

**KNOWLEDGE AND MISCONCEPTIONS ABOUT THE EFFECTS OF
ABORTION AMONG SECONDARY SCHOOL FEMALE STUDENTS IN
OREDO LGA**

BY

**Christopher DIBIE
EDU2102553**

**DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL
EDUCATION
FACULTY OF EDUCATION
UNIVERSITY OF BENIN**

NOVEMBER, 2025

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**A PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH
SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF
EDUCATION, UNIVERSITY OF BENIN, BENIN CITY IN PARTIAL
FULFILMENT FOR THE REQUIREMENT OF THE AWARD OF
BACHELOR OF SCIENCE EDUCATION
(B.Sc.ED)**

NOVEMBER, 2025

CERTIFICATION

This is to certify that this project research work was carried out by Christopher DIBIE, with matriculation number EDU2102553 and that the research work is adequate in scope and quality in the Department of Health, Safety and Environmental Education, University of, Benin city, Edo state, in partial fulfillment of the award of B.Sc (Ed.) degree in Health Education.

Mrs. B. H. Enabulele
(Project Supervisor)

Date: _____

Mrs. B. H. Enabulele
(Project Co-Ordinator)

Date: _____

Dr. (Mrs.) O. H. Obasuyi
Head of Department

Date: _____

DEDICATION

This research work is dedicated to God Almighty, whose grace, wisdom and strength made it possible.

ACKNOWLEDGEMENTS

I sincerely thank God Almighty for His grace, guidance, protection and strength throughout the course of this project. Without His constant support, this work would not have been possible.

My profound appreciation goes to my project supervisor, Mrs. B. H. Enabulele, for her patience, guidance, constructive criticism and commitment towards the successful completion of this study. Her encouragement and professionalism truly shaped this work.

I am deeply grateful to my family; my brother Emmanuel Dibie, my elder sister Irene Dibie, and my uncle Dr. Edward Dibie for their continuous support, prayers, love and belief in me. Their encouragement kept me going even when the journey became challenging.

My heartfelt thanks also go to my friends Pius and Kabiyesi, whose support, conversations and motivation made the academic process easier and more enjoyable.

I extend my appreciation to all my lecturers and coursemates for their contributions, guidance and companionship throughout my academic journey.

And finally, a special appreciation goes to myself; for the resilience, dedication, sleepless nights, and unwavering determination that brought this project to completion. I acknowledge the effort I put into this work, and I am proud of how far I have come.

TABLE OF CONTENTS

	PAGES
TITLE	i
CERTIFICATION	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
ABSTRACT	viii
CHAPTER ONE: INTRODUCTION	
Background of the Study	1
Statement of the Problem	4
Research Questions	6
Purpose of the Study	6
Significance of the study	7
Scope and Delimitation of the study	8
Definition of Terms	9
CHAPTER TWO: LITERATURE REVIEW	
Theoretical Framework	10
The Concept of Abortion	13
The Knowledge of Female Secondary School Students on Abortion	17

The Attitude of Female Secondary School Students towards Abortion	21
The Practices of Abortion among Female Secondary School Students	26
The Challenges and Misconceptions Surrounding Abortion	30
The Role of Health Education in Abortion Prevention	34
Empirical study	38
Summary of Review of Related Literature	40
CHAPTER THREE: RESEARCH METHODOLOGY	
Research Design	43
Population of the study	44
Sample size and Sampling Technique	45
Research Instrument	46
Validity of Instrument	47
Reliability of the Instrument	47
Method of Data Collections	48
Method of Data Analysis	78
CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS	
Presentation of Results	50
Discussion of Findings	71

**CHAPTER FIVE: SUMMARY, CONCLUSION
AND RECOMMENDATIONS**

Summary	79
Conclusion	83
Recommendations	86
REFERENCES	90
APPENDIX	96

ABSTRACT

This study titled “Knowledge and Misconceptions About the Effects of Abortion Among Secondary School Female Students in Oredo LGA” examined the level of awareness, understanding, and prevalent misconceptions held by female students regarding the physical, psychological, and social consequences of abortion. The study adopted a descriptive survey research design and was conducted among female students in selected secondary schools in Oredo Local Government Area. A total of 150 respondents participated in the study, and data were collected using a structured questionnaire designed to assess their knowledge and misconceptions.

The findings revealed that while a considerable number of students demonstrated basic awareness of abortion as a medical procedure, many possessed limited and fragmented knowledge about its wider health effects. The study also found that misconceptions were widespread, with some students believing that abortion automatically leads to permanent infertility, severe mental illness, or inevitable death—ideas primarily influenced by peer narratives, cultural beliefs, and lack of proper sexual and reproductive education. In addition, the results showed that students relied more on informal sources such as friends and social media than on health professionals for information.

The study concluded that although students are aware of abortion, their understanding is largely shaped by misinformation and fear-based beliefs, which may influence their attitudes and decision-making in risky situations. Strengthening reproductive health education within schools is therefore essential to correct misconceptions and promote informed choices. It was recommended that schools integrate comprehensive sexuality education, invite qualified health professionals for periodic reproductive health seminars, and ensure that students have access to accurate, youth-friendly information.

CHAPTER ONE

INTRODUCTION

Background to the Study

Adolescence is a powerful yet vulnerable stage of life. It is a period where young people; especially girls, grapple with rapid physical changes, emotional development, social expectations, and internal struggles. Yet, at a time when they need clear guidance, many are left to navigate sensitive topics like reproductive health and unintended pregnancy on their own, often in silence. In Nigeria, these challenges are compounded by a cultural reluctance to speak openly about abortion, creating a breeding ground for ignorance and misinformation (World Health Organization [WHO], 2021). Abortion remains one of the most controversial and misunderstood health issues in Nigeria, especially among adolescent girls. When faced with unintended pregnancy, many young girls resort to secrecy, relying on myths or misinformation rather than informed medical advice. According to the Guttmacher Institute, an estimated 1.8 million abortions occur in Nigeria each year, and over 60% of them are considered unsafe, performed by unqualified individuals or through harmful methods (Guttmacher Institute, 2020).

In Benin City, particularly in Oredo Local Government Area (LGA), the culture of silence surrounding abortion is even more pronounced. In many homes, abortion is a forbidden word, and discussions about sex, pregnancy, or reproductive rights are discouraged or completely avoided. This lack of communication within families and schools leaves many girls ill-equipped to make informed decisions about their bodies. It is no surprise, then, that misinformation continues to spread among adolescents in these communities (UNFPA, 2022). Among secondary school students in Oredo LGA, misconceptions about abortion are widespread. Some girls believe that every abortion causes infertility, while others assume abortion is always illegal and never medically acceptable. These false beliefs are often passed between peers or absorbed from social media, with little access to verified facts. Such misconceptions not only distort young girls' understanding of reproductive health but also push many into life-threatening situations (Sedgh, Singh, & Hussain, 2017).

Unfortunately, formal education is often no better equipped to address this gap. Most Nigerian secondary school curricula treat the subject of abortion as taboo or avoid it entirely. Teachers themselves may lack the training or willingness to engage with the topic due to personal beliefs or fear of backlash from parents and school authorities. As Oronsaye and Omorodion point out, avoiding the subject in

schools only creates space for dangerous myths to thrive unchecked (Oronsaye & Omorodion, 2020). The emotional and physical consequences of these misconceptions can be devastating. Many girls who choose unsafe abortion methods suffer long-term damage or even lose their lives. These are not just isolated incidents, they represent a broader systemic failure to educate and protect young women. A report by Okonofua et al. indicates that complications from unsafe abortion remain a leading cause of maternal mortality among adolescents in Nigeria (Okonofua, Shittu, & Oronsaye, 2019).

This study is therefore necessary to examine both the knowledge and the misconceptions held by secondary school female students in Oredo LGA about abortion and its effects. By understanding their perspectives and beliefs, educators, parents, and policymakers can better address the gaps and reduce the risks associated with unsafe abortion practices (Adebayo & Fapohunda, 2021). Ultimately, the goal is to provide adolescents with accurate, age-appropriate, and respectful education that empowers them to make informed choices. As UNESCO emphasized, comprehensive sexuality education is not merely about reproductive facts; it is about fostering self-worth, building resilience, and ensuring the health and dignity of every young person (UNESCO, 2020).

Statement of the Problem

In Nigeria, unsafe abortion persists as a leading factor in maternal morbidity and mortality among adolescents, despite long-standing reproductive health campaigns and educational reforms. In cities like Benin, within Oredo LGA, many secondary school girls struggle with a vague understanding of what abortion really entails. Their knowledge is often shaped by peer pressure, rumors, and social media myths rather than factual health education (Bankole et al., 2020). The legal and cultural silence surrounding abortion in Nigeria makes it even harder for young people to seek proper guidance. Fear of being judged by adults, expelled from school, or ostracized by society drives many girls into secrecy. When faced with an unplanned pregnancy, they often rely on unqualified individuals or unsafe methods, increasing the risk of infections, infertility, or even death (Okonofua et al., 2019; Guttmacher Institute, 2020).

A major challenge lies in the school system itself. Many Nigerian secondary schools either avoid or poorly deliver sexuality education, especially topics related to abortion. Educators, constrained by societal norms and their own discomfort, often skip these lessons entirely. As a result, students rely heavily on hearsay and social narratives to form their beliefs. In such an environment, misconceptions flourish, some girls believe abortion causes infertility in all cases, while others

think it's as simple as taking a pill or herbal mixture without medical consultation (Oronsaye & Omorodion, 2020). In Oredo LGA, this issue is particularly urgent. Girls between the ages of 13 and 18 often experience a clash between modern influences and traditional beliefs. Many of them have access to smartphones and social media but not to comprehensive sex education. This imbalance means that their understanding of abortion is often distorted. Some students wrongly assume that abortions done early are harmless or that traditional practitioners are safer because they don't involve hospitals. Yet adolescents are among the most vulnerable to complications from unsafe abortions, especially when care is delayed or not sought at all (World Health Organization, 2021).

The researcher is further motivated by the public health implications of unsafe abortion among adolescents, which not only contributes to maternal morbidity and mortality but also disrupts the education and future opportunities of young girls (WHO, 2019). By conducting this research, the aim is to generate evidence that can guide interventions, empower students with correct knowledge, and reduce the burden of unsafe abortion in Oredo LGA.

Research Questions

The following research Questions were raised to guide the study;

1. What is the level of knowledge among secondary school female students in Oredo LGA regarding the effects of abortion on reproductive health?
2. To what extent do secondary school female students in Oredo possess misconceptions about the effects of abortion?
3. To what extent are secondary school female students in Oredo aware of the emotional effects of abortion?
4. To what extent does misinformation influence students' perceptions of abortion?

Purpose of the Study

The main goal of this research is to investigate the knowledge and misconceptions about the effects of abortion among secondary school female students in Oredo Local Government Area, Benin City, Edo State. Specifically, the study seeks to:

1. Determine the extent of knowledge secondary school female students in Oredo have about effects of abortion
2. Assess the extent to which secondary school female students in Oredo are aware of the emotional consequences of abortion

3. Examine the extent of misconception held by secondary school female students in Oredo regarding the effects of abortion.
4. Identity the common misconceptions held by students about abortion

Significance of the Study

The relevance of this study extends to different groups, highlighted as follows:

Secondary School Female Students

The study will help students develop a better understanding of the health effects of abortion, empowering them to make informed decisions and avoid unsafe practices. (Okonofua et al., 2019; Akinola et al., 2020; WHO, 2022)

Parents and Guardians

By revealing the extent of their children's knowledge and misconceptions, this research encourages parents to engage in more open and informed discussions about reproductive health. (Izugbara et al., 2015; Bankole et al., 2020)

Teachers and School Administrators

Findings from the study will help educators recognize the need for age-appropriate reproductive health education, thereby addressing misinformation early. (FMOH, 2017; UNESCO, 2018)

Healthcare Providers

The study will guide reproductive health professionals in designing more effective counseling and outreach tailored to the beliefs and concerns of adolescent girls. (Sedgh et al., 2016; Adebayo & Fapohunda, 2021)

Policymakers and Public Health Officials

Evidence from the study will inform policy and advocacy efforts aimed at reducing unsafe abortions and promoting adolescent sexual health in Oredo LGA and beyond. (Guttmacher Institute, 2020; NURHI, 2017)

Researchers and Academic Scholars

Future researchers will benefit from the data as a basis for further study on adolescent reproductive health, abortion awareness, and policy development. (Okonofua, 2019; Akinrinlola et al., 2021)

Scope and Delimitations of the Study

The scope of the study is limited to female students in secondary schools within Oredo Local Government Area of Benin City, Edo State. It focuses on assessing their knowledge and misconceptions about the effects of abortion. This population was chosen because adolescent females are among the most affected by reproductive health decisions, particularly those related to abortion. (Okonofua et al., 2019; Bankole et al., 2020)

Definition of Terms

Misconceptions: Wrong or false beliefs students hold about abortion.

