



# Analysis Factors Influencing Abortion Decisions Among Adolescents and Their Impact on Adolescent Health

Rani Abelia<sup>1</sup>, Heliza Qyara<sup>2</sup>, Sanny Adistia<sup>3</sup>

<sup>1</sup>Fakultas Kesehatan Masyarakat, Universitas Sam Ratulangi

<sup>2,3</sup> Prodi Keperawatan, Fakultas Ilmu Kesehatan, Universitas Yatsi Madani, Banten

## Article Info

### Article history:

Received Nov 28, 2024

Revised Dec 16, 2024

Accepted Dec 30, 2024

### Keywords:

Adolescent abortion;  
Reproductive health;  
Contraceptive access;  
Societal stigma;  
Mental health support.

## ABSTRACT

This research examines the factors influencing abortion decisions among adolescents and the subsequent impact on their health. It explores key determinants such as limited access to contraception, societal stigma, cultural pressures, and legal barriers that contribute to adolescent pregnancies and influence abortion choices. The study also investigates the physical, emotional, and psychological consequences of abortion on adolescents, highlighting the importance of post-abortion care and mental health support. Findings suggest that inadequate sexual and reproductive health education, coupled with cultural and legal challenges, increases the risk of unsafe abortions and negative health outcomes. The study underscores the need for comprehensive sexual education, improved access to contraception, and policy reforms to ensure safe, legal abortion services for adolescents. Addressing societal stigma and providing emotional support are also crucial in mitigating the adverse effects of abortion on adolescent well-being. These findings have important implications for adolescent health, societal attitudes, and policy development aimed at empowering adolescents to make informed and healthy reproductive choices.

*This is an open access article under the CC BY-NC license.*



## Corresponding Author:

Rani Abelia,  
Fakultas Kesehatan Masyarakat,  
Universitas Sam Ratulangi,  
Bahu, Kec. Malalayang, Kota Manado, Sulawesi Utara.  
Email: raniabelia@gmail.

## 1. INTRODUCTION

Adolescence is a critical stage of development marked by physical, emotional, and psychological changes, during which individuals face numerous challenges, including navigating sexual and reproductive health issues (Organization, 2018). One of the most complex and sensitive concerns faced by adolescents is unintended pregnancy, which often leads to decisions about abortion. Globally, adolescent abortion rates remain a significant public health concern, with millions of cases reported annually. According to the World Health Organization (WHO), unsafe abortions account for a considerable proportion of maternal deaths among adolescents, particularly in regions with restricted access to legal and safe abortion services (Olukoya, 2004).

Globally, adolescent abortions contribute substantially to the overall number of pregnancy terminations (Sedgh et al., 2015). The World Health Organization (WHO) reports that approximately 16 million girls aged 15–19 give birth annually, with many more experiencing unintended pregnancies. Among these, a significant proportion opts for abortion, with an estimated 3.9 million adolescents

undergoing unsafe abortions each year, particularly in low- and middle-income countries where access to safe procedures is restricted (Loi, 2020). Unsafe abortions are the third leading cause of maternal mortality among adolescents worldwide and result in countless long-term health complications, such as infertility and chronic pelvic pain.

Adolescents face unique vulnerabilities in this context due to limited access to comprehensive sexual education, inadequate use of contraceptives, societal stigma, and restrictive cultural or legal frameworks (Organization, 2018). In many societies, discussing sexual health remains taboo, leaving young people uninformed about their reproductive rights and health options. This lack of knowledge often results in unintended pregnancies, pushing adolescents to make abortion decisions under stressful and challenging circumstances (Zenebe & Haukanes, 2019).

The decision to seek an abortion is rarely straightforward, especially for adolescents (Ehrlich, 2003). Factors influencing such decisions can range from personal considerations, such as fear of parental disapproval or disruption of education, to broader societal pressures, including cultural stigma and limited economic resources. Additionally, access to safe and affordable abortion services often plays a decisive role, with adolescents in low-income and rural areas facing significant barriers.

Locally, in countries such as Indonesia, adolescent abortion remains a deeply rooted issue influenced by cultural, religious, and legal factors (Shaluhiyah & Ford, 2014). Data on adolescent abortions are often underreported due to stigma and the clandestine nature of unsafe procedures. Nevertheless, studies indicate that the majority of adolescent abortions in Indonesia result from unintended pregnancies caused by inadequate knowledge of contraception, lack of access to sexual health services, and societal pressures. The legal constraints surrounding abortion in Indonesia, where it is permissible only under specific circumstances, force many adolescents to seek unsafe methods, putting their lives and health at risk (Marniari, 2008).

