

**AWARENESS OF ABORTION AMONG FEMALE SECONDARY SCHOOL
STUDENTS WITH LEARNING DISABILITIES IN OYO STATE: COUNSELLING
AND SOCIAL POLICY IMPLICATIONS**

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Abstract

Female secondary school students in Nigeria experience mild to severe complications as a result of circumstances that may be related to their level of awareness of safe abortion. Studies on awareness of abortion and factors associated with awareness of safe abortion are limited, notably among secondary school students with learning disabilities in Southwestern Nigeria. Therefore, this study investigated the awareness of abortion among female secondary school students with learning disabilities. The counselling and social policy implications of knowledge of abortion on education stakeholders were also highlighted. The study employed a descriptive research method. A multistage sampling procedure was adopted. Random sampling technique was used to select four secondary schools located within Oyo West Local Government Area of Oyo State. Thereafter, 200 female secondary school students with learning disabilities within the age range of below 15–20 years and above were purposively selected from the four selected secondary schools. Data were collected using two instruments namely, Screening Checklist for Suspected Learning Disabilities by Herriot (2004) ($r = 0.81$) and a researcher designed Questionnaire on Female Students' Awareness of Abortion ($r = 0.74$). Data were analysed using descriptive statistics of frequency counts, percentages and means. The result revealed that the majority of female secondary school students with learning disabilities 183 (91.5%) had above average level of awareness of abortion. Respondents had a low awareness of selected factors associated with safe abortion. Also, (82%) of the respondents confirmed not having ever committed an abortion. Based on the findings, it was recommended among other things, that stakeholders such as counselling psychologists and special educators should provide adequate reproductive health education and counselling to female secondary school students with learning disabilities.

Keywords: Students with learning disabilities, safe abortion, contraceptives, sexuality education, reproductive health services

Introduction

An abortion is defined by the World Health Organization (WHO) as the termination of pregnancy before 20 weeks gestation (eMedicineHealth, 2021). Although, some developed nations such as the United States of America and the United Kingdom have legalized abortion (Alamieyeseigha & Kpolovie, 2013), many countries have not. In Nigeria, abortion is prohibited and regarded as a criminal/illegal offence except for remarkably few life-saving situations where the life of a pregnant woman is in danger in Nigeria (Yakubu, 2002, Okoye, 2006). Three kinds of abortion are spontaneous abortion (the natural type, which is also known as a miscarriage), therapeutic abortion (a life-saving abortion) and induced abortion (also tagged ‘criminal or illegal’ abortion) (Okoye, 2006). Induced abortion is an artificial or intentional termination of pregnancy using any of the numerous methods such as self-prescribed drugs and herbs against the law of the country (Okoye, 2006).

Incidence of unintended pregnancies and complications of induced abortions are high globally in countries with low and middle incomes and in places where abortion is restricted. An estimated 121 million unintended pregnancies occurred each year between 2015 and 2019. Out of these unintended pregnancies, 61 percent ended in abortion. This translates to 73 million abortions per year (Guttmacher Institute, 2020). It was reported that 91.73 percent of government hospitals and 97.58 percent of private hospitals in Nigeria have attended to patients suffering from abortion complications on an annual basis (National Population Commission Federal Republic of Nigeria, 2014). Kpolovie and Oguwike (2018) reported that according to Guttmacher Institute (2009), out of the 610,000 abortions handled in hospitals in Nigeria, abortion by non-physicians are about 366,000 annually while only 244,000 abortions are performed by professionals or physicians annually. Besides, the abortion cases in Nigeria annually are not less than 30,500,000 (made up of the officially reported 366,000 and the unreported 30,134,000 abortion cases in Nigeria annually) (Kpolovie, Oshodi & Iwuchukwu, 2017; Kpolovie, 2012; World Health Organization, 2004).

According to extant literature on abortion-related experiences of adolescent girls conducted by Espinoza, Samandari and Andersen (2020), 15% of all unsafe abortions are performed by girls under 20 years of age. These researchers found that adolescent girls may have knowledge of abortion in general but they lack specific knowledge of sources of care and delay care-seeking due to the fear of stigma, lack of resources and provider bias. Hence, there is need to provide adolescent girls with accurate information about safe abortion at an early age. Adolescent girls also need a responsive and stigma-free health system (Espinoza, Samandari & Andersen, 2020).

A study conducted in Ibadan, Southwestern Nigeria by Cadmus and Owoaje (2011), revealed that 79.1 percent of the respondents knew that unsafe abortion is associated with increased risk of contracting HIV/AIDS, while 90.4 percent knew that infertility was a complication of abortion and 85.4 percent knew death was a possible complication. Cadmus and Owoaje (2011) showed that a large number of the respondents (60.7 percent) had undergone abortion only once. Also, 81.2 percent of the respondents knew that unsafe abortion could be associated with bleeding. The respondents also reported that the abortions were performed sometimes by a doctor, a chemist, by friends, or even by family members.

