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Abortion Legalization and Its Impacts on Sexual Practices Among Nigerian Youths: A Case Study of The University of Uyo

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Abstract- ***The legalization of abortion remains a contentious issue globally, with varied implications depending on the socio-cultural and legal context of each country. In Nigeria, where abortion laws are highly restrictive, discussions around the potential legalization of abortion evoke strong reactions. This study explored the multifaceted perspectives of Nigerian youths on abortion legalization and its implication for sexual practices and reproductive health. Data were gathered through structured questionnaires distributed both off and online using Google Form and semi-structured interviews conducted in-person within the University premises. The collected data were analyzed using simple table percentage. The findings revealed that majority of 188 of the respondents (61.3%) expressed concerns about potential negative consequences of legalization, including irresponsible sexual behavior and increased sexually transmitted infection rates, 90 respondents (29.5%) supported legalization in cases of rape, incest, or severe fetal abnormalities. 207 of the respondents (67.9%) argue that legalization could reduce maternal mortality from unsafe abortions. 143 respondents (46.7%) opposed legalization of abortion. 99 of the respondents (32.2%) cited religious beliefs, and 65 (21.1%) of the respondents cited cultural factors. The study also uncovered the challenges in contraceptive use, with 70 (22.9%) of respondents citing various barriers, including lack of knowledge, affordability issues, religious and cultural beliefs, and access barriers. Furthermore, 205 of the respondents (67.1%) believe abortion legalization may encourage unprotected sex, while 148 of the respondents (48.4%) anticipate changes in youths' attitudes towards sexual practices. Despite these concerns, 208 of the respondents (67.9%) believe legalization will decrease unsafe abortions. These findings underscore the complex socio-economic, cultural, and personal factors influencing views on abortion and contraceptive use among Nigerian youths. Addressing these challenges requires comprehensive sex education, improved access to contraceptives, and efforts to mitigate societal stigma and misinformation surrounding contraceptives.***

Keyword: Abortion, Legalization of Abortion, Sexual Practices and Impact of Sexual Practice.

I. INTRODUCTION

Background to the Study - Abortion is still one of the most talked about and hotly debated issues all over the world and cross boundaries of law, ethic, religion, and health. In Nigeria, the discussion of abortion is very sensitive given the fact that the laws of the country forbid abortion and due to the fact that cultural and religious practices play a central role in shaping the opinion of people and policies. The current laws in Nigeria assign severe penalties to abortion, which is only legalized in the case of preserving the life of the mother; this has resulted in a high increase in unsafe abortions that has brought about negative health impacts to women (Center for Reproductive Rights, 2021).

Laws relating to abortion in Nigeria are some of the most conservative in the world today. The two main legislations that regulate abortion in Nigeria are the Criminal Code Act and the Penal Code, both of which provide stiff penalties for anybody involved in the process of procuring an abortion. By the Criminal Code, abortion is unlawful unless the abortion was required to preserve the life of a woman (Criminal Code Act, 1990). The Penal Code, in force in the Northern States, affirms similarly but additionally provides for the more severe sanctions under Sharia for the Muslim majority areas.

The current abortion laws in Nigeria are so tight, it greatly leads to a high rate of unsafe abortions. Lack of safe abortion results in high mortality and morbidity among women, making it a major concern in public health. About 456,000 unsafe abortions occur yearly in Nigeria, which results in thousands of deaths as well

as dangerous health complications for women. Common health complications of unsafe abortion practices include hemorrhage, infection, and long-term reproductive health issues, which affect mostly the young and economically disadvantaged women (Guttmacher Institute, 2015).

In the Nigeria context, attitudes towards abortion are greatly shaped by cultural beliefs prevailing in the society. Christianity and Islam being the most popular religions in Nigeria, disapprove of abortion, deeming it morally wrong. Furthermore, societal norms and stigma add to the complexity around discussing this issue, often resulting in secrecy and resorting to unsafe abortion practices. Research indicates that individual beliefs and religious convictions play a role in influencing views about abortion in Nigeria (Obisesan*et al*., 2020).

Access to and the utilization of birth control methods in Nigeria play a role in impacting abortion rates, as per the findings from the Nigeria Demographic and Health Survey (NDHS). The survey highlights that 17% of women opt for any form of contraceptive method usage, while the rates are even lower among unmarried women (NDHS 2018). Challenges hindering use include lack of awareness about options; cultural and religious objections; fear of potential side effects; and restricted availability of reproductive health services. Hence, enhancing accessibility to contraceptives and promoting education on their usage are steps towards reducing pregnancies and addressing the subsequent need for abortions.

With the regulations in place it is becoming increasingly common to see support for reproductive rights and the importance of addressing the health consequences of unsafe abortions gaining momentum. The Center for Reproductive Rights and Industrial property administration system(IPAS) Nigeria are leading the efforts to push for changes and enhance access to reproductive health services. There have been appeals to legalize abortion and offer sexual and reproductive health education to decrease abortion rates and enhance maternal health results overall (Center for Reproductive Rights 2021).

Abortion remains a contentious issue in Nigeria, deeply entwined with legal, health, religious, and cultural dimensions. The restrictive legal framework and socio-cultural attitudes contribute to a high prevalence of unsafe abortions, with significant health implications for women. Addressing this issue requires a multifaceted approach, including legal reforms, improved access to contraceptives, and comprehensive reproductive health education. Advocacy and policy changes are essential to reduce maternal morbidity and mortality related to unsafe abortions and to uphold women's reproductive rights.
Statement of the Problem - The research addresses several critical issues, including health and safety concerns related to unsafe abortions, the unclear relationship between abortion legalization and sexual practices, the influence of cultural and religious beliefs on sexual health and abortion, inadequate sexual education and contraceptive use among youths, legal barriers to reproductive health and youth autonomy, and the socioeconomic impacts of abortion laws on youth.

Significance of the Study - The conclusion of this study thus has important implications for public health policy and reproductive health programs in Nigeria. As such, this study tried to offer a scientific insight on the effects of legalization of abortion on youths' sexual behaviors with the intention of underpinning social change, policy formulation, and advocacy. Besides, knowledge acquired from the case study of the University of Uyo might also extend to other Nigerian universities so as to support other attempts geared towards enhancing reproductive health and gender equality.

Aim and Objectives - The aim of this research is to investigate abortion legalization and its impacts on sexual practices among Nigerian youths with particular reference to University of Uyo, Nigeria. Therefore, the specific objectives of this research are:

i. To assess the students attitudes towards abortion legalization
ii. To investigate the sexual practices and contraceptive use of the students in the University of Uyo.
iii. To find out the reason for not using contraceptive
iv. To explore the knowledge and awareness of the risks and consequences of unprotected sexual activities among the students

v. To examine the impact of abortion legalization among the students
vi. To find out the access to abortion services.
vii. To explore the personal experience with unsafe abortion

Research Questions - This research is guided by the following research questions:

i. What are the students' attitudes towards abortion legalization?
ii. What are the sexual practices and contraceptive use of the students in the University of Uyo?
iii. What are the reasons for not using contraceptive?
iv. What are the knowledge and awareness of the risks and consequences of unprotected sexual activities among the students?
v. How does the legalization of abortion impacted students?
vi. Does the student have access to abortion services?
vii. What are the personal experiences of students with unsafe abortion?

Scope of the Study - The scope of this study is to assess abortion legalization and its impacts on sexual practices among Nigerian youths with a particular reference to the University of Uyo. Even though abortion legalization have become a very complex issue in Akwa Ibom State and Nigeria at large, the researcher decided to narrow its study to University of Uyo among the students due to the study`s extensive scope and to achieve proper and timely investigation. The researcher limits the study to the students of the University of Uyo in order to avert cumbersome coverage. Though, previous works on the abortion legalization and its impacts on sexual practices were reviewed in this study.

