Young people’s perceptions about abortion in Southwest Nigeria: Findings from formative audience research [version 1; peer review: 1 approved with reservations, 1 not approved]

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Abstract

Background: Community dialogue around abortion in Nigeria often revolves around legality and morality. Termination of pregnancy is a criminal offense except in instances where the mother's health is in jeopardy. Young people bear a huge burden of adverse outcomes from induced abortions in Nigeria therefore viable interventions are needed. This study explored adolescents and young people's perceptions about abortion in three selected states in southwest Nigeria.

Methods: This study is part of larger formative audience research (FAR) to gather information about the lives of married and unmarried adolescents and young persons in the study area to support the development of understandable, high-quality, and culturally appropriate radio serial dramas in the local language (Yoruba). We conducted 16 focus group discussion sessions that included questions on abortion among eligible male and female participants aged 15 – 25 years. This section of the discussion guide on abortion consisted of a set of open-ended questions posed concerning the vignette of a young girl who was seeking to terminate a pregnancy. All discussions where transcribed verbatim and analyzed by thematic content analysis using ATLAS.ti 8 software.

Results: Young people indicated that the general public looks unfavorably on abortion. However, personal opinions were likely to be based on whether the person was directly involved, as female participants were more open to the issue than males. Some female participants also indicated that compared with adults, young people had greater negative experiences when procuring abortion ranging from higher cost to stigmatization.

Conclusions: In a background of restrictive abortion laws, negative societal perceptions about abortion and adverse outcomes associated
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with illegal abortion, young people are the most at risk of the harmful outcomes of procuring abortion in Nigeria. More innovative approaches are required to promote healthy sexual and reproductive health (SRH) among young people in Nigeria.

Keywords
Adolescents and young people, Abortion, Termination of pregnancy, Formative audience research, southwest Nigeria

This article is included in the African Population Health Research Center gateway.
Introduction
Nigeria still records one of the highest rates of abortions globally, with an average of 25 per 1000 women of reproductive age (Ono-Aghoja, 2010), and an estimated 1.25 million abortions annually (Bankole et al., 2015). Induced abortion is usually a last resort while trying to deal with unintended pregnancy in about 56% of cases (Bankole et al., 2015). Young people bear the greatest burden of induced abortions. In a study conducted in Ogun State, Nigeria, among abortion seekers, 43% of the women presenting for repeated induced abortion were 15–24 years (Lamina, 2015a). This high proportion also indicates that they might not have received adequate post-abortion care and counseling that should have included offering them contraceptives. Furthermore, young people often do not have the financial means to procure abortions and are left with no other option than to obtain abortion services from non-qualified persons at lower cost (Olaide & Aderibigbe, 2014). Unsafe abortion is a very important cause of maternal mortality in Nigeria, and is estimated to account for about 11% of maternal deaths in the country (Wekesah & Izugbara, 2017).

Equally, induced abortion is more common in urban areas, mostly due to access to more health facilities and illegal abortion service providers as well as the increased economic pressure of urban life (Lamina, 2015b).

Abortion laws in Nigeria are restrictive; a termination of pregnancy is a criminal offense except in instances where the mother’s health is in jeopardy. Therefore, community dialogue around the issue of abortion often revolves around legality and other social issues. Studies show that community members generally perceive induced abortion to be a common practice, especially in southwest Nigeria (Ajayi et al., 2016; Oye-Adeniran et al., 2005). However, some cultural disapproval of induced abortion is present as it is perceived as the killing of a fetus or potential human being (Jegede & Odumosu, 2003). This further constrains young people with an unwanted pregnancy to procure abortions from non-health professionals and in unsanitary environments. Moreover, the use of local abortifacients including bitter leaf water, herbal concoctions, lime, potash, ogogoro, (a local alcoholic gin) or other drinks such as salt and vinegar and so on frequently result in failed attempts or incomplete expulsion of the fetal products with dire consequences for the health of the pregnant woman (Oye-Adeniran et al., 2005). Unfortunately, these “home remedies” have wide appeal among adolescents because they can be self-administered, often away from the prying eyes of other family members.

