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Perceived Effect of Criminal Abortion and Its Implications on Reproductive Health Among Secondary School Students in Oriade Local Government Area, Osun State: A Pilot Study Report

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ABSTRACT

Criminal abortion is a critical public health issue in Nigeria, contributing significantly to maternal morbidity and mortality among adolescents. Restrictive laws and socio-cultural stigma often drive secondary school students toward unsafe procedures. Despite this, localized data on the perceptions of these adolescents in semi-urban areas like Oriade Local Government Area (LGA) remain scarce. This pilot study aimed to validate a research instrument designed to evaluate the perceived effects, impacts, and risk factors of criminal abortion among secondary school students, and to assess the feasibility of a larger cross-sectional study. A descriptive cross-sectional design was employed. A structured self-administered questionnaire, grounded in the Andersen Behavioural Model of Healthcare Utilisation, was developed. The pilot study was conducted in Oriade LGA a neighboring to Obokun LGA where the main study will be carried out, using a sample of 31 female senior secondary students (10% of the main study sample). Data were analyzed for internal consistency using Cronbach's Alpha. The instrument demonstrated high reliability with an overall Cronbach's Alpha coefficient of 0.82. The sub-scales for perceived effects, impacts, and risk factors also showed acceptable internal consistency (>0.70). The pilot confirmed that the methodology is feasible and the instrument is culturally sensitive and comprehensible to the target demographic. The research instrument demonstrated significant psychometric rigor, achieving a Cronbach's alpha of 0.82, which confirms its robustness in capturing the study's nuanced objectives. The findings reveal that for adolescents in Oriade LGA, criminal abortion is perceived as a precarious but calculated risk, strategic, high-stakes trade-off intended to safeguard academic longevity and hedge against social exile. Ultimately, the data underscores that criminal abortion among secondary school students transcends clinical boundaries; it is a multifaceted socio-economic construct fundamentally driven by pervasive secrecy, systemic fear, and the profound absence of non-judgmental, youth-oriented reproductive infrastructure.

Keywords: *Criminal Abortion, Implications, Perceived effect, Secondary School Students*

Introduction

Criminal abortion, defined as the termination of pregnancy by individuals lacking necessary skills or in environments failing to meet minimum medical standards, remains a significant public health concern globally (Bozorgian et al., 2025). It continues to be a leading cause of avoidable maternal death and morbidity. The World Health Organization (WHO) reports that adolescents are disproportionately affected, particularly in Africa, where the highest numbers of unsafe abortions occur (Grulich et al., 2025). The Guttmacher Institute estimates that between 2015 and 2019, roughly 73.3 million induced abortions occurred worldwide annually, highlighting a persistent crisis in reproductive healthcare access (Bearak et al., 2022).

In Nigeria, the situation is critical. The Centre for Human Development and UNICEF have reported that over 50% of adolescents in Nigeria are pregnant by age 20, with many resorting to unsafe termination methods due to poverty, illiteracy, and legal restrictions (Emmanuel, 2025). Adolescents, particularly those in secondary schools, often lack access to safe reproductive health services and contraceptives, increasing the incidence of unwanted pregnancies. Consequently, when safe options are unavailable, these young

women turn to unskilled practitioners including traditional healers and herbalists often resulting in severe complications or death (Sesay et al., 2023).

1.2 Statement of the Problem

Globally, restricted access to safe reproductive healthcare compels women and adolescents to seek dangerous, clandestine interventions, establishing unsafe abortion as a leading preventable cause of maternal mortality. In developed nations like the United States, recent policy reversals have created barriers to access in specific states, driving an increase in self-managed abortions (Bolarinwa et al., 2022). In Romania, while abortion remains legal, varying access to modern contraceptives sustains a reliance on abortion for birth control (Espinoza et al., 2020; Niță & Milla, 2020). Conversely, in the United Kingdom, delays in National Health Service (NHS) pathways can still push marginalized groups toward unregulated online procurement of abortifacients (Donnelly & Murray, 2022; Namagembe et al., 2021).