Definition of terms -

i. Abortion: This is the deliberate termination of a pregnancy, typically referring to medical or surgical procedures used to end a pregnancy before the fetus can survive outside the uterus.
ii. Abortion Legalization: The process or act of making abortion legally permissible within a country or state. This could include outlining the conditions under which abortion is allowed, such as time limits, health risks, or socio-economic factors.
iii. Sexual Practices: Refers to behaviors related to sexual activity, including but not limited to intercourse, contraceptive use, multiple sexual partners, and other forms of sexual behavior.
iv. Contraceptive Use: The use of various methods or devices (such as condoms, birth control pills, IUDs) to prevent pregnancy during sexual activity.
v. Unsafe Abortions: A procedure for terminating a pregnancy carried out by individuals lacking the necessary skills or in an environment that does not conform to medical standards, often associated with higher risks of complications or death.
vi. Sexual Health: The state of physical, emotional, mental, and social well-being related to sexuality, not merely the absence of disease or dysfunction.
vii. Reproductive Rights: The rights of individuals to make informed choices about their reproductive health, including access to contraception, family planning services, and safe abortion.
viii. Youth: The population category generally defined by age, which can vary but is often considered being individuals between 15 and 24 years old.
ix. Stigma: Social disapproval or discrimination against individuals based on certain behaviors, beliefs, or characteristics.
x. Risky Sexual Behaviors: Actions related to sexual activity that increase the likelihood of negative health outcomes, such as unprotected sex, early sexual debut, or multiple sexual partners, which may lead to unintended pregnancy or sexually transmitted infections (STIs).
xi. Cultural Beliefs: The shared beliefs, values, customs, and behaviors specific to a society or group, especially regarding sensitive issues like abortion and sexual behavior.
xii. Public Health: The science and practice of protecting and improving the health of communities through education, disease prevention, policy-making, and research.
xiii. Policy Reform: Changes or improvements in laws or regulations related to a specific issue, such as abortion.
xiv. University Students - A specific subgroup of youths enrolled in higher education institutions.
xv. Access to abortion services: Refers to the availability and ability of individuals to obtain safe, legal, and affordable procedures to terminate a pregnancy.

xvi. Mean: This is the average of a set of numbers. It is calculated by adding up all the values in the data set and then dividing by the number of values.

xvii. Median: This is the middle value in a data set when the numbers are arranged in order (from smallest to largest).

xviii. Mode: This is the value that appears most frequently in a data set. A data set may have one mode, more than one mode (if multiple values appear with equal frequency), or no mode (if all values occur only once).

xix. Standard Deviation: This measures how spread out the numbers is in a data set. It indicates the amount of variation or dispersion from the mean. A low standard deviation means the data points are close to the mean, while a high standard deviation means the data points are more spread out.

xx. Variance: This is a measure of how far each number in the data set is from the mean. It is the average of the squared differences from the mean. Variance is essentially the square of the standard deviation.

xxi. Frequency: This refers to the number of times a particular value or event occurs within a data set or a given period. In statistics, frequency is used to describe how often each different value in a set of data occurs. It helps to organize and summarize data by indicating the count of occurrences of specific values or categories.

xxii. Questionnaire: This is a research instrument consisting of a series of questions designed to gather information from respondents. It is commonly used in surveys to collect data on a wide range of topics, such as opinions, behaviors, attitudes, and demographic information.

xxiii. Qualitative survey: This is a research method used to gather non-numerical, in-depth insights into people's experiences, opinions, beliefs, or behaviors.

xxiv. Quantitative survey: is a research method used to collect numerical data from a large group of respondents in order to quantify attitudes, opinions, behaviors, or other measurable variables.

II. LITERATURE REVIEW

Historical context - Abortion is defined as the termination of a pregnancy before the fetus can live independently outside the mother's womb. This can be due to spontaneous causes (miscarriage) or can be induced medically or surgically (Open University, accessed May 22, 2024).The history of abortion is complex and multifaceted, reflecting the interplay of medical practices, religious beliefs, legal frameworks, and social attitudes. From ancient practices to contemporary legal battles, abortion has remained a contentious issue with profound implications for women's health and rights. Understanding this historical context is essential for informed discussions and policymaking on abortion today.

Ancient Times - *Abortion has been practiced since ancient times, with evidence of its use dating back to various early civilizations. Ancient Egyptians, Greeks, and Romans employed numerous methods to induce abortion, including the use of herbal concoctions, physical methods, and surgical procedures. The Ebers Papyrus, an ancient Egyptian medical text from around 1550 BCE, includes recipes for contraceptives and abortifacients (Riddle, 1997).*

In ancient Greece, philosophers and physicians such as Aristotle and Hippocrates discussed abortion. Aristotle believed that abortion could be morally acceptable in certain circumstances, particularly before the fetus developed sensation (Aristotle, Politics). Hippocrates, however, in his oath, famously included a clause against the administration of abortive remedies, although there is evidence that this was not strictly adhered to by all practitioners (Edelstein, 1943).

Medieval Period - During the medieval period, the stance on abortion was heavily influenced by religious doctrines. The Catholic Church's views evolved over time, initially considering abortion a sin after "ensoulment" or "quickening" (when fetal movement is first felt by the mother). By the 12th century, church doctrine, influenced by theologians like Thomas Aquinas, differentiated between early and late-term abortions, condemning the latter more severely (Noonan, 1967).

Despite religious prohibitions, abortion was still practiced. Medieval texts contain references to abortifacients and procedures, and women often relied on midwives and herbalists for these services. However, the risk of legal and religious repercussions

meant that these practices were often carried out in secrecy (McLaren, 1990).

Early Modern Period - The early modern period saw the criminalization of abortion in many parts of Europe. English common law, for instance, began to recognize abortion as a crime after "quickening." In the 16th century, the British Parliament passed laws that progressively restricted abortion, culminating in the Offences Against the Person Act of 1861, which made abortion illegal at any stage of pregnancy (Keown, 1988).

In the United States, abortion was legal under common law until the 19th century. However, the movement to criminalize abortion gained momentum in the mid-1800s, driven by a combination of medical, moral, and social factors. The American Medical Association (AMA) played a significant role in this shift, advocating for stricter abortion laws to professionalize medical practice and eliminate competition from midwives and other non-physician practitioners (Mohr, 1978).

20th Century to Present - The 20th century marked significant changes in abortion laws and attitudes, particularly in the latter half. The early 1900s saw strict anti-abortion laws in many countries, but the rise of the feminist movement and increasing concerns about women's health and rights began to challenge these restrictions.

In the United States, the landmark Supreme Court decision in Roe V. Wade (1973) legalized abortion nationwide, recognizing a woman's right to choose an abortion before viability. This decision was based on the constitutional right to privacy and had a profound impact on abortion laws and access (Greenhouse & Siegel, 2011).

Globally, the trend has been toward the liberalization of abortion laws, with many countries recognizing the importance of safe, legal abortion for women's health and autonomy. However, there remain significant regional disparities, with some countries maintaining highly restrictive laws and others offering broad access to abortion services (Center for Reproductive Rights, 2021).

Clinical classification of abortion - The results of either a spontaneous or induced abortion are classified based on clinical presentation, as judged by the health care provider. It is important to know the different categories, because how you treat the woman depends on the clinical classification.

Complete abortion - A complete abortion is that type of abortion where all parts of the fetus and placenta have been expelled through the vagina, nothing is left behind in the uterus, and the cervix has closed. No treatment procedure is necessary to evacuate the uterus is usually necessary. After a complete abortion that has been safely induced, the woman may feel light cramping pains in her abdomen, and bleeding from her vagina should be no more than during a normal menstrual period (Antenatal Care Module, 2024).

Incomplete abortion - An incomplete abortion is the type of abortion in which part of the fetal tissue or placenta is still in the uterus and the cervix is open. If you leave an incomplete abortion without treatment, there is an increased risk that it will be complicated with infection which could be life-threatening for the woman (Antenatal Care Module, 2024).

