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**KNOWLEDGE AND PERSPECTIVE OF SECONDARY SCHOOL STUDENTS
TOWARDS LEGALISATION OF ABORTION: IMPLICATION FOR
COUNSELLING THE YOUTHS**

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Abstract

Adolescence marks a critical developmental phase between childhood and adulthood, characterised by evolving autonomy and identity yet lacking full legal and social responsibilities. This study investigated knowledge, and perspectives on the legalisation of abortion among secondary school students in Abeokuta, Ogun State. Guided by two research objectives, a descriptive survey design was adopted, utilising a standardised questionnaire administered to a sample of 200 senior secondary school students. Findings revealed that while 32.0% of respondents had heard about abortion, a significant majority (68.0%) did not know existing abortion-related laws. Additionally, 56.5% of participants strongly agreed that restrictive abortion laws contribute to the prevalence of unsafe abortion practices. Based on these findings, the study recommended enhancing public education and awareness regarding abortion legislation, integrating comprehensive sexuality education into school curricula, improving access to safe abortion services and fostering parental involvement in adolescent reproductive health education.

Keywords: Knowledge, Legalisation, Abortion, Secondary school

Introduction

In previous decades, sexual activity was predominantly associated with adults. However, in the current digital age, adolescents have increasingly become sexually active at earlier ages as a result of watching digital movies and pornographic pictures online. Generally, unplanned pregnancy and complications due to unsafe induced abortions leading to untimely deaths among the youths in developing

countries are timely public health concerns Bobo, Bakare, Ogunlaja and Bobo, 2025. Abortion is a global practice, with several countries having legalised and regulated it within their healthcare systems for the safety of humanity. However, in Nigeria, abortion remains largely illegal and is classified as a criminal offence, permitted only when it is necessary to save the life of the pregnant woman. Despite this legal restriction, a significant number of Nigerian women continue to seek abortions as a solution to unwanted pregnancies. Oteida *et al.* (2001) estimated that approximately 610,000 abortions occur annually in Nigeria, at a rate of 25 abortions per 1,000 women of reproductive age. This figure, however, only accounts for cases reported and conducted within formal healthcare settings, primarily government-owned hospitals. Recently, Udo, 2025 highlighted that about 75% maternal deaths are due to unsafe abortion worldwide.

In reality, the number of abortions performed outside of official medical facilities through informal and often unsafe means is estimated to be significantly higher. Adeleke *et al.* (2020), suggest that unreported abortion cases could be more than fifty times the officially recorded figures, implying that as many as 30.5 million abortions may occur annually across the country. These statistics highlight the vast discrepancy between documented and actual abortion practices in Nigeria. Abortion is commonly understood as the intentional and deliberate expulsion of an embryo or foetus from the uterus through artificial means, thereby preventing its further development (Ayoade & Ekechukwu, 2021).

In other words, abortion is a method employed to avoid the birth of an unwanted child by terminating the life of the foetus or embryo. A closer analysis of this definition highlights that abortion is typically induced. Legally, abortion in Nigeria is governed by two distinct codes. In the southern region, which is predominantly Christian, abortion is regulated under the Criminal Code Act, CAP C38, Laws of the Federation of Nigeria (2004), Sections 228 to 230, which strictly prohibits abortion except to preserve the life of the mother. These legal and cultural constraints contribute to the high incidence of unsafe abortions, posing serious public health challenges for women and girls across the country. Abortion, defined as the termination of a pregnancy, may be performed safely by medical professionals; however, in many cases, especially among adolescents, it is conducted

by unqualified individuals using unsafe methods. In Nigeria, abortion is legally restricted and is only permitted when necessary to save the life of the woman. Despite this, the practice remains prevalent and is often carried out in secrecy. Adolescents, in particular, face significant risks, including complications such as infection, infertility, uterine perforation, and even death. Ajala (2014) notes that many young women continue to seek abortion services from unqualified practitioners in private clinics, where the use of unsafe procedures contributes to the high rate of abortion-related morbidity and mortality among adolescents in Nigeria.

