

Evaluation of Drug Use and its Risks among Young Girls and Unmarried Women in Akwa Ibom State, Nigeria

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ABSTRACT

The use of drug by most girls and women with pregnancy is to terminate such pregnancy without concern about its risk. This study surveyed the risk of drug use among 300 respondents, comprising young girls and unmarried women that were randomly selected using a multistage sampling technique from six Local Government Areas in Akwa Ibom State. Data were collected from the respondents with the use of questionnaire and interview. The data were discussed both descriptively and analytically. Findings show an increasingly high rate of drug use to terminate unexpected and unwanted pregnancy despite the availability of facilities that can effect safe abortion and the prevalence of modern contraception. It also shows that the drug users risk damage of their womb in the process. While the unmarried women in the 30-49 age group have withdrawn patronage of drug and substance use to terminate unexpected and unwanted pregnancy, majority of the young girls (15-29 years of age) still prefer the use of drug especially when such factors as not living with biological parents; and pressure from mother, sister, girlfriend, and boyfriend who would not accept responsibility of the pregnancy are considered. These factors also show significant effects in the test of the regression coefficient. The study suggests among others the intensification of campaign on sexual education among the vulnerable population to help check the menace.

Keywords: *Drug use, Risks, Women, Pregnancy, Termination, Childbirth.*

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Highlights of this paper

- This study surveyed the risk of drug use among 300 respondents, comprising young girls and unmarried women that were randomly selected using a multistage sampling technique from six local government areas in Akwa Ibom State.
- The study suggests among others the intensification of campaign on sexual education among the vulnerable population to help check the menace.

1. INTRODUCTION

Drug abuse and its related complications are one of the most important public health problems in many parts of the world (Montazerifar *et al.*, 2013; Nakamura, 2016). In Nigeria health problem associated with drug use and abuse is severe and well documented in several academic literatures but without a pragmatic step to nip it in the bud. This experience varies widely in such country like Japan where government-led implementation of comprehensive measures against drug use and abuse has made drug related problem become less serious compared to the past and to the situation in many other countries (Nakamura, 2016). A critical assessment of the situation about drugs in Nigeria reveals stark realities at polar ends. At one end, drug is available and sold everywhere, in kiosks or bars, shops and by vendors mostly in suburbs and in the rural areas. The sales of drug is carried out by people of all ages and sexes, and consumed by adult especially persons of low economic status, adolescent children of both the rich and poor, and the security personnel. At another end is the official policy on drug control that is strictly enforced by the Drug Law Enforcement Agency with a target to eliminate the growing, processing, manufacturing, selling, exporting, and trafficking of hard drugs and abuse (Kalau, 2015). However, despite the existence of the prohibiting laws and the efforts of the Enforcement Agency, the distribution, use and abuse of drug is still a prevailing problem in Nigeria. Statistics (World Drugs Report, 2014) show that globally an estimated 230 million people in different regions are involved in the notorious business of narcotics and consumption of the poison in different available forms every year. Nigeria being the most populous country in Africa with estimated 170 million people is considered the center for most narcotics traffic in Africa as well as being the source and route of drugs to many countries of the world.

The National Drug Law Enforcement Agency has reported that between 2012 and 2015 more than 34,499 persons were arrested in connection with drug related offences across the country whereas between January and June 2017, the agency has seized a total of 370, 399.6 kilograms of prohibited drugs. Although reported data appear contradictory for many states in the country, Kano state in the northwest region of Nigeria is identified as the highest contributor of drug use and abuse rate based on the number of seizures, arrests of addicts and convictions of arrested dealers (Ogene, 2013; Adekunle, 2014) while Benue State with a total of 148 arrests comprising 133 men and 15 women and 1,271.529kg of cannabis seized in the last one year (Emmanuel, 2015) is next in the ranking. Absolutely, there is no state in Nigeria without drug-related-problem as the issue of 'illicit drug use has been linked with a number of social problems such as robbery, violence and youth restiveness that currently ravage the Nigerian society (Lawal, 2012).

