ASSESSMENT OF ABORTION AND ITS IMPACT ON GIRL CHILD EDUCATION IN SIERRA LEONE (A CASE STUDY OF MANJAMA COMMUNITY BO CITY, SOUTHERN SIERRA LEONE.

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1.Abstract

According to the state of the World children 2009 report, the younger a girl get pregnant, the greater the health risks for her and her infant. Worldwide, more than 60 million women who are currently aged 20-24 were married before 18 years; most child marriages are in South Asia and Africa. Abortion and dropout from school are two-words and when defined separately could lead to a lucid understanding of the terminologies. Abortion and dropout. Abortion can be defined as a teenaged or underage girl (usually within the ages of 13-19 years) who do terminate their child when they get pregnant .The term in every day speech usually refers to women who have not reached legal adulthood, which varies across the world.

Over 40% of girls, now between the ages of 15 and 19 get complication and 12% of them die, (2010 government demographic health survey (DHS) in Sierra Leone). Most girls drop-out of school age 19 face a lots of problems. Boys tend to drop-out by age 16, Child protection experts speculate these pregnancies are caused by voluntary sexual relations among school children,

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early marriages, transactional sex with adult and other forms of sexual abuse, but UNICEF Fonteyn told Irin Africa-Sierra Leone, no studies have yet been undertaken. Despite this knowledge, not much research is on-record relating to the assessment of abortion and its impact on girl child education in Sierra Leone taken Manjama Community in Bo City as the case study. In view of the above mentioned a critical study of the impact or effect of abortion on the rate of drop-out is worth undertaking.

2. Introduction

Education of girls has been a high priority for the Government of Sierra Leone and a Global concern. The National commitment to provide free and compulsory education to all children in the 6-14 years age group is now a Fundamental Right of every child in the Country after the passing of the Constitution of girl child education. Reaching out to the girl child is central to the efforts to universalize elementary education. 'Education for All' programme recognizes that ensuring girl's education requires changes not only in the education system but also in societal norms and attitudes. A two-pronged gender strategy has therefore been adopted, to make the education system responsive to the needs of the girls through targeted interventions which serve as a pull factor to enhance access and retention of girls in schools and on the other hand, to generate a community demand for girls' education through training and mobilization.

Young girls are the mainstay of societal development in term of biological continuity. But abortion in Sierra Leone community has increased so much that this dropout rate is also increasing. Bo district has one of the highest dropout rates in the country with 50% of its young people not graduating from high school compared to a dropout rate of 10% at the Western area and 27% nationally (UNICEF 2009). According to UNICEF's 2009 state of the World report, the causes and efficacy of abortion is closely linked to a host of other critical social issues such as, poverty and income, education, health issues, child welfare, and sexually transmitted diseases.

Also substantial public cost associated with abortion due to social problems affecting teenagers, abortion ranging from school failure and crime to child abuse and neglect. Although the Sierra

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Leone government has made strong progress in reducing teenage abortion and birth rates, the teenage abortion rate in Sierra Leone and especially Bo is on the increase. There is also some evidence to suggest that the progress the nation has made in preventing teenage abortion has begun to slow in some cases to reverse all of which suggests that the government alone will not curb or reduce it. Therefore this research is necessary to assess abortion and it impact on girl child education in Bo-A case study of manjama community Southern Sierra Leone.

4. Data Analysis Techniques

Statistical techniques such as Absolute frequency (AF) and relative frequency (RF %) through descriptive statistics was be used to process data collected into raw scores. Empirical statistical analyses was used to demonstrate in simple terms graphical illustration through pie, bar, and line charts for simple understanding.

5. Discussions of Findings

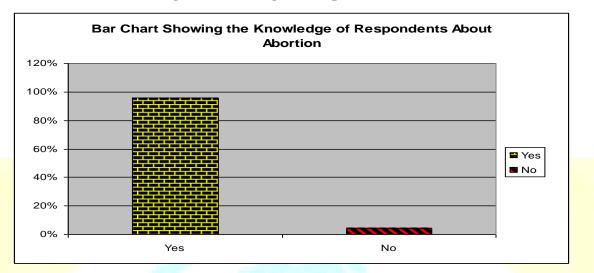
Awareness about Abortion by the Respondents.

Investigation was carried out to determined whether the respondents know about abortion incidents in their community and the results are presented in Table 12 and figure 11 below.

Table 1: Awareness about Abortion by the Respondents

		N=100
Have you heard abo	ItAbsolute frequency (AF)	Relative frequency (RF%)
abortion		NA
Yes	96	96
No	4	4
Total	100	100

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Source: Field survey July 2011.

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According to the data interpreted in table 1 and figure 1 above, data showed that almost all of the respondents 96(96%) knew about abortion; whilst small number said they have never heard about abortion in their community. The results however showed that, high number of respondents in the study have knowledgeable about abortion than those who knew nothing about it.

Sources of Information by the Respondents

A research was done to know the sources of information on abortion and it impact on girl child education by the respondents and the results are presented in Table 2 and figure 2.