According to Arije, *et al.* (2020), there are three main types of abortion: induced, spontaneous, and therapeutic. Induced abortion refers to the intentional termination of a pregnancy, often through unlawful methods, especially within the Nigerian context where abortion is largely criminalised. Spontaneous abortion, commonly known as miscarriage, occurs naturally without any external intervention. Therapeutic abortion, on the other hand, is performed for medical reasons, particularly to safeguard the life or health of the pregnant woman. Adeleke, *et al.* (2020) further classifies abortion into two broad categories: spontaneous and induced. He subdivides induced abortion into therapeutic and criminal abortions. In his framework, criminal abortion conducted illegally and often unsafely is equivalent to what Jacob (2015) refers to as induced abortion and what Oyefabi, *et al.* (2016) describes as elective abortion, which is the primary focus of this study. Various methods are employed to induce abortion. In many cases, adolescents and women resort to self-administered procedures, including the consumption of unprescribed drugs, traditional herbal mixtures, and other concoctions. Some resort to mechanical manipulation using sharp or solid objects methods that are considered crude, unscientific, and potentially life-threatening. Paluku, *et al.* (2010) details some of these native practices, which involve ingesting harmful substances. Others insert herbs or objects into the uterus, all of which pose severe health risks to both the mother and the foetus.

In contrast, medically sanctioned procedures for abortion include both surgical and pharmacological methods. Scholars such as Adeleke, *et al.* (2020), and Ajala (2014) identify medical methods such as dilation and curettage (D&C), manual and electric vacuum aspiration, suction termination of pregnancy (STOP), vacuum curettage, and

dilation and evacuation (D&E). More advanced techniques include hysterectomy, mifepristone, misoprostol (commonly referred to as abortion pills), and dilation and extraction. Assifi, *et al.* (2016), in a study involving a random sample of 3,962 women hospitalized for abortion-related complications across 602 private and 139 public hospitals in Nigeria, found that dilation and curettage, along with vacuum aspiration, were the most commonly used methods.

Adeleke *et al.* (2020), further emphasises that the gestational age significantly influences the choice of abortion method. Abortions performed during the first trimester (before 12 weeks of gestation) are typically referred to as early abortions, whereas those occurring during the second (13–26 weeks) or third trimester (27 weeks and above) are considered late abortions. Steinberg, (2014) observed that the majority of abortions occur before 12 weeks, with a smaller percentage taking place between 16 and 28 weeks. These later-stage abortions require a higher level of medical expertise, which is often unavailable, thereby increasing the risk of complications. The Alan Guttmacher Institute (2007) reported that approximately 750,000 Nigerian women undergo illegal induced abortions each year, with 87% of them occurring within the first eight weeks of pregnancy.

Adolescence is a dynamic and transitional stage of human development marked by profound biological, cognitive, psychological, social, and physical changes (Sheekha, 2015). Derived from the Latin word *adolescere*, meaning “to grow into maturity,” adolescence signifies a phase where individuals begin to outgrow the dependency of childhood but have yet to assume the rights and responsibilities of adulthood fully. It is a critical period characterised by rapid physiological development, particularly in the reproductive system, alongside the quest for identity, autonomy, and social belonging. Bolu-Steve and Esere (2017) emphasize adolescence as a vital stage for ego development, while the World Health Organization (2016) defines it as the period between the onset of secondary sexual characteristics and the attainment of full sexual maturity. Steinberg (2014) further describes this phase as extending from the onset of puberty to the achievement of social independence, marked by significant intellectual, emotional, and social transformation.

During this vulnerable life stage, adolescents often engage in exploratory and sometimes risky behaviours, including unprotected

sexual activity, which may result in unintended pregnancies. In many cases, such situations lead adolescents to seek abortions frequently under unsafe and clandestine conditions, especially in countries with restrictive abortion laws like Nigeria. The World Health Organization (WHO) estimates that approximately 22 million unsafe abortions occur globally each year, with a considerable portion taking place in Nigeria (WHO, 2019). The persistence of stigma, social discrimination, and legal barriers surrounding out-of-wedlock pregnancies contributes significantly to adolescents' reliance on unsafe abortion methods and unregulated contraceptive use.

