

- (2) “Impact of Sociological Issues on Religion and Abortion in Nigeria”. In *Journal of the Faculty of Management and Social Sciences*, Ibrahim Badamasi Babangida University, Lapai- Niger State. Vol. 5, No. 1&2, pp.92-102
Authors: Victor Sunday Umanah & Peacillia Martin Chiefuna (RN) - Dec 2012

IMPACT OF SOCIOLOGICAL ISSUES ON RELIGION AND ABORTION IN NIGERIA

¹**Victor Sunday Umanah**

umanahvictor@yahoo.com, 0806 691 7168/0812 076 7168

and

²**Peacillia Martin Chiefuna [RN]**

Peacemartin96@yahoo.com, 0813 805 1735

¹Department of Religion and Cultural Studies, University of Nigeria, Nsukka

²School of Nursing, Methodist General Hospital, Ituk Mbang, Akwa Ibom State

ABSTRACT

A social issue is an issue that relates to society’s perception of a person’s personal life. Different cultures have different perceptions and what may be “normal” behavior in one society may be a significant social issue in another society. Abortion is one of such social issues that have been engraved with debates on whether it should be legalized the world over or not. The problems are lack of proper education on sexual activity to women of reproductive age, untrained health care givers, and churches have become quasi clinics/hospitals. The research was carried out to investigate abortion’s moral implication in Abak Local Government Area, assess the effects of abortion on health of women of reproductive age and to examine the reasons why women prefer the option of committing abortion in Abak Local Government Area. The study is based on the ex-post facto research design which refers to those studies which investigate possible cause and effect relationships by observing an existing condition and searching back in time for plausible factors. The study identified freedom from child bearing, avoidance of being ostracized, fear of parents, economic hardship, culture of silence, and lack of respect for the tenets of religion as some of the reasons women undertake abortion and submits that the collaborative and concerted efforts by government at local, state and national levels as well as individuals would serve as a solution in curbing abortion.

Key Words: Abortion, Laparoscopic, Religion, Reproductive Health, Rh.

1.0 INTRODUCTION

Reproductive health is a subject encompassing a growing number of components. Some believe that it is a concern of women whereas there is no reason for the exclusion of men. Poor reproductive health conditions are high in developing countries due to complications of pregnancy and child birth, the principal cause of female mortality in the reproductive ages, which have long/short term implications for women's health, productivity, and investments in children (Seligman, 1997, pp.5-6). This means improvement in reproductive health have special relevance to path ways linking good general health to economic growth. However, Seligman (1997) added that "effects of reproductive investment are highly leveraged because the health of household members depends in large measure on the mothers". This shows that the current status of a woman's reproductive health includes her children and by consequence, on future social and economic development outcomes. World Health organization (2000), opines that the components of reproductive health includes:

- i. Family planning information and services;
- ii. Gender equity;
- iii. Screening for reproductive tract cancer-prostrate, breast, cervix;
- iv. Safe motherhood;
- v. Adolescent reproductive and sexual health;
- vi. Prevention and management of infertility and sexual dysfunction in both men and women;
- vii. Prevention and treatment of reproductive tract infections;
- viii. Elimination of harmful practices such as female genital mutilations (FGM), premature marriage, domestic and sexual violence against women, etc; and
- ix. Prevention and management of the complications of abortion (p.1).

This shows that in all societies and cultures, sexual and reproductive health is a central subject of the overall health profile in one's life cycle, and thus is critical to human development. Therefore, healthy sexual and reproductive behavior sets the stage for good health before, during and beyond the reproductive years for both women and men, and has a significant impact on the health of the next generation.

