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Induced Abortion: Why Do Female Undergraduates Seek Unsafe Alternatives?

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Abstract

Introduction: *Induced abortion is a sensitive topic especially among young women who often choose to handle it with secrecy because of a myriad of unanswered questions. Hence, the study assessed knowledge of induced abortion and the health implications, as well as practice of induced abortion and related factors among female undergraduates.*

Methods: *A descriptive survey research design was adopted, and 154 respondents were selected using a stratified random sampling technique. Data collection was done using a pre-tested questionnaire with reliability co-efficient of 0.81 using Pearson's correlation formular. Data analysis was reported in the form of frequencies and simple percentages with SPSS version 27.*

Results: *Among the surveyed undergraduates, 88.4% and 87% were recorded as knowledge level for induced abortion and its health implications respectively. Additionally, 22.7% reported previous induced abortion(s), most of which were performed by chemists. Peer pressure, lack of contraceptives, fear of judgement, financial instability among others were identified as practice influencers. Significant relationship did not exist between knowledge and practice of induced abortion ($\chi^2 = 0.89$, $p = 0.64$).*

Conclusion: *Based on the findings, it was recommended that nurses-midwives, gynecologists and other reproductive healthcare specialists should design more effective health education programs, improve counseling services and advocate for youth-friendly reproductive healthcare services in order to bridge the identified gap in knowledge and address possible barriers to safe abortion practices.*

Keywords: Induced Abortion, Knowledge, Practice, Health Implications, Female Undergraduates, Unsafe Alternatives, Factors.

Introduction

Induced abortion, defined as the intentional termination of pregnancy through medical or surgical means before the fetus reaches viability, has remained a subject of significant discourse in public health, ethics, and legal frameworks worldwide (Guttmacher Institute, 2022). Globally, abortion is categorized into safe and unsafe procedures, with the latter being predominant in developing countries due to restrictive legal environments and inadequate access to reproductive healthcare. According to the World Health Organization (World Health Organization [WHO], 2022), between 2010 and 2014, approximately 25 million unsafe abortions occurred annually, with 97% of these happening in low- and middle-income countries, including Nigeria. In a recorded opinion (Sedge et al., 2020), unintended pregnancies remain a major contributor to the high rate of induced abortion among women of reproductive age which include young females in tertiary institutions, not minding the availability of modern contraceptives. In Nigeria, the restrictive abortion laws, which only permits the procedure to save the life of the mother (Oye-Adeniran et al., 2022), contributes to a clandestine and often unsafe abortion practice that results in severe health complications, including sepsis, hemorrhage, uterine perforation, and even death. The burden of unsafe abortion in Nigeria is exacerbated by limited access to comprehensive reproductive health education, social stigma, and economic hardship, which compel many young women to resort to unsafe abortion practices (Bankole et al., 2021). Thus, an in-depth examination of the knowledge, and practice of induced abortion among female undergraduates in Nigeria is necessary to inform interventions aimed at reducing abortion-related morbidity and mortality.

Among Nigerian female undergraduates, the knowledge and practice of induced abortion are influenced by several social, economic, and cultural factors. Studies suggest that while many students are aware of abortion and its legal and health implications, this knowledge does not always translate into safe reproductive behaviors. Research conducted at the University of Port Harcourt by Ononokpono and Isiugo-

Abanihe (2022) revealed that 93.1% of female undergraduates had a substantial understanding of abortion, with 96.4% correctly identifying it as the termination of pregnancy. Despite this level of awareness, 25.7% of the respondents had experienced at least one unintended pregnancy, and out of this, 79.5% had opted for an induced abortion. Although, students possess theoretical knowledge of abortion, there is existing gap in their ability to apply safe reproductive practices (Adedimeji & Asekun-Olarinmoye, 2021), possibly due to factors such as peer pressure, societal stigma, misinformation, and inadequate access to contraception. Furthermore, the increasing exposure to social media and digital platforms has shaped students' perceptions of abortion, with conflicting narratives about its morality, safety, and accessibility influencing their decision-making process (Akinrolie & Adisa, 2023). For instance, while some students may perceive abortion as a viable solution to unintended pregnancy, others may view it as a last resort due to religious or cultural prohibitions.