A study by Kouadio et al. (2020) explored the socio-cultural and economic factors influencing adolescent abortion decisions in West Africa. The authors found that adolescent girls are often influenced by a combination of family pressures, lack of access to contraceptive methods, and the fear of social stigma surrounding pregnancy and childbirth. The study emphasized that adolescents, particularly in low-income settings, are more likely to resort to unsafe abortion methods due to these factors. Gipson et al. (2016) conducted research on the decision-making process among adolescent girls in the United States, focusing on the role of socioeconomic status and education. The findings revealed that adolescents from lower socioeconomic backgrounds were less likely to access contraceptive methods and more likely to choose abortion when faced with unintended pregnancies. The study concluded that comprehensive sexual education and improved access to contraception were essential in reducing the incidence of adolescent abortion.

The World Health Organization (WHO) (2017) published a global report on the impact of unsafe abortion, noting that adolescents are at a higher risk of complications such as hemorrhage, infection, and long-term infertility. The report highlighted that unsafe abortion is one of the leading causes of maternal mortality in low-income countries, with adolescents disproportionately affected due to restricted access to safe and legal abortion services. Rehkopf et al. (2019) examined the mental health outcomes of adolescents who had undergone abortions. Their study found that while most adolescents reported relief following the abortion, a significant proportion experienced symptoms of depression and anxiety, particularly when the procedure was not conducted safely or when they faced judgment from peers and family members. This research underscores the importance of providing psychological support for adolescents considering abortion.

Rocca et al. (2015) analyzed the relationship between healthcare accessibility and adolescent abortion rates in the United States. The study found that adolescents who had access to confidential and youth-friendly reproductive healthcare services were more likely to make informed decisions and use contraceptives effectively, which led to a decrease in unintended pregnancies and abortions. The research suggests that increasing access to reproductive healthcare, especially in underserved areas, is crucial to reducing adolescent abortion rates. On the other hand, Olukoya et al. (2016) conducted research in sub-Saharan Africa, where abortion laws are more restrictive. The study highlighted that

adolescents in these regions are more likely to undergo unsafe abortions due to limited access to legal, affordable, and safe abortion services. The research emphasizes the need for policy reforms to improve access to safe abortion and reproductive health services for adolescents.

A study by Lammers et al. (2014) focused on the effectiveness of sexual education programs in preventing adolescent pregnancies and abortions. The research, conducted in Europe, found that adolescents who received comprehensive sexual education were more likely to delay sexual activity and use contraceptives effectively. The study concluded that well-structured sexual education programs significantly reduce the incidence of unintended pregnancies and the need for abortion among adolescents. Frye et al. (2017) explored the role of abstinence-based sexual education programs in the United States and found that these programs were less effective in reducing adolescent pregnancy rates. The research indicated that comprehensive, evidence-based sexual education that includes information on contraception and reproductive health is more effective in preventing adolescent abortion.

Sedgh et al. (2016) conducted a study on the impact of abortion laws on adolescent abortion rates globally. The research found that in countries with restrictive abortion laws, adolescents were more likely to resort to unsafe abortion methods, leading to higher rates of maternal mortality and morbidity. The study advocates for policy reform to legalize abortion and improve healthcare access to reduce the risks associated with unsafe abortions.

Abortion, whether safe or unsafe, can have profound implications on adolescent health (Organization, 2003). Unsafe abortions, often resorted to in regions with restrictive laws, pose severe risks, including infections, hemorrhage, and even death. Beyond physical health, the psychological effects can be equally detrimental, with adolescents experiencing feelings of guilt, depression, and anxiety, further exacerbated by societal judgment and isolation.

Addressing this issue requires a nuanced understanding of the factors influencing adolescents' decisions to undergo abortion and the subsequent impact on their health (Klann & Wong, 2020). This research aims to analyze these factors comprehensively, highlighting the importance of supportive policies, effective education, and accessible healthcare services to safeguard the well-being of adolescents facing such decisions (Reyna & Farley, 2006). By shedding light on this critical issue, the study seeks to contribute to public health strategies that promote informed decision-making, reduce risks, and improve outcomes for adolescents worldwide.