Interestingly, abortion is one of the components of reproductive health. It is also an explosive issue of the decade, igniting raging debates in political, social, medical and theological fields. A lot of people are caught in a tug- of- war, by the impassioned arguments of each side. The very terms "Pro-choice" who believes that abortion is a right and "Pro-life" who also believes that person-hood begins at conception were carefully chosen to woo the undecided (Awake, 1993, pp.3-4). To buttress this point, Mills (2003) states that "Pro-choice believes that women have that right to abort and should not be prevented from exercising that right by government and on the other hand, Pro-life believes that abortion is the wrongful killing of an innocent unborn child".

Abortion in Nigeria as applicable to Abak Local Government Area is governed by two different laws. “In the Northern States of Nigeria, the penal code, law no. 18 of 1959 is in effect. In the Southern part of the country, the Criminal Code of 1916 is in effect” (Isiramen, 2007, pp.256-257). While both codes generally prohibit the performance of abortion, differences in the wording of the codes, as well as their interpretations, have resulted into slightly different treatments of the offence. However, the two laws explicitly condemn abortion and make it criminal for anyone to procure or connive in its procurement. Thus, both laws specifically allow abortions to be performed to save the life of the woman. Despite this, abortion laws are hardly enforced in Abak Local Government Area in particular.

Therefore, social and emotional aspects of abortion shows how women’s life experiences of abortion are influenced by their life situations, attitudes and actions of others, viewpoints women encounter/expect to find in their immediate communities, and religious debates regarding abortion (Cockrill & Freedman, 2014). However, any discourse about abortion will include views about the religious, ontological, legal, biological status of the foetus. Worldwide, statistics show that about 50% of the conceptions are unplanned, 25% are definitely unwanted, 150,000 unwanted pregnancies are terminated every day by induced abortion and $\frac{1}{3}$ of these abortions are performed under unsafe conditions, resulting in some 500 deaths every day (UNPF, 2000, p.1). The risk of death from unsafe abortion is highest in developing countries. In Africa, it is 1 in 150, Asia 1 in 250, Latin America 1 in 800, developed countries 1 in 3,700 (UNPF, 2000, p.1). However, statements from those at the forefront of the movement for the legalization of abortion reveal that this number was at best unsubstantiated, and at worse purposefully exaggerated (Nathanson, 1979; Cisler, 1970).

Religion is a very powerful force in the socialization of an individual and personality formation. It is a great force capable of modifying ideas, feelings and conditioning actions and by these acts as a source of inspiration in society. Undoubtedly, religion has potentials to be positively and negatively used by channeling its resources in ways that can be beneficial to the society. This dimension of religion which enables its adherents to be disciplined and productive, responsible and open-minded shows the healthy side. Therefore, in Nigeria, albeit religion has the fortune and misfortune of serving good and bad causes, on the whole, it has contributed immensely in shaping the structures that hold social life together.

On the issue of abortion as it relates to some women, religious devotion does not impact abortion decisions of young unwedded women. Cooper (2009) notes that “sociologist finds that factors such as grades and parents’ education are more influential than religious involvement for pregnant teens and young adults who face abortion decision”.

1.2 Statement of the Problem

Churches and religious bodies rapidly spring up everywhere but unfortunately, religious leaders have not educated their adherents in earnest on the dangers of abortion on reproductive health. The culture of silence on reproductive health issues is another problem in the churches. Most of the churches/religious organizations have become quasi-clinics/hospitals by taking over the treatment of sick patients rather than referring all medical cases to conventional hospitals. Again, another problem is the cultural/religious belief in *Ekpo Nka Owo* (literally, the Ghost of Adultery) used as the usual explanation for prolonged painful and difficult labour taken as a positive sign of the woman's infidelity (adultery) before or during the current pregnancy. This belief has a great consequence on the reproductive health of women with obstructed labour who never committed adultery but continue to suffer in labour until she either dies from exhaustion or ruptured uterus, or survive with infections after delivery. "Today, some rural communities hold on to this belief, a means of explaining certain illnesses affecting the husband or the woman's child, which only confession of infidelity/payment of propitiatory fine by the woman to the husband could bring relief" (Essien, 1999, pp.219-220).