The situation in universities is likely a reflection of these broader national trends, making it imperative to conduct a localized study to assess the specific knowledge levels, practices and factors affecting the practice regarding induced abortion among female undergraduates in a State-owned University. Understanding these dynamics is essential for designing targeted interventions aimed at improving reproductive health outcomes for young women. The findings of this study would contribute to the growing body of literature on abortion in Nigeria and provide valuable insights for policymakers, educators, and health professionals working to address unsafe abortion among female students. Additionally, addressing the underlying factors contributing to abortion among undergraduates requires a holistic approach (Okeke & Iwelunmor, 2021) that integrates legal, educational, and healthcare reforms. Public awareness campaigns, peer education programs, and increased access to contraceptives can significantly reduce the prevalence of unsafe abortions. By fostering an environment where young women can make informed reproductive health choices without fear of stigma or legal repercussions, universities and healthcare stakeholders can contribute to the broader goal of reducing maternal morbidity and mortality associated with unsafe abortion practices in Nigeria. It is against this background that the researchers decided to undertake the study to access the knowledge and practice of induced abortion among female undergraduates in Edo State University, Iyamho, Edo State.

Purpose of the Present Study

The purpose of the study is to determine the knowledge of induced abortion, knowledge of the health implications of induced abortion, practice of induced abortion and factors affecting the practice of induced abortion among female undergraduates in Edo State University, Iyamho, Edo State. One null hypothesis (HO) was formulated for the study and states that there is no significant relationship between knowledge of induced abortion and the practice of induced abortion among female undergraduates at Edo State University, Iyamho.

Method

Sample

The population for this study consisted of all female undergraduates aged 18 years and above enrolled at Edo State University during the study period. This demographic was chosen due to their vulnerability to reproductive health challenges, including induced abortion, influenced by factors such as limited education and socio-cultural pressures. Stratified random sampling technique was employed in the selection of 154 study respondents dividing the population into strata based on halls of residence. This method ensured representation across all student groups, allowing for an analysis of variations in knowledge and practices related to induced abortion.

Instrument

The data collection was done using a Questionnaire on Knowledge and Practice of Induced Abortion among Female Undergraduates (QKPIAFU). The questionnaire consisted of thirty two (32) items in five (5) sections. Section A contains four (4) items which elicited information on demographic characteristics of the respondents. Section B contains five (5) items which elicited information on knowledge of induced abortion among female undergraduates, Section C contains seven (7) items which elicited information on knowledge of the health implication of induced abortion among female undergraduates. Section D contains nine (9) items which elicited information on practice of induced abortion among female undergraduates. Section E contains seven (7) items and was used to elicit information on factors affecting the practice of induced abortion among female undergraduates. Two (2) experts, lecturers in Nursing Science from Edo State University, Iyamho and Statistics from University of Benin, Benin City validated the instrument. The questionnaire was subjected to reliability test using the test-retest method to measure the reliability and internal consistency from 15 undergraduates in another university which was not used for the actual study. Pearson's product moment correlation yielded a coefficient of 0.81.

Design

The descriptive survey research design was adopted for the study.

Method of Data Collection

Ethical approval was obtained for the study from health research ethics committee of Edo State University, Iyamho (formerly known as Edo State University, Uzairue). Informed consent was obtained from the female undergraduates. Undergraduates who were less than 18years of age and unwilling to participate in the data collection aspect of the research were excluded from the study. The researchers visited the students in their halls of residence to administer the questionnaire. The respondents were first briefed on the aim of the study and were required to give consent to participate in the study. The completed copies of the questionnaire were retrieved the spot, however, 150 copies were properly filled and returned. This put the response rate at 97.4%, which was suitable for the study. Data collection

lasted a period of five (5) weeks. The anonymity, privacy and the confidentiality of respondents were maintained during and after data collection.

Method of Data Analysis

Data collected using QKPIAFU were analyzed using frequencies and simple percentages. The research questions were answered using simple percentage. An acceptable cut-off of 50% was designated as acceptable. 25% or less was regarded as very low for knowledge and practice, 26% to 50% was regarded as low level of knowledge or practice, 50 to <75% was regarded as high level of knowledge or practice whereas above 75% was regarded as very high level of knowledge or practice. Chi-Square test (to determine relationship) was adopted in testing null hypothesis at 0.05 level of significance. Statistical Package for Social Sciences (SPSS) software Version 27 was used in the data analysis. All the results were presented in tables.