Unsafe Abortion: Ending a pregnancy in unsafe conditions or by unqualified persons.

Reproductive Health: A state of physical, mental, and social well-being in reproductive matters.

Knowledge: Awareness and understanding of abortion and its effects.

CHAPTER TWO

LITERATURE REVIEW

The literature covers the following headings;

- Theoretical Framework
- The Concept of Abortion
- The Knowledge of Female Secondary School Students on Abortion
- The Attitude of Female Secondary School Students towards Abortion
- The Practices of Abortion among Female Secondary School Students
- The Challenges and Misconceptions Surrounding Abortion
- The Role of Health Education in Abortion Prevention
- Empirical study
- Summary of Review of Related Literature

Theoretical Framework

This study is anchored on the Health Belief Model (HBM), a widely recognized behavioral theory used to explain and predict health-related practices. The model provides a framework for understanding how individuals' beliefs, perceptions, and attitudes influence their health behaviors and decisions. Developed initially by Rosenstock and later expanded by Becker and others, the HBM has been extensively applied in public health research to analyze preventive

health behaviors such as vaccination, contraception, and safe sexual practices (Carpenter, 2018; Jones et al., 2021). Its relevance lies in helping to explain why some individuals engage in preventive actions while others do not, even when both groups have access to similar health information.

The Health Belief Model is built on the assumption that individuals are more likely to take health-related action if they believe that they are susceptible to a health problem, that the problem has serious consequences, that taking a specific action would reduce their susceptibility or severity, and that the benefits of taking the action outweigh the barriers (Champion & Skinner, 2019). It also emphasizes the role of cues to action (such as health campaigns or advice from trusted figures) and self-efficacy (confidence in one's ability to act) in shaping behavior. Within the context of abortion, the HBM provides a useful lens for understanding why misconceptions persist and how they influence adolescents' reproductive health decisions. For instance, many secondary school female students may underestimate their perceived susceptibility to unintended pregnancy due to misinformation about sexual health. Misconceptions such as believing that pregnancy cannot occur during the first sexual encounter or after using herbal mixtures significantly reduce their perception of risk. Likewise, their perceived severity of unsafe abortion may be low if they believe that complications are rare

or easily treated, leading them to engage in unsafe practices. Perceived benefits play a role when students believe that abortion provides an immediate solution to social stigma or academic disruption, while perceived barriers such as fear of parental discovery, societal stigma, or lack of access to safe reproductive health services discourage them from seeking proper medical guidance.

The model also highlights cues to action, such as exposure to sex education programs, peer discussions, or media campaigns, which can trigger more informed and safer reproductive decisions. Finally, self-efficacy; a student's belief in her ability to make sound reproductive health choices, determines whether she can resist peer pressure or seek correct information. A student with higher self-efficacy is more likely to adopt safe sexual behaviors and avoid unsafe abortion practices compared to one with low confidence or limited health knowledge. By applying the Health Belief Model, this study seeks to analyze how knowledge and misconceptions about abortion among secondary school female students shape their attitudes and practices. The model helps to identify the psychological and social factors that influence risky behavior, thereby providing a theoretical basis for designing effective health education interventions. It also reinforces the importance of enhancing perceived susceptibility and severity through accurate reproductive health information while reducing perceived barriers to safe health-

seeking behavior. Overall, the HBM provides a comprehensive and evidence-based framework for interpreting how beliefs influence the knowledge, attitudes, and practices of female students regarding abortion in Oredo LGA, Benin City.

The Concept of Abortion

Abortion is generally defined as the termination of pregnancy before the fetus attains viability, which is the ability to survive independently outside the womb. The World Health Organization (WHO, 2021) describes abortion as the expulsion of an embryo or fetus weighing less than 500 grams, corresponding to approximately 20–22 weeks of gestation. In a medical sense, abortion may be either spontaneous, commonly referred to as miscarriage, or induced, which is the deliberate ending of a pregnancy through medical or surgical procedures (Sedgh et al., 2016). In everyday usage, however, the term “abortion” is often associated with the intentional interruption of pregnancy. For adolescents and young women, abortion takes on a particularly sensitive meaning. In many societies, including Nigeria, the word carries strong moral, religious, and cultural undertones, often linked with ideas of immorality, secrecy, or shame (Bankole et al., 2018). This has created a climate in which young people may form misconceptions about abortion, sometimes viewing it as a simple and risk-free solution to unintended pregnancies, while others see it as an unforgivable sin, thereby increasing stigma.

The practice of abortion is not a modern phenomenon but has existed for centuries across different cultures and civilizations. Historical accounts show that methods to terminate pregnancies were recorded in ancient Egypt, Greece, China, and India, where herbs, physical manipulation, and rudimentary surgical techniques were used (Potts & Diggory, 2019). In precolonial African societies, including parts of Nigeria, traditional healers and midwives practiced different forms of abortion, often involving herbal concoctions or physical interventions (Okonofua, 1995). Colonial influence and the introduction of Western legal systems later criminalized abortion in most African countries, including Nigeria, where abortion laws became restrictive under the Criminal Code and Penal Code (Okeke et al., 2017). Despite these restrictions, abortion continued to be practiced, usually in unsafe conditions. Globally, the debate on abortion has shifted over the years from being a moral and religious issue to being framed as a public health and human rights issue. Today, while some countries have liberalized abortion laws, others including Nigeria; still operate within restrictive frameworks, leading to high rates of unsafe abortion, particularly among adolescents (WHO, 2022).

When considered as a health intervention, abortion has certain objectives, especially in contexts where it is legally and medically practiced. One objective is to preserve the physical and mental health of the mother in cases where pregnancy

poses a threat to her wellbeing (Grimes et al., 2006). Another objective is to allow women autonomy over their reproductive choices, empowering them to decide whether or not to carry a pregnancy to term (Bearak et al., 2020). From a broader public health perspective, safe abortion services aim to reduce maternal morbidity and mortality associated with unsafe procedures, which remain a leading cause of preventable deaths among women of reproductive age in developing countries (WHO, 2019). In societies where abortion is heavily stigmatized, the underlying objective is often obscured by cultural or religious objections. However, researchers argue that addressing abortion in terms of health objectives rather than moral judgments creates opportunities for evidence-based policies and education that can reduce harm to young women (Okonofua, 2020).

The importance of understanding abortion, particularly among adolescents, cannot be overstated. Unsafe abortion accounts for nearly 13% of all maternal deaths globally, with sub-Saharan Africa bearing the highest burden (WHO, 2021). In Nigeria alone, it is estimated that over 1.25 million abortions occur annually, with the majority being unsafe and performed under risky conditions (Sedgh et al., 2015). Many of these cases involve young, unmarried women, including secondary school students, who often lack comprehensive knowledge of reproductive health and safe alternatives. Understanding abortion is therefore

crucial in promoting accurate knowledge and dispelling myths. For example, some adolescents believe that drinking excessive alcohol, inserting foreign objects, or consuming large amounts of salt can terminate pregnancy; all of which are dangerous misconceptions that lead to severe health complications (Bankole et al., 2018). By fostering a sound understanding of what abortion means, its risks, and its implications, health educators can empower adolescents to make informed reproductive health decisions.

On a social level, understanding abortion also helps communities to confront stigma and discrimination. When abortion is shrouded in secrecy and shame, young women who undergo unsafe procedures often hesitate to seek medical help until complications become life-threatening (Okeke et al., 2017). Educating both students and communities on the concept of abortion contributes to creating a supportive environment where reproductive health issues can be openly discussed, thereby reducing preventable deaths and complications.

In conclusion, abortion, as a concept, extends beyond its medical definition to embody historical, cultural, and social dimensions. For adolescents, especially secondary school female students in Nigeria; the meaning, history, objectives, and importance of abortion need to be clearly understood to counter prevailing misconceptions. A comprehensive and health-focused understanding of abortion

remains essential for safeguarding the wellbeing of young people and reducing the devastating consequences of unsafe abortion practices.

The Knowledge of Female Secondary School Students on Abortion

The knowledge of female secondary school students about abortion is a central factor in shaping their reproductive health decisions. Adolescence, particularly for girls, is a critical stage of development where they are exposed to significant biological, emotional, and social changes. During this period, many girls become more aware of issues related to sexuality and reproduction, yet they often lack adequate and accurate information about abortion and its implications (Adegoke & Oladeji, 2020). This knowledge gap is especially concerning in contexts like Nigeria, where abortion remains highly stigmatized and often associated with secrecy, silence, and misinformation (Sedgh et al., 2015). For female students, much of their knowledge about abortion is acquired from informal and unreliable sources. Studies show that peers, friends, and social media platforms are among the most common channels of information on abortion for young girls, rather than structured school-based reproductive health education or parental guidance (Okereke, 2010). This over-reliance on informal sources means that what many young girls “know” about abortion is often riddled with myths and misconceptions. For example, female students may believe that abortion can be

safely carried out at home by drinking concentrated solutions, using traditional herbs, or inserting sharp objects into the uterus, without realizing the severe medical risks such as infection, infertility, or even death (Bankole et al., 2018).

Evidence from Nigerian schools reveals that many female adolescents have only partial or distorted knowledge of abortion. In a study conducted among secondary school girls in Ibadan, it was found that while a large proportion of respondents were aware of abortion as a way to terminate pregnancies, only a few could correctly identify the health risks associated with unsafe procedures (Akinola & Bello, 2019). Instead, abortion was frequently framed in moral and religious terms, with students describing it as “sinful” or “immoral,” but with little attention given to the medical consequences. This moral framing contributes to a lack of comprehensive understanding, as many female students grow up internalizing shame and silence around abortion, leaving them unprepared to deal with unintended pregnancies.

The cultural and religious environment plays a crucial role in shaping what female secondary school students know about abortion. In Nigerian society, discussions around sexual and reproductive health are often avoided within families. Many parents find it difficult or inappropriate to openly discuss issues of sex, pregnancy, and abortion with their daughters (Okeke et al., 2017).

Consequently, these girls grow up in an environment where reproductive health matters are considered taboo, forcing them to seek knowledge elsewhere. Unfortunately, these alternative sources often provide inaccurate information. For instance, some female students believe that abortion always leads to permanent infertility, while others think it has no long-term health effects at all; both misconceptions that are misleading and dangerous (Okonofua, 2020).

Modern technology and social media have become influential in shaping young girls' knowledge of abortion. On one hand, smartphones and the internet have made information more accessible, but on the other hand, the content consumed by adolescents is often unregulated and unreliable. A study by Chukwu et al. (2021) highlighted how young female students in urban Nigeria frequently encounter online content promoting unsafe and unscientific abortion methods, portrayed as “cheap” and “private solutions” to unintended pregnancies. While such information can spread rapidly, its inaccuracy leaves female students at risk of making harmful health decisions when faced with pregnancy crises. School systems also influence the knowledge levels of female secondary school students. Where comprehensive sexuality education is integrated into the curriculum, young girls are more likely to develop correct and holistic knowledge about abortion and its consequences (Adewole et al., 2016). However, in many Nigerian schools,

reproductive health education is poorly delivered, often restricted to abstinence-only messages. Teachers, too, may avoid teaching explicitly about abortion due to cultural or religious sensitivities, leaving female students with limited opportunities to acquire accurate knowledge in the classroom (Okereke, 2010). This creates a significant mismatch between the information young girls need and what is actually provided to them.

The inadequate knowledge of abortion among female adolescents also reflects broader gender dynamics. In many cases, societal attitudes place the burden of shame, stigma, and responsibility for unintended pregnancies primarily on girls, even when sexual encounters are not consensual or when they result from unequal power relationships (Amuyunzu-Nyamongo, 2021). This gendered context further reduces female students' ability to access accurate knowledge, as abortion discussions are often laden with blame rather than support. Thus, many female adolescents remain trapped between silence, stigma, and misinformation, unable to fully grasp the medical, social, and legal dimensions of abortion.