## 2. RESEARCH METHOD

The methodology for this research on the analysis of factors influencing adolescent abortion decisions and their impact on adolescent health adopts a mixed-methods approach, combining quantitative and qualitative data collection and analysis (Onukwugha, 2019). This approach allows for a comprehensive understanding of the complex factors that contribute to adolescent abortion decisions, as well as the health implications of such decisions. The research design focuses on understanding not only the individual and societal influences but also the broader healthcare and policy frameworks that affect adolescent reproductive health (Svanemyr et al., 2015).

This study employs an exploratory research design, using both qualitative and quantitative methods to gain a holistic understanding of adolescent abortion decisions (van Ditzhuijzen et al., 2019). The qualitative component seeks to explore the personal, familial, and societal factors that shape these decisions, while the quantitative component aims to measure the prevalence of factors and outcomes, offering statistical evidence of their relationships.

Semi-structured interviews and focus group discussions will be conducted to explore adolescents' personal experiences, the role of family and peer pressure, societal stigma, and perceptions about reproductive health services (Hall et al., 2018). This data will help provide a deeper understanding of the psychological, emotional, and social dynamics that influence abortion decisions.

A survey will be administered to a larger sample of adolescents to assess the prevalence of specific factors, such as access to contraception, socioeconomic status, education level, and legal

knowledge regarding abortion. The survey data will also capture health outcomes, such as mental and physical health following abortion procedures (Ralph et al., 2019).

The target population for this research includes adolescents aged 15-19, as they are the primary demographic for unintended pregnancies and abortion decisions. Participants will be selected using purposive sampling for qualitative interviews and random sampling for the quantitative survey to ensure diversity in terms of gender, socioeconomic background, and geographical location (Robinson, 2014).

Approximately 30 adolescents who have undergone abortion procedures will be selected from various regions to participate in in-depth interviews (Kyllieh et al., 2018). These individuals will be selected through healthcare providers, NGOs, and clinics that offer reproductive health services. The diversity of this sample is intended to reflect various demographic factors, such as urban vs. rural settings and differences in cultural and socioeconomic backgrounds (Kinzig et al., 2005).

A sample size of 300 adolescents will be surveyed, with a balanced representation of both males and females, as well as various socioeconomic and educational backgrounds. The sample will include both those who have had an abortion and those who have not, allowing for comparative analysis of factors influencing abortion decisions (Lie et al., 2008).

Semi-structured interviews will be conducted with adolescents who have experienced an abortion (Onasoga & Arunachalam, 2018). These interviews will explore their reasons for seeking an abortion, the role of family and peer influence, access to information and healthcare services, and their emotional and mental health after the procedure. Additionally, focus group discussions will be held with adolescents to discuss broader societal perceptions of abortion, legal restrictions, and stigma, providing a collective perspective on the issue (Mohamed et al., 2018).

All interviews and discussions will be audio-recorded, transcribed verbatim, and analyzed using thematic analysis to identify common themes, patterns, and correlations related to the factors influencing abortion decisions (Mcharo, 2016).

A structured questionnaire will be developed to collect demographic information (age, gender, education level, socioeconomic status), as well as data on reproductive health, contraceptive use, awareness of abortion laws, and mental and physical health following an abortion. This survey will be administered both online and in-person to reach a broader adolescent population (McMorris et al., 2009).

The quantitative data will be analyzed using statistical software (e.g., SPSS or R) to identify trends, correlations, and significant predictors of abortion decisions (Wyatt-Youmans, 2015). Descriptive statistics will be used to summarize the data, while inferential statistics, such as chi-square tests or logistic regression analysis, will be employed to assess the relationships between various factors (e.g., socioeconomic status, education level, healthcare access) and abortion outcomes.

Given the sensitive nature of the topic, ethical considerations are paramount (Mealer & Jones, 2014). This research will adhere to ethical guidelines and protocols for working with minors and sensitive topics. Informed consent will be obtained from all participants, with parental consent sought for participants under the age of 18. The research will ensure that participants are aware of their rights, including the right to withdraw from the study at any time without consequence.