Population Media Center (PMC), an international non-profit organization that specializes in the development and implementation of communication programs for social change, planned the production of a new radio serial drama in the Yoruba language for southwest Nigeria to address issues of family planning, post-abortion care, and gender-based violence. In this regard, formative audience research (FAR) among married and unmarried youth in SW Nigeria was conducted to gather information about their attitudes and opinions concerning reproductive health (including abortion), and their perspectives and needs with regard to reproductive health information and services. The findings were used to help in developing understandable, high-quality, and culturally appropriate radio serial drama. Here, we report specifically on youth’s attitudes and opinions regarding abortion and abortion-related information and services.

Methods
This formative audience research (FAR) was a descriptive study that utilized qualitative research methods. The study was conducted in two local government areas (LGA) each in Ogun state (Abeokuta South and Odeda LGAs), Ondo state (Akure South and Akure North LGAs) and Oyo state (Ibadan North and Lagelu LGA); these are three of the six states in the southwest Nigeria geopolitical zone. In each study state, two LGAs, one predominantly urban and the other predominantly rural, were selected. The study states are the selected broadcast states for the proposed serial radio drama. The study LGAs were purposively selected from a list of predominantly rural and urban LGAs in the study states to represent the diverse radio listenership in the study states. Focus group discussions (FGD) were conducted with adolescents and young persons. Married, cohabiting or unmarried adolescents and young persons aged 15–25 years were eligible to participate in the study provided that they had spent one or more years in the study states. A constructivist/interpretivist research paradigm was adopted in this research to identify topics within abortion from the experiences of young people.

Discussants were purposively selected to participate in the discussion sessions from communities within the study LGAs. Each FGD session had between 8 – 10 discussants; discussants were identified with the help of local community mobilization officers and community leaders who were familiar with the community members. The community mobilizers – who are usually very familiar with members of their communities – contacted persons who broadly fell into the study eligibility criteria a few days before each scheduled discussion session. On the day of each scheduled discussion session, the invited participants were reached by phone call to confirm their attendance and sessions were commenced once the minimum number required per session was achieved. Homogeneity of the various discussion groups was ensured in terms of age (15 – 19 years and 20 – 25 years), sex and marital status. In all, 16 FGD sessions were conducted to provide insights into issues around abortion in the study communities.

The tool for the study was developed around a vignette of a young woman who had gotten pregnant out of wedlock (see extended data (Arije et al., 2020a)). However, the study guide also contained other questions that were relevant to other components of the larger formative audience research. The discussants were asked to provide their opinions about likely community attitudes towards the young woman in the vignette and underlying reasons for these attitudes. Research assistants were recruited among postgraduate students of medicine and social science of Obafemi Awolowo University, Ile-Ife, Nigeria.
Training was conducted for the research assistants at a central location to ensure a common understanding of and familiarity with the instruments, and the techniques to be used. The training utilized didactic lectures, demonstrations, and role-playing to reinforce learning. Also, the research assistants had an opportunity for hands-on data collection and field procedures during the pre-testing of the methodology and instruments.

Discussions were held in the local language (Yoruba), pidgin English or English as appropriate for the discussants. All sessions were recorded with digital audio recorders. Recordings were transcribed verbatim and where Yoruba or pidgin English were used, these were translated into English but slangs and peculiar words were preserved as originally spoken. All transcripts were proofread comparing them with the recordings by persons different from those that conducted the transcription to confirm accuracy and correctness. All audio recordings are deleted from the recording device after copying out the recorded session. Recorded sessions were stored in a password protected computer. All transcribers and proof-readers were required to delete audio recordings and transcripts after they were returned to the researchers. We will archive the audio recordings for three years before deleting them permanently. All transcripts were de-identified to remove any personal identifiers.