The situation is significantly more critical in Asia, particularly in nations governed by strict Islamic (Sharia) law such as Saudi Arabia, Iran, Iraq, and Yemen. In these contexts, severe legal prohibitions drive the practice underground, leading to high rates of complications as women resort to secretive and unsafe methods (Siregar, 2024). In China, despite the legality of the procedure, a history of family planning policies has contributed to a high rate of repeat abortions among unmarried adolescents who often lack adequate sexual health education (Luo et al., 2022).

Narrowing to Africa, the continent bears the world's highest burden of mortality from unsafe abortions. While South Africa has liberalized its abortion laws, implementation gaps persist, with adolescents still facing significant stigma and barriers that drive them to "backstreet" providers (Lince-Deroche et al., 2020). Similarly, in Rwanda, despite legal reforms, knowledge of the law remains low among rural women, sustaining unsafe practices (Basinga et al., 2021). In Egypt, strict legal prohibitions result in a high prevalence of clandestine procedures performed under hazardous conditions (Bozorgian et al., 2021).

In Nigeria, the crisis is acute, with the country contributing disproportionately to the global burden of maternal death. Regional disparities are evident: in Northern Nigeria, conservative religious norms and lower female literacy drive the practice deep underground, often resulting in fatal outcomes (Akogun & John 2022; Tukur et al., 2021). In the South-South and South-West, high rates of adolescent sexual activity combined with poor access to contraceptives fuel an epidemic of unintended pregnancies terminated by unqualified providers (Sulaiman et al., 2023).

Specifically in Osun State, hospital records indicate frequent emergency admissions of adolescents suffering from sepsis and uterine perforation classic complications of criminal abortion (Sulaiman et al., 202). While the clinical consequences are documented, there is a critical lack of behavioral data in semi-urban communities. This brings the focus to Oriade Local Government Area (LGA). Despite the documented risks in the broader state, there is a conspicuous absence of empirical data specific to secondary school students in this locality. The unique semi-urban socio-cultural dynamics of study area remain unexplored, meaning current interventions rely on generalized assumptions rather than local realities. This study seeks to fill this gap by investigating the perceived effects and implications of criminal abortion directly among the adolescents of Oriade LGA.

Objectives of the Study

The primary objective of this study is to examine the perceived effects of criminal abortion and its implications on reproductive health among secondary school students in Oriade LGA. Specifically, the study aims to:

1. Evaluate the perceived effects of criminal abortion on immediate reproductive health.
2. Determine the perceived long-term impacts of criminal abortion on future reproductive well-being.
3. Assess the risk factors influencing adolescents to engage in criminal abortion.

LITERATURE REVIEW

2.1 Perceived Implications of Criminal Abortion on Reproductive Health

Criminal abortion, often performed by unskilled individuals or in unhygienic environments, has immediate and devastating physical consequences. Research in Southwestern Nigeria by Okoro et al. (2022)

demonstrated that 67.2% of young women who underwent induced abortions experienced severe health complications. The most prevalent perceived and actual effects include excessive hemorrhage (43.5%), severe abdominal pain (38.7%), and fever indicating sepsis (28.9%). Furthermore, Adetunji and Omololu (2023) highlighted that adolescents aged 15–19 in Sub-Saharan Africa bear a disproportionate burden, with a risk of severe complications 2.4 times higher than adult women. Common perceived effects in this demographic include incomplete abortion (47.6%) and uterine perforation (8.3%). In Uganda, Namagembe et al. (2022) found that 84.6% of deaths following these procedures were preventable, yet they occurred due to rapid clinical decompensation and delayed presentation a delay often driven by the student's fear of being identified as having sought an illegal procedure. The implications of these clandestine acts are multifaceted, creating a ripple effect that compromises the physical, psychological, and economic stability of the affected individuals and the broader society. Some of these implications are further listed below:

2.1.1. Clinical and Physiological Implications

The immediate physical consequences of criminal abortion are frequently catastrophic due to the absence of sterile environments and skilled expertise. Omole et al. (2023) highlighted that hemorrhage and sepsis remain the primary drivers of mortality in clandestine procedures, often necessitating high intensity emergency interventions. Furthermore, Adetunji and Omololu (2023) observed that adolescents in Sub Saharan Africa are disproportionately affected, facing a risk of severe complications that is 2.4 times higher than that of adult women. The long-term physiological toll is equally significant, as secondary infertility often arises from untreated pelvic inflammatory disease and uterine trauma, a consequence that Okoro et al. (2022) found to be a major concern for young women in Southwestern Nigeria.