Many studies (Onwukwe *et al.*, 2002; Ernst *et al.*, 2007; Goar *et al.*, 2012; Montazerifar *et al.*, 2013; Dolan *et al.*, 2015; Adeyemo *et al.*, 2016; WHO, 2017) have examined the phenomenon of drug use, abuse and the consequences in many societies. The WDR (2014) for instance, estimates that globally almost a quarter of a billion people between the ages of 15 and 64 years used an illicit drug in 2013. Similarly, in the past three years, the rate has remained stable as statistics show that drug-use disorders or drug dependence, problem drug use seems to exceed some 27 million people (WDR, 2014). At least one out of every ten persons is dependent on one form of drug or another; especially the socially acceptable drugs also known as gateway drugs. As indicated by Aida (2015) the lifetime prevalence of illicit drugs in Japan is only 2.9 percent, which is significantly lower than the rates in other

countries, which are 47.1 percent in the United States, 45.2 percent in Canada, 36.8 percent in the United Kingdom, and 23.7 percent in Germany. In Nigeria majority of the youths ignorantly depend on one form of drug or the other (such as tobacco, Indian hemp, cocaine, morphine, heroine, alcohol, ephedrine, madras, caffeine, glue, barbiturates and amphetamines) for their various daily activities (Oshikoya and Alli, 2006) in [Adeyemo et al. \(2016\)](#). An earlier study by Johnbell and Fastborn (2009) cited by [Lawal \(2012\)](#) has found that the probability of use of drugs increased with age, female gender, living in an urban area, and use of many other drugs.

Drug use is a developmental, multi-causal process influenced by the interplay of many risk and protective factors from different developmental contexts ([WDR, 2014](#)). However, the improper use of prescribed drugs or medications is increasingly an issue of global concern ([Hertz and Knight, 2006](#)) and it constitutes an aspect of the phenomenon of drug use that is harmful to the users. Studies have linked the effect of drug use with psychiatric disorders in young (adolescent) boys and girls and even in the adults. It has been argued that drug misuse contributes to the physical, social and psychological harm on the adolescent drug users. It weakens the immune system of the users and abusers and making them to be highly susceptible to many types of infections. Drug use and intoxication increases the likelihood of unprotected oral sex and anal sex and less use of condom ([Onwukwe et al., 2002](#)). Besides, the growing rate of drug use by adolescent boys and girls in the country correlate positively with the phenomenon of cultism which presently is a characteristic feature of the Nigerian nation. According to [Nakamura \(2016\)](#) drug (use and) abuse affects not only the (users and) abusers themselves, but also those who are with them, such as families and spouses, in a serious manner, and consequently the productive activities of the whole society. However, it is important to note that for the adolescent girls and unmarried women, drugs used order than for the treatment of sickness or illness and for psychoactive purposes such as motivating stamina to withstand stressful sex and or to cushion the effects of infections, are meant to suppress conception or terminate pregnancy that is unwanted. Unfortunately, in many literature, the effect of drug use on termination of pregnancies whether unwanted or unexpected has not been sufficiently highlighted. Regrettably also, the phenomenon of drug use by young and unmarried women has not been provided for in the Millennium Development Goals (MDGs) which lay the template for development in the country despite the fact that drug use has a strong negative impact on mortality levels and overall development of Akwa Ibom State and Nigeria as a whole.

Many studies show that drug use contributes to the death of the users. [Salami \(2015\)](#) the Population Reference [Population Reference Bureau \(2013\)](#); [Abasiokong \(1997\)](#) and many others have identified unsafe abortion as one of the main causes of maternal mortality. Maternal mortality as defined by [Weeks \(2008\)](#) is the death of a woman (could be a young girl) in pregnancy, child birth and 42 days afterward. Unsafe abortion is caused by several factors including indiscriminate use of drug and abuse. According to [WHO \(2017\)](#) there are globally an estimated 40-50 million abortions every year, and approximately 125,000 abortions per day. The African continent accounts for an estimated 8.3 million induced abortions each year and at least 9 percent of maternal deaths (16,000) annually due to unsafe abortion ([Singh et al., 2014](#)). In Nigeria maternal mortality rate is still as high as 570 per 100,000 live births due to the prevalence of unsafe abortions ([Ifijeh, 2016](#)). Comparatively, while Africa experiences 37,800 drug-related deaths, North America and Asia account for 43,000 and 81,100 cases respectively. These revealing facts become frightening and constituted the reason for conducting this study.

2. METHOD

2.1. Design

The study adopted the survey research design. This design was considered adequate because it facilitated easy exploration of the six local government areas where data were collected for the study. Similarly, because the survey

method has the advantage of being flexible to varieties of data collection technique, it could help the collection of both qualitative and quantitative data for the study.

