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PRINT: ISSN 0302-4660

ONLINE: ISSN 2814-2985

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Nigerian Journal of Paediatrics 2025; Volume 52(4):393-396.

<https://dx.doi.org/10.63270/njp.v52i4.2000040>.

## Unsafe Induced Abortion in an Adolescent Following Misinformation and Sexual Exploitation: A Case Report

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### Abstract

Adolescents in low-resource settings have inadequate access to accurate sexual and reproductive health (SRH) information and care. Misinformation, peer influence, and restrictive laws often result in harmful practices such as unsafe abortion, contributing significantly to adolescent morbidity and mortality. We report the case of a 14-year-old Nigerian girl who, at 13 years of age, was misled by a peer to believe that remaining a virgin would prevent her from bearing children. Acting on this falsehood, she paid a man Two Thousand Naira to have sexual intercourse with her. Months later, she became amenorrhoeic, but she was made to believe that her menstruation was “stuck,” and an unsafe induced abortion was attempted. She subsequently had severe post-abortion haemorrhage, post-abortion sepsis and hypovolaemic shock. She was successfully managed with resuscitation, uterine evacuation, intravenous antibiotics, and blood transfusion. This case underscores how misinformation, peer influence, and lack of adolescent-friendly SRH services can result in sexual abuse and life-threatening outcomes.

**Keywords:** *Adolescent-Friendly Health Services, Abortion, Health education, Sexual and Reproductive Health.*

### Introduction

Adolescents represent a vulnerable group with unique sexual and reproductive health (SRH) needs, and who encounter barriers to appropriate information, care, and protection. Globally, an estimated 3.9 million unsafe abortions occur annually among girls aged 15 to 19 years in low and middle-income countries. <sup>1</sup> In Nigeria, where abortion is legally restricted, adolescent girls frequently resort to unsafe procedures. <sup>2,3</sup> In Africa, myths and misconceptions about

virginity, fertility, menstruation, and contraception are widely held among young people. <sup>4</sup> In the absence of adult support, peer influence on adolescents results frequently in harmful decisions. <sup>5,6</sup> This report highlights these factors in a 14-year-old Nigerian girl. The objective of this case report is to highlight the grave consequences of the gaps in adolescent sexual and reproductive health (SRH) services in low-resource settings, like Nigeria, permitting

negative peer influence and misinformation, resulting in sexual exploitation.

### Case Presentation

A 14-year-old female was brought to the Emergency Unit, Department of Paediatrics, Alex Ekwueme Federal University Teaching Hospital (AEFUTHA), Abakaliki, Ebonyi State, Nigeria, by her relations in December 2024, with complaints of profuse vaginal bleeding, abdominal pain, fever, and weakness. Initial assessment revealed a pale, febrile adolescent in hypovolaemic shock. Further examination showed signs of pelvic infection with offensive vaginal discharge. A positive pregnancy test and pelvic ultrasound confirmed retained products of conception.

Upon stabilisation, further history was obtained. At age 13, the patient was told by a friend in her neighbourhood that remaining a virgin would prevent her from ever having children. Out of fear, she was taken by this same friend to an adult male, who was paid a sum of Two Thousand Naira to deceptively have sexual intercourse with her. This act qualifies as sexual abuse. She did not inform her parents nor seek medical help. Several months later, she developed amenorrhoea, and she returned to the same peer for help. Believing her menses was "stuck," she was taken to a woman who inserted a metal clothes hanger into her vagina in an attempt to "bring out" the stuck menses. Unbeknownst to the girl, she was already pregnant, and the procedure was an attempted abortion. She subsequently developed vaginal bleeding soon after. This was associated with fever and lower abdominal pain, prompting emergency referral to the hospital.

The patient had an emergency uterine evacuation and also received intravenous broad-spectrum antibiotics and blood transfusion. She recovered well and was discharged home after an eight-day hospital stay. The adolescent and her family were thereafter referred for counselling and social services.

Assent and consent to use her data in this research was obtained from the patient and her parents respectively.

The reaction of the patient about the events following counseling was that of regret. She agreed she was misled or misinformed, and she was not ready to walk that dangerous path ever again.

### Discussion

This case vividly highlights the tragic consequences of misinformation, sexual exploitation, unsafe abortion, and gaps in adolescent sexual and reproductive health (SRH) services in low-resource settings, like Nigeria. It underscores how myths, lack of education, and limited access to youth-friendly services can converge to produce life-threatening outcomes for adolescents.