Mueller and Dagg (2002, p.53) note that "it is one thing to fantasize about being pregnant and to anticipate its benefits, quite another to face the reality of it". Those that are particularly at risk are single women who are not living with a partner, married women whose husbands were absent at the time they got pregnant and those who are separated, divorced or widowed. For the single women, it shows the difficulty in the acceptability of single motherhood. To add to that, in Abak Local Government Area most especially in the rural areas, the health care systems for poor women with reproductive health problems consist primarily of practitioners who do not have formal training in their fields. As a matter of fact, they include indigenous healers, herbalists, traditional birth attendants or untrained midwives and those who offer ineffective and dangerous products and advice.

However, most health care centers are not evenly situated to meet the patronage of the rural populace in Abak Local Government Area. This is why women of reproductive age are seen going distances to locate a center closer to them and this is dangerous considering the health of such women in times of emergencies. Also young women of reproductive age are already seen indulging in sexual activity without proper orientation and education on implications of it. They also find it difficult to talk about abortion and prefer to suppress issues related to it. Women of reproductive age hospitalized for complications resulting from an induced abortion are likely to be counted as those resulting from spontaneous abortions (Ahiadeke, 2002, p.33).

1.3 Objectives of the Study

In the course of this study the following objectives are considered:

- (i) To investigate abortion's moral implication in Abak Local Government Area.

- (ii) To assess the effects of abortion on health of women of reproductive age in Abak local Government Area.
- (iii) To examine the reasons why women prefer the option of committing abortion.
- (iv) To draw policy recommendations based on the research.

1.4 Significance of the Study

This study will encourage readers to judge little, and understand more fully the tragedy of an abortion as experienced by women of reproductive age. In addition, this work will broaden the young adult's knowledge to know practically more about the process and dynamics of reproductive health and education. This work will also portray in essence that religion is a major resource for social transformation and shaping of peoples attitude towards issues like abortion and other components of reproductive health. It will further help religious leaders to educate and sensitize their adherents more on the impact of abortion on the health of its followers.

1.5 Scope of the Study

The study focused on sociological issues on religion and abortion in Nigeria with particular reference to Abak Local Government Area of Akwa Ibom State. To achieve this, the study takes a look at the concept of religion (Christianity) and its moral implication on abortion, brief history of the people of Abak Local Government Area, factors responsible for abortion practice, effects of abortion on health of the people, conclusion and recommendations.

2.0 Methodology

The study is based on the ex-post facto research design which refers to those studies which investigate possible cause and effect relationships by observing an existing condition and searching back in time for plausible factors. Data for it were generated using the qualitative method. This involved collecting data from oral interviews and documents like textbooks, journals, magazines, newspapers, and internet materials.

3.0 BRIEF HISTORICAL BACKGROUND OF THE PEOPLE OF ABAK

The people of Abak are generally called Annang. They migrated with their Ibibio brothers from Southern Sudan to Southern Cameroon and later to Ibom village in Arochukwu (Ukpong, Akpan & Akang, 2001, p.12). And from Arochukwu, they further migrated to the different sub-culture areas of Annang which they have found themselves today (Noah, 1980, pp.5-6). Others contend that they migrated from somewhere to their present homeland (Essien, 1990; Udondata, 1993). However, "for some the people of Abak have always lived where they are living now from the beginning of time" (Ekanem, 2006, p.26).

Abak is one of the local Government Areas that formed Akwa Ibom State at its creation in 1987. It is located on the south western axis of Akwa Ibom State and shares boundaries with Ukanafun, Oruk Anam, Essien Udim, Uyo, Ikono and Etim Ekpo Local Government

Areas (Ministry of Information and Culture, 1995, p.21). The headquarters is Abak, 18km from the state capital city- Uyo, with a landmass of 304sq.km and an estimated population of 139,090 from the 2006 population census (National Population Commission, 2008, p.1). It comprises five (5) clans namely: Ediene, Abak, Midim, Otoro and Afaha-Obong and also has eleven (11) wards and ninety-one (91) villages (Okpon et al, 2007, p.11).

