cope with responsibility alone, being rejected by parents etc, in this regard, and induced abortion seems to be the on only alternative to avoid all these negativity.

5.3   RECOMMENDATION

This study has identified that certain factors tend to influence individuals to indulge in induced abortion. The study has further shown that these variables (economic, Social, Cultural, religious) associated with upholding societal values influences individual intention to indulge in abortion.

This translates to mean that socio-economic factors portend significant and overbearing effect on induced abortion. This means that those who indulge in abortion do so to avoid certain unpleasant future experiences. In this aspect therefore, the following recommendations suffice.

First, it is important that the issue of abortion should be seen as a very critical issue that should be treated with utmost importance. In this wise, one would expect that the government would make

available means by which induced abortion could be effectively handled. This becomes necessary so as to safeguard the life of the individual involved.

Secondly, abortion seems very inevitable as long as necessary precautions are being neglected. In this connection, it is suggested that individuals indulging in abortion practice should endeavour to ensure that necessary measures are taken to avoid negative health effect that may follow such action.

Thirdly, individuals indulging in induced abortion should equally endeavour to seek appropriate medical means. In this regard, they should hesitate to consult qualified medical personnel that will take necessary medical examination and recommend them most appropriate methods.

Fourthly, since it is established that for certain reasons abortion seems relevant, it is therefore important to suggest that each tertiary institution should ensure that its medical outfit or unit is well equipped to handle such situations.

Lastly, undergraduates should be educated in the area of preventive and reproductive health matters. This will enable them to have

adequate knowledge and understanding of steps to take when unwanted pregnancy suffice. More importantly, it will also provide them the opportunity to avoid falling victims to quack medical practitioners.

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APPENDIX I

QUESTIONNAIRE

Department of Sociology

Caritas University

Amorji-Nike, Emene

Enugu.

Dear Sir/Madam,

INTRODUCTORY LETTER TO THE RESPONDENTS

I am a final year student of the Department of Sociology, Caritas University, Enugu. I am carrying out a study on the determinant of induced Abortion among undergraduate student: A study of University of Calabar.

This study is in partial fulfilment of a requirement for the award of B.Sc. degree in Sociology by the Department of Sociology, Caritas University.

You are humbly requested to give your candid and sincere opinion on the subject matter. Your response will be treated with strict confidence.

Thank you for your co-operation.

Yours sincerely,

Edem, Esther Archibong

SOC/2009/043

APPENDIX II

Please tick (√) or mark (x) and render other necessary comments as appropriate.

SECTION A: SOCIO- DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

1.   Department of Respondent……………………………

2.   Level of Respondent…………………………………..

3.   Sex of respondent

     a.   Male   ( )

     b.   Female   ( )

4.   Age Range of Respondent

     a.   15-19yrs   ( )

     b.   20-24yrs   ( )

     c.   25-29yrs   ( )

     d.   30yrs and above   ( )

5. Religion

    a.   Islam   ( )

    b.   Christianity   ( )

    c.   African Traditional Religion ( )

    d.   Others, please specify ……………………………

6. Ethnic Background

    a.   Igbo   ( )

    b.   Hausa   ( )

    c.   Yoruba   ( )

    d.   others, please specify ……………………………..

7. Marital Status

    a.   Single   ( )

    b.   Married   ( )

    c.   Divorced/Separated ( )

SECTION B: GENERAL KNOWLEDGE OF ABORTION

8. Do you understand the term "abortion?"

   a. Yes ( )

   b. No ( )

9. In your own view what does abortion mean?.. ....

10. What methods of abortion are you aware of... ....

11. Do you support abortion among students?

    a. Yes ( )

    b. No ( )

12. Give reason(s) for your answer…………………………………………..……………………… …………………………………………………………

13. What abortion method do you support from your answer in question 10?…………………………………………

……………………………………………………………………

14. Give reason(s) for your answer………………………………………………………………………

………………………………………………………………….............

....

15. (Female students only) Have you ever been pregnant?

a. Yes ( )

b. No ( )

16. (Male Students only) Have you ever gotten a girl pregnant?

a. Yes ( )

b. No ( )

17. If your answer to questions 15 and 16 is yes, was an abortion procured?

a. Yes ( )

b.   No   (   )

18.   If no, was the pregnancy carried to term?

a.   Yes   (   )

b.   No   (   )

19.   Have you been directly or indirectly involved in an abortion procurement?

a.   Yes   (   )

b.   No   (   )

20.   If yes who conducted the abortion?

a.   Quack/Chemist   (   )

b.   Pharmacists   (   )

c.   Trained Doctor   (   )

d.   Trained Nurse/Midwife (   )

e.   Others specify ……………………………

21.   Where was the abortion carried out?

    a.   In a chemist/Patent drug store   ( )

    b.   In a clinic/maternity home   ( )

    c.   In a hospital   ( )

    d.   Others please specify   ( )

SECTION C: CHARACTERISTICS ON REASONS FOR ABORTION

22.   Do you think that students procure abortion regularly?

    a.   Yes   ( )

    b.   No   ( )

23.   Generally would you encourage induced abortion?

    a.   Yes   ( )

    b.   No   ( )

24.   If "yes" which of the following would be your reason?

    a.   On medical grounds   ( )

b.	On economic grounds	( )

c.	On educational grounds	( )

d.	Others specify please	( )

25.	If "no", which of the following would be your reason?

a.	on religious grounds	( )

b.	On cultural grounds	( )

c.	Others, specify please …………………………………..

……………………………………………………………………

……………………………………………………………………

26.	Do you believe that stigma associated with carrying unwanted pregnancy?

a.	Yes	( )

b.	No	( )

27.	Do you believe that fear of becoming a mother at a tender age can influence individual's desire to terminate an unwanted pregnancy?

a.   Yes   (   )

b.   No   (   )

28.   Will you recommend abortion to other students or anyone in general?

a.   Yes   (   )

b.   No   (   )

29.   Give reason(s) for your answer

…………………………………………………………………………

…………………………………………………………………………

………………………………………………………………

Thanks for your co-operation.