2.2. Study Sites

The study was concentrated in Uyo, Etinan, Abak, Ikot Ekpene, Oron and Mbo Local Government Areas. Akwa Ibom State has three Senatorial Districts like other states in the country but with 31 Local Government Areas. By historical explanation, there are also three major dialect groups, namely, Ibibio, Annang and Oron. Similarly, by geographical location and political arraignments, the major dialect groups are located respectively in the Akwa Ibom North East, Akwa Ibom North West, and Akwa Ibom South Senatorial Districts with the exception of the Ibibio that spills into both Akwa Ibom North West, and Akwa Ibom South Senatorial Districts. However, two local government areas were selected from each Senatorial District. That is, Uyo and Etinan local government areas from Akwa Ibom North East, Abak and Ikot Ekpene Local Government Areas from Akwa Ibom North West while Oron and Mbo from Akwa Ibom South Senatorial District.

2.3. Rationale for the Choice of the Study Sites

Two important factors were considered in selecting the six areas for the study. The factors included the concentration of the target population and proximity factor. Uyo has historically been the hub of businesses, transportation and politics of Akwa Ibom State and people ([Attah and Akpan, 2007](#)). Government institutions and most businesses or investments exist in Uyo and continue to influence the concentration of people in the area. This also attracts people with different intentions, attitudes and behaviour to the area, most of who are involved in harmful drugs. Apart from housing institutions that also attract large population of people, Etinan, Abak, Ikot Ekpene has closed proximity to Uyo. In Oron, there are also concentrations of public and private institutions that pulled a large number of young girls and unmarried women who desire jobs and have other needs in the area. Oron Local Government Area has a close proximity with Mbo, and Mbo (located in the coastline area and dividing Nigeria boundary with some other African countries) serves as a major outlet for drug smugglers and commercial sex workers and hawkers. On the reason for including the young girls in the study, many studies ([Adeyemo et al., 2016](#)) have indicated that drug and substance used and abuse is common among Nigerian youths and adolescent and that the health of young people is a key factor in the promotion and preservation of the health of the population as a whole because it determines the overall level of population health in the short term ([Tsvetkova and Antonova, 2013](#)) cited in [Adeyemo et al. \(2016\)](#). Apart from this, adolescents everywhere in the world prefer an autonomous and independent life that is free from adult control, there by engaging in various delinquent acts such as drug abuse, rape, robbery, cultism and vandalism that are dangerous to the home, community, school and the nation ([Fareo, 2012](#)). The adolescent disposition and peer influence lure most into orgy (see [Grunbaum, Kann, Kinchen, et. al, 2002](#)) in [Goar et al. \(2012\)](#).

2.4. Participants

The participants were drawn from two groups: young girls between the ages of 15-29 years and unmarried women in the age cohort of 30-49 years. In the first group, 197 participants or respondents were selected while in the second group, 103 participants were selected, all using the multistage probability sampling technique. The young girls were identified in the schools, at the shops where the classified drugs are normally purchased, in the homes of TBAs, at the clinics, hospitals and at the VVF Center, located at Mbribit Itam, Itu local government area. Similarly, the unmarried women were identified at the aforementioned places except the schools. The researcher worked with three assistants who did much of the interviewing and also distributed and retrieved the questionnaire

from the respondents. Characteristically, the study participants comprised 84 (42.6%) girls in the age group of 15-19 years and 61 (31.0%) in the age group of 25-29 years. Among the unmarried women, 45 (43.7%) were aged 35-39 years whereas 39 (37.8%) were in the age group of 30-34 years, and only eight (7.8%) belonged to group of persons aged 40-44 years see [Table 2](#).