An analytical framework and codes (including a code dictionary) were developed. Applying thematic content analysis, the ATLAS.\textit{it} 8 software was used for coding the transcripts. In all, five qualitative data analysts conducted the coding of the transcripts of this research. At the onset of coding, a code dictionary was developed from codes emerging for coding a randomly selected transcript (done by AOO; see extended data (Arije et al., 2020a)). Following this, the code dictionary was reviewed and agreed upon at a conference by all coders. It was also agreed that new and emerging codes be expressly defined and communicated by the coder who proposed them. Transcripts were shared among coders to code based on agreed code definitions in the code dictionary. Subsequently, all transcripts were merged into one document and cleaned to remove redundant materials or codes. Coding was used to breakdown the transcribed data into units of meaning or concepts which were categorized, labeled, and subsequently organized into themes and sub-themes. Following more refinement and by linkages and integration of categories around a core, the emerging constructs were used to gain insight into abortion-related issues among the participants. All transcripts are provided as underlying data (Arije et al., 2020b).

Ethical clearance for this study was obtained from the institutional review boards in the State Ministry of Health in each of the three study states before the commencement of the study (Ogun State: Document reference No. HPRS/381/292 Ondo State: Protocol reference No. OSHREC/05/03/2019/122; Oyo State: Document reference No. AD/13/479/1145). Written informed consent was also obtained from each research participant after the study had been properly explained to them. In this regard, the (translated) consent form was read to participants who do not understand English in their local language by the trained research assistants. Assent was obtained from participants less than 18 years after written informed consent was obtained from their parents/guardians. Participants who are unable to write or sign after consenting to participate in the study were requested to thumb-print on the consent form. Confidentiality was assured by ensuring that there are no personal identifiers on any data instrument, and only research personnel had access to the data.

**Results**

There was a nearly equal distribution across sex (male, female), marital status (unmarried, married/cohabiting) and age group (15 – 19 years, 20 – 25 years).

**Communication around abortion**

Abortion was a sensitive issue among discussants as some participants described it as an act that is usually kept private or secret. Different slang terms are used to express the act of procuring an abortion. Expressions used for procuring abortion include “wash the stomach” and “seyun” (translated to mean to ‘break into the womb’ in English). Also, communication about abortion is usually in the context of morality and societal norms. One discussant said: “It is called abortion -- there is no respect for it and there is no other addition, abortion is abortion. It is a dirty word.” (married male, 15–19-year old, urban LGA). Most communications on abortion are often judgmental and based on the fear of complications from abortion. In this regard, an unmarried female discussant from an urban LGA in Ondo State said: “We all know that abortion is against the law, it’s against the word of God because we all know it’s a sin.” Many discussants considered abortion as murder. According to a male discussant, “It’s a bad thing …Yes. It’s murder.” In describing abortion, an unmarried female also said: “The word I can use for such a person is that she has killed someone.”

**Reasons for abortion**

Several reasons were given for young females procuring an abortion in the study locations. These include when the woman or couple feel their children will be too closely spaced. For example, one female discussant said, “If the woman is nursing a baby (like two months old) and mistakenly gets pregnant, she will abort it.” Similarly, a married female from a rural LGA said:

“If it is a nursing mother and she eventually gets pregnant, she will believe that instead of nursing two children at the same time she should abort the pregnancy, such a mistake is rampant, in some cases when the father of the baby rejects the pregnancy.”

Another reason given for procuring abortion is to cover up shame from having premarital or extramarital sexual relations in a community where these are very frowned upon. One married female from a rural LGA said:

“Some people abort because of shame, “How will I face my mum?” and fear, “How will I face the public?”, “What will my pastor say?” “How will I face the Imam?” and all that. And for the married woman, …unless you are committing adultery or you have extramarital affairs, and when pregnancy occurs out of it.”
Many married people who seek abortion are said to do so to limit their family size. One female discussant from a rural LGA said that the (hypothetical) woman “might have given birth to the number of children that she wants and her husband said it is not enough”. Part of the reason for limiting family size is financial considerations. This is also said to be one of the drivers of abortion. One female respondent said: “the only thing that can cause an abortion is poverty”. Many young women procure abortion because their male partners are not yet ready to start families or to get married. A married male discussant from Oyo said that the man’s response to the news of pregnancy from his female partner may be as follows:

“We will say: ‘Come, woman, I am not ready and these are the issues, will you abort it? If you want to abort it, abort it and if you don’t want to abort it, I will go if I am ready -- I will come and take my child.’”