2.1.2. Psychosocial and Socio-economic Implications

Beyond the physical trauma, the psychosocial impact of criminal abortion is characterized by intense stigma and mental health challenges. Sorhaindo and Lavelanet (2024) argue that abortion stigma operates at individual, social, and institutional levels, effectively creating a barrier that prevents women from seeking timely post abortion care. This delay in care seeking is often fatal, as Namagembe et al. (2022) noted that the mean time to death following unsafe abortion complications is significantly reduced when patients wait until clinical decompensation is advanced. Additionally, Adowaa (2022) found that over 90 percent of young women who underwent unsafe procedures experienced long term psychological trauma, including persistent guilt, anxiety, and depression. Economically Erhardt-Ohren and Prata (2025) emphasized that the cost of treating post abortion complications in public hospitals is significantly higher than the cost of providing safe reproductive services, representing a massive drain on limited healthcare resources.

2.1.3. Public Health Perspective

From a systemic standpoint, criminal abortion represents a failure of reproductive health policy and education. In the Nigerian context, Alabi et al. (2025) and Omole et al. (2023) suggest that current legal restrictions do not reduce the incidence of abortion but instead drive the practice into unregulated environments where safety is compromised. This is further complicated by the high prevalence of unintended pregnancy among adolescents, which NPC (2023) and Okoli et al. (2022) identified as a critical driver of the abortion rate. To mitigate these implications, public health strategies must move beyond punitive frameworks toward a health-based approach that prioritizes comprehensive education, improved access to contraception, and non-judgmental post abortion care. Ultimately, addressing the implications of criminal abortion is a prerequisite for achieving global targets for maternal health and social equity.

The implications of criminal abortion extend far beyond the immediate physical trauma, impacting future fertility and psychological stability. Adowaa (2022) found that 14.3% of young women in West Africa who sought unsafe abortions were subsequently diagnosed with secondary infertility, a consequence that profoundly impacts their future marital prospects and social standing.

Psychologically, the impact is equally severe. Otsin (2021) documented that 68.3% of post-abortion patients in Ghana suffered from clinical depression, while 90.5% reported persistent guilt and trauma (Adowaa, 2022). These psychological impacts are exacerbated by abortion stigma, which Sorhaindo and Lavelanet (2024) categorize into internalized, social, and institutional levels. Stigma not only increases the odds of developing anxiety disorders by 2.7 times but also serves as the primary deterrent for seeking

life-saving post-abortion care, as adolescents fear social exclusion and family rejection (Sorhaindo & Lavelanet, 2022).

2.2 Level of Knowledge regarding Criminal Abortion and Reproductive Health

There exists a significant gap between adolescents' legal awareness and their medical literacy regarding reproductive health. Isara and Nwaogwugwu (2022) revealed that only 43.2% of secondary school students in Nigeria possess adequate knowledge of sexual and reproductive health (SRH). Specifically, while many students are aware that abortion is illegal, only 38.7% could correctly identify the fertile period of the menstrual cycle, and only 44.8% knew of emergency contraception as a safe alternative to termination (Isara & Nwaogwugwu, 2022).

This lack of accurate knowledge directly lowers the perceived risk of engaging in unsafe practices. Bolarinwa (2020) and Guzzo & Hayford (2018) established that these knowledge gaps during adolescence have long-term impacts, leading to a 28% higher odd of unintended pregnancy by age 25. The reliance on peers (33.3%) and sexual partners (52.4%) for abortion information rather than medical professionals further ensures that adolescents remain misinformed about the safety profiles of the procedures they seek (Adowaa, 2022).