A total of 92 out of the 300 respondents, comprising 69 (23.0%) girls and 23 (7.7%) unmarried women were selected from Uyo local government area. In Etinan, 31 (10.3%) girls and 12 (4.0%) unmarried women were selected even though the ages of the respondents varied only between those who claimed to be 20-29 and 30-34 years compared to Ikot Ekpene where the 51 (17.0%) girls and 27 (9.0%) unmarried women who were selected comprised persons in age groups from 15-49 years. Only nine (3.0%) girls and four (1.3%) unmarried women were selected from Mbo whereas in Abak and Oron, 26 (8.7%) girls and 19 (6.3%) unmarried women, and 18 (6.0%) girls and 11 (3.7%) unmarried were respectively selected see [Table 1](#). An evaluation of the level of education of the participants see [Table 3](#) shows 69 (35.0%) girls compared to 23 (22.3%) reported an attainment of the secondary education. A reasonable 91 (46.2%) young girls have attended higher level of education, 18 (9.1%) have obtained B.Sc degree, and only 15 (7.6%) reported a primary level of education. The unmarried women equally reported higher level of educational attainment. Among them, 39 (37.9%) have reached higher education level while another 41 (39.8%) have attended the university level of education.

2.5. Instruments and Procedure

The questionnaire and interview were the main instruments used in this study. Both instruments contained similar questions. The questionnaire consisted of five sections: background characteristics of the respondents, drug use, type of drug ever use, number of times used, and reasons for drug use. Every section comprised both closed and open-ended questions. The interview schedule was used among those respondents who offered to provide the needed information through interaction with the researcher or the assistant researchers. However, the reliability of the questionnaire was confirmed at 0.79 percent coefficient using a test-retest-process.

3. DATA ANALYSIS

The data collected in the study were presented in frequency tables and analyzed using multiple linear regression analysis. Analysis was done with the statistical package for social sciences (SPSS), IBM SPSS statistics 20 version.

3.1. Conceptual Clarification

Drug is a consumable item for young and old, and male and female who have needs for it. This study operationally classified drugs into three groups: drugs taken against sickness or for health (medicinal drugs), hard drugs taken by people of exceptional character and conduct (recreational or psychoactive drugs), and drugs used for abortion or termination of pregnancy. The last category of drugs was focused on in the study. These include as modern drugs such as mifepristone (mifeprex) otherwise called RU-486, misoprostol (cytotec), methotrexate, postino tabs, menstrogen tabs, miscoclear, guien, oxytein, ampiclox, A-P Fort, and black and white. On the contrary, the commonly used traditional drugs include ginger, salt, local gin (ufopop), bark of trees, roots and herbs, pepper, andrews, and teem soda, etc.

3.2. Model Specification

The model is derived from the equation $y_i = \beta_0 + \beta_1 x_{i1} + \beta_2 x_{i2} + \dots + \beta_{p-1} x_{ip-1} + e_i$. It was designed separately for the young girls and for the unmarried women, thus, $y_i = \beta_0 + \beta_1 md_{i1} + \beta_2 td_{i2} + \beta_3 ed_{i3} + \beta_4 re_{i4} + e_i$

Where:

y - ever use of drug to terminate pregnancy.

md - modern drug.

td - traditional drug.

ed - educational level.

re - reasons for use of drug.

4. RESULTS

Table 4 shows the distribution of the young girls (respondents) by known types of modern and traditional drugs that could be used to abort a pregnancy. As indicated in the table, only 60 of the sampled respondents admitted knowledge of modern drugs: ampiclox 29 (48.3%), miscoclear 18 (30.0%), misoprostol 6 (10.0%), postino 5 (8.3%) and one (1.7%) each for oxytein and A-p fort. The types of drugs that are known by majority of the young girls are the traditional drugs. Every respondent accepted having fair knowledge of the traditional drugs indicated in the questionnaire and or mentioned during the interview, but specifically, 7 (5.1%) respondents mentioned bark of trees while 8 (5.8%) others emphasized a substance such as kerosene. A total of 27 (19.7%) respondents claimed adequate knowledge of ginger as an active abortion drug, 24 (17.5%) said teem soda while 22 (16.1%) mentioned salt. Andrews and roots/herbs were indicated by 17 (12.4%) respondents respectively.

Table 5 shows the number of times that the young girls (respondents) have ever used abortion drugs. The data show that 14 (7.1%) respondents never abort pregnancy and so have not used any drug. A larger number of the respondents, 65 (33.0%) have actually used drug once. While a total of 34 (17.3%) of the respondents have used abortion drugs twice, 47 (23.8%) said they have ever used abortion drugs thrice. The table indicates that only five (2.5%) respondents that admitted using the drugs for different abortion drugs but for more than five times while 11 (5.6%) others have used drugs for five times now.