Similarly, one female discussant said aged 20–25 years said: “if an adolescent girl has an unwanted pregnancy the next thing for her is to abort the pregnancy because she might be someone that is not ready to get married”. There are times when the male partner denies being responsible for the pregnancy leading the female to seek an abortion to terminate the pregnancy. One married female from Ondo State said: “Another person might want to abort the pregnancy because the person that impregnated her might say he did not want it and will be saying ‘I am not the one that impregnated you’ and that was the main reason why most pregnancy is being aborted”.

Abortion is never an option

For some discussants, both male and female, abortion is not an option once pregnancy has occurred. Some reasons were given for this, but most prominent was the high risk involved. For instance, one married female 15–19 years from Ondo State said: “One can do it and be successful while another person can do and die in the process.” One male discussant from Ondo State said: “I can't impregnate a lady and ask her to abort. I just have to accept it because abortion is more dangerous. People die as a result of abortion.” Another risk associated with procuring abortion includes damage to the womb threatening future fertility. One unmarried female discussant from Ogun State talked about a female who had procured abortion: “If she later doesn’t give birth to children, she will remember and she can kill herself”. Some are just outrightly against abortion like one female discussant who said, “Abortion can’t be a way for me. I will give birth to any pregnancy I have because I am against abortion.” It is also connected to the morality issues around abortion like the discussant who said abortion was a sin. Others weigh the opportunity cost of aborting a baby that could turn out to be very successful in life. They make statements like “You cannot tell what the child will become.”

One married male discussant said: “You can’t tell what they will become. So I would rather accept it.”

Male-female perceptions differ

Generally, female participants seemed to perceive abortion differently from males. While females were more sympathetic based on the economic situation or pregnancy out of wedlock, the males were more punitive. One unmarried female adolescent from Oyo State speaking on abortion said:

“It is actually good because I have this person (who) has already given birth to seven and they are all suffering because of the economic situation. Right now you will look at the limited resources -- what do you have if I give birth to a dozen, will I be able to feed them? So at that moment for such a person, it is good.”

Contrarily, one married male from Ogun State said:

“It’s not good, because you can never tell which child will be successful. What if Obasanjo (former Nigerian president) was aborted during pregnancy, he wouldn't have reached this height. Even in this country, if not for the stupid leaders we have and the government, anyone who aborts should be killed immediately… why did you have sex when you know you don’t want to be pregnant…. So you are a murderer.”

In addition, a male discussant appealed to other males to accept their responsibility for unplanned pregnancies. He said:

“What I want to say is that we men need to advise each other on abortion. Anyone that impregnates a woman among us should not suggest that the woman should go and abort the pregnancy. He should know he now has a responsibility. So let everybody accept their fate.”

Given the fact that many young people procure abortion because of the fear of their parents, several female discussants appealed to parents to be more supportive and accepting of their children.

“…they (should) draw her to themselves and after being scolded, they might ask her whether she still wants to continue with her education if she is a person that goes to school, or does an apprenticeship, of which she can be supported back to school”

“Some will accept and some will not because she aborted a pregnancy; and the Yoruba say ‘we can't send our child to lion kill and eat, if we use our right hand to beat the child we will use left to draw her nearer.’”

The cost of abortion differs for young persons

Concerning the cost of procuring an abortion, one female discussant indicated that the cost varies depending on whether one is married or not. She said “…single’s price for abortion is higher than for married people, so a married women’s secret can’t easily leak out like for us singlex.”

Similarly, the cost of abortion was said to be determined by the gestational age of the pregnancy. According to one of the participants, “If it is 3 months, it costs 20,000, if it 2 months it costs 15,000, but if it is 1 month it may cost only 5,000...”