Another study conducted by Abiola, Oke, Balogun, Olatona and Adegbesan-Omilabu (2016) in Lagos, Nigeria involved 206 secondary school students aged 10-19 years. The researchers found that 83.3 percent of the respondents had good knowledge of abortion, while respondents within the age of 10 and 14 years showed more likelihood of understanding the legal indications and methods of abortion than those aged 15-19 years. It was also reported that the respondents who knew that any pregnancy can be aborted notwithstanding the gestational age were just 38.8 percent. With respect to the sources of information about abortion, the respondents indicated that they obtained information about abortion mostly from their friends, followed by mass media, family, other sources, the church and the Internet. In this study, 77.2% of the respondents knew that abortion could lead to infertility; a very large proportion of the respondents (96.6%) in this study knew that abortion could lead to death.

The findings of the study conducted by Abdissa, Aklilu, Admasu, and Girma (2019) among 483 female students in Debre Markos University, Northwest Ethiopia revealed respondents' reasons for undergoing an abortion. Respondents who stated that they performed abortion for reasons related to their education were 53.8 percent; due to rape cases were 28.21 percent, those that were not ready to have the child were 10.26 percent, for reason of low social-economic status there were 5.13 percent, while the respondents who stated that the abortion was done as a result of physical and mental problem encountered were 2.60 percent. The findings of the study showed that many of the respondents (58.8 percent) were not knowledgeable about liberalised safe abortion in Ethiopia. The writers concluded that there is the need to create more awareness about safe abortion among the university students.

The submissions of Osakinle, Alokun and Ayodele (2015) cited by Osakinle and Akeredolu (2019) who conducted a study involving female adolescents in secondary schools in Ekiti State, Southwest Nigeria sheds more light on the discourse. According to the researchers, poor reproductive health knowledge leads to unwanted pregnancy, unsafe abortion and sexually transmitted diseases among female adolescents in secondary schools in Ekiti State, Southwest Nigeria. It has also led many female adolescents to drop out of school. A large number of female adolescents in secondary schools have a poor understanding of their reproductive health, others harbour misconceptions such as the belief that pregnancy cannot occur during the first sexual episode and that if pregnancy occurs, no harm will be incurred by terminating the pregnancy.

A survey in Nepal by Singh, Sah, Kushwaha and Bajgain and Chaudhary (2019) revealed that 45.6 percent of female adolescents had high awareness regarding safe abortion. The socio-demographic factors such as marital status, level of education and family income were the factors that had independent associations with the level of awareness of safe abortion among the respondents. The married adolescents had a higher level of awareness of safe abortion than unmarried adolescents, respondents with secondary school education and more had a higher awareness of safe abortion than those who had primary or lower secondary education. This finding agrees with that of Reardon (2008) and Agbakwuru and Ekechukwu (2009) who observed that several unmarried females who seek abortion do so under high secrecy and confidentiality which make them seek the service of quacks under no safe conditions, consequently resulting in a high risk of complications and even death most times. Fisher (2008) and Reardon (2008) explained that most unmarried females are coerced into abortion because of lack of emotional support from parents and partners (boyfriends), threat to withhold love by parents and partners, the shame of not being married, the shame of being stigmatized by classmates, including other social, financial, educational and health reasons.

According to Okoye (2006) Olotu (2006), Welch (2010) reports, abortion could lead to an induced prolonged depression, self-condemnation, anger, aggressiveness, regret, sadness, deep feeling of shame and hopelessness, acute grief and guilt, suicidal tendencies, low self-esteem, hatred and non-forgiveness of self and partner, secret torture and hunt of the irreparable past and thoughts of the “would be birth” of the aborted foetus. Agbakwuru and Ekechukwu (2009) similarly identified that the physical problem emanating from abortion include the damage of cervical and uterine muscles which may later result in the perforation of the uterus, infections, haemorrhage, blood clotting disorder,

inability to conceive and bear children in the future (barrenness), and ectopic pregnancy. Other possible consequences of induced abortion include a 17.5% chance of future miscarriages, 24.3% chance of complications during future pregnancies, menstrual disorder, fever, insomnia, loss of appetite, weight loss, tiredness, vomiting, gastrointestinal disorders, frigidity and decreased work capacity (National Statistical Service, Ministry of Health, and ICF, 2017).

Against this background, this study is driven by the passion towards students with learning disabilities especially with respect to their awareness of abortion. These female students are expected to be securely healthy in a supportive environment leading to a productive life. In our society, however, families and schools are constantly influenced by differences in cultural and religious beliefs and practices, resulting in failure to meet school-set goals, erosion of family obligations, and a drop in positive sexual behaviours. One of the ways to accomplish this vision is, therefore, to investigate awareness about abortion among students with learning disabilities with special emphasis on counselling and social policy implications.

Purpose of Study

Specifically, this study was conducted to accomplish the following purposes.

1. Investigate the level of awareness of abortion among female students with learning disabilities towards abortion in Oyo West Local Government Area, Oyo State.
2. Examine the selected four factors that could affect female students with learning disabilities' awareness of abortion in Oyo West Local Government Area, Oyo State.