Results

Table 1: Demographic characteristics of the respondents

Variables	Options	Frequency (150)	Percentage (%)	
Age distribution	18-21	50	33.3	Mean age= 23.2+9.53 Range=18-28 years
	22-25	60	40.0	
	26 & above	40	26.7	
Marital Status	Married	30	20.0	
	Single	120	80.0	
	Others	0	0	
Religion	Christianity	100	66.7	
	Islam	40	26.7	
	Atheism	10	6.7	
Hall of residence	Hall 1	50	33.3	
	Hall 4	41	27.3	
	Hall 5	59	39.3	

Demographic characteristics of the respondents are presented in Table 1. Most respondents (40.0%) are aged 22-25 years. Mean age of the respondents was 23.2+9.53 with a range of 18-28 years. The majority are single (80.0%) and practice Christianity (66.7%). All the respondents reside within the university halls of residence. The sample reflects young, single female undergraduates with diverse religious backgrounds.

Table 2: Knowledge of induced abortion among female undergraduates(n=150)

Variables	**Yes**	**No**
Induced abortion refers to the intentional termination of a pregnancy before the fetus can survive outside the womb.	135(90)	15(10)
There are different methods used to perform induced abortion, such as medical and surgical abortion.	135(90)	15(10)
Induced abortion can only be safely performed by a qualified healthcare provider in a medical facility.	135(90)	15(10)
The use of medications to terminate pregnancy is one of the methods of induced abortion.	128(85.3)	22(14.7)
In some cases, a vacuum aspiration method is used during surgical abortion to remove the pregnancy.	130(86.7)	20(13.3)

Knowledge of induced abortion among female undergraduates are presented in Table 2. Most respondents 90% knew the definition of induced abortion, the medical and surgical methods of induced abortion, and the involvement of qualified healthcare providers for safe procedures. Additionally, 89.3% recognized medication use, and 86.7% identified vacuum aspiration as methods used to induce abortion. The knowledge level of the female undergraduates is 88.4% (higher than the 50% acceptable cut-off) indicating a very high level of induced abortion related knowledge.

Table 3: Knowledge of the health implications of induced abortion among female undergraduates (n=150)

Variables	Yes	No
Induced abortion can lead to infertility in women.	130(86.7)	20(13.3)
There is a risk of excessive bleeding during an induced abortion.	135(90)	15(10)
Induced abortion can result in complications that may require hospitalization.	135(90)	15(10)
Induced abortion can increase the risk of future pregnancy complications.	130(86.7)	20(13.3)
It is possible to contract infections as a result of an induced abortion.	130(86.7)	20(13.3)
The risk of mental health issues such as depression and emotional trauma increases after induced abortion.	120(80)	30(20)
Induced abortion may cause damage to reproductive organs if performed by unskilled personnel.	133(88.7)	17(11.3)

Table 3 shows knowledge of the health implications of induced abortion among female undergraduates. Most of the students 86.7% knew that induced abortion could cause infertility, excessive bleeding and complications requiring hospitalization (90%). A greater number of the respondents acknowledged that induced abortion could increase future risk of pregnancy complications (86.7%), cause actual infections (86.7), mental health issues (80%), and damage to reproductive organs when performed by unskilled personnel (88.7%). The knowledge level of the female undergraduates is 87% (higher than the 50% acceptable cut-off) indicating a very high level of health implications knowledge regarding induced abortion.

Table 4: Practice of induced abortion among female undergraduates

Variables	Frequency (%) (n=150)
Had induced abortion previously.	34(22.7)
Age at first induced abortion.	
<15 years	9(6%)
>15 years	25(16.7)
Number of previous induced abortion.	
1	9(6%)
2	12(8%)
3	6(4%)
4	7(4.7)
Reason for first induced abortion.	
Parental disapproval	29(19.3)
Unprepared for the responsibility	34(22.7)
Non-acceptance by the baby's father	13(8.7)
Fear of halting education	34(22.7)
Reason for subsequent induced abortion.	
Parental disapproval	24(16)
Unprepared for the responsibility	25(16.7)
Non-acceptance by the baby's father	11(7.3)
Fear of halting education	25(16.7)
Who performed the first abortion	
Doctor	3(2)
Midwife	7(4.7)
Chemist	14(9.3)
Friend	8(5.3)
Relative	2(1.3)
Who performed subsequent abortion	
Doctor	3(2)
Midwife	7(4.7)
Chemist	10(6.7)
Friend	4(2.7)
Relative	1(0.7)
Which method was used to initiate the first induced abortion.	
Drugs	24(16)
Vacuum aspiration	10(6.7)
Which method was used to initiate induced abortion subsequently.	
Drugs	16(10.7)
Vacuum aspiration	9(6)