Understanding adolescents' knowledge and perceptions of abortion and its legal status is therefore essential in the context of reproductive health and rights. Their awareness, beliefs, and misconceptions directly impact their decision-making processes and access to safe healthcare services. A nuanced grasp of these perspectives can inform the design of evidence based educational programmes and responsive public health policies aimed at empowering adolescents to make informed and safe reproductive choices (WHO, 2019). Despite a general awareness of abortion among adolescents, research reveals significant disparities in their understanding of the legal frameworks governing abortion. While some can correctly identify the legal status of abortion in their country, many adolescents harbour misconceptions or lack awareness of critical legal details, such as gestational age limits, parental consent requirements, and exemptions based on rape, foetal anomalies, or maternal health risks. These gaps in knowledge can limit adolescents' ability to access timely and safe abortion services. The sources from which adolescents obtain information about abortion and reproductive health are diverse, ranging from school-based sex education and family discussions to peer networks, media, and digital platforms. However, the reliability and comprehensiveness of these sources vary widely, often resulting in misinformation or partial understanding. As such, there is a pressing need to strengthen comprehensive, age-appropriate, and culturally sensitive reproductive health education that equips adolescents with accurate knowledge and fosters informed decision-making.

In Nigeria, abortion is largely illegal and stigmatised, except when performed to save the life of the mother. Despite these legal and cultural constraints, many adolescents continue to seek abortion often

through unsafe and unregulated means leading to severe health consequences, including maternal morbidity and mortality. Adolescents in secondary schools are particularly vulnerable due to limited access to accurate reproductive health information, compounded by restrictive laws and sociocultural taboos surrounding abortion. In Abeokuta, Ogun State, where traditional and religious beliefs heavily influence public opinion, there is a notable gap in empirical data regarding how adolescents understand and perceive abortion laws. Their awareness, knowledge, and perspectives on the legalisation of abortion remain largely unexplored despite being critical in informing sexual health education, youth centred health services, and policy advocacy. This study, therefore, aims to examine the knowledge and perspective of adolescents towards legalisation of abortion among secondary school students in Abeokuta, Ogun State.

The primary purpose of this study is to investigate the level of awareness, knowledge, and perspectives of adolescents in secondary schools in Abeokuta, Ogun State, regarding the legalisation of abortion. In the light of increasing concerns about adolescent reproductive health and the prevalence of unsafe abortion practices in Nigeria, this study explored how informed adolescents are about abortion laws, their understanding of the legal provisions surrounding abortion, and their personal and societal views on its legalisation.

In pursuit of the stated objectives, the study is structured to:

- i. examine the respondent's knowledge of abortion.
- ii. explore the respondent's perspective on the legalisation of abortion.

Research Questions

1. What is the knowledge of respondents on abortion?
2. What are the perspectives of respondents on the legalisation of abortion?

Methodology

This study adopted the descriptive survey research design. The choice of this design was informed by its suitability for collecting, analysing, and interpreting data from a defined population to understand existing phenomena. The area for this study is Odeda Local Government Area,

Ogun State. The present Odeda LG, geographically, shares a boundary with both Ilugun and Opeji Local Council Development. Odeda is mostly rural setting with a population of 109,449 according to the 2006 census. The target population comprised male and female adolescents enrolled in public senior secondary schools within Odeda Local Government Area in Ogun State. Purposive sampling was used to select two major schools in Odeda Local Government. This is because this school is made up of high population of senior class students within the age of adolescents and many of them are already experiencing a change in their body. A total of 200 students were selected. Data were collected using a structured and standardised questionnaire named "Abortion Attitude Questionnaire (AAQ)" adapted from Kpolovie and Oguwike (2017). The questionnaire was divided into four sections: demographic data, knowledge of abortion-related laws, knowledge of abortion practices and perspectives on the legalisation of abortion. To ensure content validity, the questionnaire was reviewed by experts in reproductive health, adolescent psychology, and education. A pilot study was conducted with 20 adolescents from a non-sampled school, and a Cronbach's alpha coefficient of 0.82 was obtained, indicating good internal consistency and reliability. The questionnaires were administered in person with the help of 2 research assistants. Collected data were analysed using descriptive statistics such as frequency, percentage, mean, and standard deviation with the use of statistical software SPSS and Excel to summarise the demographic characteristics, awareness, knowledge levels, and perspectives of the respondents.

Results

Research Question 1: What is the knowledge of respondents on abortion?