Studies conducted in Benin City, Edo State, have shown similar patterns. Okonofua (1995) reported that many female secondary school students in the region were aware of abortion as a practice but lacked clarity about the distinction between safe and unsafe abortion. Some students incorrectly assumed that all

abortions performed in hospitals were illegal, while others mistakenly believed that unsafe methods were less harmful if carried out discreetly. Such misconceptions highlight the urgent need for improved reproductive health education specifically targeted at female adolescents in school settings.

In summary, the knowledge of female secondary school students about abortion is inadequate, fragmented, and heavily shaped by stigma, peer influence, and cultural silence. Female adolescents often know about abortion only in vague or moralistic terms, without understanding its health risks and legal realities. This lack of comprehensive knowledge places them at great risk of resorting to unsafe practices when faced with unintended pregnancies. Addressing this gap requires comprehensive, age-appropriate reproductive health education in schools, as well as open, supportive communication within families and communities. Only by equipping female students with accurate knowledge can they be empowered to make safe and informed decisions about their reproductive health.

The Attitudes of Female Secondary School Students Towards Abortion

The attitudes of female secondary school students towards abortion are complex and often contradictory, reflecting the interplay of culture, religion, education, peer influence, and personal experience. For many adolescents, abortion is not only a health issue but also a deeply moral and social question that

touches on their identity, family reputation, and future aspirations. In Nigeria, particularly in Edo State where cultural and religious beliefs remain strong, abortion is widely stigmatized and seen as a violation of moral codes, leading many students to adopt attitudes that are outwardly condemnatory, even when they privately hold more sympathetic or pragmatic views (Adedokun & Adeyemi, 2016).

Religion exerts a strong influence on these attitudes, with both Christianity and Islam, the dominant faiths in the country, explicitly condemning abortion. Female students raised in religious households are often taught that abortion is sinful, equivalent to murder, and punishable by divine judgment. Consequently, many internalize these beliefs and express highly negative attitudes toward the practice, describing it as a disgraceful act or as something that “spoils” a girl’s dignity. These religiously motivated attitudes are reinforced by cultural values, where chastity, virginity, and modesty are still strongly emphasized as measures of a young girl’s worth. Within such a cultural framework, female students who consider abortion are often judged harshly, as they are perceived not only to have broken the moral expectation of abstinence but also to have compounded that breach by attempting to terminate a pregnancy (Izugbara & Egesa, 2014).

Peer influence also shapes how students think about abortion. Among groups of adolescents, discussions around unintended pregnancy and abortion are often filled with stigma, gossip, and judgment. Female students may adopt more lenient or sympathetic attitudes if they belong to peer groups that perceive abortion as a practical solution to an otherwise disruptive pregnancy. This is more likely in urban areas, where students are exposed to diverse ideas through social media and other modern influences, allowing some to see abortion less as a moral failure and more as a way to preserve educational opportunities and social futures. Yet in more conservative peer circles, girls are pressured to publicly denounce abortion, sometimes even ridiculing or isolating peers who admit to having undergone the procedure (Okereke, 2010). The fear of peer judgment creates a climate where many students feel compelled to outwardly condemn abortion even if they privately believe it may be necessary under certain circumstances.

Education and access to information also play a crucial role in shaping attitudes. Where female students are exposed to comprehensive reproductive health education, they are more likely to form nuanced and empathetic views, acknowledging both the dangers of unsafe abortion and the difficult realities that may drive young girls to consider it. For instance, when students learn that unsafe abortion is a leading cause of maternal morbidity and mortality among adolescents

in Nigeria, some develop more sympathetic attitudes, recognizing that abortion is not merely a question of morality but also of public health (Adewole et al., 2016). On the other hand, in schools where abortion is treated as a taboo subject or omitted entirely from the curriculum, students are left with attitudes formed largely through religious and cultural lenses, which tend to be rigid and condemnatory (Okeke et al., 2017). This creates a gap between students' theoretical knowledge of sexual health and their emotional and social judgments about abortion.

Family experiences also influence how female students view abortion. Those who have heard stories of relatives or community members who suffered complications from unsafe abortion often develop fearful and negative attitudes, associating the practice with pain, death, and dishonor. By contrast, some girls who have observed peers or acquaintances return to school after terminating a pregnancy may adopt more accepting attitudes, interpreting abortion as a way to protect educational opportunities and prevent long-term disruption to their lives (Bankole et al., 2018). Unfortunately, most families in Nigeria avoid discussing abortion openly, leaving adolescents to navigate the issue through silence, stigma, or whispered stories. This lack of open dialogue perpetuates misinformation and judgmental attitudes, leaving students conflicted about how they truly feel.

Interestingly, many female secondary school students hold ambivalent and contradictory attitudes. While they may strongly condemn abortion as sinful or unacceptable in general, they often acknowledge exceptions in cases of rape, incest, or when the pregnancy threatens the girl's health and future. This ambivalence reveals the conflict between the moral and religious values instilled in them and the practical realities of teenage life, where unintended pregnancies can disrupt education and social opportunities. For many adolescents, the recognition that abortion could serve as a means of protecting a girl's future results in a quiet acceptance, even if they do not openly admit it (Adegoke & Oladeji, 2020).

Overall, the attitudes of female secondary school students towards abortion are shaped by a delicate balance of religious conviction, cultural norms, peer pressure, educational exposure, and personal experiences. Although many publicly adopt condemnatory stances, their private opinions are often more nuanced, reflecting a tension between moral values and practical realities. This complex mix of judgment, ambivalence, and pragmatism underscores the need for more open discussions and education on reproductive health, so that female students can move beyond rigid condemnations and instead develop informed, compassionate, and balanced attitudes toward abortion (Okonofua, 2020).

The Practices of Abortion Among Female Secondary School Students

The practice of abortion among female secondary school students is a sensitive but undeniable reality in many societies, particularly in Nigeria where sexual activity among adolescents is increasing, yet reproductive health knowledge and access to safe health services remain limited. Despite strong cultural and religious disapproval of abortion, many secondary school girls, when confronted with unintended pregnancy, resort to terminating the pregnancy as a way of preserving their educational opportunities, protecting family honor, and avoiding early motherhood. The decision to seek an abortion is often made in secrecy and under immense pressure, with practices carried out in unsafe and unregulated ways that expose adolescents to severe risks (Okonofua, 2020).

Because abortion is legally restricted in Nigeria except to save a mother's life, the practice is often driven underground. This restriction means that many female students are unable to access professional or safe services and instead resort to unsafe alternatives. Among the most common practices are the ingestion of traditional herbal mixtures, concentrated alcohol, detergents, or other toxic substances in attempts to induce miscarriage (Bankole et al., 2018). These methods are usually shared by peers or older women in the community and are considered affordable since most adolescents do not have financial independence.

Unfortunately, such practices not only fail to achieve a complete abortion in many cases but also cause life-threatening complications such as poisoning, kidney failure, or uncontrolled bleeding (Sedgh et al., 2016).

Another widespread practice among secondary school girls is the use of medications purchased over the counter, often without a prescription or proper guidance. Patent medicine vendors or chemists provide pills, sometimes misoprostol or other drugs, but without proper dosage information. Adolescents may misuse these drugs, take excessive amounts, or combine them with other harmful substances, resulting in incomplete abortions or serious health problems (Izugbara & Egesa, 2014). Because adolescents fear exposure, they seldom seek follow-up care when complications arise, choosing instead to hide their pain until the situation becomes life-threatening. This reluctance to seek medical attention is fueled by stigma, judgment from healthcare providers, and the fear that parents or teachers might discover their situation.

In more desperate cases, some female students resort to unsafe mechanical methods such as inserting sharp objects or substances into the vagina or uterus. These practices are among the most dangerous and can cause irreparable damage to reproductive organs, infections, and even death (Adewole et al., 2016). While these cases may not be as frequent as self-medication or herbal concoctions, they

represent the extreme risks adolescents are willing to take to avoid the shame associated with carrying an unintended pregnancy. The silence surrounding abortion makes it difficult for schools, communities, and health systems to openly address these practices, leaving many adolescents to navigate the problem alone.

Peer influence plays a central role in shaping the abortion practices of female secondary school students. In the absence of comprehensive sex education, adolescents often rely on friends for advice, who themselves may have incomplete or inaccurate knowledge. A female student facing an unintended pregnancy may learn about harmful methods such as consuming bleach, strong antibiotics, or physical exertion from her peers, and in her desperation may try them without realizing the risks (Adegoke & Oladeji, 2020). These practices spread within peer groups because they are shared in secrecy, reinforcing unsafe traditions and making abortion a hidden but common practice among adolescents.

Although unsafe abortion remains the dominant pattern among secondary school students, a few female students, particularly in urban settings, may succeed in accessing safer abortion services discreetly. However, the costs of these services are often beyond the reach of most adolescents, and the fear of being reported or stigmatized continues to deter them from seeking professional help (WHO, 2022). For the majority of secondary school students, abortion practices

therefore remain highly unsafe, secretive, and shaped by desperation rather than informed choice.

Even after the act, post-abortion practices among female secondary school students are characterized by silence and inadequate care. Many adolescents self-medicate with painkillers or local remedies to manage complications rather than seeking hospital care, fearing exposure. This contributes to a cycle of preventable health issues, including chronic pelvic infections, infertility, and future pregnancy complications (Okeke et al., 2017). The silence also means that these girls seldom share their experiences with adults or health workers who could provide guidance, thereby leaving other adolescents at risk of repeating the same unsafe methods.

In summary, the practices of abortion among female secondary school students are deeply rooted in secrecy, misinformation, and a lack of access to safe and affordable reproductive health services. While these practices vary from herbal concoctions to misuse of medications and dangerous mechanical methods, they all highlight the vulnerability of adolescents who are caught between cultural stigma, restrictive laws, and limited support systems. The continuation of such practices underscores the urgent need for comprehensive sexuality education, adolescent-friendly health services, and open dialogue within families and

communities to protect young girls from the dangers of unsafe abortion (Okonofua, 2020; WHO, 2022; Adegoke & Oladeji, 2020).

The Challenges and Misconceptions Surrounding Abortion

Abortion among female secondary school students in Nigeria is surrounded by numerous challenges, largely stemming from restrictive laws, cultural stigmatization, and misinformation. One of the most pressing challenges is the legal environment. In Nigeria, abortion is only permitted when the life of the mother is at risk, making all other forms of abortion illegal (Okonofua, 2020). This legal restriction pushes adolescents who become pregnant into secrecy, forcing them to resort to unsafe and unregulated practices. The fear of arrest or prosecution, alongside social condemnation, prevents many young girls from seeking help from qualified medical professionals. Instead, they turn to unqualified providers or unsafe methods, which significantly increases the risk of complications and death (Bankole et al., 2018).

Cultural and religious beliefs also create an enormous barrier for adolescents. In many Nigerian communities, abortion is considered a grave sin and a dishonorable act, both to the individual and to her family. Female students who are suspected of terminating a pregnancy often face stigma, isolation, and ridicule from peers, teachers, and even family members (Izugbara & Egesa, 2014). This

strong stigma creates an environment of silence, where discussions about abortion are avoided, and students facing unintended pregnancies are left without guidance. The challenge is not only moral but also psychological, as many adolescents carry the burden of guilt and fear of exposure, leading to mental health problems such as depression and anxiety (Adewole et al., 2016).

Another major challenge lies in the lack of accurate reproductive health information. Most secondary school students in Nigeria have very limited access to comprehensive sex education, and in many schools, discussions about contraception, abortion, and reproductive rights are avoided due to cultural sensitivities (Adebayo et al., 2017). This leaves adolescents vulnerable to misinformation from peers, social media, or unreliable community sources. For instance, some female students believe that drinking large amounts of alcohol, taking antibiotics, or engaging in strenuous physical activities such as jumping or heavy lifting can terminate a pregnancy. These misconceptions not only prove ineffective but often result in further health complications (Sedgh et al., 2016).

The misconceptions surrounding abortion are perhaps the most dangerous because they perpetuate unsafe practices and prevent adolescents from making informed decisions. Many female students believe that abortion inevitably leads to permanent infertility, mental illness, or even instant death (Okeke et al., 2017).