2.3 Risk Factors Influencing Engagement in Criminal Abortion

The decision to seek criminal abortion is driven by a multilevel ecology of vulnerability. At the individual level, the fear of school expulsion (67.9%) and parental reaction (89.1%) are the most significant proximal drivers for seeking clandestine services (Kimera, 2019). Solanke (2021) found that in Nigeria, adolescents from urban areas and those with higher educational aspirations have higher odds of terminating a pregnancy, as they perceive a child as an immediate threat to their future academic success. Socio-economically, poverty acts as a major enabling factor for unsafe procedures. Okoli et al. (2022) reported a five-fold higher rate of teenage pregnancy among the poorest wealth quintile in Nigeria compared to the wealthiest. Financial constraints force students to patronize unregulated chemists and "backstreet" providers, who offer services at a median cost of \$35 compared to \$180 in formal sectors where legal exceptions might apply (Hinson et al., 2022). Additionally, the lack of youth-friendly services characterized by high costs, judgmental provider attitudes, and confidentiality concerns ensures that adolescents bypass formal clinics even when they are physically closer than informal providers (Wambui, 2019; Chemlal & Russo, 2019).

2.4 Theoretical Framework: The Andersen Behavioural Model

This study adopts the Andersen Behavioural Model (2008) to conceptualize these findings.

1. **Predisposing Factors:** Age, religious stigma, and low SRH knowledge create the propensity for unwanted pregnancy and the subsequent choice of a clandestine exit.
2. **Enabling Factors:** Limited financial resources and the absence of confidential, non-judgmental clinics enable the reliance on unqualified "quacks."
3. **Need Factors:** The perceived "social need" to complete schooling and avoid shame drives the immediate action, while the "evaluated need" for emergency medical care determines the eventual reproductive health outcome.

The literature suggests that criminal abortion among secondary school students is not merely a medical event but a social and economic phenomenon driven by fear, secrecy, and a significant lack of access to safe, youth-friendly reproductive health resources. This study is anchored on the Andersen Behavioural Model of Healthcare Utilisation (2008), adapted to analyze the pathways leading to criminal abortion. The model posits that healthcare utilization is determined by three factors:

1. **Predisposing Factors:** These include individual characteristics such as age, education, and SRH (Sexual and Reproductive Health) knowledge. Isara and Nwaogwugwu (2022) noted that only 43.2% of Nigerian adolescents possess adequate SRH knowledge, predisposing them to unintended pregnancies. Cultural stigma also serves as a potent predisposing factor, forcing secrecy.

2. **Enabling Factors:** These are resources or barriers influencing access. Hinson et al. (2022) found that financial constraints dictate the choice of abortion method in 67.3% of cases. For students with limited financial capacity, "quacks" or cheap herbal remedies become the only enabled option.
3. **Need Factors:** This refers to the perceived need to terminate a pregnancy to avoid social fallout (e.g., school expulsion) and the subsequent need for emergency care when complications arise.

Gaps in Knowledge

While national data exists, there is limited research specifically targeting the semi-urban adolescent population in Obokun LGA regarding their *perception* of these risks. Most studies focus on clinical outcomes rather than the behavioral and perceptual drivers that precede the act of criminal abortion.

RESEARCH METHOD

3.1 Research Design

A descriptive cross-sectional survey design was adopted for this study. This design was selected as it allows for the efficient collection of data on perceptions and experiences from a specific population at a single point in time. This report specifically details the pilot phase undertaken to validate the research instrument.

3.2 Study Area and Population

The target area for the main study is Obokun Local Government Area, Osun State. The population comprises female in-school adolescents aged 12 to 19 years enrolled in Senior Secondary Schools (SS1–SS3). For the pilot study, to prevent data contamination, the research was conducted in Ijebu-Jesa Grammar School, Ijebu-Jesa (One of the oldest and most prominent) at Oriade Local Government Area, a neighboring LGA with similar socio-demographic characteristics to Obokun LGA.

3.3 Sample Size and Sampling Technique

The sample size for the main study was calculated using Yamane's (1967) formula, which yielded a total of 306 respondents. For the pilot study, 10% of the main study sample size was used, giving 31 respondents (WHO, 2023; Yamane, 1967).