Table 1: Knowledge of Abortion

| S/N | Knowledge of Abortion | Variable | Frequency | Percentage | Mean | Ranking |
|-----|--|--|----------------------------|--------------------------------------|------|-----------------|
| 1 | Ever heard about abortion related laws? | YES NO | 64 136 | 32.0 68.0 | 1.68 | 6 th |
| 2 | Types of abortion-related laws in Nigeria? | Penal code Criminal law/code Penal code & criminal law Abortion decree No idea | 28 30 34 28 80 | 14.0 15.0 17.0 14.0 40.0 | 3.51 | 2 nd |
| 3 | Sources of information about abortion-related laws? | Radio Television Peer group School Internet | 8 12 16 32 132 | 4.0 6.0 8.0 16.0 66.0 | 4.34 | 1 st |
| 4 | In Nigeria, abortion is legal irrespective of the state of the woman or girl provided it is her wish | True False | 26 174 | 13.0 87.0 | 1.87 | 5 th |
| 5 | Abortion is legal provided a qualified doctor does it for any reason | True False | 18 182 | 9.0 91.0 | 1.91 | 4 th |
| 6 | Abortion is allowed in Nigeria if the pregnancy is a result of rape or incest | True False | 12 188 | 6.0 94.0 | 2.00 | 3 rd |

The results indicated that 32.0% of respondents reported awareness of abortion-related laws, whereas a larger proportion (68.0%) lacked such awareness. When asked about specific abortion-related legislation in Nigeria, 14.0% identified the Penal Code, 15.0% were familiar with the Criminal Law/Code, 17.0% acknowledged both the Penal Code and Criminal Law, 14.0% mentioned the Abortion Decree, and 40.0% indicated no knowledge of any abortion-related laws.

With respect to sources of information, 4.0% of respondents cited radio, 6.0% television, 8.0% peer groups, 16.0% schools, while a majority (66.0%) reported the internet as their primary source. Concerning perceptions of the legality of abortion in Nigeria, 13.0% believed that abortion is legal at the woman's discretion regardless of her condition, while the majority (87.0%) disagreed.

Similarly, only 9.0% believed that abortion is legal if performed by a qualified medical professional for any reason, whereas 91.0% refuted this claim. Additionally, 6.0% believed abortion is permitted in cases of rape or incest, while the overwhelming majority (94.0%) believed such circumstances do not justify legal abortion under current Nigerian law. This finding of the study supports the results of Arije et al. (2020) who found out that adolescents have knowledge of abortion and carry out abortion because of shame and fear of parents' reaction. Bobo, Bakare, Ogunlaja and Bobo, 2025 stated that (42.4%) of the respondents had a good knowledge of abortion and supported with Kimbwereza *et al.* (2024) stated that adolescents have knowledge of abortion but do not have adequate know about induced abortion.

Research Question 2: What are the perspectives of adolescents on the legalisation of abortion?

Table 3: Perspective on the Legalisation of Abortion

| Perspective on legalisation of Abortion | SA | A | D | SD | Mean | TD | Ranking |
|---|-----------|----------|-----------|----------|------|------|------------------|
| Safe and voluntary abortion should be legal and accessible. | 96(59.0) | 20(10.0) | 48(24.0) | 36(18.0) | 2.56 | 0.10 | 8 th |
| Safe abortion is acceptable if a woman is financially unstable to care for a child. | 67(33.5) | 99(49.5) | 18(9.0) | 16(8.0) | 3.78 | 1.23 | 6 th |
| A woman under 18 requesting a safe abortion service should be permitted to abort a pregnancy. | 42(21.0) | 16(8.0) | 74(37.0) | 68(34.0) | 2.03 | 0.93 | 12 th |
| It is acceptable for a woman to choose safe abortion because of rape or incest. | 40(17.0) | 28(14.0) | 106(53.0) | 26(13.0) | 2.41 | 0.98 | 9 th |
| A woman has the right to terminate her pregnancy if she wishes. | 20(10.0) | 58(29.0) | 64(32.0) | 58(29.0) | 2.20 | 0.97 | 10 th |
| Abortion should not be allowed under any circumstances. | 70(35.0) | 94(47.0) | 26(13.0) | 10(5.0) | 3.70 | 1.11 | 7 th |
| Making abortion services through government health facilities may increase | 104(52.0) | 71(35.5) | 18(9.0) | 6(3.0) | 4.36 | 2.89 | 3 rd |