The land is generally flat with high grounds and valleys at Ibagwa. Its vegetation is the green foliage of trees and shrubs with a concentration of wild palm trees while the usual rainy and dry/harmathan seasons are also experienced. The inhabitants are predominantly farmers, traders, craftsmen and hunters. According to the publication of the Ministry of Information and Culture, Uyo, concerning Abak Local Government Area:

Abak as at the Nigerian Independence, was reputed for harbouring the greatest concentration of palm tree stands per mile and because of the dominant feature of the palm trees, it informed the establishment of the palm oil processing mill, Pamil Industries Limited in 1972. (p.21).

The area is sometimes referred to as Abak “*Ikot Anwan*” (Land of warriors) because they gave the stiffest resistance to Europeans or White conquest of their land (Emmanuel, 2008, Personal Communication).

The people of Abak have a common ancestral antecedence having an unparalleled impact on the people through traditional songs, dances and beliefs. They are reputed also for their resourcefulness and highly mobilized for economic development and political integration within and outside the state. Majority of the people of Abak are Christians. Cultural and traditional display such as: *Ekpo*, *Utu-Ekpe*, *Idiong and Nnabo* are still in practice. Also produced in abundance are: local gin (*akai-kai*), piassava (*idut*), hoes (*udok*), climbing ropes (*ikpo*), garri, foo-foo, palm kernel oil, sand and gravels.

3.1 FACTORS RESPONSIBLE FOR ABORTION PRACTICE

i. Freedom from Child Bearing

A pregnancy that occurs in the wrong place at the wrong time can have a lifelong impact on a woman’s ability to raise a family and earn a living (Lowen, 2014). In Abak urban area where the study was carried out the result showed that college students who become pregnant and give birth are much less likely to complete their education than their peers. Single women that are employed who become pregnant face an interruption on their jobs and careers. Consequently, their earning ability is affected and this makes them unable to raise a child on their own. However, for women who already have other children at home or are caring for aging relatives, the reduction in income resulting from

pregnancy/birth may bring them below the poverty level and require them to seek public assistance.

ii. Avoidance of being Ostracized

Fear of being ridiculed in the society was one of the reasons given for preference to abortion practice. Some women consider carrying a baby at an unprepared period as shameful. Given this fact, some women wish to avoid the scorn that may be given to them in the society. To buttress this point, Newcomb (1955, p.370) notes that “human beings thus influence one another as social beings in one way or the other”. Added to that, there is fear in women that they would be rejected outright by members of their families as well as the society and so they go for the option of an abortion.

iii. Fear of Parents

Throughout the life course there are social problems associated with different ages and one of such problems is age discrimination, that is, when a particular person is not allowed to do certain things or is treated differently based on age (Nelson, 1986). Robinson (2007) notes that “women face physical abuse such as being tossed out onto the streets by the parent if they learn of their pregnancy”. Therefore, it was concluded from the result of the study that the fear of women being disowned by the parents pushes them to committing abortion.

iv. Economic Hardship

Economic problem arises mainly due to human wants being unlimited and the means to justify human wants are scarce. In view of this, Torres & Forrest (1988) note that “unemployment rates vary by region, gender, educational attainment and ethnic group and in many countries many people are poor”. Therefore, in the study area, it was identified that many families are poor and could not cater for the needs of their household. Economic hardship eventually becomes a drive for promiscuity among women in a bid to looking for alternative means of catering for their needs in the study area.