Threatened abortion - This type of abortion results when a pregnancy is complicated by bleeding from the vagina but the cervix is closed. There is a chance that the pregnancy may continue normally, provided the fetus is showing signs of life (Antenatal Care Module, 2024).

Inevitable abortion - An inevitable abortion is when the fetus is entirely in the uterus, but the pregnancy will definitely end in the expulsion of the fetus. Often at times the woman has lower abdominal pain and a cervical change called effacement. When the cervix has pulled back and become thinner, the cervix starts to dilate and open as though during a normal labor (Antenatal Care Module, 2024).

Missed abortion - This occurs when the fetus is entirely in the uterus, but it has no signs of life and the cervix is completely closed. The dead fetus is likely to be retained in the uterus for some time unless there is an intervention in a specialized health facility (Antenatal Care Module, 2024).

Provision of abortion services - The provision of abortion services encompasses a range of medical and healthcare practices aimed at safely terminating pregnancies. Access to these services is a critical component of reproductive health, impacting women's health outcomes, autonomy, and socio-economic status. Despite its importance, the availability and accessibility of abortion services vary widely across different regions due to legal, cultural, and logistical factors. Effective provision of abortion services involves these best practices: comprehensive care, which involves the provision of counseling, accurate information, and post-abortion care that are essential for comprehensive abortion services. Next is the training of healthcare providers so as to ensure that providers are well-trained in both medical and surgical abortion techniques, and handling complications is crucial. Thirdly is ensuring privacy and confidentiality so as to protect patients' privacy and to encourage more women to seek safe abortion services without fear of stigma or legal repercussions. Fourthly is the integration of abortion services into primary healthcare so as to improve accessibility and reduce stigma. Lastly is educating the public about reproductive rights and safe abortion practices in order to reduce stigma and increase acceptance of abortion services.

The provision of abortion services is a critical aspect of reproductive healthcare that requires careful consideration of legal, cultural, and practical factors. Ensuring safe, legal, and accessible abortion services is essential for improving women's health outcomes and safeguarding their rights. Ongoing efforts to address barriers and integrate best practices into healthcare systems are vital for achieving these goals (Antenatal Care Module, 2024).

Legal Framework - The legal framework of abortion is a critical determinant of women's health and rights. While liberal laws generally correlate with better health outcomes and safer procedures, restrictive laws continue to pose significant public health challenges. Ongoing efforts to reform abortion laws and address barriers to access are essential for improving women's health and ensuring their reproductive rights.

Nigeria's abortion laws are derived from the Penal Code applicable in the northern states and the Criminal Code in the southern states. Both the penal and criminal codes criminalize abortion except when necessary to save the life of the mother. This legal restriction has not curtailed the demand for abortion but has instead pushed the practice underground, resulting in a high incidence of unsafe abortions. According to the Guttmacher Institute, an estimated 456,000 unsafe abortions are performed annually in Nigeria, contributing to approximately 20,000 maternal deaths each year (Singh *et al*., 2015).

Current Legal Framework - The legal framework governing abortion varies significantly worldwide, influenced by cultural, religious, and political factors. These laws determine the conditions under which abortions can be performed, impacting women's access to safe abortion services. This section provides an extensive review of the current legal frameworks surrounding abortion across different regions, highlighting the spectrum from restrictive to liberal laws.

Under current Nigerian law, abortion is permitted only to save the life of the woman. The Criminal Code Act (Sections 228, 229, and 230) prescribes imprisonment for any person who unlawfully performs an abortion, while the Penal Code (Section 232) in the northern states provides similar restrictions with penalties including imprisonment and fines (Center for Reproductive Rights, 2021).

Abortion laws can be broadly categorized into restrictive, moderately restrictive, and liberal frameworks. Each category has distinct implications for women's health and rights.

Restrictive Laws - Latin America: Countries like El Salvador, Nicaragua, and Honduras have some of the most restrictive abortion laws, prohibiting abortion under any circumstances, including to save the life of the mother (Center for Reproductive Rights, 2021). These laws often result in high rates of unsafe abortions, leading to severe health complications and maternal mortality.

Africa: Many African nations, including Nigeria and Egypt, also have highly restrictive laws, only permitting abortion to save the mother's life or preserve her health. These restrictions contribute to

significant public health issues, as women often resort to unsafe methods (World Health Organization, 2020). Moderately Restrictive Laws - Asia: Countries like India and Japan have more nuanced laws. India allows abortion up to 20 weeks of pregnancy under a broad range of conditions, including socioeconomic reasons, but requires approval from one or two doctors depending on the gestational period (Indian Ministry of Health and Family Welfare, 2021). Japan permits abortion in cases of economic hardship or threat to the mother's health, but requires spousal consent (Japanese Ministry of Health, Labor and Welfare, 2020).

Europe: Poland represents a moderately restrictive case in Europe, permitting abortion only in cases of rape, incest, severe fetal impairment, or threats to the mother's health. Recent changes have further tightened these regulations, sparking significant public protests (Human Rights Watch, 2021).

Liberal Laws - Western Europe: Countries like the United Kingdom, France, and Germany have liberal abortion laws, permitting abortions on request up to a certain gestational limit, usually around 12-14 weeks, with provisions for later abortions under specific circumstances (European Parliament, 2019).

North America: The United States, prior to the 2022 Supreme Court decision overturning Roe v. Wade, allowed abortion on request up to the point of viability, generally considered to be around 24 weeks. However, the legal landscape has since become fragmented, with states adopting varying degrees of restrictions (Guttmacher Institute, 2022).

Impact of Legal Frameworks on Health Outcomes - The legal status of abortion is closely linked to health outcomes for women. Restrictive laws correlate with higher rates of unsafe abortions and associated morbidity and mortality (Ganatra et al., 2017). Conversely, liberal laws are associated with safer procedures and better overall health outcomes. In regions with restrictive laws, unsafe abortions are a significant cause of maternal mortality. The World Health Organization (2018) estimates that unsafe abortions account for approximately 13% of maternal deaths worldwide. Liberal laws facilitate access to safe and legal abortion services, reducing the incidence of complications and deaths. For instance, countries with liberal laws like Sweden and Canada report low rates of abortion-related complications and deaths (Sedghet al., 2016).

Challenges and Controversies - Despite the benefits of liberal abortion laws, challenges and controversies persist. These include: stigma and societal pressure. Even in countries with liberal laws, societal stigma can deter women from seeking abortions, leading to delays and increased health risks (Kumar, 2013).

Access and Equity: Legal access does not always equate to practical access. Barriers such as cost, availability of providers, and geographic location can limit women's ability to obtain safe abortions, even in liberal legal environments (Jones & Jerman, 2017).

Political and Legal Backlash: Liberal abortion laws are often subject to political and legal challenges, as seen in the United States and Poland. These challenges can create a volatile legal environment, impacting the consistency and reliability of abortion access (Zureick, 2020).

Sexual Practices and Contraceptive Use - Sexual practices among Nigerian youths are influenced by a complex interplay of factors, including cultural norms, access to education, and availability of reproductive health services. Traditional Nigerian society often discourages open discussion about sex, leading to significant gaps in sex education. As a result, many young people lack comprehensive knowledge about contraception and safe sex practices, which increases the risk of unintended pregnancies and sexually transmitted infections (STIs) (Adebayo et al., 2021).

Studies indicate that comprehensive sex education and improved access to contraceptives are associated with more responsible sexual behaviors, such as delayed sexual initiation, increased use of contraceptives, and reduced rates of unintended pregnancies and STIs (Kirby, 2007). However, in Nigeria, the implementation of such educational programs and the accessibility of contraceptive services remain inconsistent, particularly in rural areas and among marginalized populations.