Table 4 shows practice of induced abortion among female undergraduates. About one-quarter (22.7%) had induced abortion previously. 16.7% of the respondents had their first abortion at age 15 years or older, whereas other had theirs before age 15 years. Most of the respondents have been induced for abortion twice (8%). The major reasons given by all the respondents for the first and subsequent induced abortion were being unprepared for the responsibility and fear of halting education. Most of the abortions were induced by a chemist both initially (9.3%) and subsequently (6.7%). 16% used medication for the initial abortion, while 10.7% used medication for subsequent abortion. The practice level of the female undergraduates is 22.7% (lower than the 50% cut-off) indicating a very low level of induced abortion related practice.

Table 5: Factors influencing the practice of induced abortion among female undergraduates

Factors	f(%)
Peer pressure influences abortion decisions	135(90.0%)
Lack of contraceptive access increases likelihood of abortion	135(90.0%)
Fear of family judgment affects abortion decision	135(90.0%)
Financial instability drives students to consider abortion	135(90.0%)
Cultural/religious beliefs discourage seeking professional abortion services	130(86.6%)
Lack of information on family planning leads to abortion	130(86.6%)
Unplanned pregnancy is a major factor influencing abortion decisions	135(90.0%)

Table 5 presents the factors that influence abortion practices among female undergraduates. Respondents affirmed the role of peer pressure, lack of contraceptives, fear of judgment, and financial instability (each reported by 90%) of participants. Cultural and religious norms, along with inadequate knowledge of family planning, were acknowledged by 86.6%. These findings suggest that both social and systemic factors significantly shape students' decisions on abortion.

Table 6: Chi-Square Test of Relationship Between Knowledge & Practice Induced Abortion

Variables	Chi-square (χ^2)	Degrees of Freedom (df)	P-value
Knowledge and practice of induced abortion	0.89	2	0.64

H_0: There is no significant relationship between knowledge of induced abortion and the practice of induced abortion among female undergraduates at Edo State University, Iyamho. Table 6 shows that $\chi^2 = 0.89$ and p-value = 0.64. the null hypothesis was accepted. Knowledge of induced abortion does not significantly influence its practice among female undergraduate students.

Discussion

Knowledge of induced abortion among female undergraduates Findings of the study indicated that most respondents have substantial knowledge of induced abortion, as a high percentage concurred with key statements about its definition, methods, and safety requirements. These findings align with the study by Fawole et al. (2021) in the empirical review, which highlighted that many university students lacked knowledge about the legal aspects and medical procedures surrounding abortion. The current study reveals that while respondents demonstrate strong awareness of abortion methods, a small percentage remains uncertain or disagree with certain aspects, suggesting gaps in comprehensive knowledge. Additionally, the role of peer influence in shaping students' understanding of abortion, as discussed by Adebayo et al. (2024), may have contributed to the level of awareness seen among respondents in this study. Since university environments encourage peer discussions, exposure to conversations about abortion from educated peers could have played a role in shaping students' understanding, reinforcing findings from previous research.

In the researchers' opinion, the implications of these findings are significant for reproductive health education and policy-making. Although the results suggest a reasonable level of knowledge about induced abortion, misconceptions or knowledge gaps about its safety, legal status, and medical implications may still exist. This highlights the need for more structured reproductive health education programs within universities, as emphasized in Ogurnjimi et al. (2021), who found that misinformation about abortion methods contributes to unsafe practices. If female students are well-informed about the risks and proper medical procedures, they may be more likely to seek safe, legal options rather than resorting to unsafe abortion methods. Moreso, the influence of peer discussions suggest that peer-led educational initiatives could be an effective strategy to further enhance awareness. In the opinion of the researchers, University Managements, healthcare providers, and policymakers should collaborate to implement targeted education campaigns that provide accurate, stigma-free information about induced abortion, ensuring that students make informed reproductive health choices.

Health implications of induced abortion among female undergraduates

The findings of this study revealed a high level of knowledge among respondents regarding the health implications of induced abortion. A significant percentage affirmed that abortion can lead to complications such as infertility, excessive bleeding, hospitalization, reproductive organ damage, future pregnancy related complications and infections. Additionally, some respondents recognized the mental health effects, including depression and emotional trauma. These findings are consistent with the study by Ogunjimi et al. (2021), which highlighted that unsafe abortion methods, such as herbal concoctions and self-induced procedures, expose women to severe health risks, including infections, hemorrhage, and long-term reproductive complications.