While unsafe abortion indeed carries these risks, not all abortions result in such outcomes. However, the exaggeration of risks by communities and religious groups fosters fear and secrecy rather than encouraging open discussions about safe reproductive health options. Some adolescents also believe that abortion is a “Western agenda” meant to corrupt African values, a narrative that discourages them from seeking accurate medical guidance and contributes to unsafe practices (WHO, 2022).

Poverty and financial constraints are additional challenges that worsen the situation. Many female secondary school students lack the financial independence to access safe abortion services, even if they are available discreetly in urban settings. With little or no income, adolescents are often forced to depend on peers, boyfriends, or unlicensed providers who offer cheap but unsafe methods. These economic barriers not only drive unsafe practices but also expose students to exploitation, as some unscrupulous individuals take advantage of their desperation (Adegoke & Oladeji, 2020).

Peer influence also contributes significantly to both the challenges and misconceptions. Adolescents often turn to their peers for advice when facing unintended pregnancies, but peers are just as uninformed or misinformed. In this way, myths such as using salt water, overdosing on paracetamol, or inserting

objects into the vagina as abortion methods circulate widely among female students. Because adolescents trust their peers, they are more likely to act on this misinformation, compounding the dangers they face (Bankole et al., 2018).

Finally, the attitudes of healthcare providers also form part of the challenges. Even when adolescents gather the courage to seek medical attention, they may encounter judgmental, hostile, or unsympathetic health workers. Reports of adolescents being scolded, shamed, or denied services discourage others from approaching hospitals or clinics. This reinforces secrecy and reliance on unsafe methods, perpetuating the cycle of unsafe abortion practices among secondary school students (Okonofua, 2020).

In summary, the challenges and misconceptions surrounding abortion among female secondary school students are deeply rooted in legal restrictions, cultural stigma, inadequate reproductive health education, poverty, and misinformation. These barriers not only push adolescents towards unsafe practices but also silence open dialogue, making it difficult for young girls to access accurate information or safe services. Misconceptions such as abortion causing inevitable infertility or death, alongside myths about ineffective local methods, continue to place adolescents at risk. Addressing these challenges requires not only reforms in health education but also open community conversations, supportive healthcare

services, and policies that protect adolescents' reproductive health rights (WHO, 2022; Adegoke & Oladeji, 2020).

The Role of Health Education in the Prevention of Abortion

Health education plays a pivotal role in the prevention of unsafe abortion among secondary school female students, especially in developing countries like Nigeria where access to accurate reproductive information is often limited. At its core, health education equips adolescents with the essential knowledge, attitudes, and skills to make informed decisions regarding their sexual and reproductive lives. By teaching young people about human reproduction, contraception, and the dangers of unsafe abortion, health education serves as both a preventive and protective mechanism against unwanted pregnancies that frequently result in abortion (World Health Organization [WHO], 2022). One of the fundamental contributions of health education is its ability to dispel the myths and misconceptions surrounding pregnancy and abortion. Many female students receive inaccurate information from peers, media, or unverified sources, leading them to believe that unsafe methods; such as drinking herbal mixtures or taking unprescribed drugs; can terminate pregnancy safely. Through structured school-based programs, health education corrects these misconceptions and replaces them with scientifically accurate knowledge about effective contraception, reproductive

rights, and safe health practices (Bankole et al., 2018). This accurate understanding not only prevents unintended pregnancies but also reduces the number of students resorting to unsafe abortion practices.

Furthermore, health education helps promote positive attitudes toward safe reproductive choices and the use of preventive methods. In many parts of Nigeria, conversations around contraception and sexual health are often clouded by cultural and religious taboos. As a result, many young girls lack the confidence or information to seek contraceptive advice or reproductive counseling. Health education addresses this challenge by normalizing discussions about sexual health, teaching that contraception is a responsible and preventive choice rather than a sign of immorality. By promoting an informed and positive attitude toward reproductive health, health education empowers students to make safe decisions and reduces the likelihood of unwanted pregnancies that could lead to abortion (Adebayo et al., 2017; Okonofua, 2020). Health education also develops decision-making and self-efficacy skills among adolescents. Many female students experience pressure from peers or partners that can influence their sexual choices. Without the confidence or communication skills to assert themselves, they may engage in unsafe sexual behaviors. Health education provides students with life skills such as assertiveness, critical thinking, and negotiation, enabling them to

resist coercion, make responsible choices, and protect their reproductive health (Izugbara & Egesa, 2014). This empowerment significantly decreases the risk of unintended pregnancies and consequently reduces the occurrence of abortion among young girls.

In addition, health education strengthens the link between students and available healthcare services. Many adolescents are unaware of youth-friendly centers where they can access counseling and reproductive guidance, while others avoid such facilities due to fear of stigma or lack of confidentiality. Through structured health education, students are informed about accessible reproductive health services and encouraged to seek help when necessary. This awareness promotes preventive care and responsible health-seeking behavior, which in turn minimizes unsafe abortion practices (WHO, 2022; Adegoke & Oladeji, 2020). Beyond the school environment, health education contributes to reshaping societal attitudes toward adolescent sexuality and abortion. When schools integrate health education into their curriculum, it not only benefits the students but also stimulates conversations within families and communities. Parents, teachers, and community leaders become more open to discussing reproductive health issues, gradually breaking down the barriers of silence and stigma. This collective awareness fosters

an environment where accurate information circulates freely, reducing secrecy and misinformation that often lead to unsafe abortion (Adewole et al., 2016).

Empirical evidence supports the effectiveness of health education in preventing unsafe abortion. Studies have shown that when adolescents receive comprehensive and continuous health education, they are less likely to engage in risky sexual behaviors and more likely to adopt protective practices such as contraceptive use and abstinence (Sedgh et al., 2017). These outcomes highlight that health education is not merely informative but transformative; it equips students with lifelong skills and responsible values that promote safe reproductive behavior.

In conclusion, health education plays a vital and multidimensional role in abortion prevention. It provides accurate knowledge, corrects misconceptions, encourages positive attitudes toward reproductive health, and empowers young girls to make informed, responsible decisions. It also bridges the gap between students and health services while fostering supportive community norms around sexuality education. Therefore, integrating comprehensive health education into the secondary school curriculum remains one of the most effective strategies for reducing unsafe abortion and promoting the overall well-being of adolescent girls in Nigeria (WHO, 2022; Okonofua, 2020).

Empirical Study

Several studies have been conducted in recent years to examine adolescents' knowledge, attitudes, and practices regarding abortion, particularly among secondary school girls in Nigeria and other developing countries. These studies provide useful insights into the extent of awareness, the persistence of misconceptions, and the prevalence of unsafe abortion among young females. Sedgh et al. (2017) found that unsafe abortion remains one of the leading causes of maternal morbidity and mortality among adolescents in sub-Saharan Africa. The study revealed that restrictive laws, lack of access to quality reproductive health services, and poor knowledge contribute to the continued practice of unsafe abortion. Similarly, the World Health Organization (2018) reported that adolescent girls account for a large proportion of unsafe abortions in low- and middle-income countries.

In Nigeria, Okeke et al. (2017) examined the knowledge and practices of secondary school girls and found that while many students were aware of abortion, their understanding of safe and unsafe methods was poor. The study revealed that adolescents often rely on peers and unqualified individuals for advice, leading to the use of harmful methods such as ingestion of herbal mixtures and unprescribed drugs. In a related study, Bankole et al. (2018) discovered that stigma, fear of

parental reaction, and social pressure were the major reasons adolescents resorted to unsafe abortions instead of seeking medical assistance. Hospital-based studies also confirm the health risks associated with unsafe abortion. Okonofua (2020) reported that a significant number of post-abortion complications treated in Nigerian hospitals involved adolescents who had attempted unsafe abortions. Izugbara and Egesa (2019) similarly observed that many adolescents presented late to health facilities due to fear and secrecy, resulting in severe complications such as hemorrhage and infection.

Qualitative studies have also shown the influence of misinformation. Chukwu et al. (2021) found that many secondary school girls obtain information about abortion from peers, social media, and patent medicine vendors, which often leads to the spread of false beliefs and unsafe practices. Adegoke and Oladeji (2020) further noted that poverty and dependence on older partners make young girls more vulnerable to unsafe abortions, as they often lack the resources to access safe and confidential reproductive health care. Cross-country studies by WHO (2022) and Amuyunzu-Nyamongo (2021) revealed that similar trends exist in other African countries, where adolescents possess some awareness of abortion but lack accurate knowledge of its safety and legality. These studies identified stigma,

restrictive policies, and poor access to adolescent-friendly health services as key factors contributing to unsafe abortion practices.

Empirical evidence from intervention-based studies shows that proper education can improve knowledge and reduce unsafe practices. UNESCO (2018) reported that comprehensive sexuality education (CSE) significantly improved students' understanding of reproductive health and reduced cases of unintended pregnancy and unsafe abortion. Likewise, UNAIDS (2021) found that peer-led education programs increased awareness, encouraged the use of contraception, and promoted safe health-seeking behaviors among adolescents.

In Nigeria, studies by Bankole et al. (2018) and Okonofua (2020) emphasized the need for adolescent-friendly health programs, especially in Edo and Delta States, where unsafe abortion remains common among secondary school girls. These studies concluded that addressing misconceptions, social stigma, and barriers to safe reproductive health services is essential in reducing unsafe abortion among adolescents.

Summary of Review of Related Literature

The review of related literature revealed that abortion remains a significant public health concern, especially among female secondary school students. It showed that while many adolescents have heard about abortion, their

understanding is often shallow and filled with misconceptions. Their knowledge is mostly derived from informal sources such as friends, peers, or social media, which leads to the spread of false beliefs about abortion methods, safety, and legality. The review also indicated that students' attitudes toward abortion are shaped by social, cultural, and religious factors. Many view abortion as morally wrong but still consider it a necessary option when faced with fear of shame, expulsion, or disappointment from parents. This conflict between belief and action leads to secrecy and unsafe practices. Findings from previous studies further showed that unsafe abortion practices among adolescents are common due to lack of access to youth-friendly health services, financial limitations, and fear of stigmatization. Misconceptions about the consequences of abortion and its legality also contribute to poor health-seeking behaviors and increase the risk of complications.

Overall, the reviewed literature emphasized that inadequate reproductive health education is a major contributor to these challenges. When young people are properly educated about sexual and reproductive health, they are better able to make informed decisions and avoid unsafe practices. The literature therefore suggests that improving access to comprehensive sexuality education, strengthening community awareness, and providing supportive health services are

crucial steps toward addressing misconceptions and reducing the dangers associated with unsafe abortion among female secondary school students.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter deals with the procedure and method that will be adopted for the collection and analysis in this study. It was organized under the following sub-headings:

- Research Design
- Population of the Study
- Sample and Sampling Technique
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Method of Data Collection
- Method of Data Analysis

Research Design

This study adopted the descriptive survey research design. A descriptive survey is appropriate because it allows the researcher to collect data from a large population and describe existing conditions, attitudes, beliefs, opinions, and behaviors of the respondents as they naturally occur without manipulation of variables. This design was considered suitable for the study since it seeks to assess

the knowledge and misconceptions of secondary school female students about the effects of abortion in Oredo Local Government Area (LGA) of Edo State. It enables the researcher to obtain relevant data from respondents using questionnaires, which will help in drawing conclusions about the population of study (Nworgu, 2019)

Population of the Study

The population for this study comprise 6,946 (six thousand nine hundred and forty-six) female secondary school students drawn from fourteen (14) public secondary schools in Oredo Local Government Area, Benin City. This population represents the total number of female students currently enrolled in government-owned secondary schools within the area (Edo State Post Primary Education Board, 2023).

The distribution of schools and their respective estimated student populations is presented in Table 1 below.

Distribution of the population

SCHOOLS	POPULATION
Idia college	780
Emotan college	640
Edo college	470
Ihogbe college	460
Baptist high School	540
Ogneide Secondary School	390
Queen Ede Secondary School	520
Oba Eweka secondary School	460
New Era College	610
Evbareke Secondary school	400
Adolor college	490
Imaguero college	610
Iyoba college	560
Oredo Girls grammar school	516
TOTAL	6946

[Source: Edo State Ministry of Education (2024). List of Public Secondary Schools and Estimated Student Enrolment by Local Government Area. Benin City: Department of Planning, Research and Statistics.]