Research Questions

The following research questions were raised and answered to guide the study:

Research Question 1: What is the level of awareness about abortion among female students with learning disabilities in Oyo West Local Government Area, Oyo State?

Research Question 2: What are the factors that affect the awareness of abortion among female students with learning disabilities in Oyo West Local Government Area, Oyo State?

Methodology

The study employed a descriptive research design whereby questionnaire consisting of a series of questions were administered to the respondents for the purpose of gathering information from them. A multistage sampling procedure was adopted. First, random sampling technique was used to

select four secondary schools located within Oyo West Local Government Area of Oyo State. Thereafter, 200 female secondary school students with learning disabilities within the age range of below 15–20 years and above were purposively selected from the four selected secondary schools. In order to determine which students experience learning disabilities, the class teachers nominated students with low achievement based on academic records. The students with low academic achievement were further screened to identify those who experience learning disabilities using the “Screening Checklist for Suspected Learning Disabilities”. The principals of the participating schools also gave their approval when they were approached. All students who participated in this study voluntarily gave their consent in written form and they were assured of confidentiality of their responses.

Instrumentation

Two instruments were used to collect data for this study namely, (i) Screening Checklist for Suspected Learning Disabilities (SCSLD) developed by Herriot (2004). The adapted version of the SCSLD used for screening in this study has seventy items that address different areas of learning disabilities such as reading, written language, oral language, mathematics, social, memory deficits, attention deficits and executive functions. The items were scored on a 5-point scale with scores ranging from 0 = “never”, 1 = “almost never”, 2 = “sometimes”, 3 = “often”, and 4 = “all the time”. The maximum score that may be obtained is 280 (70 x 4), the higher the score, the higher the likelihood of learning disabilities in the individual. For the purpose of this screening, any score above 140 is suggestive of learning disabilities. A pilot test was conducted and data were subjected to statistical analysis using Cronbach’s alpha and a reliability coefficient of 0.70 was obtained by the researchers.

(ii) The Questionnaire on Female Students’ Awareness of Abortion, which is a researcher designed instrument, has three sub sections. Section A of the questionnaire obtained participants’ demographic information such as age, gender and family type. Section B provided insight to the general level of awareness of female secondary school students with learning disabilities towards safe abortion, while Section C focused on four selected factors that could affect female secondary school students with learning disabilities’ awareness of abortion in Oyo West Local Government Area of Oyo State. A pilot test was conducted and data were subjected to statistical analysis using Cronbach’s alpha and a reliability coefficient of 0.74 was obtained by the researchers. To ensure that the respondents

fill out the questionnaires correctly, the researchers engaged 4 research assistants who assisted with the administration of the questionnaires. On the average, respondents used about thirty minutes to complete the questionnaire. In all, 218 questionnaires were distributed and retrieved but 18 of them were incorrectly filled so those 18 questionnaires were not analysed.

Data Analysis

Data analysis was done using descriptive statistics of frequency counts, percentages, mean and standard deviation. Results were presented in tables and charts in line with the research questions formulated.

Results

The socio-demographic information of the respondents is presented as follows:

Table 1: Showing the socio-demographic information of the respondents

Characteristics	Categories	No. (n = 200)	Percent (%)
Age group	below 15 years	42	21
	16-18 years	80	40
	19 years and above	78	39
Religion	Christian	104	52
	Islam	96	48
Class	J.S. S 2	30	14.5
	J. S.S.3	92	46
	S.S.S.1	78	39.5
Parent Education	Both illiterate	63	31.5
	One literate, one illiterate	116	58
	Both literate	21	10.5

Source: *Field Survey, 2021*

The socio-demographic information of the respondents on Table 1, shows their age group as follows: below 15 years were 42 (21%), 16-18 years were 80 (40%) and 19 years and above were 78 (39%). Based on their religious affiliations, Christians were 104 (52%), while Muslims were 96 (48%). Going by the class of the respondents, students in Junior Secondary 2 were 30 (14.5%), those in Junior Secondary 3 were 92 (46%) and lastly, those in Senior Secondary 1 were 78 (39.5%). The parent education of students shows that those students who have two illiterate parents were 63 (31.5%), those with one literate, one illiterate parent were 116 (58%) and those with two literate parents were 21 (10.5%) in the distribution.

Answering of Research Questions

Research Question 1: What is the pattern of awareness about abortion among female students with learning disabilities in Oyo West Local Government Area, Oyo State? The findings were analysed using descriptive statistics of frequency count to evaluate the observed occurrence and the result is presented on Table 2.

