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SUDDEN DEATH IN NIGERIA

PSYCHOLOGICAL PERSPECTIVE

Analysis of causes, grief processes and treatment

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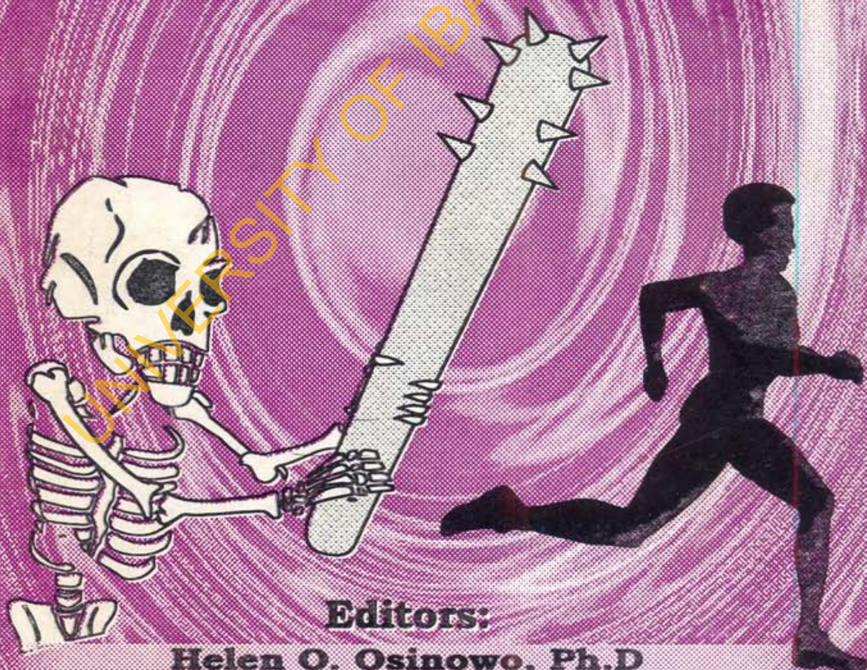

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CHAPTER NINE

ABORTION AND SUDDEN DEATH AMONG ADOLESCENTS IN NIGERIA: A HIDDEN PSYCHOLOGICAL ENQUIRY

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Introduction

The problem of Adolescents is unlimited, and varies from culture to culture, and across several social strata. These problems often emerge due to the unique peculiarity of the adolescent age period as a time of exploration and experiment, which often place them at risk for environmental contamination. Often times, these problems are avoidable, but due to insufficient social empowerment, lack of knowledge and experience, most of these problems remarkably leave behind a debilitating consequence on the adolescent.

The problems of adolescent include early and unprepared sexual experiences, which place them at great risk for unwanted pregnancy and unsafe abortion; substance abuse, sexual violence and armed robbery.

Adolescents comprise 20% of the total world population and over 85% of this number live in developing countries. The adolescent population in developing countries is burgeoning, with the number of urban youth growing at a projected 600% between 1975 and 2025 (WHO, 1997). In Nigeria, the adolescents' population is about 25%, with a projected increase of 150% in 2025 (NPC, 1991).

One major issue, which has continued to arouse and heighten the concern and anxiety of parents and researchers as well, is the careless and unprotected sexual behavior of the adolescents. These anxieties are connected with the high incidence of Sexually Transmitted Disease (STD); unwanted pregnancies and the consequent case of abortion, which is dramatically prevalent among adolescents (Buga, Amoko & Ncayiyana; 1996). The recent endemic proportion of the Acquired Immune Deficiency Syndrome (AIDS) has further heightened these worries (NASCP, 1999).

The focus among stakeholders as well as researchers now is how the AIDS scourge can be eradicated, thereby undermining the twin grievous health problems posed by incessant Adolescent Abortion.

Health Risks of Adolescent Abortion

The health risks associated with illegally induced abortions are known to be extremely high. Over one hundred potential complications have been associated with abortion and these can be subdivided into minor and major complications. The minor complications

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include: minor infections, bleeding, fevers, chronic abdominal pain, gastro-intestinal disturbances, vomiting and Rh sensitization (Reardon, 1987). Nine most common major complications are: infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury and endotoxic shock (Reardon, 1987).

Available evidence suggests that, globally, about 25% of maternal deaths may be due to illegal abortion (IA) (Lisken, 1980). In a survey of maternal deaths in Nigeria, 33% of the maternal deaths registered were caused by illegally induced abortion (Ogunniyi and Faleyimu, 1991). In a community survey in Ethiopia it was found that the main cause of maternal mortality was septic abortion, accounting for 54% of direct obstetric deaths (Kwast et al., 1986).