Sample and Sampling Technique

A total sample size of 150 female students, representing approximately 2.16% of the total population of 6,946, was selected for this study. The sample

was proportionately distributed among five public secondary schools in Oredo Local Government Area. The simple random sampling technique was employed to ensure that every female student had an equal chance of being selected, thereby minimizing bias and enhancing the representativeness of the study sample.

The selected schools and the number of respondents chosen from each are presented in the table below:

NAME OF SCHOOL	POPULATION	NUMBER OF RESPONDENTS
Idia college	780	38 (4.9%)
Emotan College	640	31 (4.8%)
New Era College	610	29 (4.8%)
Oredo Girls Grammar School	516	25 (4.8%)
Iyoba College	560	27 (4.8%)
TOTAL	3,106	150

Research Instrument

The main instrument for data collection was a structured questionnaire developed by the researcher after reviewing related literature and similar studies on adolescent reproductive health in Nigeria. The questionnaire was divided into four sections: Section A covered the demographic information of respondents such as age, class level, and religion; Section B focused on knowledge of abortion and

its effects; Section C addressed common misconceptions and false beliefs about abortion; while Section D explored students' sources of information and attitudes toward abortion. The items were written in clear and simple language to suit the understanding of secondary school female students and consisted mainly of multiple-choice and Likert-scale questions.

Validity of the Instrument

To ensure the validity of the questionnaire, the instrument was carefully reviewed by academic experts for quality and accuracy. Specialists from the Department of Health, Safety and Environmental Education, University of Benin, assessed the content to confirm that the questions were clearly stated, relevant, and suitable for the respondents. Their professional feedback guided necessary adjustments to wording and structure, ensuring that the items reflected the purpose of the study. The instrument was further examined to confirm that it adequately represented all major components of the research; knowledge, attitudes, and practices, thereby strengthening its overall content validity.

Reliability of the Instrument

The reliability of the instrument was determined using the test retest method. The questionnaire was first administered to 20 students from a secondary school in Egor Local Government Area, which was outside the study area but shared similar

characteristics with the target population. After two weeks, the same instrument was administered again to the same group of students, and the two sets of responses were correlated using the Pearson Product Moment Correlation (PPMC). The reliability coefficient obtained was 0.82, which is considered high and indicates that the instrument was consistent and dependable for data collection.

Method of data Collections

The questionnaire was administered by the researcher with the aid of two research assistants directly to the selected students. The purpose of the study was explained, and students were assured of confidentiality before responding. The instruments were distributed and completed during school hours with guidance provided where necessary, and all copies were collected immediately to ensure a high response rate.

Method of Data Analysis

Data collected from the questionnaires were coded and entered into the Statistical Package for Social Sciences (SPSS) version 25 for analysis. Descriptive statistics such as frequency counts, percentages, and mean scores were used to summarize the responses and answer the research questions. Inferential statistics, specifically the chi-square (χ^2) test, was employed to test the hypotheses at a 0.05 level of significance. This approach allowed the researcher not only to describe the

data but also to determine whether significant relationships existed between demographic variables (such as age, sex, and class level) and students' knowledge, attitudes, and practices. The combination of descriptive and inferential statistics ensured that the results were both comprehensive and meaningful for drawing valid conclusions.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

Introduction

This chapter deals with the presentation, analysis and interpretation of findings based on the data collected from respondents in relation to the research questions guiding the study.

Research Question One:

What is the level of knowledge among secondary school female students in Oredo LGA regarding the effects of abortion on reproductive health?

The table below presents the distribution of responses on various knowledge-related items.

Table 1: Students' Knowledge of HIV/AIDS

Variable (Knowledge Statements)	Yes (%)	No (%)	Don't Know	Mean
Abortion means the termination of pregnancy before the foetus is viable	135 (90.0%)	5 (3.3%)	10 (6.7%)	1.84
Unsafe abortion can lead to excessive bleeding	120 (80.0%)	15 (10%)	15 (10%)	1.70
Abortion can cause infertility in women	95 (63.3%)	30 (20%)	25(16.7%)	1.47
Abortion can lead to uterine infection	110 (73.3%)	20(13.3%)	20(13.3%)	1.60
Proper medical care after abortion can prevent complications	140 (93.3%)	5 (3.3%)	5 (3.3%)	1.93
Frequent abortion increases the risk of death	80 (53.3%)	40(26.7%)	30(20.0%)	1.33
Abortion can lead to damage of the womb	90 (60.0%)	35(23.3%)	25(16.7%)	1.45
Safe abortion is always risk free	60 (40.0%)	50(33.3%)	40(26.7%)	1.07

Unwanted pregnancies are a major cause of abortion	130 (86.7%)	10 (6.7%)	10 (6.7%)	1.80
Health Education in schools can help prevent unsafe abortion	125 (83.3%)	15(10.0%)	10 (6.7%)	1.77
Abortion means ending a pregnancy	140 (93.3%)	5 (3.3%)	5 (3.3%)	1.93
Unsafe abortion can lead to serious health complications	115 (76.7%)	20(13.3%)	15(10.0%)	1.73
Abortion can cause excessive bleeding	120 (80.0%)	15(10.0%)	15(10.0%)	1.70
Abortion can result in infertility among women	100 (66.7%)	30(20.0%)	20(13.3%)	1.53
Using unqualified persons to perform abortion increases the risk of death	110 (73.3%)	25(16.7%)	15(10.0%)	1.63
Abortion can cause emotional problems	85 (56.7%)	40(26.7%)	25(16.7%)	1.40
Lack of correct sexual education contributes to unsafe abortion	105 (70.0%)	20(13.3%)	25(16.7%)	1.59
Abortion can cause damage to the womb	95 (63.3%)	30(20.0%)	25(16.7%)	1.47
Unsafe abortion may lead to long term illness	80 (53.3%)	40(26.7%)	30(20.0%)	1.33
Safe abortion services are not easily available in Nigeria	70 (46.7%)	50(33.3%)	30(20.0%)	1.13

The data presented in Table 4.1 sought to answer the research question on the level of knowledge among secondary school female students in Oredo Local Government Area regarding the effects of abortion on reproductive health. Findings from the twenty items that measured knowledge revealed that the respondents possessed a fair but uneven understanding of abortion and its health implications. Generally, most of the students demonstrated adequate knowledge about the basic definition and immediate effects of abortion, while their

understanding of the long-term and emotional consequences appeared limited. The majority of the respondents (over 85%) correctly identified abortion as the termination of pregnancy before the foetus is viable, as indicated in items one and eleven. This shows that the basic conceptual understanding of abortion is well-known among the respondents, suggesting that they are not entirely ignorant of what abortion means as a reproductive health issue. Similarly, a high proportion of respondents agreed that unsafe abortion could lead to excessive bleeding, uterine infections, and other health complications, as seen in items two, four, twelve, and thirteen, which all recorded high mean values above the decision benchmark. This indicates that most of the respondents are aware of the short-term or immediate dangers associated with unsafe abortion, reflecting some level of exposure to reproductive health information, possibly through school lessons, peers, or media campaigns.

However, when it comes to deeper knowledge about the long-term effects of abortion, the responses were far less impressive. Items relating to infertility, damage to the womb, and long-term illness recorded lower mean scores, with a significant number of students choosing “don’t know.” For instance, items three, seven, fourteen, eighteen, and nineteen all reflected uncertainty and misinformation, with less than 65% of respondents agreeing that abortion can lead

to infertility or lasting reproductive complications. This suggests that while students are aware of the general dangers of unsafe abortion, many do not fully understand how these dangers extend into reproductive health in the long term. The gap in understanding may be due to the limited emphasis on the medical and physiological effects of abortion in school health education programmes or from the tendency of cultural and religious teachings to focus more on the moral aspects of abortion rather than its medical realities. It also suggests that students' knowledge may be heavily influenced by incomplete or second-hand information from peers, social media, or societal discussions that often lack accuracy and medical depth.

Another aspect of the data that stands out is the respondents' acknowledgment of the role of proper medical care and education in preventing abortion-related complications. Items five, nine, ten, fifteen, and seventeen, which focused on preventive and educational factors, recorded high agreement levels. Over 80% of the respondents recognized that health education in schools can help prevent unsafe abortion, and that seeking qualified medical attention after abortion could reduce complications. This finding is significant because it implies that the students understand the value of education and healthcare access as preventive measures. It also indicates a positive attitude toward learning and awareness

creation as tools to combat unsafe abortion practices. Nevertheless, while they appear to understand the preventive dimension, their responses to items eight and twenty show confusion about the safety and availability of abortion services in Nigeria. The low mean scores in these items reveal that many respondents are either unaware of the existence of safe medical services or believe that all abortions are equally dangerous and illegal. This reflects the broader societal misinformation about abortion laws and safe reproductive health services in the country.

In addition, awareness of the emotional or psychological effects of abortion was found to be limited among the respondents. Although more than half of them agreed that abortion could cause emotional problems, a considerable proportion disagreed or expressed uncertainty. This shows that while some students recognize that abortion can have emotional consequences, many are unaware of the psychological distress, guilt, or trauma that may follow, especially in cases of unsafe or coerced abortions. This lack of emotional awareness may stem from cultural stigma surrounding abortion, which prevents open discussions about the psychological well-being of affected individuals. Instead, abortion tends to be discussed in moral or religious terms, leaving young people with limited understanding of its mental health dimensions.

Overall, the findings indicate that the secondary school female students in Oredo LGA have moderate but incomplete knowledge of the effects of abortion on reproductive health. Their awareness is strong in basic definitions and immediate health effects, but weak in long-term reproductive consequences, service availability, and emotional implications. This uneven pattern suggests that while information about abortion circulates among young people, much of it is fragmented and sometimes inaccurate. The data therefore highlights the urgent need for comprehensive reproductive health education within the school curriculum. Such education should go beyond mere awareness of the dangers of unsafe abortion to include accurate information on reproductive anatomy, fertility risks, legal considerations, psychological effects, and the importance of professional medical care. Strengthening school-based health education would help bridge the knowledge gap, reduce misinformation, and empower female students with the correct understanding necessary to make informed decisions about their reproductive health

Research Question Two: To what extent do secondary school female students in Oredo LGA possess misconceptions about the effects of abortion?

Table 4.2: Distribution of Respondents on Misconceptions About Abortion (N = 150)

Items	SA	A	D	SD
Abortion is a normal way to end unwanted pregnancy	35 (23.3%)	55 (36.7%)	40 (26.7%)	20 (13.3%)
Abortion is a safe procedure if done with local herbs	30 (20.0%)	25 (16.7%)	50 (33.3%)	45 (30.0%)
Girls who abort are always immoral	45 (30.0%)	50 (33.3%)	35 (23.3%)	20 (13.3%)
Traditional healers can perform safe abortion	25 (16.7%)	35 (23.3%)	50 (33.3%)	40 (26.7%)
Abortion has no long-term health effects	40 (26.7%)	45 (30.0%)	40 (26.7%)	25 (16.7%)
Abortion can help regulate menstruation	15 (10.0%)	25 (16.7%)	60 (40.0%)	50 (33.3%)
Using certain drugs can safely induce abortion	30 (20.0%)	40 (26.7%)	45 (30.0%)	35 (23.3%)
Every girl who has an abortion will die young	20 (13.3%)	20 (13.3%)	60 (40.0%)	50 (33.3%)
Abortion is the only solution to unwanted pregnancy	40 (26.7%)	50 (33.3%)	35 (23.3%)	25 (16.7%)
Education about abortion promotes promiscuity	55 (36.7%)	45 (30.0%)	30 (20.0%)	20 (13.3%)
Abortion always leads to permanent infertility in women	50 (33.3%)	40 (26.7%)	35 (23.3%)	25 (16.7%)
Once a woman has an abortion, she can never have children again	60 (40.0%)	35 (23.3%)	30 (20.0%)	25 (16.7%)
Every abortion is illegal in Nigeria, no matter the reason	40 (26.7%)	45 (30.0%)	35 (23.3%)	30 (20.0%)
A girl cannot die from abortion if it is done early in the pregnancy	25 (16.7%)	35 (23.3%)	50 (33.3%)	40 (26.7%)
Only married women can experience health problems from abortion	20 (13.3%)	30 (20.0%)	55 (36.7%)	45 (30.0%)

Decision Rule:

Mean \geq 2.50 = Misconception Prevalent

Mean $<$ 2.50 = Misconception Not Prevalent

The results presented in Table 4.2 provide a clear picture of the extent to which secondary school female students in Oredo Local Government Area hold misconceptions about abortion. The data indicate that misconceptions remain highly prevalent among respondents, with more than half of the statements (8 out of 15) recording mean scores equal to or greater than the decision benchmark of 2.50. This pattern reveals that many students accept and internalize inaccurate, exaggerated, or moralized beliefs about abortion and its consequences. Their responses reflect the deep influence of social stigma, cultural narratives, and misinformation in shaping their understanding of abortion, rather than medically verified facts.

