city’s strategic location as a gateway to all major regions of Nigeria has contributed immensely to its rapidly growing migrant population.

Postindependence, Benin City was one of Nigeria’s four regional capitals, bringing about rapid urbanization and the development of several educational institutions. Thus, Benin City has one of the three universities in Edo State, as well as several other secondary and postsecondary institutions funded by the public sector. More recently, as the demand for education far outstrips the public sector’s capability of meeting it, the number of privately funded educational institutions in Benin City has risen steeply. Educational enrollment in the city is about the highest in the country, cutting across diverse socioeconomic divides, thus providing unique opportunities for cross-exchanges among those of widely differing backgrounds.

Despite the foregoing, the sexual and reproductive behavior of adolescents in Benin City does not appear to differ remarkably from reports of adolescents’ sexual behavior in other areas of Nigeria. In general, this has been characterized by early initiation of sexual activity, nonuse of contraceptives at first sexual intercourse and poor overall utilization of contraceptives. In tandem with this is the high prevalence of reported experience of sexually transmitted diseases (STDs) and poor health-seeking behavior.

### Materials and Methods

Focus-group participants were selected geographically from within Benin City on the basis of their current vocation or pursuit. We adopted this approach to accommodate the heterogeneous structure of the adolescent populace, so we could obtain a representative pattern of social interaction. To this end, we organized the focus groups by occupation and by participants’ place of residence, thus encompassing a broad range of socioeconomic and educational strata. However, there was considerable overlap in demographic characteristics between groups.

To help generate relevant information, interviewers asked participants confidentially if they had had sexual activity prior to the focus-group session.* The investigators thus knew which focus-group participants reported being sexually active and which had not initiated sexual activity. The former tended to be older than the latter. This information was not disclosed to other focus-group participants, however.

The focus-group discussions were conducted by a team of researchers from the Women’s Health and Action Research Centre, led by the first author. Twenty focus-group sessions were conducted with a total of 149 young women aged 15–24.

The groups ranged in size from six to 10 participants per session (Table 1). Each discussion generally lasted between 45 and 90 minutes.

To elicit a comprehensive understanding of abortion among adolescents, we adopted an operational definition of abortion during the discussions as being termination of an existing pregnancy or the use of any medium to “bring back a missed period.” Similarly, we defined contraception as anything used before or after intercourse with the aim of preventing a pregnancy. These wide-ranging definitions gave participants an opportunity to provide unbiased views of abortion and contraception.

Focus-group participants were generally allowed to express what they knew about abortion and contraception. Thereafter, a detailed discussion of each suggested method of contraception was elicited. This often concerned availability, perceived advantages, side effects and reasons for use or nonuse among adolescents. Questions on fertility control, regarding the use of abortion or contraception, were asked in the third person, to maintain discrete and confidential reporting by the adolescents.

The focus-group discussions were conducted in English or in pidgin English, a local corruption of the English language that is widely spoken and understood. (The language used depended on the group’s educational status.) All interviews were audi-taped. In addition, extensive notes were taken during the discussions, and these were subsequently employed when the tapes were reviewed and transcribed.

### Results

#### Knowledge of Abortion

In general, participants were forthcoming in their opinions about adolescents’ beliefs on abortion and contraception. Sexually active female youths gave more lengthy responses and more detailed information than those who were not sexually active. More educated discussants tended to give more correct explanations.

There was often a diversity of opinion in the understanding of the term “abortion.” While the majority defined abortion as the act or process of terminating an unwanted pregnancy, a minority felt that abortion referred to the termination of pregnancy after 3–4 months with the use of a “sharp metal instrument” or a “drip.” Termination of pregnancy at less than 3–4 months was referred to as “D and C” with the use of “sucking” (suggestive of vacuum aspiration for termination of early abortion) and “D and D” (suggestive of dilation and extraction) which was the most acceptable form of abortion.

#### Contraception

Focus-group participants were asked to specify contraception as anything used before or after intercourse to prevent pregnancy. While majority of focus-group participants were aware of contraceptive methods, they had not initiated sexual activity.