Sexual practices and contraceptive use are critical components of reproductive health. Understanding these behaviors is essential for developing effective public health interventions and policies aimed at improving sexual health outcomes and reducing unintended pregnancies. This section delves into the various factors influencing sexual practices and contraceptive use, their global patterns, and the implications for public health (World Health Organization, 2020; Guttmacher Institute, 2021).

Global Patterns of Sexual Practices - Sexual practices vary widely across different cultures and regions, influenced by social, cultural, economic, and individual factors.

Cultural Influences: Cultural norms significantly shape sexual behaviors. In many societies, premarital sex is stigmatized, while in others, it is more socially accepted (Wellings*et al*., 2006). For instance, in sub-Saharan Africa, traditional beliefs and values strongly influence sexual practices, often discouraging open discussions about sex and contraceptive use (Zulu *et al*., 2002).

Socioeconomic Factors: Socioeconomic status plays a crucial role in sexual behaviors. Higher levels of education and income are generally associated with greater knowledge and use of contraceptives (Gipson *et al*., 2011). Conversely, individuals in lower socioeconomic groups may have limited access to sexual health education and services, leading to higher rates of unprotected sex and unintended pregnancies.

Individual Factors: Personal beliefs, attitudes, and experiences also influence sexual practices. Factors such as self-efficacy, perception of risk, and peer influences can impact an individual's sexual behaviors and contraceptive use (Albarracín *et al*., 2001).

Contraceptive Use: Trends and Determinants - *The use of contraceptives is essential for preventing unintended pregnancies and sexually transmitted infections (STIs). However, contraceptive prevalence and methods vary widely across the world.*

Contraceptive Prevalence: Global contraceptive use has increased significantly over the past few decades. As of 2019, approximately 64% of married or in-union women of reproductive age were using some form of contraception (United Nations, 2019). However, there is substantial regional variation. For example, contraceptive use is high in developed regions such as North America and Europe, but lower in regions like sub-Saharan Africa and South Asia (Darroch *et al*., 2011).

Types of Contraceptives - The types of contraceptives used also vary by region. In developed countries, modern contraceptives like oral contraceptives, intrauterine devices (IUDs), and condoms are widely used (Sullivan et al., 2004). In contrast, traditional methods such as withdrawal and periodic abstinence are more common in some developing countries (Cleland *et al*., 2014).

Factors influencing contraceptive use: The factor that influences contraceptive use include; Access to services which involves the availability of contraceptive services and supplies. In many low- and middle-income countries, access to reliable and affordable contraception is limited (Sedgh *et al*., 2016).

The second factor in the list is education and awareness which involves knowledge about contraceptive methods and their benefits is crucial. Educational interventions have been shown to increase contraceptive use by improving awareness and dispelling myths (Glasier*et al*., 2006).

Next are cultural and religious beliefs which can either support or hinder contraceptive use. In some cultures, contraception is viewed negatively, leading to lower uptake (Speizer*et al*., 2009).

Finally is the economic factors; which can be countered by subsidizing contraceptives or providing them for free so as to increase use among economically disadvantaged groups (Ross & Hardee, 2013).

Implications for Public Health - Understanding sexual practices and contraceptive use is essential for designing effective public health interventions. The key implications for public health include; reducing unintended pregnancies. Increasing access to and use of contraceptives can significantly reduce the rate of

unintended pregnancies. This, in turn, can lead to better health outcomes for women and children and reduce the economic burden on families and healthcare systems (Singh et al., 2010).

Secondly is the Prevention of sexually transmitted infections. The use of barrier methods such as condoms is critical for preventing STIs, including HIV. Public health campaigns that promote condom use can help reduce the incidence of STIs (UNAIDS, 2019).

Third in the list is empowering women. Access to contraceptives empowers women by allowing them to make informed choices about their reproductive health. This can lead to improved educational and economic opportunities for women (Cleland *et al*., 2006).

Lastly is addressing inequities. Efforts to improve contraceptive use must address inequities in access. This includes targeting marginalized populations who may face barriers due to geographic, economic, or social factors (Bongaarts&Sinding, 2011).

Societal Attitudes and Stigma - Societal attitudes towards abortion in Nigeria are deeply rooted in religious and cultural beliefs. Christianity and Islam, the two predominant religions in the country, generally view abortion as morally wrong and equate it with murder. This religious perspective significantly influences public opinion and policy, creating a social environment where abortion is highly stigmatized (Agadjanian, 2001). This stigma extends to individuals seeking abortions, healthcare providers, and even discussions about reproductive rights.

Global Perspectives on Abortion Legalization - The impact of abortion legalization varies across different contexts. In South Africa, the legalization of abortion in 1996 under the Choice on Termination of Pregnancy Act led to a significant decrease in abortion-related mortality and morbidity. The law also improved access to safe abortion services, particularly for disadvantaged women (Jewkes & Rees, 2005). In contrast, countries with restrictive abortion laws, such as Ireland before its 2018 referendum, faced similar challenges as Nigeria, with high rates of unsafe abortions and associated health risks (Fletcher, 2018).

Societal Attitudes Towards Abortion - Societal attitudes towards abortion are shaped by a complex interplay of cultural, religious, ethical, and political factors. These attitudes significantly influence abortion laws, access to abortion services, and the experiences of individuals seeking abortions. Understanding these attitudes is crucial for policymakers, healthcare providers, and advocates working to address reproductive health issues. In Nigeria, Societal attitudes towards abortion are shaped by religious and cultural beliefs. Christianity and Islam, the two predominant religions in Nigeria, generally oppose abortion, viewing it as morally wrong and equivalent to murder (Agadjanian, 2001). These beliefs contribute to the stigma surrounding abortion and the reluctance of policymakers to liberalize abortion laws.

Cultural Influences - Cultural norms and values play a significant role in shaping societal attitudes towards abortion.

Western Societies: In many Western countries, attitudes towards abortion are generally more liberal. For instance, in the United States, a substantial portion of the population supports the right to access abortion, although opinions can vary widely across different states and political affiliations (Pew Research Center, 2021).

In Europe, countries like Sweden and the Netherlands have progressive abortion laws and high levels of public support for abortion rights, reflecting a cultural emphasis on individual autonomy and reproductive rights (Gissler *et al*., 2012).

Asian Societies: In contrast, many Asian cultures hold more conservative views on abortion. In countries like Japan and South Korea, while abortion is legally permissible under certain conditions, societal stigma and conservative cultural values often discourage women from seeking abortions (Sedgh*et al*., 2012). In India, despite the legal availability of abortion since 1971, cultural and social barriers continue to restrict access and acceptance of abortion services, particularly in rural areas (Guttmacher Institute, 2018).

African Societies: African countries generally exhibit strong cultural and religious opposition to abortion. In nations like Nigeria and Kenya, cultural beliefs and traditional values often view abortion as morally unacceptable, contributing to restrictive abortion laws and limited access to safe abortion services (Sedgh*et al*., 2016).

Religious Influences: Religion is a critical determinant of societal attitudes towards abortion, with different faiths espousing varying doctrines on the issue.

Within Christianity, attitudes towards abortion differ among denominations. The Catholic Church unequivocally opposes abortion, considering it a grave moral sin. This stance heavily influences the laws and public opinions in predominantly Catholic countries like Poland and Ireland (John Paul II, 1995).

Protestant denominations exhibit a wider range of views, with some groups, such as the Evangelicals, staunchly opposing abortion, while others, like the United Church of Christ, support reproductive rights and access to abortion (Haugeberg, 2017).

Islamic views on abortion are diverse and often depend on interpretations of Sharia law. Generally, abortion is permissible only to save the life of the mother or in cases of severe fetal anomalies. In predominantly Muslim countries like Pakistan and Saudi Arabia, these religious doctrines significantly shape public and legal attitudes towards abortion (Hessini, 2007).