Table 6 presents data on the known modern and traditional drugs attested to by the respondents (unmarried women) that could be used to abort pregnancy. The data show that most of the respondents, 22 (21.4%) and 20 (19.4%) claimed knowledge of guien and ampiclox, respectively. A total of 16 (15.6%) respondents said they have knowledge of miscoclear, another 14 (13.6%) respondents claimed the new postino tablet while 10 (9.75%) others identified menstrogen tablet. The least number of respondents, 3 (2.9%) said they knew of A-p fort. However, all the respondents admitted having adequate knowledge of all types of traditional drugs that could be used to terminate pregnancy.

Table 7 indicates the number of times that the unmarried women have ever used drugs to terminate unwanted or unexpected pregnancy. The table shows that out of 103 respondents selected in the study, only two (1.9%) denied ever using drugs to abort a pregnancy. A total of 18 (17.5%) women have according to data in the table abort pregnancy only once while 12 (11.6%) others admitted that they have used drugs more than five times to abort unexpected pregnancies. According to data in the table, 25 (24.3%) respondents have terminated five pregnancies with drugs because of such coming unexpected. Incidentally, 22 (21.4%) and 13 (12.6%) respondents have accepted using aborting unwanted pregnancies for two times and four times, respectively using drugs.

Table 8 provides information on the reasons why the respondents in the two groups used drugs to terminate pregnancy instead of going to the hospital. Data presented in the table show that only three (1.1%) respondents considered avoidance of shame as the main reason for secretly applying drugs unwanted pregnancy. Majority of the respondents, 87 (30.6%) claimed that it was the fear of how their parents/guardian would react that pushed them into using drugs instead of exposing themselves in the hospital. The same applied to those respondents who either lived their foster father, master or mistress, elder brother or sister. The table shows that 47 (16.5%) respondents

decided to use drugs to terminate their unwanted pregnancies when their spouse or friend promised no responsibility for the pregnancy whereas 41 (14.4%) respondents claimed because they lacked money to vote hospital bill, they resorted to use drugs. In terms of the preferred drug by the respondents for terminating unwanted and unexpected pregnancy, among the young girls who indicated that they have at one time or the other use drug to abort a pregnancy, 51 (27.9%) preferred modern drugs while 132 (72.1%) said they preferred the traditional drugs. Conversely, 88 (87.1%) of the unmarried women accepted modern drugs and the hospital because of their past experiences and safety reasons whereas only 13 (12.9%) still preferred the traditional drugs **Table 9**.

Table 10 indicates information on the side effects of continuous use of drugs to terminate pregnancy. Although all the respondents argued that aborting or terminating pregnancy repeatedly with drugs caused every type of effect listed in the table, 85 (28.3%) respondents particularly mentioned damaged of womb of the users. A total of 98 (32.7%) of the respondents said it normally caused severe pains, while 71 (23.7%) others said that in addition to other problems, the practice leads to rampant menstrual flow which consequently altered cycle of the victim. As indicated in the table, 20 (6.7%) of the respondents and another 26 (8.6%) respectively argued that the rampant use of drugs to terminate pregnancy normally caused blackish colour of blood flow and could equally result in the death of the victims.

4.1. Data Presentation

Table-1. Distribution of the respondents by place of residence.

Place of residence	No. of respondents	%
Uyo	** 69	23.0
	23	7.7
Etinan	** 31	10.3
	12	4.0
Abak	** 26	8.7
	19	6.3
Ikot Ekpene	** 51	17.0
	27	9.0
Oron	** 18	6.0
	11	3.7
Mbo	** 9	3.0
	4	1.3
Total	300	100

**= young girls; no asterisks = unmarried women.

Table-2. Distribution of the respondents by age.

Age	No. of respondents	%
15-19	84	42.6
20-24	52	26.4
24-29	61	31.0
Total	197	100
30-34	39	37.8
35-39	45	43.7
40-44	8	7.8
45-49	11	10.7
Total	103	100

Source: Ben's fieldwork, 2017.

Table-3. Distribution of the respondents by level of education.

Level of education	Young girls		Unmarried women	
	No. of respondents	%	No. of respondents	%
No education	-	-	-	-
Primary education	15	7.6	-	-
Secondary education	69	35.0	23	22.3
Higher education				
Polytechnic	31	15.7	12	11.7
College of education	9	4.6	27	26.2
Others	51	25.9	-	-
University				
B. Sc	18	9.1	11	10.7
PGD	4	2.1	26	25.2
M. Sc	-	-	4	3.9
Ph. D	-	-	-	-
Total	197	100	103	100

Source: Ben's fieldwork, 2017.