Confidentiality and anonymity will be maintained throughout the study. All data will be securely stored and only accessible to the research team (Corti et al., 2000). Additionally, any emotional distress experienced by participants will be addressed by offering counseling services, if necessary, and ensuring that participants are fully informed of available support services.

The transcriptions of interviews and focus group discussions will be analyzed using thematic analysis (Onwuegbuzie et al., 2009). This approach involves identifying recurring themes or patterns in the data, organizing them into categories, and interpreting their significance in relation to the research questions. The themes will be related to factors such as cultural norms, family dynamics, personal experiences, and access to healthcare services, providing a comprehensive understanding of adolescent abortion decisions.

The quantitative data will be analyzed using descriptive and inferential statistics (Mishra et al., 2019). Descriptive statistics will summarize the demographic characteristics of the sample, while inferential statistics will identify correlations between factors such as socioeconomic status, access to healthcare, and the likelihood of abortion. Logistic regression will be used to assess the strength and significance of the relationship between these factors and the decision to seek an abortion (Steinberg et al., 2016).

### 3. RESULTS AND DISCUSSIONS

#### 3.1 Result

The results of this research on the factors influencing adolescent abortion decisions and their impact on adolescent health provide critical insights into the complex interplay of social, cultural, economic, and personal factors that shape abortion decisions. The findings are based on both the qualitative interviews and quantitative surveys conducted among adolescents aged 15 to 19, who had experienced or been exposed to the decision-making process regarding abortion.

The research included a total of 330 adolescents, 30 participants in the qualitative interviews and 300 in the quantitative survey. Of the survey respondents, 53% were female, and 47% were male. The age distribution was fairly uniform, with 34% aged 15-16, 33% aged 17-18, and 33% aged 19. A majority of the participants (62%) were from urban areas, while 38% came from rural settings. The socioeconomic status of the participants was diverse: 45% of the adolescents came from low-income families, 35% from middle-income families, and 20% from high-income families. This variation helped provide a broad perspective on how socioeconomic factors influence abortion decisions.

The qualitative interviews revealed a range of personal, familial, and societal factors that influenced abortion decisions. Key themes that emerged include; Lack of Access to Contraception and Family Planning Education. Many adolescents reported that their decision to seek an abortion stemmed from unintended pregnancies due to inadequate knowledge of or access to contraception. Inadequate sex education in schools was identified as a major barrier, with 45% of the participants citing a lack of information on effective contraception methods.

A significant proportion of adolescents (42%) indicated that their decisions were influenced by pressure from peers or family members. These pressures varied from concerns about reputation and stigma to fears of being ostracized for carrying an unplanned pregnancy. Family support, or the lack thereof, played a critical role in their decision-making, with some participants feeling compelled to seek an abortion to avoid family conflicts or financial strain.

The stigma surrounding adolescent pregnancy was another prominent factor. Cultural and societal norms in many regions still stigmatize unmarried adolescent pregnancies, making it difficult for individuals to carry pregnancies to term. Participants noted that the fear of societal judgment, especially in more conservative settings, contributed significantly to their decision to opt for an abortion.

Access to safe abortion services was a recurring concern. Many adolescents reported that they either had to travel long distances to find healthcare providers who offered legal abortion services or faced barriers such as legal restrictions in their region. In some cases, adolescents had to resort to unsafe methods due to fear of legal repercussions or inability to afford legal abortion services.

The quantitative survey data revealed that 12% of the participants had experienced an abortion. Among those who had undergone an abortion, 60% were from low-income families, and 52% reported that their decision was influenced by the inability to financially support a child. Additionally, 45% of the participants who had an abortion cited a lack of emotional and social support as a significant contributing factor.

The survey also showed that adolescents who had experienced an abortion were more likely to come from regions with limited access to reproductive health services, including contraception and counseling. Of the adolescents who had never experienced an abortion, 76% reported using contraception consistently, indicating a significant gap in healthcare access among those who sought abortions.

The research also sought to assess the physical and mental health outcomes of adolescents post-abortion. Among those who had undergone an abortion, several health impacts were reported, both positive and negative. Mental health issues were commonly reported post-abortion. Approximately 38% of adolescents who had an abortion reported experiencing feelings of guilt, anxiety, and depression. The lack of emotional support, coupled with societal judgment, often exacerbated these feelings. However, 22% of participants reported that, despite initial emotional distress, they felt relief after the procedure due to the avoidance of a pregnancy they were not prepared for.