v. Culture of Silence

Another factor identified in the study area for abortion practice is the culture of silence. Most parents refuse to introduce sex education to their children until late in a child’s life, or worse still, never at all. The unavailability of such information, the study noted, has resulted in harmful and dangerous outcomes, and sometimes lives have been lost through abortion because certain issues on sexual or reproductive health is concealed by parents. The cost of silence is much too high

compared to the benefits of openness and frank deliberations on sexual discourse. A lot of young girls are found ignorantly indulging in sexual intercourse without really understanding what it is all about. On the other hand, some of them do not tell their friends that they are pregnant until it is too late. Hence, Peters (2008, P.24) asserts that “most educators on the subject believe sex education must begin in the earliest grades, just like mathematics and reading”.

vi. Lack of Respect for the Tenets of Religion

Lack of fear for God and disrespect for the teachings of the Bible by some women was identified as one of the factors enhancing abortion in Abak Local Government Area. The Bible makes it clear that women do have specific rights and responsibilities on sexual conduct and one of such rights is essentially chastity (Thiel, 2013). The Bible condemns the shedding of innocent blood (Deutonomy 21:9; Proverbs 6:16-19; Isaiah 59:7-8; Jeremiah 22:17). Further, death penalty could come from an injury to a pregnant woman (Exodus 21:22-25) and the expression “no harm follows” could be interpreted that both the mother and unborn child must be healthy and live. The above passages show that babies are innocent and killing them through abortion is not acceptable. The unborn baby is a developing human being and not a dog, frog nor simply a pile of tissue (Isaiah 44:24). Elizabeth made a positive comment on her unborn baby, John the Baptist leaping (Luke 1:41-44) and the statements the Angel who appeared to Mary made on her upcoming conception (Luke 1:31-35) also provide an additional biblical support to the idea that the unborn are human. The Bible also shows that unlike human, God knows how babies grow in the womb (Ecclesiastes 11:5). The Bible also makes it clear that David and Jeremiah were human and known by God while they were still in the womb before being born (Psalm 139:13-16; Jeremiah 1:4-5). Hence, God considers unborn infants to be living human beings.

3.2 EFFECTS OF ABORTION ON HEALTH OF THE PEOPLE

The physical side effects after an abortion vary from woman to woman. Prior to abortion, there are potential side effects and risks that are associated with it. According to DeCherney (2006) who states that “the frequently experienced list of side effects after an abortion include: abdominal pain and cramping, nausea, vomiting, diarrhea, spotting and bleeding”. Hence, Coyne (2011) commenting on the negative mental health effects of abortion notes that “study in prestigious journal shows that abortion harm women’s mental health based on the largest, most definitive analysis of the mental risks associated with abortion”.

In other situations, abortion patients may suffer perforations of their uterus, yet most of these injuries would remain undiagnosed and untreated unless laparoscopic visualization is performed (Kaali 1989; White 1977). The risk of uterine perforation is increased for women who have previously given birth and for those who receive general anesthesia at the time of the abortion (Grimes 1984; Grimes 1979). Cervical lacerations damage is another effect that is greater for teenagers, second trimester abortions, and when practitioners fail to use laminaria for dilation of the cervix (Schulz, Grimes & Cates 1983).

Further, abnormal development of the placenta due to uterine damage increases the risk of fetal malformation, perinatal death, and excessive bleeding during labour (Barrett, Boehm & Killam 1981). Therefore, it shows that cervical and uterine damage increases the risk of premature delivery, complication of labour and abnormal development of the placenta in later pregnancies. These reproductive complications are the leading causes of handicaps among newborns (Hogue, Cates & Tietz 1983). Frank (1985) affirmed that “the most common “mirror” complications include: infection, bleeding, fever, second degree burns, chronic abdominal pains, vomiting, gastro-intestinal disturbances, and Rh sensitization”.

4.0 CONCLUSIONS

Abortion has always existed and controversy has followed it throughout history. While some people feel that abortion should be illegal, others feel it should be restricted. Again, others feel that it should be legal and freely accessed whereas, others view it as unacceptable and vehemently in opposition to its practice. Society has often associated the issue of abortion within the larger context of determining when life truly begins. The moral standards and implications, however, have changed with the passage of time. Therefore, this study focused on sociological issues on religion and abortion in Nigeria with special reference to Abak Local Government Area of Akwa Ibom State.