Table 2: Awareness about abortion among female students with learning disabilities

S/N	General Awareness about Abortion	Frequency (F)	Per cent (%)
1.	Have you ever heard about abortion? n= 200		
	Yes	183	91.5
	No	17	8.5
2.	Have you ever done an abortion before?		
	Yes	38	14
	No	154	82
	Others	8	4
3.	Source of abortion information		
	Friends or peers	76	38
	Social media (Facebook, YouTube, Google)	50	25
	Youth Educational Programmes	15	7.5
	Mass Media (Television, Radio, Newspaper)	10	5
	Books / literature	20	10
	Health facilities/ clinics	18	9
	Older/experienced family member	11	5.5
4.	Ways of performing abortion you know		
	Abortion by Surgical procedures	29	14.5
	Abortion by medication / drugs	82	41
	Abortion by traditional practitioners	76	30.5
	Abortion by drinking chemicals	24	12
	I do not know	4	2
5.	Where safe abortion service is conducted		
	Hospital	72	36
	Health centre	53	26.5
	Private clinic	61	30.5
	Home/ Traditional home	14	7
6.	At what gestation age is abortion most preferable?		
	Gestational age less than or equal 9 weeks	87	43.5
	Gestational age greater than or equal 9 weeks	38	19
	At any gestational age of pregnancy	47	23.5
	Before 3 months of pregnancy	28	14
7.	Which Medication / drugs / are used to abort pregnancy?		
	Misoprostol	32	16
	Mifepristol	16	8
	Amoxicillin	66	33
	Ampicillin	12	6
	Methotrixate	65	32.5
	Safe-T	9	4.5

Source: Field Survey, 2021

To answer research question 1, all the 7 questions in Section B of the questionnaire on female students with learning disabilities' awareness about abortion were considered. The respondents who affirmed "Yes" to the question: "have you ever heard about abortion?" were 183 (91.5%). Those who indicated "No" to that question were 17 (8.5%). It was concluded that majority of female adolescents consisting of 183 (91.5%) were aware of what abortion is all about. Concerning the second question: "Have you ever done an abortion before?", the result showed that 38 (14%) respondents replied "Yes", while those who indicated "No" were 154 (82%) and lastly, respondents who ticked "others" were 8 (4%).

Results on the sources of information about abortion show that those who indicated that their source of information about abortion were friends or peers were in the majority -76 (38%), those who indicated that they learnt about abortion via the social media (Facebook, YouTube, Google) were 50 (25%). Those who reported that they got information from: youth educational programmes were 15 (7.5%), from mass media (Television, Radio, and Newspaper) were 10 (5%), from books/literature were 20 (10%), from the health facilities/ clinics were 18 (9%) and from older/experienced family member(s) were 11 (5.5%).

The result to the question "which way of performing abortion do you know?" reveals respondents' opinions about the various ways of performing an abortion as follows: respondents who opined that abortion has to be performed by surgical procedures were 29 (14.5%), abortion by medication/drugs were 82 (41%), abortion by traditional practitioners were 76 (30.5%), abortion by drinking chemicals were 24 (12%) and "I do not know" were 4 (2%). Thus, this study has established that abortion by medication/drugs was rated highest with 82 (41%). The result to the question "where do people conduct safe abortion?", shows that those who indicated that it could be done in the hospital were 72 (36%), health centre were 53 (26.5%), private clinic were 61 (30.5%), and home/traditional home service were 14 (7%). It was concluded from thus, that hospital was rated higher than the other facilities.

Responses to the question "at what gestational age is abortion most preferable?", reveals that gestational age less than or equal 9 weeks were 87 (43.5%), gestational age greater than or equal 9 weeks were 38 (19%), at any gestational age of pregnancy were 47 (23.5%), and before 3 months of pregnancy were 28 (14%). It was alluded that the gestational age less than or equal to 9 weeks was rated highest with 87 (43.5%) responses. Responses to the question "which type of

medication/drugs/are used to abort the pregnancy?” reveal that the amoxicillin drug was rated highest among the respondents with 66 (33%) in the distribution, followed by methotrexates with 65 (32.5%), misoprostol with 32 (16%), mifepristol with 16 (8%), ampicillins with 12 (6%), and Safe-T were 9 (4.5%) responses.

Research Question 2: What are the factors that affect the awareness of abortion among female students with learning disabilities in Oyo West Local Government Area, Oyo State?

Data were analysed using descriptive statistics of frequency count and percentages to evaluate the observed occurrences. Four factors that could affect respondents’ awareness of abortion namely: i. the reasons for the non-use of contraceptives during the sexual encounter ii. the reasons why female students would always opt for an abortion, iii. accessing reproductive health services and iv. the complications of abortion, are presented on Tables 3-6.

Table 3: Showing awareness about non-use of contraceptives during sexual intercourse.

Awareness about non-use of contraceptives n = 200	Frequency	Percent
Lack of awareness	54	27.0
Not prepared for the sexual encounter	20	10.0
Afraid of side effects	15	7.5
Dislike contraceptives	9	4.5
Unavailability of contraceptives	45	22.5
It is unnecessary use contraceptives	32	16.0
Waste of time	25	12.5

Table 3 shows the result of the respondents’ awareness about the reasons for the non-use of contraceptives during sexual encounter. The result stated that 54 (27%) responses chose lack of awareness of safe abortion. Other responses are as follows: not prepared for the sexual encounter were 20 (10%); afraid of side effects were 15 (7.5%); dislike contraceptives were 9 (4.5%), unavailability of contraceptives were 45 (22.5%), unnecessary to use it were 32 (16%), and those in support of it as a waste of time were 25 (12.5%). It was concluded that lack of knowledge was perceived highest with 54 (27%). This result implies that many of the respondents lack average

awareness of non-use of contraceptives during the sexual encounter. Figure 1 further illustrates this result.