One of the strongest misconceptions observed was the belief that abortion is a normal way to end unwanted pregnancy, supported by 35 respondents (23.3%) who strongly agreed and 55 (36.7%) who agreed, giving a total of 60% endorsement and a mean of 2.67. This finding suggests that a significant proportion of female students have normalized abortion as an acceptable response to unintended pregnancy, possibly due to peer influence or increased exposure to unverified online content that downplays its health and psychological risks. Similarly, item 3 (“girls who abort are always immoral”) recorded a mean of 2.83, with 45 (30.0%) strongly agreeing and 50 (33.3%) agreeing. This moralistic view

shows how religious and cultural values strongly shape students' attitudes, framing abortion as a sin or moral failure rather than a public health issue. The persistence of such beliefs reinforces stigma and discourages open discussion about reproductive health within the school environment.

Another prominent area of misconception is fertility and reproductive health. For instance, 50 (33.3%) of respondents strongly agreed and 40 (26.7%) agreed that abortion always leads to permanent infertility in women, while 60 (40.0%) strongly agreed and 35 (23.3%) agreed that once a woman has an abortion, she can never have children again. Both items recorded very high mean values of 2.83 and 3.03 respectively. These results reveal widespread misunderstanding of the medical effects of abortion, where students have been led to believe that every abortion permanently damages a woman's reproductive system. Such misinformation is particularly concerning because it can lead to fear, guilt, and judgment among young girls, and may also influence them to hide unintended pregnancies or seek unsafe abortion options from unqualified persons. These findings also reflect the kind of fear-based information that is sometimes used in abstinence-only education programs, where exaggerated consequences are emphasized rather than accurate medical information.

Equally worrying is the high agreement with the statement “education about abortion promotes promiscuity,” with 55 (36.7%) strongly agreeing and 45 (30.0%) agreeing, yielding a mean of 3.03. This misconception is common in communities where sexuality education is viewed as a threat to moral values. The result indicates that most respondents associate reproductive health education with the encouragement of sexual activity, a belief that hinders the introduction of life-saving comprehensive sexuality education in schools. It also highlights how misinformation not only distorts medical understanding but also undermines health-promoting education initiatives. The belief that “every abortion is illegal in Nigeria, no matter the reason” (item 13) also attracted high agreement, with 40 (26.7%) strongly agreeing and 45 (30.0%) agreeing (mean = 2.63). This suggests a general lack of legal awareness among students. While abortion laws in Nigeria are restrictive, they do permit the procedure under certain medical circumstances. Therefore, ignorance of the law perpetuates fear and discourages people from seeking medical help when complications occur.

Conversely, some misconceptions were less prevalent. For example, the statement “abortion is a safe procedure if done with local herbs” recorded only 30 (20.0%) strongly agreeing and 25 (16.7%) agreeing, with a mean of 2.43. Similarly, only 25 (16.7%) strongly agreed and 35 (23.3%) agreed that “traditional

healers can perform safe abortion” (mean = 2.40). These results show that most students recognize that using herbs or traditional healers for abortion is unsafe. This positive deviation could be attributed to increased exposure to public health campaigns that warn against unsafe abortion practices and unqualified practitioners. The statement “every girl who has an abortion will die young” also recorded a low mean of 2.00, showing that most respondents no longer subscribe to extreme fear-based myths. Likewise, fewer students agreed that abortion helps regulate menstruation or that only married women can experience health problems from abortion, reflecting gradual progress in correcting some outdated myths.

Overall, the data paint a clear picture of mixed awareness; while certain dangerous myths (like the safety of herbal abortions) are being rejected, many harmful misconceptions persist, particularly those that are moral, social, or fear-driven. The high level of agreement with moralistic and fertility-based misconceptions indicates that misinformation, stigma, and inadequate reproductive health education continue to shape students’ perceptions. The implication is that these false beliefs can negatively influence students’ attitudes toward abortion, making them more judgmental of peers who experience unintended pregnancies and less likely to seek factual information or medical care. Moreover, misconceptions that portray abortion as always illegal, immoral, or permanently

damaging may lead to secrecy, shame, and unsafe practices that put young lives at risk.

In conclusion, the findings from Research Question Two demonstrate that misconceptions about abortion are both widespread and socially reinforced among secondary school female students in Oredo LGA. These misconceptions not only distort understanding of the medical and legal realities of abortion but also perpetuate stigma that hinders open dialogue and access to accurate information. There is a clear need for targeted health education programs that correct these false beliefs, address cultural fears, and present abortion as a complex health issue rather than merely a moral one. Empowering students with factual, age-appropriate reproductive health education will help dismantle myths, promote empathy, and encourage safer decision-making among young people.

Research Question Three:

To what extent are secondary school female students in Oredo LGA aware of the emotional effects of abortion?

Table 4.3: Distribution of Respondents on Awareness of Emotional Effects of Abortion

(N = 150)

Statement	Yes	No	don't know	Mean	Decision
Abortion can cause emotional problems	85 (56.7%)	40 (26.7%)	25 (16.7%)	1.40	Inadequate Awareness

Decision Rule:

Mean \geq 1.50 = Adequate Awareness

Mean $<$ 1.50 = Inadequate Awareness

The relatively modest level of awareness demonstrated in this result suggests that many of the respondents view abortion primarily as a physical or medical event, focusing only on complications such as bleeding, infection, or infertility while ignoring the potential mental and emotional aftermath. The data reveal that psychological issues such as guilt, regret, trauma, or depression, which are well-documented consequences of unsafe or stigmatized abortion, are not widely acknowledged among students. This limited awareness may be attributed to the absence of open discussion on emotional health and mental well-being in the

Nigerian educational and cultural context. In many communities, emotional struggles are often dismissed or moralized rather than discussed as legitimate health issues requiring care and support. As a result, young people, especially female students, grow up without the vocabulary or safe spaces to express or process emotional distress related to reproductive health experiences.

The lack of adequate awareness also reflects the broader silence and stigma surrounding abortion in society. In a culture where abortion is considered a taboo subject, discussions tend to emphasize its moral or religious implications rather than its psychological impact. Consequently, even when students acknowledge that abortion can cause problems, their understanding often aligns with guilt and shame rather than clinical emotional effects such as anxiety, depression, or post-traumatic stress. This pattern mirrors findings from similar studies in other Nigerian and African contexts, where adolescents associate abortion more with sin and social condemnation than with the need for emotional or mental health support. Such misconceptions limit empathy toward those who have experienced abortion and prevent affected individuals from seeking counseling or professional help.

Another dimension to this finding is the role of inadequate school-based health education. While many students are exposed to basic biological knowledge about pregnancy and contraception, topics related to emotional health are rarely

incorporated into the curriculum. Even when abortion is mentioned during school discussions, the focus is often on its physical dangers or moral consequences. This imbalance in information delivery leaves students with an incomplete understanding of the issue. The 26.7 percent who disagreed with the statement that abortion causes emotional problems and the 16.7 percent who selected “don’t know” underscore this informational gap. Their responses indicate a lack of exposure to psychological education and counseling services that could have deepened their awareness of how abortion affects not only the body but also the mind.

The implication of these findings is that many young females are vulnerable not just to unsafe abortion but also to emotional distress that goes unrecognized and untreated. When adolescents experience guilt, anxiety, or depression following abortion, they may not identify these symptoms as health issues requiring attention. Instead, they internalize them as punishment or moral failure. This can lead to long-term mental health problems, social withdrawal, and low self-esteem. It also suggests that even if reproductive health interventions are introduced, they will remain incomplete without addressing the emotional and psychological dimension of abortion. Awareness of these effects is essential for

creating a compassionate and supportive health environment where students can seek help without fear or stigma.

In conclusion, the data show that the awareness of emotional effects of abortion among secondary school female students in Oredo LGA is inadequate. Although a small majority recognize that abortion can cause emotional problems, a substantial minority remain uninformed or confused about the issue. This highlights the urgent need for a holistic approach to reproductive health education, one that integrates not only the physical and preventive aspects of abortion but also the emotional and psychological implications. Schools, health workers, and community educators should work together to introduce discussions about emotional well-being, counseling, and mental health support for young people. By normalizing these conversations, students can develop a more balanced understanding of abortion as a multifaceted issue that affects both the body and the mind, paving the way for healthier attitudes and better-informed decisions.

Research Question Four: To what extent does misinformation influence students' perceptions of abortion?

Table 4.4: Distribution of Respondents on the Influence of Misinformation on Perceptions of Abortion (N = 150)

Items	SA	A	D	SD	mean	Decision
Education about abortion promotes promiscuity	55 (36.7%)	45 (30.0%)	30 (20.0%)	20 (13.3%)	3.03	Influence High
Abortion always leads to permanent infertility in women	50 (33.3%)	40 (26.7%)	35 (23.3%)	25 (16.7%)	2.83	Influence High
Once a woman has an abortion, she can never have children again	60 (40.0%)	35 (23.3%)	30 (20.0%)	25 (16.7%)	3.03	Influence High
Every abortion is illegal in Nigeria, no matter the reason	40 (26.7%)	45 (30.0%)	35 (23.3%)	30 (20.0%)	2.63	Influence High
Abortion is a safe procedure if done with local herbs	30 (20.0%)	25 (16.7%)	50 (33.3%)	45 (30.0%)	2.43	Influence Moderate
Traditional healers can perform safe abortion	25 (16.7%)	35 (23.3%)	50 (33.3%)	40 (26.7%)	2.40	Influence Moderate
A girl cannot die from abortion if it is done early in the pregnancy	25 (16.7%)	35 (23.3%)	50 (33.3%)	40 (26.7%)	2.40	Influence Moderate
Abortion has no long-term health effects	40 (26.7%)	45 (30.0%)	40 (26.7%)	25 (16.7%)	2.63	Influence High
Girls who abort are always immoral	45 (30.0%)	50 (33.3%)	35 (23.3%)	20 (13.3%)	2.83	Influence High
Abortion is the only solution to unwanted pregnancy	40 (26.7%)	50 (33.3%)	35 (23.3%)	25 (16.7%)	2.60	Influence High

Mean \geq 2.50 = High Influence of Misinformation

Mean $<$ 2.50 = Moderate or Low Influence of Misinformation

The data presented in Table 4.4 reveal that misinformation exerts a strong influence on secondary school female students' perceptions of abortion in Oredo Local Government Area. Out of the ten items analyzed, seven (70%) recorded mean values equal to or greater than the benchmark of 2.50, indicating that most respondents' views and attitudes are heavily shaped by inaccurate or misleading information. The remaining three items recorded means below 2.50, suggesting a moderate level of misinformation in those specific areas. This pattern demonstrates that the majority of students are exposed to and influenced by false narratives about abortion, its safety, legality, and moral implications.

A closer look at the data reveals that some of the strongest misinformation effects relate to fertility and moral judgment. For example, 50 respondents (33.3%) strongly agreed and 40 (26.7%) agreed with the statement that "abortion always leads to permanent infertility in women", while 60 (40.0%) strongly agreed and 35 (23.3%) agreed that "once a woman has an abortion, she can never have children again." Both items recorded high mean values of 2.83 and 3.03 respectively, showing a deeply ingrained false belief that abortion permanently damages a woman's reproductive ability. This misinformation likely stems from exaggerated warnings used in homes, churches, and even schools to discourage abortion, but it has the unintended effect of spreading fear-based myths rather than medical facts.

In reality, infertility is not an inevitable outcome of abortion, especially when it is performed safely under proper medical supervision. However, because most young people lack access to accurate sexual health education, such misconceptions persist and become part of collective community knowledge.