Hinduism and Buddhism also influence attitudes towards abortion. In Hinduism, abortion is generally discouraged but may be acceptable in certain circumstances. Buddhism varies by region, with Theravada countries like Thailand opposing abortion more strictly than Mahayana regions such as Japan (Abbasi, 2017).

Ethical and Moral Considerations - Ethical and moral arguments about abortion often revolve around the concepts of personhood, autonomy, and rights.

The pro-life position argues that the fetus has a right to life from the moment of conception and that abortion is morally equivalent to murder. This view is prevalent among conservative religious and ethical groups (Marquis, 1989).

The pro-choice perspective emphasizes a woman's right to bodily autonomy and the belief that the decision to terminate a pregnancy should be left to the individual. This viewpoint is supported by feminist groups and advocates for reproductive rights (Thomson, 1971).

Political and Legal Factors - In liberal democracies, abortion laws are often more permissive, reflecting a political commitment to individual rights and freedoms. For example, the landmark Roe v. Wade decision in the United States recognized a woman's constitutional right to choose abortion (Roe v. Wade, 1973).

In many European countries, abortion laws are similarly liberal, with policies designed to ensure safe and accessible abortion services (Cook & Dickens, 2003).

In authoritarian regimes, abortion policies can be either restrictive or permissive, depending on the regime's ideological goals. For instance, China’s one-child policy led to widespread access to abortion as a means of population control, while other authoritarian countries might restrict abortion to reinforce traditional family structures (Greenhalgh, 2008).

Impact on Individuals and Society - Societal stigma and restrictive laws often force women to seek unsafe abortions, leading to significant health risks, including maternal mortality. The World Health Organization estimates that unsafe abortions account for

approximately 13% of maternal deaths globally (WHO, 2011).

Women who undergo abortions in stigmatizing environments may experience psychological distress, social ostracism, and diminished mental health. Conversely, supportive societal attitudes can mitigate these negative outcomes and promote overall well-being (Biggs *et al*., 2017).

Access to safe and legal abortion services is associated with better public health outcomes, reduced healthcare costs, and improved socio-economic conditions for women and their families. Countries with liberal abortion laws often report lower rates of maternal mortality and better reproductive health indicators (Sedgh *et al*., 2012).

III. METHODOLOGY

Study Area - This research was carried out in University of Uyo with students as the participant. The University of Uyo, located in Akwa Ibom State, Nigeria, with estimated population of 1,393,000 provides a microcosm of the broader societal dynamics at play regarding sexual practices and reproductive health among Nigerian youths. As a prominent educational institution, the University of Uyo is home to a diverse student population that reflects the varied cultural, religious, and socio-economic backgrounds found across the country. This diversity makes it an ideal case study for examining how potential changes in abortion laws might impact sexual behaviors and attitudes among Nigerian youths. As an institution that attracts students from various parts of Nigeria, the University of Uyo offered a representative sample of the country's youth population. The diverse student body included individuals from different religious, cultural, and socio-economic backgrounds, making it an ideal case study for understanding the broader implications of abortion law reform.

This study investigated how the legalization of abortion might influence sexual behaviors, contraceptive use, and societal attitudes among students at the University of Uyo. By examining these factors within this specific context, the research sought to provide insights that could inform policy and interventions aimed at improving reproductive health outcomes and promoting responsible sexual practices among Nigerian youths.

Research Design - This study employed a mixed-methods approach, combining qualitative interviews with quantitative surveys to gather comprehensive data. This approach allows for a detailed exploration of the potential impacts of abortion legalization on youth sexual practices from both numerical and narrative perspectives. By integrating these methods, the study aims to provide a holistic understanding of the subject matter, balancing statistical analysis with personal experiences and perceptions.

Quantitative Surveys - The purpose for this survey was to collect numerical data on attitudes, behaviors, and experiences related to abortion legalization and sexual practices among Nigerian youths. Here, a large, representative sample of Nigerian youths from University of Uyo aged 15-35 from various regions and socio-economic backgrounds were selected for this survey. This quantitative survey is designed using a well-structured questionnaire with closed-ended questions to ensure consistency and ease of analysis. The surveys were distributed both online and in-person so as to reach a broad audience, leveraging social media platforms and community networks. The data collected were analyzed using Google form so as to identify trends, correlations, and significant differences in the attitudes and behaviors of respondents.

Qualitative Interviews - Qualitative interview was used to gain in-depth insights into personal experiences, beliefs, and contextual factors influencing attitudes towards abortion and sexual practices among respondents. A purposive sample of Nigerian youths was selected to reflect diverse perspectives such as gender, religion, and education level. For the qualitative interview, semi-structured interviews were conducted with selected sampled population so as to allow flexibility in exploring topics while maintaining a focus on key issues. These interviews were conducted in-person, via phone, through video calls, recorded with consent for accuracy during analysis. Thematic analysis was employed to identify common themes, patterns, and unique insights.

Population of the Study - The target population of this study was the estimated population of 1,393,000 provides a microcosm of the broader societal dynamics at play regarding sexual practices and reproductive health among Nigerian youths.

Sample Size and Sampling Techniques - Considering the population of this study, the researcher adopted Taro Yamane's formula to determine the sample size, thus: $n=\frac{N}{1+N(E)^2}$

Where: n = sample size
N = Population
E = sampling error
1 = constant

The study sample comprised 306 respondents for the survey out of which 20 participants for in-depth interviews. The correspondents comprised of 182 female students and 124 male students. The sampling strategy ensured a diverse representation of University of Uyo (including students in the town campus, main campus and annex campus), of different educational levels, departments, and varied religious affiliations.

Instruments of Data Collection - The questionnaire and interview were used as the data collection tool for this study. The two tools were used to gather authentic, unfiltered data about the study's subject. As a result, questions that can be answered both ways were asked. The closed-ended questions, for instance, used yes, no and maybe, but the open-ended interview questions were designed to let respondents freely express their thoughts in order to help the researcher make conclusions.

Validity - To validate the instrument that was used in this research, the researcher submitted a drafted questionnaire to the supervisor, the supervisor removed irrelevant questions and made necessary correction on the questionnaire before distributed to the population for data collection. This validated the content and face validity.

Reliability - After corrections and modifications suggested by the supervisor were effected, trial tests of the items were made to establish the reliability of the instrument and also to identify any problem(s) that may be encountered while administering the questionnaire during data collection. The pre-testing of the instruments was done in the University of Uyo and was administered to 32 students in the University, representing 10% of the sample proposed for study. The reliability of the instrument was calculated using the internal consistency technique and Cronbach's Alpha model technique reliability coefficient. Subsequently, the coefficient reliability was determined using the SPSS software. The result of the test was r= 0.95, which indicated the reliability of the instrument.

Data Collection - Quantitative data were collected through structured questionnaires distributed both online using Google Form and in the school. The questionnaire included questions on sexual behavior, contraceptive use, attitudes towards abortion, and perceived impacts of potential abortion legalization. Qualitative data were gathered through semi-structured interviews conducted in-person within the University premises. The interviews explored participants' experiences, beliefs, and attitudes in greater depth.

Data collection process using Google Forms: Google Form was created and titled, "Abortion Legalization and its impacts on sexual practices of Nigerian youths". Next, a brief introduction that explained the purpose of the research was also provided. The form was structured to include; demographic section where basic information of respondents such as age, gender, year of study, and religious affiliation were obtained. Next section in the questionnaire was the attitudinal question sections which include likert scale questions to gauge opinions on abortion legalization. Behavioral questions were also included in the questionnaire so as to obtain information about sexual practices and contraceptive use among the respondents. Lastly in the questionnaire were impact questions which assess perceived impacts of abortion legalization on sexual practices.

The methods employed in the distribution of this questionnaire include. Email, social media platforms like, WhatsApp, Instagram, Facebook and X (formally known as tweeter), and through in-person invitation in the school premises.

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Responses were regularly monitored on the Google Form so as to know the response rate. In low response case, reminder messages were sent to participants to complete the survey.