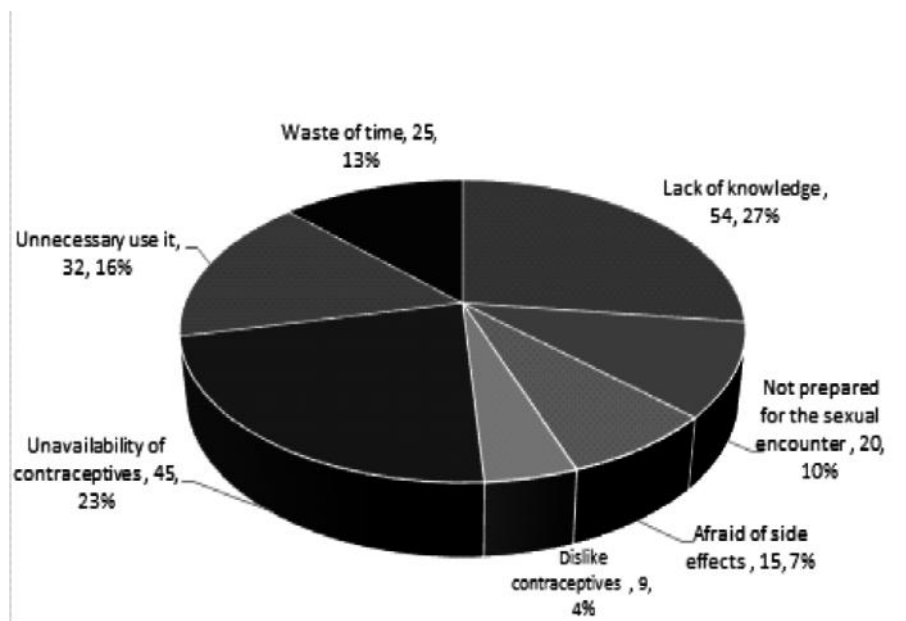


Fig 1: Showing awareness about non-use of contraceptives during sexual intercourse.

Table 4: Showing possible reasons why female students would opt for an abortion.

Why female adolescents would opt for an abortion; n= 200	Frequency	Percent
If pregnancy is due to rape/incest/defilement, forced by partner/parents	18	9.0
If pregnancy endangers the life of the woman or foetus	10	5.0
For a female with physical/mental disabilities	12	6.0
For the lady who is physically or psychologically unprepared	20	10.0
Desire to continue schooling	35	17.5
To avoid shame, stigmatization and dishonour to the family	40	20.0
The partner would abandon me	29	14.5
Fear of society’s reaction	19	9.5
If she is financially unable to raise the child	17	8.5

Table 4 reveals responses to the possible reasons why female students would always opt for an abortion as follows: “if the pregnancy is due to rape/incest/defilement or forced by partner/parents” were 18 (9%), “if pregnancy endangers the life of the woman or foetus” were 10 (5%), “if

a female has physical/mental disabilities” were 12 (6%) and “if the lady is physically or psychologically unprepared” were 20 (10%) responses. Others are: “if the lady has desire to continue schooling” were 35 (17.5%), “to avoid shame, stigmatization and dishonour to family” were 40 (20%), “if a partner would abandon me” were 29 (14.5%), “fear of society’s reaction” were 19 (9.5%), and “if she is financially unable to raise the child” were 17 (8.5%) responses. It was established that the majority 40 (20%), chose “to avoid shame, stigmatization and dishonour to the family” as the reason why they would perceive that abortion is the only available next option for safety (See Figure 2 also).