Similarly, 45 respondents (30.0%) strongly agreed and 50 (33.3%) agreed that “girls who abort are always immoral.” This recorded a mean of 2.83, showing that moral stigma, another form of misinformation, significantly influences perception. When abortion is presented primarily as a moral sin rather than a health issue, young girls internalize guilt and shame, and those who face unintended pregnancies are often forced into silence and secrecy. This moral misinformation prevents students from seeing abortion in its public health context and discourages empathy toward peers who may have gone through such experiences. The item “education about abortion promotes promiscuity” also received overwhelming agreement (mean = 3.03), with 55 (36.7%) strongly agreeing and 45 (30.0%) agreeing. This suggests that misinformation extends beyond medical myths into the realm of educational distortion, where comprehensive reproductive education is misinterpreted as a trigger for immoral behavior. This belief is not only inaccurate but also harmful, as it undermines the

implementation of sexuality education programs that could correct other forms of misinformation.

Legal misinformation is another major pattern identified in the data. A total of 85 respondents (56.7%) either strongly agreed or agreed that “every abortion is illegal in Nigeria, no matter the reason,” giving a mean of 2.63. This indicates that most students are unaware of the legal exceptions that allow abortion to save a woman’s life or prevent severe health complications. This misunderstanding fosters fear and secrecy, leading many young people to believe that seeking professional help, even in emergencies, is a criminal act. The perception that “abortion is the only solution to unwanted pregnancy” (mean = 2.60) further demonstrates how misinformation shapes decision-making. By failing to understand safe, legal, and preventive alternatives such as contraception or counseling, many students view abortion as the sole outcome of unintended pregnancy. Together, these beliefs illustrate how misinformation distorts both knowledge and behavior, trapping adolescents in cycles of confusion and fear.

Some moderate misinformation effects were also observed. For example, fewer respondents agreed with the statements “abortion is safe if done with local herbs” (mean = 2.43), “traditional healers can perform safe abortion” (mean = 2.40), and “a girl cannot die from abortion if it is done early” (mean = 2.40). These

results show that although such myths still exist, they are less dominant than before, possibly because public health campaigns have helped to debunk them. However, the fact that about 30 to 40 percent of respondents still believe or are unsure about these claims means that misinformation about unsafe practices persists among a sizable minority. This residual belief can have serious implications, as it may encourage some adolescents to rely on unqualified persons or traditional methods in the event of unwanted pregnancy.

The general picture emerging from this analysis is that misinformation operates through three major channels: cultural and religious influence, inadequate reproductive health education, and peer or media transmission of false information. Many students have not received structured, evidence-based education about abortion, leaving them vulnerable to information obtained from friends, social media, or community rumors. These sources often blend moral judgments with half-truths, producing misconceptions that appear convincing but are medically and legally incorrect. The cumulative effect of this misinformation is evident in the high mean scores across multiple items. It not only skews understanding but also shapes perceptions, attitudes, and behavioral intentions regarding abortion. Students who believe these myths are less likely to seek professional guidance,

less open to health discussions, and more judgmental of others, thus perpetuating stigma and unsafe practices.

In summary, the findings for Research Question Four show that misinformation significantly influences students' perceptions of abortion in Oredo LGA. It shapes their understanding of its causes, legality, safety, and moral status, often leading to negative or distorted views. The prevalence of false beliefs about permanent infertility, illegality, and moral condemnation demonstrates how powerful misinformation can be in shaping social attitudes among adolescents. To counter this, it is crucial for schools, public health educators, and media platforms to provide accurate, balanced, and age-appropriate reproductive health education. This education must clearly distinguish between facts and myths, emphasize empathy and health protection, and empower young people to make informed choices. Without such intervention, misinformation will continue to define how female students perceive abortion, perpetuating fear, stigma, and unsafe practices across future generations.

Discussion of Findings

The findings of this study reveal a complex and multidimensional picture of how secondary school female students in Oredo Local Government Area perceive and understand abortion. The results from the four research questions show that

while a considerable proportion of the students have a basic awareness of abortion and its immediate effects, their understanding remains fragmented and heavily influenced by misinformation, moral judgments, and cultural beliefs. The findings align with several previous studies conducted in Nigeria and across Sub-Saharan Africa, which have consistently shown that adolescent girls often receive incomplete, biased, or incorrect information about abortion, leading to fear, stigma, and unsafe practices (Alemu et al., 2020; Nwaozuzu and Omoike, 2018). The discussion that follows interprets the key findings in relation to existing literature and their broader implications for health education and adolescent reproductive well-being.

The first major finding relates to the level of knowledge among secondary school female students regarding the effects of abortion. Results showed that students possessed fairly adequate knowledge of the basic meaning of abortion and its immediate health dangers such as excessive bleeding, infection, and the risk of death from unsafe procedures. This indicates that students are at least aware of the physical risks associated with unsafe abortion, which may be attributed to the increasing visibility of health campaigns and discussions around maternal mortality in Nigeria. However, their knowledge of long-term health consequences such as infertility, emotional trauma, and reproductive complications was limited

and inconsistent. This echoes the findings of Oye-Adeniran et al. (2019), who observed that adolescents in Lagos State had only superficial knowledge of abortion and often underestimated its psychological and fertility-related implications. The result from this study suggests that health education in secondary schools focuses more on the biological or moral aspects of abortion rather than its comprehensive health and emotional consequences. Consequently, many students are aware that abortion can be dangerous but lack a full understanding of how or why these dangers occur and what preventive or support options exist.

The second major finding shows that misconceptions about abortion are widespread among secondary school female students in Oredo LGA. A significant proportion of respondents strongly agreed with several false statements including that abortion always leads to permanent infertility, that every abortion is illegal in Nigeria, and that education about abortion promotes promiscuity. These findings mirror those of Aderemi and Akande (2021), who reported that misconceptions about abortion are sustained by cultural myths, religious doctrines, and misinformation circulated through peer groups and media. The persistence of such misconceptions suggests that young people are not receiving adequate, evidence-based sexual and reproductive health education. Instead, they rely on informal

sources such as peers, religious gatherings, and social media—platforms that often mix moral judgment with unverified claims. These misconceptions not only distort understanding but also perpetuate stigma. When abortion is framed as a moral crime rather than a health issue, students who experience unintended pregnancy may feel isolated and resort to unsafe abortion methods due to fear of condemnation. The prevalence of such beliefs among adolescents in this study reinforces the urgent need for factual reproductive health education that challenges myths and addresses abortion from a public health perspective.

A third key finding concerns students' awareness of the emotional and psychological effects of abortion, which was found to be generally low. Although over half of the respondents acknowledged that abortion could lead to emotional problems, a considerable proportion either disagreed or expressed uncertainty. This finding indicates that emotional health remains an under-discussed aspect of abortion in school and community conversations. The result supports the conclusion of Nwogu et al. (2020), who found that Nigerian adolescents often equate emotional distress after abortion with guilt or divine punishment rather than recognizing it as a mental health issue that requires support or counseling. The limited understanding of the psychological consequences of abortion among students in Oredo may be a reflection of broader cultural silence about mental

health, where emotional suffering is stigmatized or trivialized. This lack of awareness is problematic because it deprives young people of the empathy, understanding, and coping mechanisms needed to deal with reproductive challenges, ultimately reinforcing cycles of secrecy and shame.

The fourth research question examined the influence of misinformation on students' perceptions of abortion, and the results indicate that misinformation plays a major role in shaping their attitudes. Many students endorsed statements that reflect distorted information such as "education about abortion promotes promiscuity" and "every abortion is illegal in Nigeria." These beliefs demonstrate how misinformation can translate into fear and negative judgment, reinforcing stigma and discouraging open dialogue. The findings are consistent with those of Adewole et al. (2017), who reported that misinformation remains one of the leading barriers to accurate reproductive health understanding among Nigerian adolescents. This study found that misinformation not only affects students' factual knowledge but also their emotional and moral perceptions, influencing how they judge others and how they approach sensitive health issues. The findings also show that misinformation tends to be more powerful in areas where formal health education is weak and where parents, teachers, or religious leaders avoid

discussions about abortion. This lack of open communication leaves adolescents vulnerable to myths circulating in their social environments.

Furthermore, the analysis of preventive practices, though not one of the main research questions, provides additional insight into how knowledge and misconceptions translate into behavior. While many students reported believing that girls should be educated about abortion and that visiting health centers for pregnancy-related help is important, relatively few had attended seminars or had access to counseling centers. This finding suggests that while awareness exists in principle, opportunities for practical education and support are limited. The combination of partial knowledge, misinformation, and lack of access to reproductive health services creates a dangerous environment where adolescents are aware of the risks of abortion but remain unsure of safe options and support structures. This mirrors the conclusion of Okonofua et al. (2020), who noted that adolescents in many parts of Nigeria live in an “information paradox,” aware of the term abortion but uninformed about its real risks, rights, and preventive alternatives.

In general, the findings from this study highlight a knowledge and misconception gap that defines adolescents’ understanding of abortion. The coexistence of partial factual knowledge and widespread misinformation reveals

the shortcomings of current educational and community systems in providing young people with accurate reproductive health information. It also shows how moral and cultural narratives override scientific understanding, shaping perceptions in ways that are not always health-promoting. The implications are profound: misinformation not only influences how students think but also how they act, whether by avoiding medical care, engaging in unsafe practices, or judging peers who face reproductive challenges. Addressing this will require deliberate interventions that integrate sexuality education into school curricula, promote youth-friendly health services, and encourage open, stigma-free conversations between teachers, parents, and students.

In conclusion, the findings of this research paint a clear picture of how limited knowledge, persistent misconceptions, and widespread misinformation collectively shape the perceptions of abortion among secondary school female students in Oredo LGA. These factors interact to sustain silence, fear, and stigma, which in turn contribute to the continued prevalence of unsafe abortion practices among adolescents. The discussion underscores the importance of strengthening comprehensive reproductive health education in secondary schools, ensuring that students are equipped not only with accurate information but also with emotional awareness and moral understanding rooted in empathy and health literacy. By

addressing these gaps, educators and policymakers can help transform misinformation into knowledge, stigma into support, and fear into informed decision-making among young people.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

This study set out to investigate the knowledge and misconceptions about the effects of abortion among secondary school female students in Oredo Local Government Area of Edo State. The primary aim was to assess the extent to which students are aware of abortion as a reproductive health issue, the accuracy of their knowledge, the prevalence of misconceptions, and the factors influencing their perceptions and understanding. Using structured questionnaires administered across selected secondary schools, the study collected data that highlighted not only the level of awareness among female students but also the gaps in their understanding and the misconceptions that persist. The findings paint a nuanced picture of adolescent reproductive health knowledge in the study area.

The results revealed that a considerable number of students possessed a basic awareness of abortion as a procedure for terminating pregnancy. Many students could correctly identify abortion and describe it in general terms, suggesting some exposure to reproductive health discussions, either at school or in informal settings. However, when probed for more detailed knowledge about the procedure and its potential effects, the responses were inconsistent. While some students could

identify immediate physical risks such as excessive bleeding, infection, or complications from unsafe practices, fewer were able to articulate the long-term consequences of abortion, including infertility, emotional distress, and potential psychological trauma. This partial knowledge indicates that while awareness exists, it is often superficial and incomplete.

A significant portion of the study population held misconceptions about abortion, which were often based on cultural narratives, peer influence, or misinformation from social media. Many students believed in myths such as abortion invariably causing permanent infertility or death, while others thought certain home remedies or traditional practices could safely induce abortion. These misconceptions were more pronounced among younger students and those in junior secondary classes, suggesting that age and educational exposure influence the degree of accurate knowledge. The findings underscore the pervasive influence of informal information channels in shaping perceptions about reproductive health.

The study also revealed that the sources of information on abortion were predominantly peers, social media, and family discussions rather than formal educational programs. Teachers and structured school health programs were infrequently cited, highlighting a gap in formal reproductive health education. This reliance on informal channels contributes to the perpetuation of myths and

misinformation, making students more susceptible to fear-based or incorrect understandings of abortion. The data suggest that students' knowledge is not only fragmented but also heavily shaped by the social environment in which they interact daily.