Analyzing Data in Google Forms: The Google Form automatically generated graphs and charts for each question. This provides a quick visual overview of the data. Pie charts were used for demographic data and categorical questions. Bar graphs were used for Likert scale responses and also for comparing attitudes.

Descriptive statistics such as mean, mode, standard deviation, variance and frequency distributions for categorical variables was used to summarize the characteristics of the sampled population. Qualitative data were coded and analyzed thematically to uncover deeper insights into the participants' attitudes and experiences. Relationships between different variables, for example, abortion legalization with demographic variables like age and gender were cross-tabulated.

Ethical Considerations - The participants were provided with information about the study objectives and procedures, and their voluntary participation was obtained before recruitment. All data collected was kept confidential, and participants' identities were kept anonymous during data analysis and reporting.

IV. RESULTS

Demographic Characteristics

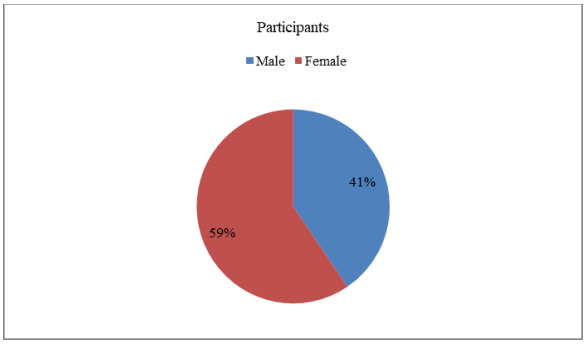

Fig. 1: Pie chart showing percentage male and female correspondents.

A total of 306 respondents were recruited out of 1,393,000 of the estimated total University population from both campuses. Out of the 306 respondents, 124 were male and 182 were female. Table 1 below showed the demographic variables of the respondents detailing gender, religious affiliation, marital status as well as year of study.

Table 1: Demographic information of the respondents.

Demographic variables (n=306)	Frequency Percentage (%)
Gender	
Male	124
40.5	
Female	182
59.5	
Religion	
Christianity	306
100	
Islam	0
0	
Marital status	
Single	253
83	
Married	48
15.7	
Other	4
1.3	
Year of study	
100 level	50
16.4	
200 level	77
25.2	
300 level	69
22.6	
400 level	36
11.8	
Other levels	73
23.9	

Source: Field Survey, 2024

Attitudes towards abortion legalization

Table 2: Attitudes towards abortion legalization

Attitudes towards abortion legalization	Frequency (n=306) Percentage (%)

Support for abortion legalization	
Yes	90
29.5	
No	187
61.3	
Maybe	28
9.2	
Factors Influencing opinion	
Religion	98
32.2	
Culture	64
21.1	
Personal	142
46.7	
Legalization of abortion will encourage more young people to engage in sexual activities	
Yes	220
72.1	
No	39
12.8	
Maybe	46
15.1	
Legalization of abortion will change people's attitude towards sexual practices and contraception.	
Yes	206
67.1	
No	47
15.5	
Maybe	53
17.4	
Young people in Nigeria should be encouraged to practice abstinence.	
Yes	238
78.3	
No	19
6.2	
Maybe	47
15.5	
Legalization of abortion will lead to a decrease in the incidence of unsafe abortions.	
Yes	207
67.9	
No	42
13.6	
Maybe	57
18.5	

Source: Field Survey, 2024

Sexual practices and contraceptive use - The table 3 below explored the frequency and percentage of sexual practices and contraceptive use among respondents.

Table 3: Sexual practices and contraceptive use.

Sexual Practices	Frequency (n=306) Percentage (%)
Engaged in sexual activities	
Yes	206
67.7	
No	66
21.5	
Maybe	34
10.9	
Legalization of abortion will encourage young people to engage in sexual activities without using contraception	
Yes	204
67.1	
No	47
15.5	
Maybe	53
17.4	
Used contraceptive to prevent unwanted pregnancy	
Yes	118
42.4	
No	91
32.7	
Maybe	69
24.8	

Source: Field Survey, 2024

The table 4 below shows the results obtained from 70 respondents out of the 91 respondents who did not use contraceptive to prevent unwanted pregnancy.

Table 4: Reason for not using contraceptive.

Reason for not using contraceptive	Frequency (n=70) Percentage %
Lack of knowledge	29
41.4	
Not affordable	6
8.6	

Religious or cultural beliefs	21
30.0	
Social stigma	3
4.3	
Access barriers	8
11.4	
Fear of judgment or disapproval	15
21.4	
Desire to conceive	8
11.4	

Source: Field Survey, 2024

Knowledge and awareness - Table 5 below explored the knowledge and awareness of the risks and consequences of unprotected sexual activities.

Table 5: Knowledge and awareness of the risks and consequences of unprotected sexual activities.

Knowledge and Awareness (n=306)	Frequency Percentage %
Aware of the risks and consequences of unprotected sexual activities	
Yes	300
98	
No	4
1.3	
Maybe	2
0.7	
Do you think young people in Nigeria have adequate knowledge and awareness about sexual practices and contraception?	
Yes	104
34	
No	113
37	
Maybe	88
29	
Yes	267
87.8	
No	33
10.9	
Maybe	5
1.3	

Source: Field Survey, 2024

Impact of abortion legalization - The table below explored frequency and percentage of the impacts of abortion legalization.

Table 6: Impact of abortion legalization.

Impact of abortion legalization (n=306)	Frequency Percentage %
Legalization of abortion will have a negative impact on the sexual practices of Nigerian youths.	
Yes	193
63.7	
No	40
12.6	
Maybe	73
23.7	
Legalization of abortion will reduce the rate of teenage pregnancies.	
Yes	67
22	
No	176
57.9	
Maybe	61
20.1	
Legalization of abortion will increase the rate of sexually transmitted infections.	
Yes	217
17.3	
No	50
16.2	
Maybe	39
12.5	

Source: Field Survey, 2024

Access to abortion services - Table 7 below explored the opinions of the respondents towards access to abortion services in Nigeria.

Table 7: Access to abortion services.

Access to abortion services (n=306)	Frequency Percentage %
Young people in Nigeria have adequate access to safe and legal abortion services.	
Yes	18
5.7	
No	275
90	
Maybe	13
4.3	
Government should provide more resources to improve access to safe abortion services in Nigeria.	
Yes	148
48.5	

No	46
14.6	
Maybe	112
36.9	

Source: Field Survey, 2024

Personal experience with unsafe abortion - The table 8 below explored the personal experience of respondents with unsafe abortion and the possible circumstances that led to the abortion.

Table 8: Personal experience with unsafe abortion.

Personal experience with unsafe abortion	Frequency (n=284)	Percentage %
I have or someone I know have had an abortion.		
Yes	109	38.4
No	172	60.6
Maybe	31	10.9
Circumstances that led to the abortion (Yes; n=109). Multi-choice		
Not financially prepared	53	48.6
Issues with partner	15	13.8
Need to focus on other children	8	7.3
Interferes with future plans	54	49.5
Not emotionally or mentally prepared	41	37.6
Health issue	12	11
Not independent or mature enough	52	47.7
Influence from family and friends	22	20.2
Don't want children	16	14.7

Source: Field Survey, 2024

Results from the Interviews - The results from the interviews are summarized thus:
The majority of the respondents interviewed in the University premises on the question of legalization of abortion, stated that legalization of abortion will posed negative consequences such as irresponsible sexual behaviors and high increase of sexually transmitted infections. Some went ahead to argue that it will decrease maternal mortality rate from unsafe abortion. When asked on the use of contraceptives, they responded that, there are challenges due to lack of knowledge, affordability, religious and cultural beliefs.