Table-4. Distribution of the respondents (young girls) by known drugs used for termination of pregnancy.

Modern drugs	No. of respondents	%	Traditional drugs	No. of respondents	%
Postino tabs	5	8.3	Roots/herbs	16	11.7
Menstrogen tabs	-	-	Bark of trees	7	5.1
Miscoclear	18	30.0	Salt	22	16.1
Guien	-	-	Local gin	16	11.7
Misoprostol	6	10.0	Ginger	27	19.7
Oxytein	1	1.7	Teem soda	24	17.5
Ampiclox	29	48.3	Andrews	17	12.4
A-p fort	1	1.7	Others: Kerosene	8	5.8
Black & white	-	-			
Others	-	-			
Total	60	100	Total	137	100

Source: Ben's fieldwork, 2017.

Table-5. Distribution of the respondents (young girls) by number of times ever used drugs to terminate pregnancy.

No. of times	No. of respondents	%
Never use	14	7.1
1	65	33.0
2	34	17.3
3	47	23.8
4	21	10.7
5	11	5.6
>5	5	2.5
Total	197	100

Source: Ben's fieldwork, 2017.

Table-6. Distribution of the respondents (unmarried women) by known drugs used for termination of pregnancy.

Modern drugs	No. of respondents	%	Traditional drugs	No. of respondents	%
Postino tabs	14		Roots/ herbs	All respondents	„
Menstrogen tabs	10		Bark of trees	„	„
Miscoclear	16		Salt	„	„
Guien	22		Local ginger	„	„
Misoprostol	8		Ginger	„	„
Oxytein	4		Teem soda	„	„
Ampiclox	20		Andrews	„	„
A-p fort	3		Others: Kerosene	„	„
Black & White	6				
Mifepristone	-				
Methrotrexate	-				
Others	-				
Total	103	100	Total	103	100

Source: Ben's fieldwork, 2017.

Table-7. Distribution of the respondents (unmarried women) by of times ever used drugs to terminate pregnancy.

No. of times	No. of respondents	%
Never use	2	1.9
1	18	17.5
2	22	21.4
3	11	10.7
4	13	12.6
5	25	24.3
>6	12	11.6
Total	103	100

Source: Ben's fieldwork, 2017.

Table-8. Distribution of the respondents by reasons for use of drugs to terminate pregnancy.

Reasons	No. of respondents	%
Fear of parents/guardian	87	30.6
Living with foster parents	25	8.8
Living with a master	9	3.2
Living with a mistress	24	8.5
Living with a brother	35	12.3
Living with a sister	13	4.6
My friend denied responsibility of the pregnancy	47	16.5
No money for hospital bill	41	14.4
Avoidance	3	1.1
Total	284	100

Source: Ben's fieldwork, 2017.

Table-9. Distribution of the respondents by preferred type of drug used to terminate pregnancy.

Preferred type of drug	No. of respondents	%
Young girls: Traditional drugs	51	27.9
Modern drugs	132	72.1
Total	183	100
Unmarried women: Traditional drugs	88	87.1
Modern drugs	13	12.9
Total	101	100

Source: Ben's fieldwork, 2017.

Table-10. Distribution of the respondents by known effects of continuous termination of pregnancy with drug.

Effects	No. of respondents	%
Damage womb	85	28.3
Rampant/ heavy flow	71	23.7
Blackish colour of the flow	20	6.7
Severe pains	98	32.7
Death	26	8.6
Total	300	100

Source: Ben's fieldwork, 2017.

The data Table 11 explain the effect of the measured variables on the termination of pregnancy with drugs. For the young girls, the termination of pregnancy decreased with a corresponding decrease in the use modern drugs only, that is, with b coefficient = -0.62 and t-value = -15.2, and even in combination with traditional drugs, the coefficients (negative) were significant at $p < .000$ and $p < .001$, respectively. With the effect of educational level, the three variables constituted significant effects on the termination of pregnancy with drugs irrespective of the type. As shown in the table, the impact of modern drug, traditional drug and level of education when combined, suppressed the effect of any reason the young girls may have for using drugs to abort unexpected pregnancy. The reasons indicated by the young girls showed $p > .55$, highly insignificant for explaining their attitude toward the use of drugs to terminate unexpected pregnancy. Similarly, among the unmarried women, modern drug when combined with educational level could not explain the women preference of drugs to abort unwanted pregnancy.