Perceived consequences of abortion

As already mentioned, many discussants in this study think of abortion as a crime and a vice. They generally view it as a very
grievous act that is equivalent to murder. One participant remarked thus: "It is a taboo ……it’s like the girl killed someone…that is how it is to me" (unmarried 15–19 years male). A different discussant perceived the consequences of induced abortion as follows:

“(Consequences of) abortion is three-fold: First, life or death. Second, barren forever. You can abort the first time and it will be successful and try it the second time and the person will die. The one I know that is worst… is for a person to abort and the womb should get damaged and the woman is no longer able to give birth.” (married female AYP 15-19, rural LGA, Oyo State)

Abortion stigma
Young girls who are known to have procured abortion are very often stigmatized by members of their communities because they are considered to be wayward or promiscuous. One married female from Ondo State said:

“What people will be thinking of her is that she has ‘uselessed’ herself and that they don’t know if she will be able to get pregnant again and they will be thinking whether that’s the only child God destined for her, so if there is any male friend that wanted to marry her, he will be afraid to talk to her because of the incident.”

Women who are known to have procured an abortion are often verbally abused or castigated by the community. Mothers are said to warn their daughters to avoid friendship with such known girls. According to a married female respondent from Ondo State:

“If (she) should pass by in the street or the community, people will be saying she is an adulteress and they will be saying that she has aborted all the children that God has destined for her.”

Also in some instances, a potential partner’s knowledge of a female’s history of abortion may reduce the chances of marriage between them. This was highlighted in the comments of a married female (20–25 years) discussant who said: “Men mostly are afraid to marry those who have aborted, or those they know that have been married to several men thinking that may not be able to bear them child after marriage.” (married female 20 – 25-year-old)

It is a common practice to stop pregnant teenagers from continuing their education, which is another reason young girls procure abortion. According to one married male in Ondo State: “I impregnated a young lady in JSS3, she became pregnant and her father stopped her from going to school. Therefore, the government should warn school girls to watch their movements.” What may be more revealing in the speaker’s attitude was that he did not see himself as a perpetrator of harm since he wasn’t adversely affected, but shifted the responsibility for preventing pregnancy to the female.

Discussion and conclusion
Several studies from Nigeria show that members of society generally consider an abortion as wrong especially from a moral, religious and medical point of view (Omideyi et al., 2014; Oye-Adeniran et al., 2005), as was found in the present study. Many consider it a sin against God and whoever commits it is a murderer. A lot of the communication around abortion was in the context of unsafe abortion. This stems from the fact that current abortion laws limit the conditions for legal abortion and a lot of people’s awareness about abortion has been from cases of complications from unsafe abortion. As a result, most abortions are considered unsafe. Also because of complications of unsafe abortion, community members often link infertility in women to a possible history of abortion and stemming from past waywardness.

The reasons females procure abortion are similar to those found in other studies, including shame, covering up pre- or extramarital affairs, limiting family size, and financial considerations (Cadmus & Owoaje, 2011). However, Otoide et al. (2001) reported fear of future infertility as an overriding factor in adolescents’ decisions to rely on induced abortion. This is linked to belief that hormonal contraceptives cause delayed return of fertility or outright infertility. While this was not seen in this current study, it may underlie the practice of using abortion as a form contraception as reported by these authors. There was a condemnation of abortion, similar to the findings of Mitchell et al. (2006) in Kenya among adolescents and Patel & Kooverjee (2009) in South Africa. Additionally, for some in this study, abortion was not an option, irrespective of the circumstances of the pregnancy, especially when non-medically related. They consider what was done as done (i.e., the pregnancy) and desire acceptance from immediate family members and the community at large.

Some females are unsurprisingly more sympathetic towards those that might have committed abortion or intend to procure abortion, compared with males. Females are no doubt more likely to be sympathetic about abortion because it affects them directly. Omideyi et al. (2014) found in their study that unmarried males were not punitive about abortion as long as the woman “used a qualified doctor.” The cost of procuring abortion is one of the most important factors that determine where a woman will seek induced abortion. The finding in this study that younger women are likely to be charged more gives insight into the challenges of unplanned pregnancies among young people, and why contraceptive education for youth ought to be promoted.