V. DISCUSSION, CONCLUSION AND RECOMMENDATIONS

Discussion - The findings of the study offers a comprehensive view of the diverse opinions on abortion legalization among Nigerian youths, revealing a complex interplay of socio-economic, cultural, and personal factors influencing these views. This findings also revealed that 7 (4.14%) of the respondents experienced their first sexual encounter between the ages of 13 and 15. A large portion, 59 (34.91%), had their first sexual experience between the ages of 16 and 18. The age group of 19 to 21 was the most common, with 64 (37.87%) of the respondents reporting their first sexual engagement within this range. Lastly, 39 (23.08%) of the participants indicated that their first sexual encounter occurred between the ages of 22 and 25.

A significant portion of respondents 188 (61.3%) believe that legalizing abortion would lead to more irresponsible sexual behavior, including decreased contraceptive use, increased rates of sexually transmitted infections (STIs), and heightened promiscuity. This perspective underscores a concern that legalization might lower the perceived need for safe sex practices among youths. Additionally, 205(67.1%) of respondents specifically indicated that they believed that abortion legalization would encourage unprotected sex, further highlighting fears of negative behavioral shifts.

On the other hand, 207(67.9%) of respondents support abortion legalization, arguing that it would reduce maternal mortality resulting from unsafe abortion practices. This viewpoint was significant in a country where unsafe abortions contribute substantially to maternal health issues.90(29.5%) support legalization in specific circumstances such as rape, incest, or severe fetal abnormalities. Similar studies have shown

that post-reform, maternal mortality rates significantly declined as access to safe abortion services increased. Also, a research published in the Lancet Global Health highlighted how restrictive abortion laws could lead to a higher prevalence of unsafe abortion and maternal deaths, urging the need for safe and legal abortion services (Juarez *et al*, 2013; Gamatra*et al*, 2017).

Opposition to abortion legalization was also substantial, with 143(46.7%) of respondents citing personal reasons, 99(32.2%) pointing to religious beliefs, and 65(21.1%) referring to cultural beliefs. This highlights the deeply rooted ethical, moral, and cultural dimensions influencing individuals' stances on this issue. These findings suggest that any policy changes would need to consider these strong personal and societal values to gain broader acceptance.

The survey also shed light on contraceptive use among the respondents. Few of the respondents 100 (32.7%) do not use contraceptives, with reasons including lack of knowledge 41 (41.4%), affordability issues 9 (8.6%), religious and cultural beliefs 30 (30.0%), social stigma 4 (4.3%), access barriers 11 (11.4%), fear of judgment 21 (21.4%), and a desire to conceive 11 (11.4%). In contrast, 131(42.7%) of respondents do use contraceptives, and 76(24.8%) are unsure if they have used them. This data reveals significant gaps in education and access to contraceptives, as well as cultural and social barriers that need to be addressed to improve reproductive health outcomes.

Furthermore, 48.4% of respondents believe that legalizing abortion would change youths' attitudes towards sexual practices and contraceptive use, suggesting a potential shift in behavior and awareness if legalization were to occur. Conversely, 62(20.4%) of the correspondents do not think legalization would lead to such changes, and 95(31.2%) are uncertain, indicating divided opinions on the broader social impacts of legalization.

Lastly, a majority of respondents 208 (67.9%) believe that legalizing abortion would decrease the incidence of unsafe abortions, underscoring strong support for legalization as a means to improve safety and reproductive health. However, 42(13.6%) disagree, and 57(18.5%) are uncertain about its impact, reflecting ongoing concerns and skepticism.

In summary, these findings highlight the multifaceted nature of the abortion debate among Nigerian youths. While there is significant concern about potential negative impacts on sexual behavior, there is also substantial support for the potential health benefits of legalization. Addressing the educational, cultural, and accessibility barriers related to contraceptive use and ensuring comprehensive reproductive health education could play crucial roles in shaping informed attitudes and behaviors regarding abortion and sexual health.

Legalizing abortion could significantly reduce the incidence of unsafe abortions and associated maternal morbidity and mortality. By providing safe and legal options, women would no longer need to resort to dangerous procedures. On the contrary, this change could lead to increase rate of sexually transmitted infections as well as abortion abuse among Nigerian youths.

To mitigate concerns about increased promiscuity, comprehensive sex education to cover topics like contraception, consent, and healthy relationships should be integrated into school curricula and community programs. Changing societal attitudes towards abortion and reproductive rights will require sustained advocacy and public education campaigns. Engaging religious and community leaders in these efforts can help address deeply rooted beliefs and reduce stigma. Building a supportive environment for young people to make informed decisions about their sexual health is crucial.

Interview responses highlighted a nuanced view. Many participants acknowledged that access to safe abortion services would reduce the incidence of unsafe procedures and associated health risks. However, they also emphasize the need for comprehensive sex education to accompany any legal changes to ensure responsible sexual practices.

One participant noted, "Legalizing abortion could save many lives, but it should come with better sex education. Many of us don't have the right information about contraception and safe sex" (a respondent interviewed).

Another participant expressed concern about potential negative impacts stating that legalizing abortion might make some people careless. They might think they can always have an abortion if something goes wrong, instead of using protection.

Conclusion - Legalizing abortion in Nigeria has the potential to significantly impact the sexual practices of Nigerian youths. The survey results highlight the complex and varied opinions among Nigerian youths regarding abortion legalization. A significant portion of 206 of the respondents (61.3%) fears that legalization of abortion would lead to irresponsible sexual behavior, increased STI rates, and promiscuity, while a notable minority 90 (29.5%) supports it in cases of rape, incest, or severe fetal abnormalities, and 208 (67.9%) believe it would reduce maternal mortality from unsafe abortions. Among opponents, personal reasons 46 (46.7%), religious beliefs 32 (32.2%), and cultural beliefs 21 (21.1%) play crucial roles.

Based on the findings from 169 correspondents detailing the age of first sexual engagement, a notable distribution across different age ranges was observed. The data indicates a significant variation in the age at which individuals first engage in sexual activities, with the majority 64 (37.87%) experiencing their first sexual encounter between the ages of 19 and 21. Additionally, a considerable portion 59 (34.91%) reported initiating sexual activity between 16 and 18 years, while smaller percentages indicated their first sexual experience at younger ages (4.14% between 13 and 15 years) and older ages (23.08% between 22 and 25 years).

These findings suggest a trend where the majority of the surveyed youths engage in their first sexual activities during their late teenage years to early twenties. This information is crucial for developing targeted sexual education and health programs that address the needs and behaviors of this demographic. By understanding the age distribution of first sexual encounters, policymakers and educators can better tailor their interventions to promote safe sexual practices and reduce the risks associated with early sexual activity.

Contraceptive use also presents challenges, with 32.7% of respondents not using them due to a lack of knowledge 85 (41.4%), affordability 18 (8.6%), religious and cultural beliefs 62 (30.0%), social stigma 9 (4.3%), access barriers23 (11.4%), fear of judgment 44 (21.4%), and a desire to conceive 23 (11.4%). Conversely, 130 of the correspondent(42.4%) use contraceptives, and 76 (24.8%) are unsure.

A majority 205 (67.1%) believe abortion legalization will encourage unprotected sex, while 148 (48.4%) think it will change youths' attitudes towards sexual practices, 20.4% disagree, and 31.2% are uncertain. Additionally, 208 (67.9%) of respondents believe legalization will reduce unsafe abortions, though 42 (13.6%) disagree, and 57(18.5%) are unsure.

Lastly, 36.3% have had an abortion or know someone who has, citing financial unpreparedness 53 (48.6%), partner issues 15 (13.8%), focusing on other children 8 (7.3%), interference with future plans 54 (49.5%) health issues 12 (11.0%), not independent 52 (47.7%), influence from family and friends 22 (20.2%) and don't want children 16 (14.7%). These findings underscore the diverse socio-economic, cultural, and personal factors shaping views on abortion and contraceptive use, highlighting the need for nuanced policy and educational approaches to address these complex issues.