One of the most immediate health risks associated with unsafe abortion is excessive bleeding/hemorrhage. Severe bleeding occurs when the uterus fails to contract properly after the pregnancy is terminated, leading to significant blood loss that can quickly become life-threatening if not managed appropriately (Njoku et al., 2022). In settings where emergency obstetric care is inaccessible or unaffordable, many women experience severe anemia or die from hemorrhagic shock. The use of sharp instruments or other invasive methods in unsafe abortion procedures further exacerbates this risk by increasing the likelihood of uterine rupture or internal organ damage (Okeke & Onoh, 2021). In contrast, the researchers opined that medically supervised abortions, particularly those performed using vacuum aspiration or medication, have a much lower

risk of hemorrhage and can be effectively managed in clinical settings.

Practice of induced abortion among female undergraduates

A striking finding of this study was that 22.7% of the respondents had previously undergone an induced abortion, highlighting a notable prevalence of abortion practices among the female undergraduates in the University. This aligns with the study by Akinola et al. (2023), which reported that over 30% of female undergraduates in three southern Nigerian universities had either considered or undergone an abortion. The current study shows that abortion experiences among students often begin at a young age, with 6% reporting their first abortion before age 15 and 16.7% after 15. This early exposure to abortion may be indicative of a broader trend of unprotected sexual activity and limited access to contraceptives or accurate reproductive health information. Furthermore, the number of abortions reported (some as many as three or four) suggests repeated risk-taking behaviors, possibly influenced by persistent underlying socio-economic or interpersonal challenges.

A closer examination of the reasons for seeking abortion in this study further reflects the complex, multi-layered pressures faced by female undergraduates. The most commonly cited factors were non-acceptance by the baby's father, being unprepared for the responsibility of motherhood, and parental disapproval. These findings strongly support those of Adeoye et al. (2023), who found that societal stigma, fear of judgment, and rejection by family significantly shaped abortion decisions among Nigerian university students. Even though some respondents may be aware of safer options, the emotional and social burden associated with unintended pregnancy often compels them to act in secrecy. Furthermore, fear of halting education was another contributing factor, underscoring how academic aspirations conflict with unplanned motherhood. This tension between personal goals and social/familial expectations reinforces a cycle where abortion becomes a perceived necessity, despite the risks involved.

The data from this study also highlights troubling trends in the methods and providers of abortion services. A significant number of respondents reported relying on non-professional sources such as chemists, friends, and even relatives for their first abortion, with similar patterns for subsequent procedures. Only a few reported receiving abortions from doctors and midwives, an indicator that safe, clinical abortion care is largely underutilized. The methods most frequently used were drugs and to a lesser extent, vacuum aspiration. Akinola et al. (2023) similarly reported that unsafe methods including herbal concoctions and unregulated pills were the norm among university students, often leading to serious complications such as infections, hemorrhage, and long-term reproductive health issues. These findings collectively point to a public health crisis where inadequate access to safe abortion services, combined with societal stigma and misinformation, fosters an environment in which students are compelled to rely on unsafe practices. In the researchers' opinion, addressing this issue requires a multi-pronged approach involving reproductive health education, destigmatization campaigns, and the integration of youth-friendly abortion services within university health systems.

Factors influencing the practice of induced abortion among female undergraduates

The findings of the present study highlighted the major personal, social, economic, and cultural factors influencing induced abortion among female undergraduate students. Specifically, peer pressure, lack of access to contraceptives, fear of family judgment, financial instability, cultural/religious beliefs, and unplanned pregnancies were identified as significant determinants of abortion decisions. These findings align with the study by Adebayo et al. (2024), which revealed that peer influence plays a major role in shaping students' attitudes toward abortion. Their study found that many young women make abortion decisions based on the experiences and advice of friends, often without considering professional medical counsel. Similarly, Oladele et al. (2023) emphasized that financial constraints and lack of information about safe abortion services are major barriers to accessing professional care, forcing many students to opt for unsafe alternatives. Additionally, Izugbara et al. (2022) highlighted that strong religious and cultural beliefs continue to create stigma around abortion, discouraging women from seeking professional healthcare services and often resulting in secrecy and unsafe practices. These findings collectively suggest that while students may recognize the risks associated with abortion, external factors such as societal expectations, economic difficulties and cultural restrictions significantly shape their choices.