While exact figures are unavailable, evidence suggests that a large percentage of the estimated 200,000 maternal deaths each year due to abortion complications occur among young women in different parts of the world. The Alan Guttmancher institute (1998) estimates that between 36 and 51 million abortions were performed in 1987. Of these about 10 – 20 million were illegal. Between 10 – 20% of those abortions probably involved adolescent women, who because of their generally limited access to contraceptives may have higher rates of abortion than older women.

Approximately 2 million adolescents in developing countries undergo unsafe abortions each year (The World's Youth Bureau 1996). Unsafe abortion is a major cause of maternal mortality. The risk of death from unsafe abortion may be 100 – 500 times higher than from legal and safe abortions. In hospital studies in sub-Saharan Africa, adolescents accounted for 30 – 80 percent of all abortion complications including sepsis, hemorrhage, incomplete abortion, uterine perforation and cervical trauma which can lead to infertility, chronic morbidity and an age long psychological trauma, if not a short term suicide.

The Nigeria Situation

In Nigeria, unsafe abortion has been identified as an important challenge associated with women's reproductive health. Induced abortion currently accounts for 20,000 of the estimated 50,000 maternal deaths that occur in Nigeria each year (Population Report, 1995). Hospital based studies have shown that in Nigeria up to 80% of patients with abortion related complications are mainly adolescents.

Approximately 21 million Nigerians – more than 20 percent of Nigeria's population – are under the age of 10 and 19 years (NPC, 1991). Median age at first intercourse is just over 16 years, ¾ of a year earlier than median age at marriage. By age 18 and 20 approximately 63% and 80% respectively of these women have experienced intercourse. 70% of adolescents are genitally sexually active by age 19. Less than 5 percent use condoms regularly for the prevention of pregnancy and sexually transmitted diseases. Fertility rates for 15 – 19 year old is 144 births per 1,000 births, while for 20 – 24 year olds it is 267 births per 1,000 births. When an adolescent has an unwanted pregnancy, available evidence showed that over 80 percent seek the option of an induced abortion. Abortion, though illegal in Nigeria, is still rampant

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and teen's account for 80% of unsafe abortion complications treated in hospitals (Federal Ministry of Health and Human Services, 1994). A study in one teaching hospital found that 72% of the patients hospitalized for abortion complications were less than 20 years (Archibong, 1991). About 40% of women with septic abortion in another teaching hospital between 1981 and 1985 were aged between 12 and 20 years (Adekunle and Ladipo, 1992).

A study of sexual activity among adolescent females in Lagos showed that 24 percent of sexually active respondents had at least one life time abortion (Oloko & Omoboye, 1993) and only 48 percent had the procedure performed by a medical doctor. To date estimates indicate that of the 20,000 abortions related deaths that occur in Nigeria annually, over 50 percent occur in adolescents.

The Psychological Question

It is apparent that the health risks involved in abortion, whether legal or illegal, are enormous. While immediate complications of abortion are usually treatable, these complications frequently lead to long-term reproductive damage of a more serious nature. Another possible outcome of abortion related infection is female infertility and the aftermath psychological trauma from this may be innumerable. Researchers have reported that 3 to 5% of women who had undergone abortion previously will be unable to be pregnant again as a result of the operations latent morbidity (Reardon, 1987; Wynn & Wynn, 1973). Also women who acquire post-abortal infections are five to eight times more likely to experience entopic pregnancy (Chung et al, 1981; Levin, et al, 1982). Women under 17 years of age face twice the normal risk of suffering cervical damage due to the fact that their cervixes are still "green" and developing (Schulz, et. al, 1983; Wadhera, 1980). Research has also shown that among teenagers who aborted their first pregnancy, 66% subsequently experienced miscarriages or premature birth of their second wanted" pregnancy (Russel, 1974). Finally, due to the fact that these problems in pregnancy pose a threat to the mother, aborted women face a 58% greater risk of dying during later pregnancies (Reardon, 1987).