Recommendations:

1. The University and non-government organizations should create deep awareness on the necessities for abortion.
2. Regular media engagements (radio and television appearances, radio jingles, short playlists on radio and television, contraceptives use related interview by subject matter experts) should be carried out, sponsored by government and relevant partners.
3. Awareness engagements should be carried out by the University to educate students on the importance of the use of contraceptive regardless of the socio-cultural implications.
4. The University needs to educate and sensitize the students on the risks and consequences of the unprotected sexual activities among the students in the campus and off campus.
5. The University and other health related agencies within the state needs to enlighten the students that

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abortion is not a ticket for irresponsible sexual behaviors.

6. The university management should provide access to abortion services within the University in order to safe life of women whose lives are in danger

7. The University should encourage and sensitize the students on best sexual practices to avoid any form of unsafe abortion.

APPENDIXES

Appendix A - Frequency distribution of the sampled population

The figure 1 below is a pictorial representation with the help of a bar chart showing the frequency distribution of the study sample using the demographic information obtained from the survey.

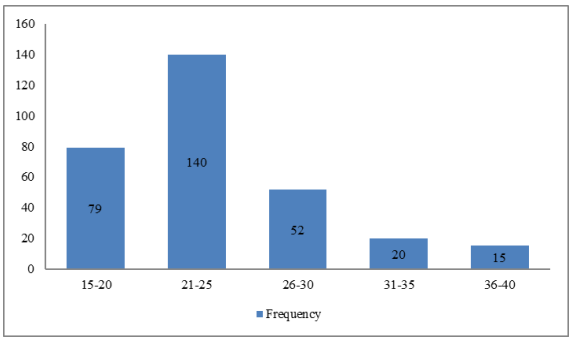

Fig 2: Bar chart showing frequency distribution of the sampled population.

Appendix B - percentage age distribution

The figure 2 below is a pictorial representation with the help of a pie chart showing the frequency distribution of the study sample using the demographic information obtained from the survey.

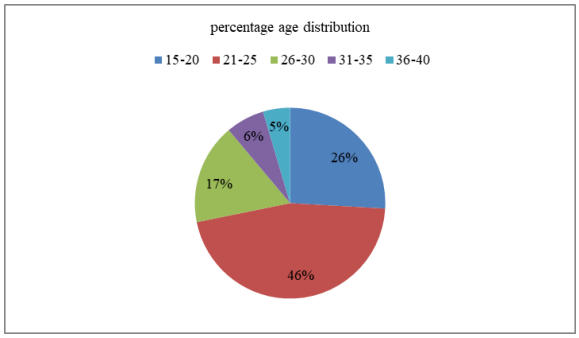

Fig 2: Pie chart showing percentage age distribution of the sampled population.

Appendix C - Mean calculation of the grouped data

The demographic information revealed that 26.0% are 15-20 years old, 46.1% are 21-25, 17.1% are 26-30, 6.6% are 31-35, and 4.9% are 36-40. Table 9 below shows the frequency distribution of the collected dated data with class mark of 5.

Table 9: Frequency distribution of the collected data.

S/N	Class limit	Class center(X)	Frequency(F)	FX
1	15-20	17.5	79	1,382.5
2	21-25	23	140	3,220
3	26-30	28	52	1,456
4	31-35	33	20	660
5	36-40	38	15	570
				3067,288.5

mean age, $\dot{x} = \frac{\Sigma FX}{\Sigma F}$

$= \frac{7,288.5}{306}$

$= 23.82 \approx 24$

Therefore, the mean age of the sample distribution is approximately 24 years.

Appendix D - Calculation of Mode

On the other hand, the most occurring age (mode) of the distribution can also be calculated using the formulae below:

$\text{Mode} = Lm + \{\Delta 1\} w$

$\Delta 1 + \Delta 2$

where $\Delta 1$ = difference between frequency of the modal class and the class before it.

$\Delta 2$ = difference between the frequency of the modal class and the class above it.

w = the class width.

Lm = Lower class boundary of the modal class

$= 20.5 + \{ \frac{88}{88 + 61} \} 5$

$= 20.5 + (0.5906)\ 5 = 23.453 \approx 23$

We can therefore conclude that the most occurring age in the distribution is approximately 23years.

Appendix E - Calculation of Standard deviation and Variance

The standard deviation can be calculated using the formulae:

$S = \sqrt{\ \Sigma F/x - \dot{x}/^2}$

ΣF

Table 10: Frequency distribution of grouped data detailing mean deviation.

Class		Class limit		Class center(X)		Frequency(F)	
FX		/x- ẋ/		/x- ẋ/²		F/x- ẋ/²	
1	15	17.	79	1,382.	6.	42.2	3,337.
2	-	5	14	5	5	5	75
3	20	23	0	3,220	1	1	140
4	21	28	52	1,456	4	16	832
5	-	33	20	660	9	81	1,620
	25	38	15	570	14	196	2,940
	26						
	-						
	30						
	31						
	-						
	35						
	36						
	-						
	40						
			306				7,288.5
			8,869.75				

Standard deviation, $S = \sqrt{\frac{\Sigma F/x- \dot{x}/^2}{\Sigma F}}$

$= \sqrt{\frac{8,869.75}{306}}$

$= \sqrt{28.986}$

$= 5.384 \approx 5$

The variance was can also be calculated by squaring the value of the standard deviation.

Variance = $S^2 = 5.384^2 \approx 29$

Table 11 below explored detailed responses regarding the age of first sexual engagement from 169 respondents.

Table 11: Age of first sexual engagement

Age of first sexual engagement (n=169)	Frequency
	Percentage %
13 - 15	7
4.14	
16 - 18	59
34.9	
19 - 21	64
37.9	
22 - 25	39
23.1	

Appendix F - Age of first sexual engagement.

Figure 3 below is a bar chart showing frequency distribution of the sampled population detailing the age of first sexual engagement.

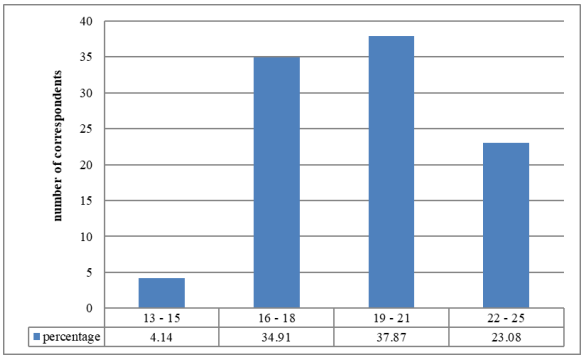

Fig 3: Bar chart showing frequency distribution of the sampled population detailing the age of first sexual engagement.

The information obtained from table 11 above was used to statistically calculate the mean and mode of the age of first sexual engagements of the respondents.

S/N	Class limit	Class center (X)		
Frequency (F)		FX		
1	13-15	14	7	98
2	16-18	17	59	1,003
3	19-21	20	64	1,280
4	22-25	23	39	897
169		3,278		

Table 12: Frequency distribution for age of first sexual engagement.

mean age, $\dot{x} = \frac{\Sigma FX}{\Sigma F}$

$= \frac{3,278}{169}$

$= 19.40 \approx 19$

The mean age of first sexual engagement among the respondents is calculated to be 19 years. This central tendency measure provides an average age at which the youths in the survey initiated sexual activity.

Mode = Lm + {Δ1} w

$$\Delta 1 + \Delta 2$$
$$= 18.5 + \{ \frac{25}{25 + 5} \}3$$
$$= 18.5 + \{ \frac{25}{30} \}3$$
$$= 18.5 + \{0.0667\}3$$
$$= 18.5 + 2.5$$
$$= 21 \text{ years}$$

The most frequently occurring age (mode) for first sexual engagement is 21 years. This indicates that a significant number of individuals had their first sexual experience at this specific age, highlighting a common trend within the surveyed group.

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