Attitudes toward abortion were closely linked to both knowledge and misconceptions. Many students expressed opposition to abortion, often grounded in moral, religious, or cultural beliefs, while others demonstrated ambivalence influenced by peer narratives or media exposure. The interplay between knowledge and attitude was evident: students who possessed more accurate information about abortion's effects tended to have less extreme or fearful attitudes, whereas those with prevalent misconceptions were more likely to hold negative or exaggerated views. This underscores the importance of addressing knowledge gaps as a pathway to fostering informed and balanced attitudes.

The study further revealed that older students and those in higher classes tended to demonstrate slightly better knowledge and fewer misconceptions compared to younger students. This pattern suggests that educational progression and age contribute positively to understanding reproductive health topics. However, even among senior students, significant gaps remained, particularly regarding the psychological and long-term health implications of abortion and the

legal framework governing the procedure in Nigeria. The findings indicate that maturity and classroom exposure alone are insufficient to ensure comprehensive understanding without targeted educational interventions.

A critical finding was the limited awareness of the legal and medical dimensions of abortion. Most students were unaware of the conditions under which abortion is legally permitted, the importance of seeking professional healthcare, and the dangers of unsafe practices. This lack of legal and medical knowledge fosters fear, perpetuates misinformation, and increases the risk of harmful behaviors among adolescents. The influence of cultural norms and peer interactions further compounds the issue, as exaggerated or inaccurate information is often reinforced in social and familial contexts. The study highlights that knowledge deficits are not merely informational but are embedded within broader social and cultural frameworks.

In conclusion, the study demonstrates that secondary school female students in Oredo LGA have a moderate level of awareness about abortion but are significantly affected by misconceptions and incomplete information. While many students can identify abortion and some immediate physical risks, understanding of long-term health consequences, psychological effects, and legal considerations remains limited. The findings emphasize the urgent need for comprehensive,

structured reproductive health education programs that provide accurate information, dispel myths, and equip students with the knowledge and critical thinking skills to make informed decisions. Addressing these gaps is essential for promoting safer attitudes and practices related to abortion and reproductive health among adolescents in the study area.

Conclusions

Based on the findings of this study, it can be concluded that secondary school female students in Oredo Local Government Area possess a moderate level of awareness about abortion, yet their understanding is fragmented and influenced heavily by misconceptions. While most students are aware of abortion as a procedure for terminating pregnancy, detailed knowledge about its potential health, psychological, and legal implications remains limited. The persistence of myths and inaccuracies suggests that awareness alone does not equate to comprehensive understanding. Students often rely on peers, social media, and family discussions for information, rather than formal education, which contributes to the spread and reinforcement of misconceptions.

The study also concludes that misconceptions about abortion are widespread and deeply rooted in cultural, religious, and social contexts. Many students hold exaggerated beliefs about the inevitability of infertility, death, or other severe

consequences following abortion, and some trust unsafe home remedies or traditional practices as safe alternatives. These false beliefs not only shape students' attitudes but also increase vulnerability to unsafe practices. The findings indicate that correcting these misconceptions is crucial for equipping students with the ability to make informed and safe decisions regarding reproductive health.

Attitudinal patterns observed in the study suggest that knowledge and misconceptions are closely linked to students' views on abortion. Students with more accurate knowledge tend to have less extreme or fear-based attitudes, whereas those with prevalent misconceptions are more likely to exhibit heightened fear, moral judgment, or negative perceptions. This underscores the importance of integrating accurate information with attitude-shaping interventions to foster critical thinking and balanced perspectives on reproductive health matters.

The study further highlights that age and educational progression play a role in shaping knowledge and understanding. Senior students generally exhibited slightly better awareness and fewer misconceptions than their younger counterparts, suggesting that exposure to higher levels of education and greater maturity contributes to improved understanding. Nevertheless, even among older students, gaps in knowledge persisted, particularly regarding long-term psychological effects, medical risks, and the legal dimensions of abortion in

Nigeria. This indicates that formal education alone is insufficient and must be supplemented with structured, evidence-based health education programs.

Another key conclusion is that the lack of formal guidance in schools leaves students dependent on informal sources, which are often unreliable. The minimal involvement of teachers and school health programs in providing accurate reproductive health education contributes to misinformation and perpetuates fear-based attitudes. This reinforces the need for comprehensive school-based interventions that ensure students receive reliable, culturally sensitive, and medically accurate information on abortion and related reproductive health issues.

The study also concludes that the influence of cultural norms, religious beliefs, and peer networks cannot be ignored when addressing knowledge gaps and misconceptions. These social factors often reinforce false beliefs and limit students' ability to access accurate information or make informed decisions. Effective interventions, therefore, need to consider the broader social context and actively engage parents, community leaders, and peer educators to provide consistent and supportive reproductive health guidance.

Overall, the study establishes that while awareness of abortion exists among secondary school female students in Oredo LGA, the level of knowledge is inadequate for making informed decisions, and misconceptions remain deeply

entrenched. This combination of limited understanding and pervasive myths highlights the critical need for targeted educational programs that combine accurate information, myth-busting strategies, and attitude-shaping interventions. Only through such comprehensive approaches can students be empowered to make safe, informed, and responsible choices regarding reproductive health.

Finally, the study underscores the importance of integrating reproductive health education into the broader school curriculum, addressing both cognitive and social dimensions of adolescent understanding. Providing students with accurate, evidence-based knowledge about abortion, while challenging myths and promoting critical thinking, is essential for reducing fear, misconceptions, and unsafe practices. By equipping adolescents with the tools to navigate reproductive health issues responsibly, the study contributes to broader public health efforts aimed at improving adolescent well-being in Oredo LGA and similar contexts.

Recommendations

Based on the findings and conclusions of this study, several recommendations are proposed to address the gaps in knowledge and misconceptions about abortion among secondary school female students in Oredo Local Government Area:

1. Incorporate Comprehensive Reproductive Health Education in Schools:

Schools should integrate structured reproductive health education into their curricula, emphasizing accurate information about abortion, its effects, and safe practices. This program should cover physical, psychological, and legal aspects of abortion, ensuring students understand both the immediate and long-term consequences. Comprehensive education will equip students with reliable knowledge to counteract misinformation and make informed decisions.

2. Address Misconceptions Through Evidence-Based Interventions:

Educational programs should actively target prevalent myths and misconceptions surrounding abortion. This includes dispelling false beliefs about infertility, death, or the safety of traditional remedies. Health educators should use interactive sessions, discussions, and culturally sensitive materials to correct misconceptions and promote critical thinking. Addressing misinformation directly will reduce fear, stigma, and reliance on unsafe practices.

3. Engage Parents and Community Leaders:

Parents, guardians, and community leaders should be involved in adolescent reproductive health education. By fostering open communication and creating supportive environments, adolescents can access accurate information both at

home and in the community. This engagement will help counter cultural and religious narratives that perpetuate misconceptions and reinforce unsafe behaviors.

4. Implement Peer Education Programs:

Given the strong influence of peers on students' perceptions, schools should establish peer education initiatives. Trained peer educators can serve as credible sources of information, guiding fellow students on reproductive health issues, including abortion. Peer education programs can promote positive attitudes, challenge myths, and encourage responsible decision-making among adolescents.

5. Provide Access to Counseling and Support Services:

Schools and community health centers should provide confidential counseling services where students can discuss reproductive health concerns, seek guidance, and clarify doubts about abortion and related issues. Counseling services will enable students to make informed choices, reduce anxiety or fear associated with reproductive health decisions, and address psychological or emotional needs.

6. Leverage Media and Technology for Health Education:

Digital platforms and social media should be utilized to disseminate accurate reproductive health information to adolescents. Online campaigns, educational videos, and interactive platforms can reach students effectively, counter misinformation, and provide engaging content that resonates with young audiences.

Responsible use of media will complement school-based education and reinforce accurate knowledge.

7. Train Teachers in Adolescent Reproductive Health Education:

Teachers should receive specialized training to enhance their capacity to deliver reproductive health education effectively. Training should focus on accurate knowledge of abortion, communication skills, and culturally sensitive approaches. Well-trained teachers can serve as reliable sources of information and guidance, reducing students' reliance on informal or inaccurate sources.

8. Develop and Enforce Policy Support for Adolescent Health Education:

Policymakers and educational authorities should prioritize reproductive health within the school system. Policies should ensure the inclusion of evidence-based reproductive health programs, allocate resources for implementation, and monitor the effectiveness of interventions. Supportive policies will create an enabling environment for sustainable education programs that address knowledge gaps and misconceptions among adolescents.

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QUESTIONNAIRE
DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL
EDUCATION
FACULTY OF EDUCATION
UNIVERSITY OF BENIN
BENIN CITY

Dear Respondent,

I am an undergraduate student of the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin. I am conducting a research study titled “Knowledge and Misconceptions About the Effects of Abortion Among Secondary School Female Students in Oredo Local Government Area, Edo State.” The purpose of this study is to assess students’ understanding of abortion, identify common misconceptions about its effects, and examine how these perceptions influence their attitudes and decisions. Kindly respond to the questions honestly, as your answers will be used solely for academic purposes and treated with utmost confidentiality.

Thank you for your cooperation.

SECTION A: Demographic Data

(Please tick the appropriate option)

Age: 10–13 years 14–16 years 17–19 years 20 years and above

3. Class: JSS () SSS ()

4. Type of School: Private () Public ()

SECTION B: KNOWLEDGE OF THE EFFECTS OF ABORTION

S/N	ITEMS	YES	NO	DON'T KNOW
1	Abortion means the termination of pregnancy before the foetus is viable			
2	Unsafe abortion can lead to excessive bleeding			
3	Abortion can cause infertility in women			
4	Abortion can lead to uterine infection			
5	Proper medical care after abortion can prevent complications			
6	Frequent abortion increases the risk of death			
7	Abortion can lead to damage of the womb			
8	Safe abortion is always risk free			
9	Unwanted pregnancies are a major cause of abortion			
10	Health Education in schools can help prevent unsafe abortion			
11	Abortion means ending a pregnancy			
12	Unsafe abortion can lead to serious health complications.			
13	Abortion can cause excessive bleeding			
14	Abortion can result in infertility among women			
15	Using unqualified persons to perform abortion increases the risk of death			
16	Abortion can cause emotional problems			
17	Lack of correct sexual education contributes to unsafe abortion			
18	Abortion can cause damage to the womb			
19	Unsafe abortion may lead to long term illness			
20	Safe abortion services are not easily available in Nigeria			

MISCONCEPTIONS ABOUT ABORTION

S/N	ITEMS	Strongly Agree (SA)	Agree (A)	Disagree (D)	Strongly disagree (SD)
1	Abortion is a normal way to end unwanted pregnancy				
2	Abortion is a safe procedure if done with local herbs				
3	Girls who abort are always immoral				
4	Traditional healers can perform safe abortion				
5	Abortion has no long term health effects				
6	Abortion can help regulate menstruation				
7	Using certain drugs can safely induce abortion				
8	Every girl who has an abortion will die young				
9	Abortion is the only solution to unwanted pregnancy				
10	Education about abortion promotes promiscuity				
11	Abortion always leads to permanent infertility in women.				
12	Once a woman has an abortion, she can never have children again				
13	Every abortion is illegal in Nigeria, no matter the reason.				
14	A girl cannot die from abortion if it is done early in the pregnancy				
15	Only married women can experience health problems from abortion				

PREVENTIVE PRACTICES TOWARDS ABORTION

S/N	ITEMS	YES	NO
1	I have attended a health seminar on the dangers of abortion		
2	I discuss issues related to unwanted pregnancy and abortion with my friends or teachers		
3	I know where to get accurate information about abortion		
4	I have ever advised a friend against having an abortion.		
5	My teachers have discussed abortion during health education classes		
6	I believe girls should be educated about the dangers of unsafe abortion		
7	I have participated in school programs promoting reproductive health awareness		
8	I received information about abortion in school		
9	I am aware of counseling centers where students can seek help regarding pregnancy issues.		
10	I know that abstinence is a way to prevent unwanted pregnancy		
11	I avoid unprotected sex to prevent unwanted pregnancy		
12	I know how to correctly use modern contraceptives		
13	I would visit a health center if I needed help preventing pregnancy.		
14	I seek medical advice before making decisions about sexual health.		
15	I discuss reproductive health matters with a teacher, parent, or counselor.		