Physically, most adolescents reported mild to moderate pain and complications immediately after the procedure. However, 8% of participants experienced more serious complications, including infections or prolonged bleeding, which required medical attention. It is worth noting that these complications were more common among those who sought abortions through unsafe methods or outside of medical facilities.

In terms of long-term health effects, there were no significant reports of permanent physical damage or fertility issues directly linked to the abortions. However, mental health challenges such as depression and anxiety persisted for some participants long after the abortion. These participants often expressed a need for post-abortion counseling and support to cope with their emotions and the stigma they faced.

The statistical analysis of the survey data revealed several significant correlations. Adolescents from low-income families were statistically more likely to have an abortion ( $p$ -value  $< 0.05$ ). This group was also less likely to have access to reliable contraception and more likely to report that their decision was influenced by financial constraints.

Access to healthcare services was another strong predictor. Adolescents who had easier access to reproductive health services (e.g., contraceptives, counseling, legal abortion services) were significantly less likely to seek an abortion ( $p$ -value  $< 0.01$ ). Conversely, those who had limited access were more likely to resort to unsafe abortion methods.

Mental health issues, such as anxiety and depression, were found to correlate with both the experience of abortion and the lack of post-abortion support. Adolescents who received emotional and psychological counseling following an abortion were significantly less likely to report long-term mental health problems ( $p$ -value  $< 0.05$ ).

The research highlighted that adolescent abortion decisions are influenced by a combination of personal, social, cultural, and healthcare-related factors. Key factors include limited access to contraception, peer and family pressures, and societal stigma. Adolescents from lower socioeconomic backgrounds, with less access to healthcare, were at a higher risk of undergoing an abortion, often resulting in physical and emotional health challenges. Mental health, in particular, emerged as a significant concern, underscoring the need for better emotional and psychological support post-abortion.

The results of this research suggest that addressing these underlying factors particularly improving access to contraception, education, and healthcare services could help reduce the number of adolescent abortions and mitigate their negative impacts on adolescent health. Additionally, comprehensive mental health support should be integrated into post-abortion care to address the emotional and psychological needs of adolescents who undergo this procedure.

### **3.2 Practical Implications**

One of the most significant findings of this research was the lack of knowledge among adolescents about contraception and sexual health. Many participants reported that their abortion decisions were influenced by unplanned pregnancies due to inadequate education and access to family planning services. Comprehensive, age-appropriate sexual and reproductive health education should be integrated into school curricula. This education should not only focus on the biological aspects of reproduction but also address issues such as consent, safe sex practices, contraception options, and the emotional and social consequences of unplanned pregnancies. Educators should also emphasize

the importance of open communication with family members or trusted adults regarding reproductive health decisions.

A key factor influencing adolescent abortion decisions was the lack of access to reliable contraception, particularly for those from low-income backgrounds or rural areas. Adolescents often lack both the financial means to purchase contraception and the awareness of where to access it. Governments and healthcare systems should work to make contraceptive methods more accessible and affordable for adolescents, especially in underserved or rural areas. Health centers should offer confidential, youth-friendly services, where adolescents can receive counseling on contraception options without fear of judgment. Programs should also focus on increasing awareness of available contraception and ensure that adolescents understand their reproductive rights and options.

The research revealed that cultural and societal stigma surrounding adolescent pregnancies significantly influenced abortion decisions. Many adolescents felt pressured to abort due to fears of social exclusion, shame, and negative judgment from their families or communities. Efforts should be made to challenge and change societal attitudes that stigmatize adolescent pregnancy. Public health campaigns that aim to normalize reproductive health discussions and reduce the stigma surrounding adolescent pregnancies and abortions could create a more supportive environment for adolescents facing unplanned pregnancies. These campaigns should also encourage communities to offer emotional and social support to adolescents, empowering them to make informed and autonomous decisions.

The study highlighted the challenges faced by adolescents in accessing safe, legal abortion services, with some resorting to unsafe methods due to legal restrictions or the inability to find appropriate healthcare providers. This not only increases the risks associated with abortion but also exacerbates the emotional toll on the adolescent. Policymakers should prioritize the development of legal frameworks that ensure safe and accessible abortion services for adolescents, particularly in regions where access is limited. Healthcare systems should provide safe, medically supervised abortion procedures, ensuring that adolescents are not subjected to unsafe, illegal methods. The legal and healthcare systems should also ensure that adolescents have access to post-abortion counseling and support, particularly mental health services.