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Table 2: Sources of Information by the Respondents

		N=96
Sources of information	Absolute frequency (AF)	Relative frequency (RF
		%)
From friends	58	60.41
News Paper	14	14.58
Workshops/seminars	13	13.54
Radio	11	11.45
Total	96	100.00

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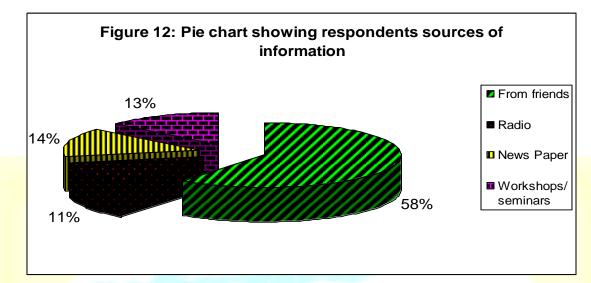


Figure 2: Pie Chart Showing Respondents Sources of Information

Source: Field survey July 2011.

The data in table 13 and figure 2 showed that, 58(60.41%), 11(11.41%), 14(14.58%), and 13(13.54%) of the respondents said they got their information from friends, radio, news papers, sources respectively. The results showed that small number of the respondents got their information from news paper whiles majority of them got their information from friends, this is a clear manifestation that peers groups influence abortion more than any other categories of people.

Have You Ever Done Abortion Before?

A research was done to know that have done abortion before in the study area and the results are presented in Table 14 and figure.

Table 3: Have You Ever Done Abortion Before?

N=96

Responses	Absolute frequency (AF)	Relative frequency (RF
		%)
Yes	78	78
No	22	22
Total	100	100

Source: Field survey July 2011.

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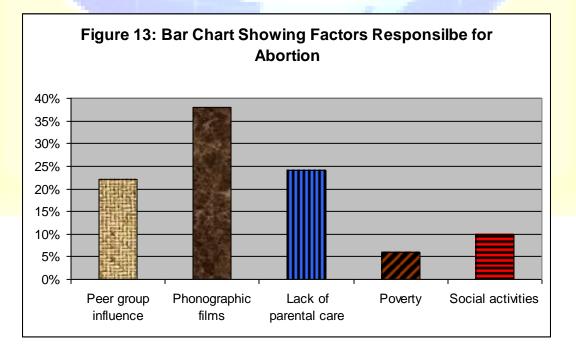
According to the report from the survey conducted by the Ministry of Health and Sanitation Sierra Leone and WHO 2009, "the effect of abortion" which stated that, over 69% of school going girls are highly engaged in abortion in Sierra Leone. From table 14 above 78(78%) of the respondents agreed that they have done abortion and 22(22%) of them said they haven't. data showed that majority of the respondents have done abortion in the study area.

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		N=100
Factors responsible for	Absolute Frequency (AF)	Relative Frequency (RF
Abortion		%)
Phonographic films	38	38
Lack of parental care	24	24
Peer group influence	22	22
Social activities	10	10
Total	100	100

Table 4: Factors Responsible for Abortion





Source: Field survey July 2011.

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Table 4 and figure 4 results showed that 22(22%), 38(38%), 24(24%), 6(6%), and 10(10%) of the respondents agreed that peer group influence, lack of parental care, poverty and social activities are responsible for abortion in their community respectively. The results illustrated that majority of the respondents agreed that peer groups are responsible for abortion to occur and small number of the respondents said poverty is responsible for abortion.

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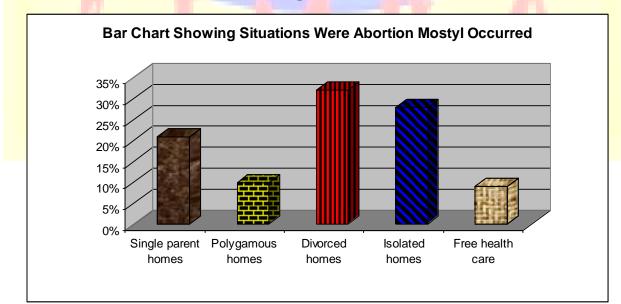
	N=100	
Situations	Absolute Frequency (AF)	Relative Frequency (RF%)
Divorced homes	32	32
Isolated homes	28	28
Single parent homes	21	21
Polygamous homes	10	10
Free health care situation	9	9
Total	100	100

Table 5: Situations that Abortion Mostly Occurred

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Figure 5: Bar Chart Showing Situations Were Abortion Mostly Occurred by the

Respondents.



Source: Field survey July 2011.

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Table 5 and figure 5 above illustrate that 21(21%) of the respondents said that abortion mostly occurred in single parent homes, 10(10%) said it occurred in polygamous homes, 32(32%) said it abortion occurred in divorced homes, 29(29%). Said it occurred in isolated and 9(9%) said abortion mostly occurred in free health care situations. The results however showed that, small number of the respondents said abortion occurred in free health care situations, whilst majority of the respondents said abortion mostly occurred in divorced homes.