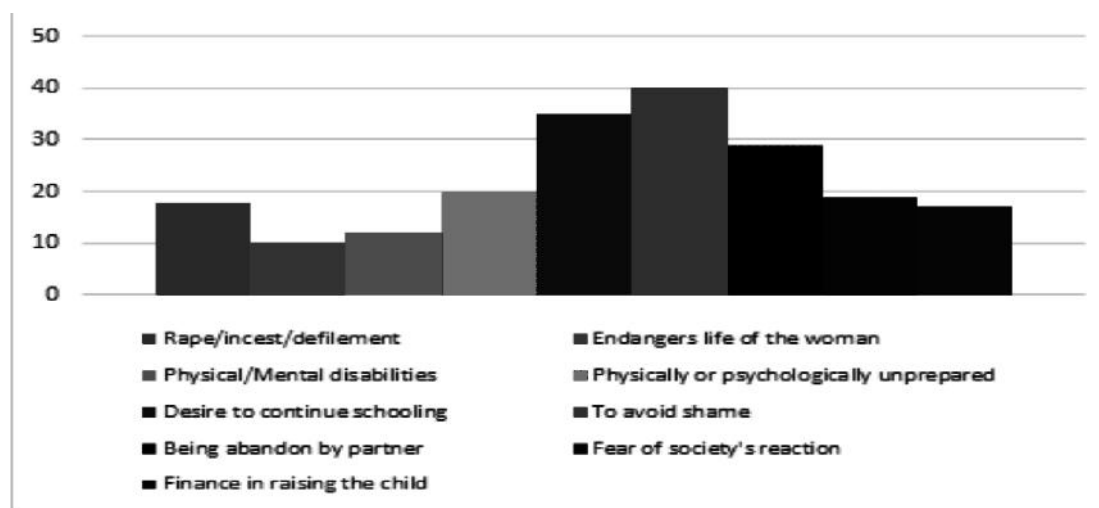


Fig 2: Showing possible reasons why female adolescents would opt for an abortion.

Table 5: Showing student awareness about accessing reproductive health services.

Awareness about accessing reproductive health services;n=200	Frequency	Percent
Lack of awareness about reproductive health services	75	37.5
Fear of discrimination and stigmatization	30	15.0
Difficulty accessing reproductive health facility/ services	42	21.0
Privacy, confidentiality invasion	16	8.0
Fear of arrest and prosecution	22	11.0
Religious and cultural beliefs	15	7.5

The result on Table 5 reveals the various barriers the female adolescents encountered in accessing viable reproductive health services. The barriers include a lack of awareness about reproductive health service, with 75 (37.5%) responses. Other responses are as follows: “fear of discrimination and stigmatization” had 30 (15%) responses, difficulty in accessing reproductive health facility/

services had 42 (21%) responses, privacy, confidentiality invasion factor had 16 (8%) responses, fear of arrest and prosecution had 22 (11%) responses, and religious and cultural beliefs had 15 (7.5%) responses. It was concluded that a lack of knowledge about reproductive health services was rated highest with 75 (37.5%) responses. The result implies that students with learning disabilities had a low awareness about accessing reproductive health services. This has consequences on their overall awareness of abortion. Figure 3 gives further illustration on these results.

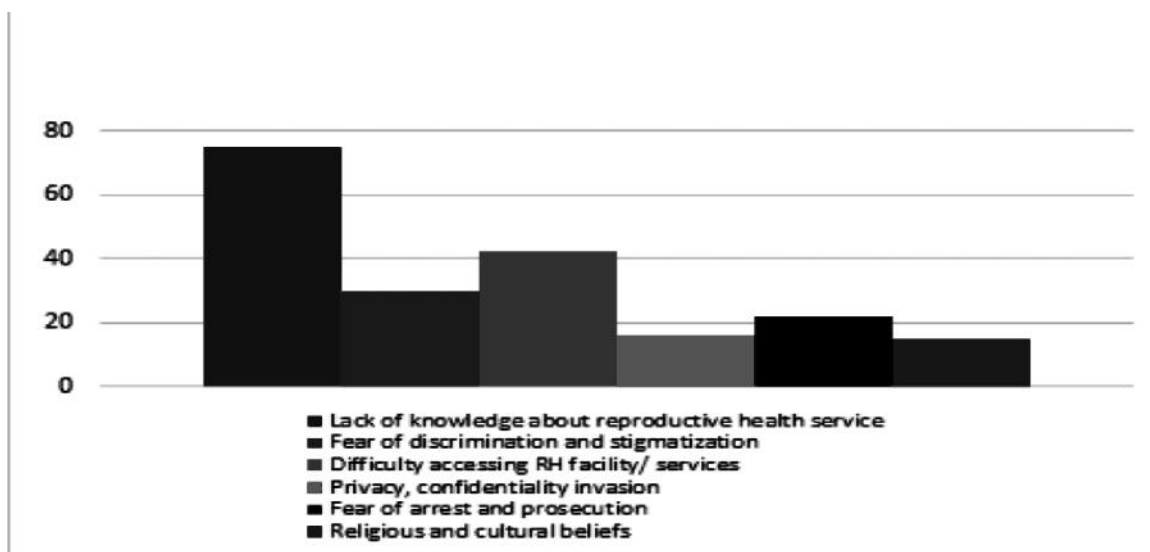


Fig 3: Students’ awareness about accessing reproductive health services.

Table 6: Showing student awareness of complications of abortion.