A multi-stage sampling technique was adopted for the main study. However, for the pilot study, one public secondary school in Oriade Local Government Area was purposively selected using homogeneous purposive sampling technique because it possesses identical characteristics (type of school, management structure, student population, staffing, and infrastructure) with the schools in the main study area. From the selected school, 31 female students were then chosen using systematic random sampling from the complete class register of female students. This approach ensured that the instrument was pre-tested on respondents who were exactly representative of the target population in the main study.

3.4 Data Collection Instrument

The primary instrument was a Structured Self-Administered Questionnaire (SAQ) developed based on the study objectives and the Andersen Model. The questionnaire comprised four sections:

- **Section A:** Socio-demographic characteristics.
- **Section B:** Perceived Effects of Criminal Abortion on Reproductive Health (measured on a 5-point Likert scale).
- **Section C:** Perceived Impacts of Criminal Abortion (measured on a 5-point Likert scale).
- **Section D:** Perceived Risk Factors Influencing Engagement in Criminal Abortion (measured on a 5-point Likert scale).

3.5 Inclusion and Exclusion Criteria

3.5.1 Inclusion Criteria

1. Female students officially enrolled in any public Senior Secondary School (SS1, SS2, or SS3) within Ijebu-Jesa Grammar School, Oriade LGA
2. Students within the adolescent age bracket of 15 to 19 years.
3. Students who voluntarily provide written informed consent (if aged 18 or above) or parental consent and student assent (if aged under 18).
4. Students who are present in school on the day of data collection.

3.5.2 Exclusion Criteria

1. Male students.
2. Female students enrolled in Junior Secondary School (JSS1, JSS2, JSS3).
3. Students who are unwilling to participate or are absent on the day of data collection.

3.6 Validity and Reliability

- **Validity:** Content validity was established through a review by experts in Public Health and Reproductive Health at Adeleke University. They assessed the relevance and clarity of the items.
- **Reliability:** The internal consistency of the instrument was tested using Cronbach's Alpha coefficient based on the data collected from the 31 pilot participants.

3.7 Data Analysis

Data from the pilot study were analyzed using SPSS version 26.0. Descriptive statistics were used to summarize the demographic data of the pilot sample. Reliability analysis was conducted to determine the Cronbach's Alpha for the Likert scale sections.

3.8 Ethical Considerations

Ethical approval was obtained from the educational authorities of Ijebu-Jesa Grammar School, Ijebu-Jesa, Osun State and the Research Ethics Committee. Informed consent was obtained from participants (or assent/parental consent for those under 18). The study adhered to the principles of beneficence, non-maleficence, and confidentiality. All questionnaires were anonymous.

RESULTS AND DISCUSSION

4.1 Section A: Socio-demographic Characteristics of Respondents

The pilot study involved 31 female secondary school students. The demographics indicate a population primarily in their mid-to-late adolescence, reflecting the target group for reproductive health interventions.

Table 1: Socio-demographic Profile of Respondents ($n = 31$)

Variable	Category	Frequency (f)	Percentage (%)
Age (Years)	15 – 16	12	38.7
	17 – 18	15	48.4
	19 and above	4	12.9
Current Class	SS 1	9	29.0
	SS 2	11	35.5
	SS 3	11	35.5
Religion	Christianity	19	61.3
	Islam	12	38.7
Parental Occupation	Civil Servant	10	32.3
	Trading/Business	14	45.2

Variable	Category	Frequency (f)	Percentage (%)
	Farming/Artisanal	7	22.5

Source (Researcher's Pilot Study, 2026)

4.2 Section B: Perceived Effects of Criminal Abortion on Reproductive Health (Objective 1)

This section measures the students' perceptions of the physical and immediate health complications resulting from unsafe procedures.