The study revealed on moral implications of abortion practice in Abak Local Government Area that the tenets of religion (Christianity) is clear that is, abstinence by unmarried and single women which most women fail to adhere to. In view of this, the scripture and science are in support of the view that human life begins at conception and generally declared that it is wrong to kill an innocent unborn child (Geisler, 1989 cf. Exodus 20:13, 21:22; Proverbs 6:16f). The result of the study showed also that effect on health after abortion vary from woman to woman and complications resulting from cervical and uterine damage abound as well as excessive bleeding. Further, freedom from child bearing, avoidance of being ostracized, fear of parents, economic hardship, culture of silence, and lack of respect for the tenets of religion were identified as factors influencing women on the decision of undertaking abortion. It is because of these short-comings that recommendations are proffered.

4.1 Recommendations

In view of the findings of this study, the following recommendations are made to help in alleviating the impact of religion in curbing abortion in Abak Local Government Area.

- i. Religious bodies should incorporate teachings on sexuality in a bid to breaking the culture of silence on reproductive health.
- ii. Religious leaders and private counselors should be more sensitive to the plight of women of reproductive age who have had abortion trauma by creating agencies that would help new mothers who experience unplanned pregnancy.
- iii. There is an urgent need for young adolescent population to be fully exposed to sex education and information on reproductive tract diseases and risks involved in abortion.
- iv. A collaborative effort should be employed by government at local, state and national levels as well as the private sector in providing equipment to hospitals and training of personnel in the medical sector in Abak Local Government Area for effective service delivery.

REFERENCES

- Ahadieke, C. (2002), The Incidence of Self Induced Abortion in Ghana: What are the Facts? *Research Review*, Vol. 18, No.1.
- Awake. (1993), *Abortion: The Making and the Taking of a Life*. New York: Watchtower and Tract Society.
- Barrette, J. M., Boehm, F. H. and Killam, A. P. (1981), Induced Abortion: A Risk Factor for Placenta Previa, *American Journal of Obstetrics and Gynecology*, 141:7.
- Cisler, L. (1970), Birth Control. In Morgan, R. (ed.), *Sisterhood is Powerhood*, P. 260 New York: Vintage Books.
- Cockrill, K. C. & Freedman, L. (2014), Social and Emotional Aspects of Abortion, <http://www.ansirh.org/research/aspects.php> (18/02/2014).
- Cooper, J. (2009), Religious Devotion, http://www.eurekalert.org/pub_release/200 (25/02/2014)
- Coyne, J. C. (2011), The Skeptical Sleuth, <http://www.psychologytoday.com/blog/the-skeptical-sleuth> (07/02/2014).
- DeCherney, A. H. (2006), *Current Obstetrics and Gynecologic Diagnosis and Treatment* (10th ed.), New York: McGraw-Hill.
- Dixon-Mueller, R. and Dagg, P. K. B. (2002), *Abortion and Common Sense*. U.S.A: Xlibris Corporation.
- Ekanem, J. B. (2006), *Mending the Ruptures of Life: Therapeutic Efficacy of Annang Independent Churches*. Ikot Ekpene: St. Joseph Publications.
- Essien, D. P. (1999), *The Sorrows of Eve: Gynaecological Disorders and Related Health problems of Women*. Abak: Desmac Medical Ltd.
- Essien, O. E. (1990), Annang in the Polyglot African In Dalby, D. (ed.), *African Language Review*, P. 26. London: Frank Cass.