In the area of psychological responses to abortion, researchers have found "relief" as the only positive emotional attribute. And this is understandable because most people find there is pressure to get this over with (Francke, 1978; Reardon, 1987). This is frequently followed by a period termed emotional paralysis or post-abortion numbness by psychiatrists (Kent et. al, 1977). Studies carried out within the first few weeks after the abortion have found that between 40 – 60% of women questioned report negative reactions (Ashton, 1980; Reardon, 1987; Zimmerman, 1977). The study also found that within 8 weeks after their abortions, 55% expressed guilt, 44% complained of nervous disorders, 36% had experienced sleep disturbances, 31% had regrets about their decision and 11% had been prescribed psychotropic medicine by their family doctor (Ashton, 1980).

In another study of 500 aborted women, 50% expressed negative feelings, and up to 10% were classified as having developed "serious psychiatric complications" (Friedman et. al, 1974).

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In another study that was comprised of teenage abortion patients, findings showed that half suffered a worsening of psychosocial functioning within 7 months after the abortion. The immediate impact appeared to be greatest on patients under 17 years of age and for those with previous psychosocial problems. Other psychological reactions found among these adolescents included self-reproach, depression, social regression, withdrawal, obsession and anxiety with the need to become pregnant again and hasty marriages (Wallerstein, et. al, 1972), which makes them to be afraid, embarrassed or unwilling to take precautions against subsequent sexual activity. Adolescents who become pregnant often face a variety of psychological and social barriers to good reproductive health, which may complicate the existing psychological effect of her unwanted pregnancy. These barriers include inability to have access to safe abortion services due to restrictive laws and policies and due to societal stereotype towards a young pregnant woman. Abortion is illegal in most of Nigeria and abrogation of this could lessen the psychological consequences, which follows the illegal and hidden abortion act of the adolescent woman.

An unmarried pregnant adolescent finds that there is no one she can turn to and has to face this dilemma alone, without support from her family, partner and peers. Adolescents in developing countries may have up to 4.4 million of such illegal and unsafe abortions each year and a disproportionate number of psychological traumas that ensued may be unprecedented. The lack of funds and the tendency to get risk abortions from non-professional providers debase their self-identity and self-images. Adolescent developmental issues are closely linked with their self-images. A more complete understanding of these processes occurring within a backdrop of induced abortion may enhance our knowledge about the psychological effect of adolescent abortion in Nigeria, especially when little or nothing is known about these pressing social phenomena.

Abortion and Sudden Death

One of the consequences of abortion is suicide: In the 1960's, when abortions were available only for "therapeutic" reasons, it was not uncommon for persons with the means and know-how to obtain an abortion on psychiatric grounds. In some places, all that was necessary was to find an agreeable psychiatrist willing to diagnose every woman with a problem pregnancy as "suicidal".

Yet all the studies done on this issue showed that pregnancy is actually correlated with a dramatic decreased rate of suicide compared to non-pregnant women. This has led some psychiatrists to suggest that pregnancy somehow serves a psychologically protective role. The presence of another person to "live for" appears to reduce the suicidal impulses of a mentally disturbed or deeply depressed woman (Reardon, 1987).

Although pregnancy weakens suicidal impulses, there is strong evidence that abortion dramatically increases the risk of suicide (Reardon, 1987). According to a 1986 study by researchers at the University of Minnesota, a teenage girl is 10 times more likely to attempt suicide if she has had an abortion in the last six months than is a comparable

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teenage girl who has not had an abortion. Other studies have found similar statistical significance between a history of abortion and suicide attempts among adults. Thus, the actual data suggests that abortion is far more likely to drive an unstable woman to suicide than is pregnancy and childbirth.

This abortion/suicide link is well known among professionals who counsel suicidal persons. For example, Meta Uchtman, director of the Cincinnati chapter of Suiciders Anonymous, reported that in a 35-month period her group worked with 4000 women, of whom 1800 or more had abortions. Of those who had abortions, 1400 were between the ages of 15 and 24, the age group with the fastest growing suicide rate in the America (culled from the internet).

Sometimes a post-abortion suicide attempt is an impulsive act of despair. For example, 18-year-old "Susan" writes:

"Two days after the abortion I wrote a suicide note to my parents and boyfriend. I just couldn't fathom how I could possibly live with the knowledge of what I had done. I killed my own baby! I went down to the basement and figured out how to shoot my father's pistol. Hysterical and crying I put the barrel of the gun into my mouth. All of a sudden I heard someone upstairs. For some reason my father had stopped by to pick up something. I stopped what I was doing and went upstairs. He saw that I was upset and asked me if I wanted to have lunch with him at noon. I felt I at least owed him lunch. By the time lunch was over I was too scared to do it" (culled from the internet).