Table-11. Regression results for both the young girls and unmarried women.

Variables	B	Std. error	t-value	Sig.	Tailed test	P
Young girls						
Constant	7.48	.22	34.13	.000		
Modern drug	-.62	.04	-15.20	.000	1	0.95
	7.61	.69	11.07	.002		
Modern drug	-.62	.05	-13.13	.001		
Traditional drug	-.02	.09	-.20	.854	1	0.95
	5.1	.27	18.71	.003		
Modern drug	-.59	.01	-69.34	.000		
Traditional drug	.18	.03	7.11	.019		
Educational level	.12	.01	10.18	.010	1	0.95
	5.17	.31	16.93	.038		
Modern drug	-.59	.01	-47.98	.013		
Traditional drug	.18	.03	6.56	.096		
Educational level	.12	.01	9.45	.067		
Modern drug	-.01	.01	-.85	.553	1	0.95
Unmarried women						
Constant	8.66	3.71	2.33	.080		
Reason for drug use	-.15	.61	-.25	.817	1	0.95
	8.77	4.83	1.82	.17		
Modern drug	-.14	.74	-.18	.866		
Educational level	-.02	.45	-.05	.962	1	0.95
	15.23	.45	33.82	.001		
Modern drug	-.55	.06	-9.51	.011		
Educational level	.16	.03	4.57	.045		
Reason for drug use	-1.13	.05	-23.44	.002	1	0.95

Source: Ben's fieldwork, 2017.

This may be due to errors in the reported data as the result does not correspond with the information represented by the data in Table 6. The level of significance measured at 95% confidence level, one tail test was $p > .817$ in a single measure of the effect of modern drug and $p > .962$ when the test involved a combination of the effect of modern drug and that of educational level. In the combined effects of modern drug, education level and reasons for using drugs against unwanted pregnancy, the results were all significant, $p < .011$; $p < .045$ and $p < .002$, respectively. The effect of traditional drugs could not be measured because all the respondents claimed knowledge but were not currently using the drugs some reasons they did not disclose in the questionnaire or during the interview.

5. DISCUSSION OF FINDINGS

The study evaluated the phenomenon of drug use to terminate unwanted or unexpected pregnancy among young girls and unmarried women in Akwa Ibom State, Nigeria. Findings of this study correspond largely with the submissions of many studies in different places. For instance, the study found that drug use and even abuse is severe in Nigeria as reported in other countries such as those in North America, East and South East Asia (WDR, 2014). All types of drugs including those that are used for termination of unwanted pregnancy are sold and bought everywhere in kiosks or bars, in the patent medicine shops, and pharmacies in the study area. The use of drugs to terminate pregnancy is risky; normally causes damage of womb, excessive bleeding, and death, etc; consistent with Sambo (2008) position that chronic use of substances can cause serious, sometimes irreversible damage to adolescent's physical and psychological development. However, despite the awareness of this fact, the prevalence of modern contraception and availability of modern facilities that can effect safe abortion, the study found that a large number of the respondents particularly the young girls still use drug to terminate unexpected or unwanted pregnancy. This unguarded attitude concerning drug use has been observed by McMaster and Keshav (1994) who

investigated the perceptions of normal alcohol use by Zimbabwean high school students. To [McMaster and Keshav \(1994\)](#) adolescents and youth normally underrate the harmful effects of unhealthy life styles.

The study also observed that the destruction of conception (abortion) in the study population is considered unethical, satanic, and culturally and religiously unacceptable even when it is meant to save a woman's life in the case of a hospital, although argued on the contrary by [Henshaw et al. \(1998\)](#). Similarly, the procedures used by most people to terminate unwanted pregnancy in the study area are clandestine, and many are carried out under unsafe conditions and by untrained providers. In short, many of the abortion cases executed with drugs and by untrained persons result in serious problems such as severe pains, 98 (32.7%), damage womb, 85 (28.3%) and death, 26 (8.6%) as observed in the study.