As in this study, participants in other studies have suggested capital punishment for anyone who procures or perform abortion (Mitchell et al., 2006). Many view abortion as a crime, some even see it as murder. This likely derives directly from and contributes to abortion stigma in Nigeria, particularly towards young people. Results from a multi-country qualitative study among women of reproductive age revealed that the society disapproves strongly of abortion and persons who procure induced abortion as they are viewed as promiscuous and irresponsible (Tsui et al., 2011). While this study was limited

1Year 3 of junior secondary school
to community-level perspectives, literature reports that young people also experience abortion-related stigma in health facilities. A study that assessed individual-level abortion-associated stigma among clients who had experienced abortion in Nigeria reported that 43% of the clients had experienced abortion-related stigma (Oginni et al., 2018). Abortion-related stigma is more common in adolescents and youth as compared with older women in the reproductive age group. A multi-center study among clients who obtained post-abortion services revealed that women aged 24 years and below were more likely to experience individual level abortion-related stigma than their older counterparts (Oginni et al., 2018).

Abortion-related stigma often affects young people’s choices about where to obtain abortion services and disclosure practices. The observation has also been made that young girls requiring post-abortion care often experience stigmatization and refusal of care in some public health care facilities (Hebert et al., 2013). Adolescents requiring post-abortion care (PAC) were often neglected this care, and attending staff were punitive and stigmatizing (Lamina, 2013). There have been efforts in recent times to institutionalize PAC as well as shift the discourse beyond PAC to comprehensive abortion care (CAC). In this regard, several international non-governmental organizations (NGOs) have been championing this cause through the support of the creation of national policy documents for PAC, training of health workers on PAC, and in some cases CAC, in both private and public health facilities. Hord & Wolfe (2004) recommend that such actions that will make high-quality abortion care available and assessable especially at the primary health care level to the extent permitted by law need to be prioritized.

In conclusion, this study has shown that the general public looks unfavourably on abortion but personal opinions are likely to be based on whether it directly involves one as in the case where females were more favourably disposed to it than males. Young people have greater negative experiences when procuring abortion ranging from cost and stigmatization especially when there are complications. Since this study was conducted to support the development of a radio serial drama, we make some recommendations. The radio drama should address the issue of unintended pregnancy in adolescents and youth, focusing on providing information about contraception and how to negotiate safe sex. Information concerning facilities and sites where adolescents can receive counselling and reproductive health services in their communities may be necessary. Affected adolescents and young persons and the larger society will benefit from messages aimed at encouraging pregnant girls to return to school. Nigerian society also needs to be further sensitized to be more compassionate, to reduce stigma and to provide support to pregnant adolescents or mothers to ensure positive health outcomes for affected adolescents and young persons.

Data availability

Underlying data

Open Science Framework: Young people’s perceptions about abortion in Southwest Nigeria: Findings from formative audience research (Transcripts). https://doi.org/10.17605/OSF.IO/BT8AF (Arije et al., 2020b)

This project contains the following underlying data:

- PMCFAR_OGUN_ABEOKUTASOUTH_FGD_F_MARRIED_15–19yrs_19032019_transcript.docx (Transcripts from Abeokuta South focus group with married females aged 15–19)
- PMCFAR_OGUN_ABEOKUTASOUTH_FGD_M_MARRIED_15–19yrs_22032019_TRANSCRIPT.docx (Transcripts from Abeokuta South focus group with married males aged 15–19)
- PMCFAR_OGUN_ABEOKUTASOUTH_FGD_M_UNMARRIED_20–25yrs_18032019_TRANSCRIPT.doc (Transcripts from Abeokuta South focus group with unmarried males aged 20–25)
- PMCFAR_OGUN_ODEDA_FGD_F_MARRIED_20–25yrs_21032019_TRANSCRIPT.docx (Transcripts from Odeda focus group with married females aged 20–25)
- PMCFAR_OGUN_ODEDA_FGD_F_UNMARRIED_15–19yrs_21032019_TRANSCRIPT.doc (Transcripts from Odeda focus group with unmarried females aged 15–19)
- PMCFAR_OGUN_ODEDA_FGD_M_UNMARRIED_15–19yrs_20032019_TRANSCRIPT.doc (Transcripts from Odeda focus group with unmarried females aged 15–19)
- PMCFAR_OGUN_ODEDA_FGD_M_UNMARRIED_20–25yrs_20032019_TRANSCRIPT.docx (Transcripts from Odeda focus group with unmarried males aged 20–25)
- PMCFAR_ONDO_AKURE_SOUTH_FGD_F_MARRIED_20-25yrs_18032019_TRANSCRIPT.docx (Transcripts from Akure South focus group with married females aged 20-25)
- PMCFAR_ONDO_AKURE_SOUTH_FGD_F_UNMARRIED_15–19yrs_18032019_TRANSCRIPT.doc (Transcripts from Akure South focus group with unmarried females aged 15–19)
- PMCFAR_ONDO_AKURE_SOUTH_FGD_M_MARRIED_15–19yrs_23032019_TRANSCRIPT.docx (Transcripts from Akure South focus group with married males aged 15–19)
- PMCFAR_ONDO_AKURE_SOUTH_FGD_M_UNMARRIED_20–25yrs_20032019_TRANSCRIPT.docx (Transcripts from Akure South focus group with unmarried males aged 20–25)
- PMCFAR_OYO_IBADAN_NORTH_FGD_F_UNMARRIED_20–25_TRANSCRIPT.doc (Transcripts from Ibadan North focus group with unmarried females aged 20–25)
- PMCFAR_OYO_IBADANNORTH_FGD_M_MARRIED_20–25yrs_19032019_TRANSCRIPT.docx (Transcripts from Ibadan North focus group with married males aged 20–25)
from Ibadan North focus group with married males aged 20-25.

- PMCFAR_OYO_IBADAN_NORTH_FGD_M_UNMARRIED_15-19yrs_18032019_TRANSCRIPT.docx (Transcripts from Ibadan North focus group with unmarried males aged 15-19)

- PMCFAR_OYO_LAGELU_FGD_F_MARRIED_15–19yrs_20032019_TRANSCRIPT.docx (Transcripts from Lagelu focus group with married females aged 15-19)

- PMCFAR_OYO_LAGELU_FGD_F_UNMARRIED_15–19yrs_20032019_TRANSCRIPT.docx (Transcripts from Lagelu focus group with unmarried females aged 15-19)

Extended data

Open Science Framework: Young people’s perceptions about abortion in Southwest Nigeria: Findings from formative audience research (Extended data).

This project contains the following extended data:

- Formative audience research_FGD_guide_15–25yrs Version A.docx (Focus group discussion guide for the abortion related component of the formative audience research)

- Formative audience research_Abortion_Code dictionary.docx (Code dictionary for the analysis of transcripts from the abortion related component of the formative audience research)

Data are available under the terms of the Creative Commons Zero “No rights reserved” data waiver (CC0 1.0 Public domain dedication).

References


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Ulrika Rehnström Loi
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Overall: This manuscript requires major revisions before it can be indexed.

Specific comments:

○ Introduction – I would like to see more about previous studies regarding adolescents’ attitudes towards abortion. It has been done in the region, such as Kenya. Has this not been done in Nigeria before? Show the knowledge gap regarding this in Nigeria. Revise the introduction to be more relevant for this study. Use recent references not 17 years old references.

○ It is a bit confusing in the introduction if this is about community attitudes or adolescents’ attitude. Please review and revise to make it clearer.

○ “Discussants were purposively selected to participate...” – you would need to explain a bit more here. Purposively on what criteria? Exclusion/inclusion criteria should be described.

○ Consent was received from parents. This is great, but I do wonder if anyone declined? How was it presented to the parents? Did any adolescents or young people decline to participate?