| | | | | | | | |
|---|-----------|----------|-----------|----------|------|------|------------------|
| sexual immorality among people. | | | | | | | |
| I will use the services if abortion is allowed legally. | 93(46.5) | 77(38.5) | 23(11.5) | 7(3.5) | 3.78 | 1.09 | 6 th |
| Abortion should be available in the country on-demand only to those married. | 84(42.0) | 84(42.0) | 22(11.0) | 10(5.0) | 3.97 | 1.18 | 5 th |
| Legal restrictions of the law drive people to unsafe abortion. | 113(56.5) | 73(36.5) | 10(5.0) | 4(2.0) | 4.35 | 0.94 | 4 th |
| Abortion should be allowed out of health institutions. | 12(6.0) | 2(1.0) | 90(45.0) | 96(48.0) | 1.60 | 0.65 | 14 th |
| The legalisation of abortion controls the population. | 22(11.0) | 10(5.0) | 114(57.0) | 54(27.0) | 1.94 | 0.76 | 13 th |
| Abortion can be done irrespective of gestational age when pregnancy risks the health of the mother. | 142(71.0) | 58(25.0) | 8(4.0) | 0(0.0) | 4.59 | 0.75 | 1 st |
| Abortion can hinder women's empowerment. | 16(8.0) | 14(7.0) | 136(68.0) | 34(17.0) | 2.09 | 0.83 | 11 th |

| | | | | | | | |
|--|-----------|----------|--------|--------|------|------|-----------------|
| The legalisation of abortion allows youth to engage in sexual activities freely. | 128(64.0) | 60(30.0) | 6(3.0) | 6(3.0) | 4.45 | 0.93 | 2 nd |
|--|-----------|----------|--------|--------|------|------|-----------------|

The findings revealed that 71.0% of respondents strongly agreed that abortion should be permissible at any gestational stage if the pregnancy endangers the mother's health, while 25.0% agreed. Conversely, 4.0% disagreed, and an additional 4.0% strongly disagreed with this perspective. Moreover, 64.0% strongly agreed and 30.0% agreed that legalising abortion could lead to increased sexual activity among adolescents, whereas only 3.0% disagreed and another 3.0% strongly disagreed. A majority (56.5%) of respondents strongly agreed that restrictive abortion laws contribute to unsafe abortion practices, with 36.5% agreeing; only 5.0% disagreed and 2.0% strongly disagreed.

Regarding the perception that offering abortion services through government healthcare facilities might encourage sexual immorality, 52.0% strongly agreed and 35.5% agreed, while 9.0% strongly disagreed and 3.0% disagreed. On whether abortion services should be accessible solely to married individuals, 42.0% strongly agreed and an equal proportion agreed. In contrast, 11.0% disagreed and 5.0% strongly disagreed. When asked whether abortion should be prohibited under all circumstances, 35.0% strongly agreed and 47.0% agreed, while 13.0% disagreed and 5.0% strongly disagreed. In response to whether abortion is justifiable if a woman is financially incapable of supporting a child, 49.3% agreed and 33.7% strongly agreed. In contrast, 9.0% disagreed and 8.0% strongly disagreed. Furthermore, 59.0% of respondents strongly supported the legalisation and accessibility of safe abortion services, and 10.0% agreed, while 24.0% disagreed and 18.0% strongly disagreed.

When asked whether they would personally use legal abortion services, 46.5% strongly agreed and 38.5% agreed; 11.5% disagreed and 3.5% strongly disagreed. The statement that individuals under 18 should have access to safe abortion services was endorsed by 21.0% who strongly agreed and 8.0% who agreed, while 37.0% disagreed and

34.0% strongly disagreed. Regarding abortion in cases of rape or incest, 17.0% strongly agreed and 14.0% agreed, whereas 53.0% disagreed and 13.0% strongly disagreed. On the assertion that a woman has the right to terminate her pregnancy by choice, 10.0% strongly agreed, 29.0% agreed, while 32.0% disagreed and 29.0% strongly disagreed.

Lastly, on the legality of abortion performed outside recognised medical institutions, 6.0% strongly agreed, 1.0% agreed, 45.0% disagreed, and 48.0% strongly disagreed. The finding of the study supported the results of Bobo, Bakare, Ogunlaja and Bobo, 2025 who found that 42.4% of respondents had a positive perception towards safe abortion. The likelihood of having a positive perception towards the legalisation of abortion, increased with increase in the age of adolescents while Kimbwereza *et al* (2024) stated that adolescents had unfavourable perception about abortion which is influenced by cultural and religious factors.