Other times, the suicidal impulses result from years of repression, depression, and lose of self-esteem. A 1987 study of women who suffered from post-abortion trauma found that 60 percent had experienced suicidal ideation, 28 percent had attempted suicide, and 18 percent had attempted suicide more than once, often several years after the event (Reardon, 1987).

Sadly, in at least one documented case, an 18-year-old committed suicide three days after having a suction abortion because of guilt feelings over having "killed her baby". Later examination of the clinic's records revealed that she had not actually been pregnant.

Perhaps one reason for the strong abortion/suicide link exists in the fact that in many ways abortion is like suicide. A person who threatens suicide is actually crying out for help. So are women who contemplate abortion. Both are in a state of despair. Both are lonely. Both feel faced by insurmountable odds.

Some "right-to-die" groups argue that it is right to legalize suicide and even create suicide clinics where facilitators would ease people through their suicide decisions. If we did so, there would be no shortage of desperate people willing to exercise their "freedom to choose". Promised a "quick, easy and painless" solution to their problems, suicide rates would skyrocket just as abortion rates did in America in the 1970's (Reardon, 1987).

Like the suicide clinics described above, abortion clinics also exploit desperate people. They promise to release clients from the darkness of their despair. They appeal to our consumer society's demand for instant solutions to all our problems. They pose as places of compassion, but they are actually reaping huge profits through the harvest of the

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lonely, frightened, and confused people who are "unwanted" by society. In place of life, they offer the "compassion" of death.

Granting the wish for suicide or abortion is not an aid to desperate people. It is abandonment. It is a false compassion that protects us from getting entangled in the "personal problems" of others. It is "cheap love".

To those who look deeply, and care deeply, it is clear that people who express a desire for suicide or abortion are really crying out for help. They are crying out for the support and encouragement to choose life, cherish life, and rejoice in life. They are crying out for an infusion of hope.

Just as a suicidal person is crying out for help when she tells others she wishes she is dead, so a women who is distressed over a pregnancy is crying out for help when she tells others she is considering abortion. In both cases, the desperate person is reaching out in the hope that someone will announce they truly care, and will truly help them. They need to see the value of life, their own as well as their child's, reflected in the love of those who would help them preserve that life. They need to hear that they are strong enough to triumph in the life that is theirs, and that whenever they grow weak, we will be there to strengthen them and even carry them.

This requires us to engage in "costly love", a love that demands a real sacrifice of time, energy, and resources. Anything less, they will interpret, as "You don't really care". Anything less, and they will be right. There is no literature on suicide and abortion in Nigeria, but it is opined that a serious psychological effects of abortion particular among adolescent exists and may be seriously under reported. We perceived that many young adults and adolescents are groaning silently and wished to be succored. The psychological effect of illegal abortion is more devastating and more debilitating than the transient act of abortion.

Conclusion

Some decades ago in Nigeria, benevolent agencies with access to limitless resources generously funded research. Many of such agencies still abound: the Rockefeller; McArthur fund for Leadership in Nigeria; the Harvard initiative, etc. All these agencies have extensively provided both financial and logistic support to studies involving adolescent reproductive health; yet research fund has not been enough, hence the need to defined priorities, which is the main aim of this write-up. It is identified that, the psychological effect vis-à-vis healthy adult adjustment to fertility and reproduction and the prevention of sudden death through suicidé of the adolescent is a research priority. It is therefore advocated that the prosecution of these identified priorities as they relate to psychological aspect of adolescent abortion be embarked upon from a collaborative, multidisciplinary perspective involving clinical psychologist, other mental health professionals, obstetric and gynaecologist, community physician, health educators, sociologist, police, criminal justice officials etc. This approach will further facilitate the dissemination of the results/outcome of such projects. A small research team already existed in the department of psychology, University of Ibadan, who is devoted to the study of diverse

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psychological consequences of abortion among adolescents and young adults in Nigeria and will welcome suggestions and collaboration.

Summary
In the last decade, the importance of the adolescent girls in economic participation and empowerment has been recognized by several international summits, including the 1993 UN Conference on Human Rights, yet the adolescent girl is saddled with quite a number of social problems which limit her chances in the aspiration of this inevitable economic empowerment. These problems include, unwanted pregnancy and high incidence of illegal abortion and despite several efforts in documenting the pattern of this phenomenon; less efforts have been made to address the complicating psychological trauma of abortion, which may result in sudden death. This article evaluates the research priorities inherent in the psychological consequences of adolescent abortion.

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