The implications of these findings are crucial for improving reproductive health services and policies targeting university students. Since peer pressure and lack of contraceptive access emerged as key influencing factors, university health centers and authorities should prioritize the establishment of comprehensive sexual education programs and affordable contraceptive services to help prevent unplanned pregnancies. Financial constraint was also a major reason for abortion decisions, highlighting the need for economic support systems for students facing unintended pregnancies, such as financial aid, healthcare assistance, or student-parent support initiatives. Furthermore, the cultural and religious stigma surrounding abortion requires urgent attention through awareness campaigns and community engagement programs that provide safe spaces for open discussions. As suggested by Akinmoladun et al. (2022), addressing socio-economic disparities in abortion access can significantly reduce the prevalence of unsafe abortion practices among students. By integrating reproductive health education, expanding access to contraceptives and promoting policies that support young women facing unplanned pregnancies, universities and healthcare institutions can contribute to reducing unsafe abortion rates and improving overall student well-being.

Relationship between knowledge and practice of induced abortion among university undergraduates

The chi-square test result of the current study showed that no statistically significant relationship existed between the

knowledge and practice of induced abortion. This for the researchers suggests that knowledge alone may not be a strong determinant of behavior in this context. Thereby underscoring the complexity of reproductive health behavior, where knowledge does not necessarily translate into preventive action. Other factors, such as peer pressure, financial instability, cultural stigma, and lack of contraceptive access, may play a more significant role in abortion-related decisions (Adebayo & Fapohunda, 2023; Adanikin et al., 2023). This finding highlights the need for comprehensive reproductive health programs that go beyond just increasing knowledge to address the socio-economic and cultural barriers influencing abortion practices.

Implication of Study to Nursing

The findings of this study have significant implications for nursing, particularly in the areas of reproductive health education, counseling, and patient-centered care. Given that many students are aware of the risks associated with induced abortion yet still face challenges such as peer pressure, financial constraints, and cultural stigma, nurses play a crucial role in bridging the gap between knowledge and safe practices. Nurses in university health centers and community clinics should actively engage in comprehensive sexual and reproductive health education, emphasizing contraceptive use, family planning, and safe abortion care where legally permitted. Additionally, since many respondents acknowledged the mental health implications of abortion, nurses must be trained and re-trained to provide psychological support, post-abortion care, and counseling services to women who undergo abortion or experience unintended pregnancies. By advocating for patient-centered reproductive healthcare, nurses can contribute to reducing unsafe abortion practices and ensuring that women make informed and safe reproductive health choices.

Conclusion

The investigation revealed that female undergraduates had substantial knowledge of induced abortion and its health implications. Also, a significant proportion of the female undergraduates had previously undergone induced abortion as a result of personal, social, economic and cultural factors. In addition, no significant relationship was observed between the knowledge and practice of induced abortion. Nurses-midwives, gynecologists and other reproductive healthcare specialists should design more effective health education programs, improve counseling services and advocate for youth-friendly reproductive healthcare services in order to bridge the identified gap in knowledge and address the barriers to safe abortion practices. Secondly, nurses-midwives, gynecologists and other reproductive healthcare specialists can help challenge abortion stigma by providing accurate information, promoting respectful dialogue as well as creating a non-judgmental environment for students to ask questions regarding their concerns on abortion. Thirdly, university authorities and educationists should incorporate comprehensive reproductive health education into university programs to equip female students with the knowledge and skills necessary to make informed decisions about their reproductive health, thereby reducing the incidence of unintended pregnancies and unsafe abortions. Fourthly, government, non-governmental and philanthropic organizations should consider funding programs which aim to increase access to contraception, and supportive reproductive healthcare to young women as this will empower them to make informed/safe reproductive choices as well as address the challenges of unsafe abortion practices among female undergraduates. Lastly, because self-reported data was used, social desirability bias may have influenced respondents' answers especially because abortion is a sensitive topic. Hence, further studies to explore the role of healthcare providers in abortion-related decision making and qualitative studies to assess both personal experiences and emotional impact of abortion decisions among students should be conducted.

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Conflict of Interest

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Ethical Conformity

The respondents were assured that their anonymity, confidentiality and privacy would be maintained during and after data collection. The study procedures followed the ethical standards of the responsible committee on human experimentation (regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at https://www.wma.net/e/policy/17-c_e.html).

Contributions

PNK and FII participated in conception, drafting study instrument, data collection, analysis and interpretation of data, drafting original manuscript and revising the manuscript.

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