○ “There was a nearly equal distribution across sex (male, female), marital status (unmarried, married/cohabiting) and age group (15 – 19 years, 20 – 25 years).” – This is too general, I would like to see a table with all the respondent's characteristics, with proportions and p-values.

○ Please include a coding tree describing the abstraction process – it is not clearly described in the text.

○ The authors should elaborate on rigor; validity and reliability of focus group discussion as a research method.
- Again, I suggest you use updated references. They are all outdated and you can find newer versions instead of some of your older versions:

- Again, in the discussion/conclusion it is not clear if this is really about the youth's perspective or the community-level perspectives? Confusing.

- In discussion and conclusion you are talking a lot about stigma, this is not seen in the introduction?

- "In conclusion, this study has shown that the general public looks unfavourably on abortion but personal opinions are likely to be based on whether it directly involves one as in the case where females were more favourably disposed to it than males." This statement in the conclusion is far too strong. General public? While you only focused on adolescents and young people?

**Level of interest:** Highly relevant.

**Quality of written English:** Would need English proof reading. I would like to suggest the readers go through the manuscript carefully to improve punctuation and grammar.

**Is the work clearly and accurately presented and does it cite the current literature?**
Partly

**Is the study design appropriate and is the work technically sound?**
Partly

**Are sufficient details of methods and analysis provided to allow replication by others?**
Partly

**If applicable, is the statistical analysis and its interpretation appropriate?**
Not applicable

**Are all the source data underlying the results available to ensure full reproducibility?**
No

**Are the conclusions drawn adequately supported by the results?**
Partly

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Abortion and contraceptive use stigma in low income settings.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to state that I do not consider it to be of an acceptable scientific standard, for reasons outlined above.
Daphney Nozizwe Conco

University of the Witwatersrand, Johannesburg, South Africa

The article is mostly well written and makes a good read on a topic of abortion in the context of a country with restrictive laws. Some detailed feedback is provided below.

Abstract:
- A well written abstract however the results section could be improved by the results according to the themes.

Introduction:
- A well written section, giving clear background and context to the study.

Methods:
- The study design and setting are well described as well as the selection and recruitment of the study participants. Data collection and analysis methods are clearly detailed.

Results:
- The brief description of the study participants is not sufficient, given the fact that this is qualitative research. A little bit more elaborate description of the study participants is important to contextualise the results. I suggest that the authors consider describing the discussants in terms of how many were female or male, those from rural and urban, married and unmarried, as well some indication of the educational background. Since some participants had to use thumbprints on the consent forms.

- The rest of the results are well captured but there are opportunities to improve. The subheadings representing the themes could reflect the results more. Some headings capture the gist of what is presented while others are vague. I recommend that the authors should reflect on the wording of all the subheadings under the results section.

- The authors tend to quantify when presenting results by stipulating the number of discussants. While it is not wrong to state the number of discussants (one or many), care should be taken to avoid implying that the theme under discussion should be weighed according to the number of discussants. The focus should be on the diverse perspectives presented by the discussants rather than the number of discussants.

Discussion and conclusion:
- Given the fact that the sample size for this research was purposive, the authors should therefore be cautious when using the following words/terms: 'many', 'most', 'a lot of'
etc. Other terms used in the discussion that should be avoided include: unsurprising, no doubt, and similar terms that tend to exaggerate issues. Otherwise the discussion captures well how the study results differ or are similar to literature.

- I disagree with the beginning of the last paragraph: "In conclusion, this study has shown that the general public..." I do not think the study results, based on the described sample, could conclude on the general public.

**Is the work clearly and accurately presented and does it cite the current literature?**
Yes

**Is the study design appropriate and is the work technically sound?**
Yes

**Are sufficient details of methods and analysis provided to allow replication by others?**
Yes

**If applicable, is the statistical analysis and its interpretation appropriate?**
Not applicable

**Are all the source data underlying the results available to ensure full reproducibility?**
Yes

**Are the conclusions drawn adequately supported by the results?**
Partly

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Qualitative Research, Abortion Research, Public Health.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.