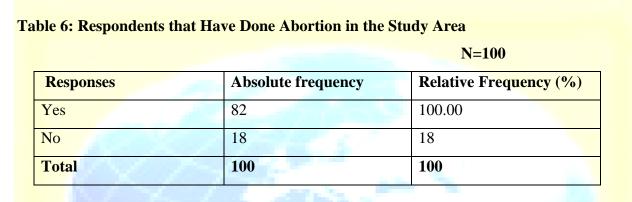
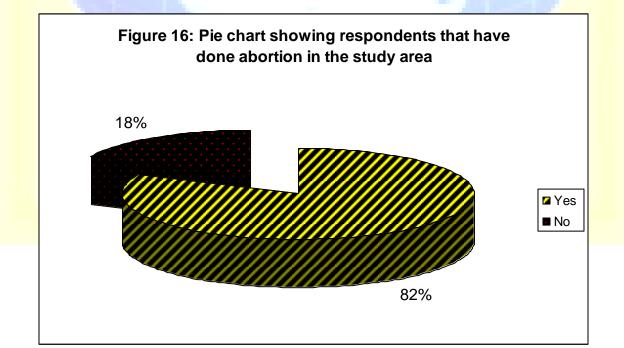


Figure 6: Pie Chart Showing Respondents that Have Done Abortion Before in the

Study Area.



Source: Field survey July 2011.

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From the data presented in table 6 and figure 6 above, data clearly shows that majority of the respondents in the study area 82(82%) said they have done abortion before whilst small number of the respondents in the study area said they have not done abortion in their life . The results however showed that abortion rate is high in the study area.

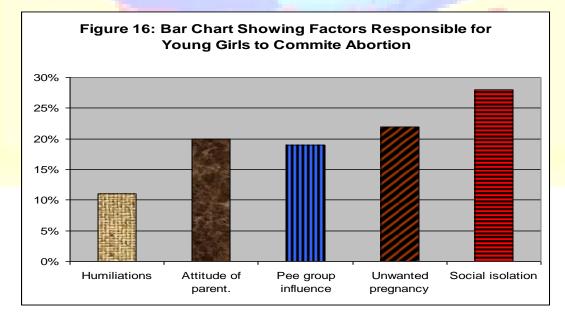
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Table 7: Factors Responsible For Young Girls to Commit Abortion in the Study

	N=100	
Responses	Absolute frequency (AF)	Relative frequency (RF
		%)
Social isolation	28	28
Unwanted pregnancy	22	22
Attitude of parents.	20	20
Peer group influence	19	19
Humiliations	11	11
Total	100	100

Figure 7: Bar Chart Showing Factors Responsible For Young Girls to Commit

Abortion in the Study Area.



Source: Field survey July 2011.

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According to table 7 and figure 7above, 11(11%) of the respondents humiliations are responsible for young girls to commit abortion, 20(20%) of them said that the parental attitude is responsible, 19(19%) said peer group influence is responsible, 22(22%) of the respondents said faire of unwanted pregnancy is responsible, whilst 28(28%) of the respondents said others factors such as social isolation are responsible for young girls to commit abortion in the study area. Results however showed that small number of the respondents said other personal reasons are responsible for young girls to commit abortion.

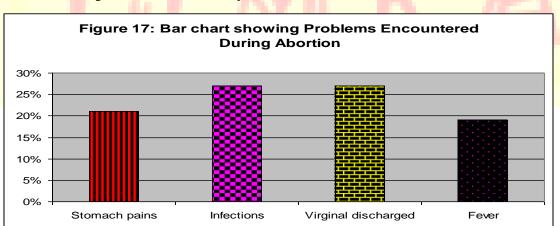
Table 8: Problems Encountered During Abortion by the Respondents in the Study

Area

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Responses	Absolute frequency (AF)	Relative frequency (RF
	and the second	%)
Virginal discharged	54	54
Stomach pains	29	29
Infections	11	11
Fever	6	6
Total	100	100

Figure 8: Bar Chart Showing Problems Encountered During Abortion by the



Respondents in the Study Area

Source: Field survey July 2011.

According to table 8 and figure 8 above showed that stomach pain is the key problem of abortion, over 54(54%), 29(29%), 11(11%), and 6(6%) of the respondents said they experienced virginal discharged, stomach pains, infections, and other constraints respectively. The results however indicated that majority of the respondents experienced virginal pains as compared to a very small number that experienced other constraints. This implied that abortion has several negative impacts on the aborters.

CONCLUSION.

This study was carried out to examine abortion and it impacts on girl child education in the Study Area. Based on the findings, it could be inferred that all of the respondents were females and a large proportion of them were students. Most of the respondents got their assistance from families or relatives and majority of them were single and were dependants on their parents. According to the research findings, abortion has greater impacts on girl child education, they also encountered problems such as economic constrains, psychological stress, malnutrition and family neglect during and after abortion.

RECOMMENDATIONS.

Based on the research findings, the following recommendations are made as to help ameliorate this social problem:

Family life education should be provided within the family, community and training institutions.

Family planning services should be made available, accessible and affordable to all women, men and adolescents of reproductive age.

Particular attention should be given to vulnerable groups such as adolescents (young girls) and youth.

- Adequate and timely post-abortion care should be provided in the nearest health facility.
- > The community should take an active role in public discussions of unsafe abortion.

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