- Frank, D. (1985), Induced Abortion Operations and their Early Sequelae, *Journal of The Royal College of General Practitioners*, Vol. 35, No. 73.
- Geisler, N. L. (1989), *Christian Ethics: Optional Issues*. U.S.: Baker Books.
- Grimes, D. (1984), Prevention of Uterine Perforation during Curettage Abortion, *JAMA*, 251:2108-2111.
- _____ (1979), Local versus General Anesthesia: Which is Safer for performing Suction Abortions? *A Journal of Obstetrics and Gynecology*, 135:1030.
- Hogue, C. J., Cates, W. and Tietz, C. (1983), Impact of Vacuum Aspiration Abortion on Future Childbearing: A Review, *Family Planning Perspectives*, Vol. 15, No.3.
- Isiramen, C. O. (2007), Abortion Controversy and the Nigerian Society. In Odey, O. A. (ed.), *Religion, Ethics and Population Development*, P. 256-257. Ilorin: NASR.
- Kaali, S. (1989), The Frequency and Management of Uterine perforations during First Trimester Abortions, *American Journal of Obstetrics and Gynecology*, 161: 406-408.
- Lowen, L. (2014), Why Women Chose abortion-Reasons Behind the Abortion Decision, [http://www.womenissues.about.com/Reproductive Rights/Abortion](http://www.womenissues.about.com/Reproductive_Rights/Abortion) (18/02/2014).
- Mills, C. W. (2003), The Sociological Imagination, http://www.en.wikipedia.org/wiki/social_issue (18/02/2014).
- Ministry of Information and Culture (1995), Bako's Tour of Local Government Areas. Uyo: Ministry of Information and Culture.
- Nathanson, B. (1979), *Abortion America*. New York: Doubleday.
- National Population Commission (2008), "Akwa ibom State Population Results for Census 2006. Uyo: National Population Commission.
- Nelson, B. J. (1986), *Making an Issue of Child Abuse: Political Agenda Setting for Social Problems*. Chicago: University of Chicago Press.
- Newcomb, T. M. (1955), *Social Psychology*. London: Tavistock Publications Ltd.
- Noah, M. E. (1980), *Ibibio Pioneers in Modern Nigeria History*. Uyo: Scholars Press.
- Okpon, O. E. *et al.* (2007), *The History of Akwa Ibom State and her 31 Local Government Areas at a Glance*, Uyo: Robertson Communications.
- Peters, E. (2008), *Relationships: Know the Right Time for Sex Education*. Thisday, August 2.
- Robinson, B. A. (2007), Why Women Want To Have Abortion, <http://www.religioustolerance.org/Abortion> (06/02/2014).
- Schulz, K., Grimes, D. and Cates, W. (1983), Measures to prevent Cervical Injuries during Suction Curettage Abortions, *The lancet*, May 28, 1182-1184.
- Seligman, B. (1997), *Reproductive Health and Human Capital: A Framework for Expanding Policy Dialogue*. U.S.A: The Futures Group International.
- Thiel, R. (2013), *Abortion the Bible and a Woman's Right to Chose*, <http://www.cogwriter.com/abortion.html> (07/02/2014).

- Torres, A. and Forrest, J. D. (1988), Why do Women Have Abortion: Family Planning perspectives, *The Bimonthly Journal of the Alan Guttmacher Institute*, 20 (4).
- Udondata, J. (1993), English and Anaan Phonological Systems: A Comparative Study, Unpublished MA Thesis in the Department of English, University of Uyo, Uyo.
- Ukpong, D., Akpan, M. & Akang, N. (2001), *Ikono: The Cradle of Ibibio Nation (Historical Origin and Cultural Heritage)*. Uyo: Dorand Publishers.
- UNPF (2000), *Sexual and Reproductive Health*, New York: United Nations Population Fund.
- White, M. (1977), A Case-Control Study of Uterine Perforations Documented at Laparoscopy, *American Journal of Obstetrics and Gynecology*, 129:623.
- WHO (2000), *Components of Reproductive Health*, Abuja: Federal Ministry of Health.