The regression results showed a significant effect of modern drug on the termination of undesired pregnancy at $p < .000$; in the combination of modern drug with traditional drug and educational level, the results also showed significant at $p < .000$ for modern drug, $p < .019$ and $p < .010$ for level of education. Education generally is a factor that plays a determining role in a person's attitude. In terms of drug use, it helps to create awareness and smoothen knowledge of the advantages and disadvantages of drug use. However, several literatures and meta-analyses of school-based drug prevention programs have concluded that most are ineffective in preventing drug use (see [Battjes 1985](#); [Bangert-Drowns 1988](#); [Botvin 1990](#); [Bruvold and Rundall 1988](#); [Ennett et al. 1994](#); [Hansen 1990](#); [Ringwalt et al 1994](#); [Tobler 1986](#)) in [Rosenbaum and Hanson \(1998\)](#). Where all the measured variables were combined to examine their effects on the termination of unwanted pregnancy, the reason for drug use showed an insignificant effect ($p > .553$). A study amongst secondary school students in Kenya by [Maithya \(2009\)](#) has confirmed that the common reasons for drug abuse include curiosity and acceptance by friends (peer pressure). Similarly, a study by [Kiiru \(2004\)](#) indicates that peer pressure was responsible for youths' consumption of drugs for the purpose of stimulating appetite for food. All of these appear consistent with the finding of this study that pressure from peers, and mother and sister influence the respondents' attitude to drug use, even though the result varied for the unmarried women particularly concerning modern drug when combined with educational level.

Although drug use and abuse is a common feature of all societies as observed in many studies ([Henshaw et al., 1998](#); [Onwukwe et al., 2002](#); [Goar et al., 2012](#); [Montazerifar et al., 2013](#); [Adeyemo et al., 2016](#)) the level or rate (of drug use and abuse) as in Japan ([Henshaw et al., 1998](#)) decreases with advancement in educational level. Corresponding with this argument, the regression coefficient showed $p < .010$ & $p < .045$, implying that educational level has significant effect on the desire or otherwise to use drug to terminate unwanted pregnancy. For the young girls, the reasons for aborting pregnancy with drugs was not a strong determinant ($p > .553$) as against $p < .002$ for the unmarried women. This finding varies significantly from a study report by [Foo et al. \(2012\)](#) which holds in parts that 'family factors (such as family economic standing) and peer influence played an important role in an individual's drug abuse habits; and that other factors such as curiosity, tension release and betrayal of spouse also contributed to participant's drug abuse.

6. RECOMMENDATIONS AND CONCLUSION

The findings of this study which are consistent with many previous studies have indicated that much is still left to be done on the phenomenon of hard drug, its use and abuse. It is important to argue that the achievement of a reduction in the rates of indiscriminate use of drugs for purposes of health (medicinal drugs) and by people of exceptional character and conduct (recreational or psychoactive drugs) as earlier mentioned should not divert the attentions of the government, National Drug Law Enforcement Agency and other relevant agencies from the issue of abortion or termination of pregnancies using drugs. Much as sufficient evidence continue to hold that unsafe abortion reduces women's productivity, increases the economic burden on poor families, and constitutes additional

pressure on the already struggling public health systems, and that 'drugs alter the normal biological and psychological functioning of the body, especially the central nervous system (Melis et al., 2005) in Adeyemo *et al.* (2016) it is imperative that the suggestions made in this study be given adequate attention.

However, it is suggested that government should intensify the campaign on sexual education among the young girls and unmarried women who are most vulnerable to drug use, termination of pregnancy with drug and VVF diseases to help check the menace. There should also be effective campaign and public enlightenment of on the appropriate manner of handling issues concerning unexpected pregnancies in young girls especially those that are still attending schools. In the schools, subject or course that focuses on drug use and abuse should be introduced. In addition, there should counseling and creation of awareness on the ills of drug use and abuse on the individuals, families and the society. Government should incorporate the patent medicine dealers into the 'drug use and abuse control or prevention project' with appropriate legislation on the specified types of drugs that patent medicine shops should distribute since majority of the population depend on these shops for their health care needs. With this, instead of providing nocturnal and risky services to the people, they would be identified; licensed, monitored and punished if contravened the law. Sex education has to a certain extent added pains to the injury by exposing the young ones to knowledge of sex and contraceptives, thereby endearing on some to make trials. Therefore, the contents of sex education should be restructured.

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