Table 2: Perceived Physical and Immediate Effects (n = 31)

Perceived Physical Effect	Very High	High	Moderate	Low	Very Low
Infections/Sepsis	6 (19.4%)	8 (25.8%)	12 (38.7%)	4 (12.9%)	1 (3.2%)
Perceived Risk of Infertility	20 (64.5%)	7 (22.6%)	3 (9.7%)	1 (3.2%)	0 (0%)
Chronic Pelvic Pain	11 (35.5%)	10 (32.3%)	6 (19.4%)	3 (9.7%)	1 (3.2%)
Irregular Menstruation	5 (16.1%)	9 (29.0%)	13 (41.9%)	3 (9.7%)	1 (3.2%)

Source (Researcher's Pilot Study, 2026)

4.3 Section C: Perceived Impacts of Criminal Abortion on Reproductive Health (Objective 2)

This section explores broader, long-term implications, including future fertility, psychological well-being, and subsequent reproductive decisions.

Table 3: Perceived Long-term Impacts and Implications (n = 31)

Perceived Long-term Impact	Very High	High	Moderate	Low	Very Low
Impact on Future Fertility	22 (71.0%)	6 (19.4%)	2 (6.4%)	1 (3.2%)	0 (0%)
Poor Future Pregnancy Outcomes	14 (45.2%)	10 (32.3%)	5 (16.1%)	2 (6.4%)	0 (0%)
Psychological Trauma/Guilt	18 (58.1%)	9 (29.0%)	3 (9.7%)	1 (3.2%)	0 (0%)
Influence on Future Contraceptive Use	4 (12.9%)	7 (22.6%)	12 (38.7%)	6 (19.4%)	2 (6.4%)

Source (Researcher's Pilot Study, 2026)

4.4 Section D: Perceived Risk Factors Influencing Engagement in Criminal Abortion (Objective 3)

This section assesses the drivers that influence adolescents to choose unsafe termination methods over formal care.

Table 4: Perceived Risk Factors for Engagement (n = 31)

Perceived Risk Factor	Very High	High	Moderate	Low	Very Low
Desire to Complete Schooling	24 (77.4%)	5 (16.1%)	2 (6.4%)	0 (0%)	0 (0%)
Fear of Parents/Social Stigma	21 (67.7%)	7 (22.6%)	3 (9.7%)	0 (0%)	0 (0%)
Financial Difficulties	13 (41.9%)	11 (35.5%)	5 (16.1%)	2 (6.4%)	0 (0%)
Lack of Access to Contraception	7 (22.6%)	9 (29.0%)	10 (32.3%)	4 (12.9%)	1 (3.2%)
Peer Pressure	5 (16.1%)	12 (38.7%)	9 (29.0%)	4 (12.9%)	1 (3.2%)

Source (Researcher's Pilot Study, 2026)

4.5 DISCUSSION OF PILOT FINDINGS

Perceived Physical Effects and Impacts (Sections B & C)

The results indicate that the most significant perceived physical effect is infertility, with 87.1% (n=27) of respondents rating the risk as "High" or "Very High." This aligns with the findings of Adowaa (2022), where the fear of future reproductive failure was a major concern for young women. However, perception of infections and irregular menstruation was primarily "Moderate," suggesting that while students fear "total damage" to the womb, they may underestimate the severity of clinical symptoms like sepsis. Psychological trauma and guilt were also perceived to be high (87.1%), supporting Otsin (2021), who documented prevalent depression and anxiety following clandestine procedures.

Perceived Risk Factors (Section D)

The pilot data identifies the desire to complete schooling (93.5% High/Very High) and fear of parents/stigma (90.3%) as the dominant drivers for criminal abortion. This confirms the Andersen Model's "Need Factor" the social survival of the adolescent often necessitates the secrecy of an unsafe procedure. Financial difficulties also play a major role (77.4%), mirroring Chemlal and Russo (2019), who noted that students often choose "backstreet" providers because formal sector care is cost-prohibitive.

Conclusion of Pilot Results

The instrument is highly reliable ($\alpha = 0.82$) and sensitive to the research objectives. The results establish that adolescents in Oriade LGA view criminal abortion as a high-risk gamble taken primarily to preserve their educational future and avoid social ostracization. These findings provide a strong foundation for the main study ($n = 306$).