Globally, unsafe abortion is a significant contributor to maternal morbidity and mortality, especially among adolescents. The World Health Organisation (WHO) estimates that approximately 3.9 million unsafe abortions occur annually among girls aged 15–19 years in developing countries.<sup>1</sup> In Nigeria, where abortion is legally restricted except to save a woman's life, many adolescents resort to unskilled providers or crude methods such as vaginal insertion of metallic objects for pregnancy termination.<sup>2,3</sup> The use of a metal clothes hanger in the index case illustrates a particularly desperate and dangerous method resulting from the lack of access to safe and legal alternatives.

Misinformation about virginity and fertility is prevalent in many cultures. In a review of risk factors for adolescent SRH outcomes in sub-Saharan Africa, myths around virginity were associated with early sexual initiation and unsafe sexual practices.<sup>4</sup> The index case was misled into believing that delayed sexual debut would result in infertility later in life. This prompted her to

subject herself to sexual exploitation by an adult male, in the false belief that she was procuring a beneficial early sexual debut.

Peer influence is a major factor shaping adolescent behaviour and decision-making. In many societies, adolescents rely heavily on their peers for SRH information due to fear of disapproval or lack of communication with parents and adults.<sup>5</sup> Unfortunately, peers often transmit misinformation, thus perpetuating risky behaviour. Studies in Nigeria have confirmed that adolescents frequently rely on peers for sexual health information, though such information is often incomplete or inaccurate.<sup>6</sup> The peer who facilitated both sexual abuse and the unsafe abortion in the index case acted from ignorance, yet with devastating consequences.

This case also illustrates a failure in child protection systems. The adolescent was a victim of sexual abuse, being a minor at the time she had sexual intercourse with an adult male. Later, she had an unsafe abortion performed by another adult, and that procedure could have cost her life from severe complications. These events represent serious violations of her rights and bodily autonomy as a minor. According to UNICEF, effective child protection requires well-functioning community-based systems that allow for early detection of abuse and prompt intervention.<sup>7</sup> These two ingredients were grossly missing in this instance – the case was not detected early, perhaps at the stage of misinformation, hence there was no intervention either to abort the thought emanating from the misinformation or the consequent harmful decision and acts.

Moreover, the case reflects poor access to adolescent-friendly health services. If the adolescent had access to confidential reproductive health counselling, she might have been able to avoid the initial exploitation, access

contraception, or receive safe abortion services if permitted by law. Evidence shows that adolescent-friendly services lead to improved outcomes, including higher contraceptive uptake, delayed sexual debut, and reduced unsafe abortion rates.<sup>8,9</sup>

Finally, the need for comprehensive sexuality education (CSE) is apparent. CSE equips young people with accurate, age-appropriate, and culturally sensitive information about human development, sexuality, and reproductive rights. It has been shown to delay sexual initiation, reduce sexual risk-taking, and promote healthier outcomes.<sup>10</sup> While Nigeria's national education policy includes CSE, its implementation has been inconsistent due to cultural, religious, and political resistance.<sup>11</sup>

The index case demonstrates a multi-layered failure: the spread of dangerous myths, peer misguidance, absence of protective adult engagement, lack of access to safe services, and systemic neglect. Addressing these issues requires comprehensive, multi-sectoral interventions that integrate education, health, child protection, and community engagement. This case exemplifies the devastating consequences of misinformation, sexual exploitation, and unsafe abortion practices among adolescents in low-resource settings. A young girl, acting on dangerous myths about virginity and fertility, fell victim to sexual abuse and subsequently underwent a life-threatening, unskilled abortion using a crude metal instrument. Her experience reflects multiple layers of systemic failure, from the absence of comprehensive sexuality education and youth-friendly health services to a lack of effective child protection structures and community awareness.

## **Conclusion**

Beyond the individual tragedy of a near-miss event, this case serves as a broader call to action to prioritise adolescent sexual and reproductive

health (SRH) as a public health, educational, and human rights concern. Left unaddressed, similar cases will continue to occur, with devastating implications for adolescent girls, their families, and communities at large.

It is recommended that sexual and reproductive health practitioners should emphasise Comprehensive Sexuality Education (CSE), adolescent-friendly health services, child protection mechanisms, peer education and mentorship programs and legal and policy reforms around adolescence and sexuality, and a meticulous use of research data should guide these.

**Authors' Contributions:** All the authors conceived the research. AOU conducted the literature review. AOU and AAA curated and interpreted the data. All the authors drafted the manuscript, revised it for sound intellectual content and approved the final version of the manuscript.

**Ethical declaration:** In line with the provisions in the Helsinki Declaration, the subject's rights were protected, such that no picture or data that can identify the subject was displayed or mentioned in this paper.

**Conflicts of Interest:** None declared.

**Financial support:** The authors did not receive any financial assistance for the research or for the preparation of the manuscript.

**Accepted for publication:** 21st November 2025.

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