Awareness of complications of abortion; n= 200	Frequency	Percent
I am aware that abortion can lead to the inability to have children in the future	40	20.0
I am aware that unsafe abortion can lead to death	84	42.0
I am aware that bleeding is a possible complication of unsafe abortion.	37	18.5
I am aware that there is a possibility of contracting HIV/AIDS while obtaining an abortion	30	15.0
I am aware that abortion can lead to infection of the reproductive tract	9	4.5

The result on Table 6 reveals the respondents’ awareness of complications of abortion as follows: “I am aware that abortion can lead to inability to have children in the future” were 40 (20%), “I am aware that unsafe abortion can lead to death” were 84 (42%), “I am aware that bleeding is a possible complication of unsafe abortion” were 37 (18.5%), “I am aware that there is

a possibility of contracting HIV/AIDS while obtaining an abortion” were 30 (15%), and “I am aware that abortion can lead to infection of the reproductive tract” were 9 (4.5%) responses. It was concluded that “I am aware that unsafe abortion can lead to death” as indicated by 84 students (42%) was rated highest. This result implies that students had low awareness about the complications of abortion (See also Figure 4).

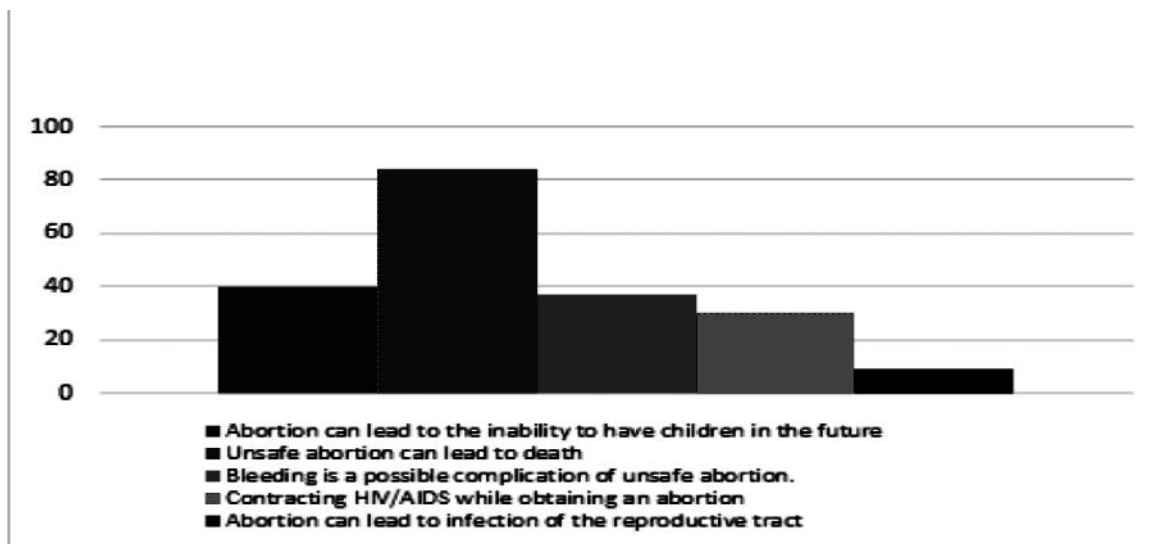


Fig 4: Students’ awareness about awareness of complications of abortion

Discussions

Research question one focused on the level of awareness about abortion among female secondary school students with learning disabilities in Oyo West Local Government Area, Oyo State. The finding of research question one revealed that majority of female adolescents consisting of 183 (91.5%) were aware of what abortion is all about. The finding also indicated that 14 percent of the respondents had undergone abortion at least once. These findings are in tandem with the finding of Singh et al., (2019) that adolescent girls had high awareness regarding safe abortion. The finding corroborates those of Cadmus and Owoaje (2011) who reported that among the undergraduates in the University of Ibadan, Ibadan, Nigeria, 60.7 percent of those sampled had undergone abortion only once. The present finding is also in line with the finding of Abdissa, Aklilu, Admasu, and Girma (2019) who reported that 53.85 per cent of their study respondents had undergone abortion though for reasons related to their education.

The present findings also demonstrate that the most common source of information about abortion among the respondents is friends and/or peers. This finding is in consonance with the finding of Abiola et al., (2016). These writers identified friends as the most common source of information about abortion. They also identified mass media, internet and the rest as obtainable in the present finding. It is notable however, that the present finding revealed that the percentage of respondents who said they learnt about abortion through the social media (Facebook, YouTube, Google) were quite many. This finding has implications for social policy designers in the Nigerian society. The present finding revealed that respondents state that a large number of abortions were performed in the hospitals. This finding contradicts the report of Guttmacher (2009) as cited in Kpolovie and Oguwike (2018) stating that annually in Nigeria; abortions performed by physicians were less than those performed by professionals or physicians.

Research question two examined the four selected factors that affect female secondary school students with learning disabilities' awareness of abortion in Oyo West Local Government Area, Oyo State? Four factors /themes were considered. On the respondents' reasons for non-use of contraceptives during the sexual encounter, the present finding shows that female secondary school students with learning disabilities had low awareness of non-use of contraceptives during sexual encounter. This finding is in agreement with that of Osakinle, Alokun and Ayodele (2015) cited by Osakinle and Akeredolu (2019). According to the writers, adequate awareness of sexually transmitted diseases (STDs) among students in Ekiti State is yet to translate to the awareness of health care services. It appears that this assertion is equally true among the respondents in the present study. More awareness about the use of contraceptives during sexual encounter is highly required.