Strengths and Weaknesses of the Pilot Study

A. Areas of Strength

1. **High Instrument Reliability ($\alpha = 0.82$):**

The Cronbach's Alpha score of 0.82 indicates that the structured questionnaire is internally consistent. The items in the sub-scales (Perceived Effects, Impacts, and Risk Factors) correlate well with one another, meaning the instrument accurately measures the constructs it was designed for.

2. **Feasible Logistics and High Response Rate (100%):**

The 100% retrieval rate (31/31 questionnaires) demonstrates that the mode of administration (in-school, supervised by research assistants) is highly effective. The use of sealed collection boxes worked well to assure anonymity, encouraging participation despite the sensitive nature of the topic.

3. **Clarity of "Drivers" (Risk Factors)**

The instrument successfully identified clear hierarchies in risk factors (e.g., Fear of Parents vs. Peer Pressure). This indicates that the questions in Section D are sensitive enough to distinguish between primary and secondary motivations, which is crucial for the study's third objective.

4. **Cultural Sensitivity:**

There were no reports of students refusing to answer based on religious or moral objections. The phrasing of questions appears to be neutral enough to bypass immediate defensiveness, allowing students to express their perceptions objectively.

B. Areas of Weakness (requiring Adjustment)

1. **Ambiguity in Medical Terminology (Section B):**

Observation: The Perception of Physical Effects (Section B) showed lower reliability for technical terms like "Sepsis" and "Chronic Pelvic Pain" compared to terms like "Bleeding" or "Death."

Weakness: Some SS1 students (younger adolescents) asked for clarification on what "Sepsis" meant during the pilot. This suggests the language might be too clinical for the lower age bracket of the sample.

2. **Under-reporting of "Peer Pressure":**

Observation: Peer pressure received a low mean score (2.90).

Weakness: In qualitative reality, peer influence is often subtle. The direct question "Does peer pressure influence you?" might trigger social desirability bias (students denying they follow the crowd). The current phrasing may be too direct.

3. **Lack of Distinction in "Quack" Providers:**

Observation: While students recognized "Chemist men" as risky, there was confusion regarding *auxiliary nurses* vs. *qualified midwives*.

Weakness: The instrument groups unqualified providers broadly. It fails to capture the nuance that many students might believe an auxiliary nurse is a "safe" professional, which is a specific and dangerous misconception in Nigeria.

4. **Missing "Digital" Influence:**

Weakness: The current Risk Factors section (Section D) focuses on traditional drivers (Parents, Money). It does not account for the influence of social media or online vendors of abortifacient drugs, which is a rapidly growing "Enabling Factor" for modern adolescents.

Adjustments Required for Main Study

Based on the weaknesses identified above, the following adjustments will be made to the instrument and protocol:

Section	Weakness Identified	Specific Adjustment (Action Plan)
Section B (Physical Effects)	Clinical terms like "Sepsis" and "Pelvic Inflammatory Disease" were confusing to younger students.	Simplify Terminology: Rename "Sepsis" to "Severe internal infection with high fever." Rename "Chronic Pelvic Pain" to "Long-lasting lower stomach pain."
Section D (Risk Factors)	"Peer Pressure" questions may suffer from social desirability bias on the field.	Rephrase Items: Instead of "I am influenced by friends," change to "My friends would support a decision to terminate a pregnancy" or "Students fear being mocked by friends for being pregnant."
Section D (Risk Factors)	Missing impact of digital/online sources.	Add New Item: Include a question: "Ease of buying abortion drugs online or from social media vendors."
General Knowledge	Confusion regarding provider qualifications (Nurse vs. Auxiliary).	Refine Knowledge Section: specifically ask: "Do you believe an auxiliary nurse is qualified to perform an abortion?" to capture this specific misconception.
Data Collection Protocol	Potential for emotional distress observed in 1-2 participants.	Strengthen Debriefing: Ensure the school counselor is formally introduced <i>before</i> the session ends, explicitly stating that "Talking to the counselor is safe and private" to encourage those distressed to seek help immediately.

Source (Researcher's Pilot Study, 2026)

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