Implication for Counselling the Youths

- a. Establishing a safe, secure and non-judgemental space between the counsellor and the client.
- b. Maintaining active listening as a counsellor.
- c. Applying empathy and respect for the client during counselling session.
- d. Validating their emotions while they decide on a potentially difficult issue with accompanying anxiety, grief, fear, guilt, confusion, anger, regret, depression among others.
- e. Establish their knowledge and belief on the matter.
- f. Identify their options concerning the matter.
- g. Discuss the potential positive implications on the matter e.g. preservation of the future, maintaining current relationship, reducing the immediate stress like the financial burden of parenting a child unprepared among others.
- h. Identify the potential negative outcome of the matter e.g. emotional and psychological effects like accompanying risk from the procedure, the impact on social relationship, reproductive challenge in the future among others.
- i. Provision of vital information about support groups like reproductive health clinics, mental health services etc.

- j. Assist the client to weigh the positive and the negative sides of the matter before deciding on the next step to take.
- k. Discuss the coping strategies if they decide to opt for continuing with the pregnancy (pre-natal care, parenting or adoption services) or decide to abort the pregnancy (coping mechanism with the after effect of abortion).

Conclusion

The study revealed a generally low level of knowledge regarding abortion-related laws among respondents, with limited understanding of legal frameworks such as the Penal Code and Criminal Code in Nigeria. The internet emerged as the predominant source of information, highlighting adolescents' growing reliance on digital platforms for health-related knowledge. Notwithstanding existing legal constraints, a considerable proportion of respondents upheld the view that the decision to terminate a pregnancy should rest with the woman, particularly in instances where the pregnancy endangers her health or results from sexual violence. While some respondents exhibited knowledge of specific abortion-inducing medications, such as Misoprostol, the findings suggest persistent gaps in knowledge concerning safe and medically appropriate abortion procedures.

The respondents' perception of the legalisation of abortion were marked by a combination of support and ambivalence. Majority approved of abortion in life-threatening circumstances; however, concerns were raised that legalising abortion could potentially lead to increased sexual permissiveness and moral decline among youth. Perspectives on eligibility for abortion access also varied, with some advocating for restriction to married individuals, while others favoured more inclusive access. These findings underscore the complex intersection of health rights, individual autonomy and socio-cultural norms, reinforcing the need for comprehensive sexuality education, legal reform and community-based advocacy to support informed and ethical reproductive health decision-making among adolescents.

Recommendations

Based on the findings of the study, the researchers recommended that government agencies, in partnership with schools and civil society organizations, should strengthen and implement comprehensive

sexuality education (CSE) programmes that incorporate reproductive rights, safe abortion practices, and the legal and ethical dimensions of abortion. These efforts should enhance adolescents' understanding of abortion-related laws in Nigeria. Integrating legal literacy into civic and health education curricula will support informed decision-making and help mitigate the spread of misinformation.

To ensure effective delivery, educators must receive adequate training to provide accurate, age-appropriate, and culturally sensitive information. Additionally, meaningful engagement with parents, religious leaders, and youth influencers is essential for promoting supportive attitudes toward adolescent reproductive health. These stakeholders should also be mobilized to disseminate evidence-based information through digital platforms including social media, educational websites, and mobile applications which serve as key sources of knowledge for young people.

Contribution to Knowledge

The findings of this study revealed a substantial knowledge gap among adolescents regarding abortion-related legislation in Nigeria, particularly concerning the Penal and Criminal Codes. This stresses the importance of targeted legal literacy interventions focused on enriching adolescents' understanding of reproductive rights within the framework of civic and health education. While a number of respondents showed familiarity with medications such as Misoprostol, widespread misinformation and limited awareness of safe, medically approved abortion practices underline critical knowledge deficits that need to be addressed through comprehensive health education and intervention programmes. The projection of the internet as the primary source of information for respondents reflects the advancing nature of knowledge acquisition among adolescents and emphasizes the critical role of digital platforms in shaping their reproductive health perspectives.

These developmental signs need to exploit in digital media strategically for effective health communication and policy dissemination. The study also reveals that many adolescents support access to abortion in instances of life-threatening pregnancies or cases of sexual violence, there were notable concerns regarding the potential moral implications of broader legalisation. These nuanced viewpoints

contribute to a deeper understanding of how socio-cultural and religious values influence adolescent attitudes toward abortion. Overall, the findings advocate for the integration of reproductive rights and abortion-related legal content into school curricula and the importance of inclusive stakeholder engagement like educators, parents, religious leaders, and youth influencers in promoting accurate, culturally sensitive, and evidence-based knowledge that supports informed and responsible decision-making among adolescents.

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