The second factor and theme which is associated with awareness of abortion among secondary school students with learning disabilities is the awareness about the possible reasons why female students would always opt for an abortion. The finding divulges that most of the respondents in the present study, stated that they would opt for an abortion in order to avoid shame, stigmatization and dishonour to the family. The present finding aligns with the explanations provided by Fisher (2008), and Reardon (2008) stating that most unmarried females are coerced into abortion because of lack of emotional support from parents and partners (boyfriends), threat to withhold

love by parents and partners, the shame of not being married, the shame of being stigmatized by classmates, including other social, financial, educational and health reasons.

Another factor considered with respect to respondents' awareness of abortion is their awareness about accessing reproductive health services. The present finding shows that respondents had a low awareness about accessing reproductive health services. This finding aligns with those of Osakinle, Alokun and Ayodele (2015) cited by Osakinle and Akeredolu (2019) that revealed that female adolescents in secondary schools in Ekiti State, Nigeria have poor understanding of their reproductive health. The fourth factor and theme considered in this study affecting the awareness of students with learning disabilities about abortion is students' awareness of the complications of abortion. The present finding reveals that students had a low awareness about the complications of abortion. This finding corroborates those of Okoye (2006), Olotu (2006), Agbakwuru and Ekechukwu (2009) and Welch (2010) that indicated that students are aware of the negative impact of abortion. The present finding is also in agreement with those of Cadmus and Owoaje (2011) who also revealed that most of the respondents knew about the negative aftermaths of abortion such as bleeding, and the increased risk of contracting HIV/AIDS. The findings of Abiola et al., (2016) stating that respondents have knowledge that abortion could lead to infertility have been upheld by the findings of the present study. However, there is need to continue to provide accurate information to female secondary school students with learning disabilities about the complications of abortion to avoid casualties in future occurrences.

Counselling and Social Policy Implications of the Findings

The findings of this study would assist and encourage more counsellors and special educators to pursue careers in family life and reproductive health counselling. The counselling psychologists should endeavour to provide effective clinical counselling services geared towards educating students on the dangers inherent in unprotected sexual practices and unsafe abortion for young female adolescents. Also, the school counsellor and special educator should equally assist the ministry of education to review and reform secondary school policies so that a school-aged girl who becomes pregnant and finally, delivers a baby can return to school to complete her education in the various institutions of learning without humiliation. Given the outcomes of this study, administrators and teachers of secondary school students would get a better understanding of sexuality and moral education.

The present findings also have implications for social policy decision makers in Nigeria. One vital theme that must be addressed to save the lives of females with learning disabilities and enable them attain success in their endeavours is the provision of necessary educational, psychological, emotional, social and clinical based information to them. To forestall the use of quack health related services by female students with learning disabilities and ensure their safety, the government should provide adequate health care and allied services in the schools. Everyone deserves quality health care services including useful and timely information. If the health care service providers give necessary information about the use of contraceptives to the general public through campaigns and workshops, it is hoped that the awareness level of abortion among students with learning disabilities will improve. More qualified and experienced staffs are needed in the schools, hospitals and social welfare centres to help our youngsters to acquire accurate up to date information about healthy practices. Where an abortion is deemed appropriate, permitted by law and unavoidable by medical experts for instance, if the life of the female is in danger, best equipment, medication and services should be rendered to such female to avoid cheap mortality. Also, the delivery of health care services should be monitored by experts continuously and adequately.

Conclusion

Sequel to the findings of this study, it was concluded that female secondary school students with learning disabilities in Oyo West Local Government Area of Oyo State had above average level of awareness of abortion. It was concluded that students had a low awareness about accessing reproductive health services and lastly, the study outcome reveals that students had low awareness of complications of abortion. Although the present findings indicate that the respondents' awareness about abortion is above average, it was also reported that students with learning disabilities had a low awareness about the four selected factors associated with the general awareness of abortion in the study area. Therefore, there is the need to regularly create awareness at the secondary school level about the how, where and when to perform a safe abortion.

Recommendations

Based on the findings of the study, the following recommendations were made.

Stakeholders in the education sector such as the government, social health workers, school administrators, teachers, parents, counselling psychologists and special educators should provide

adequate reproductive health education and counselling to female secondary school students with learning disabilities. There is the need to improve on stakeholders' provision of welfare services like reproductive health services, especially in the aspect of accommodating teenage girls who get pregnant, drop out of school and are rejected by their parents. There should be more anti-abortion programmes and family life activities by stakeholders.

Continual education on modern contraceptive methods should be encouraged and modern contraceptives should be made available to all females within the category. Religious groups should organize a reproduction health seminar for their followers on female reproductive health issues and eradication of cultural barriers related to the practice of sexual and reproductive issues. Opportunities where young people discuss about sexual and reproductive health issues with their parents, friends and others should be created.

Further study should be conducted on attitude and practice towards induced abortion among secondary school students with learning disabilities.

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