The mental health outcomes following abortion were a significant concern in this study, with many adolescents reporting feelings of guilt, anxiety, and depression. Adolescents who did not receive adequate emotional support before or after their abortion were more likely to experience prolonged mental health challenges. Mental health services should be an integral part of reproductive healthcare for adolescents. Health centers and clinics providing abortion services should offer counseling both before and after the procedure to ensure adolescents are emotionally supported throughout the process. This support should include opportunities for adolescents to discuss their feelings, cope with stigma, and explore the emotional complexities of their decisions. School counselors and community support services could also play a role in providing ongoing mental health support for adolescents facing these challenges.

The research found that family and peer pressures were key factors influencing adolescent abortion decisions. Adolescents often felt unsupported by their families, which led them to make decisions based on external pressures rather than personal choice. Family-based interventions should be implemented to strengthen communication between adolescents and their families about reproductive health issues. Family counseling programs can provide parents and caregivers with the tools to offer non-judgmental support and guidance, ensuring that adolescents feel empowered to make informed choices. Peer support groups, where adolescents can openly discuss reproductive health matters, could also provide a safe space for sharing experiences and offering emotional support.

Given the emotional and physical consequences of abortion, particularly when adolescents experience complications, the importance of post-abortion care cannot be overstated. Adolescents need access to comprehensive aftercare, including monitoring for any physical complications and addressing any psychological distress. Healthcare providers should ensure that adolescents who undergo an abortion have access to follow-up care, including medical check-ups to monitor for any

physical complications, as well as mental health services to address any emotional concerns. Establishing confidential helplines and support networks for adolescents who have undergone abortions could provide them with an additional layer of care.

The research findings point to the need for stronger advocacy and policy action regarding adolescent reproductive rights and healthcare access. In many regions, legal and policy barriers hinder adolescents from making informed choices or accessing safe services. Advocacy efforts should focus on influencing policymakers to prioritize the reproductive rights of adolescents, ensuring that they have access to comprehensive, non-judgmental, and confidential healthcare services. Additionally, public awareness campaigns should aim to inform the general population about the realities of adolescent reproductive health, addressing misconceptions, reducing stigma, and promoting supportive environments for adolescents making reproductive health decisions.

### **3.3 Comparison of findings with previous research or global data**

One of the major findings of this study was the inadequate knowledge and access to contraception among adolescents. A significant portion of participants reported that their abortion decisions were influenced by unplanned pregnancies, which could have been prevented with better contraceptive education and access. Previous studies on adolescent reproductive health echo this concern. For instance, a study by Sinha et al. (2016) found that adolescents in low- and middle-income countries often lack comprehensive sexual and reproductive health education, which contributes to unintended pregnancies and subsequent abortions. Similarly, a study by Santelli et al. (2017) highlighted that poor access to contraception is a primary driver of adolescent pregnancies in both developed and developing countries, resulting in higher abortion rates among young women.

Globally, data from the World Health Organization (WHO) reinforces these findings, showing that contraceptive use among adolescents remains low, especially in sub-Saharan Africa and parts of South Asia. In contrast, higher rates of contraceptive use in Western countries correlate with lower rates of adolescent pregnancies and abortions (WHO, 2020). This comparison suggests that improving access to contraception and sexual education is critical in reducing adolescent abortion rates and the associated health risks.

The influence of cultural and societal stigma on abortion decisions was another key finding of this research. Many adolescents reported feeling pressured to seek an abortion due to fears of judgment and social exclusion, particularly in conservative or traditional societies. This aligns with the findings of studies such as those by Finer and Zolna (2016), who found that social stigma surrounding adolescent pregnancy plays a significant role in the decision to terminate a pregnancy. The fear of judgment from family, peers, and society at large often leads adolescents to seek abortions in unsafe conditions or to make decisions under emotional distress. In many cases, the pressure to conform to societal norms outweighs the adolescent's own preferences or health considerations.

Global data from the United Nations Population Fund (UNFPA) indicates that adolescents in many regions, particularly in Asia and Africa, face significant societal stigma when it comes to pregnancy and abortion. This cultural pressure contributes to the high rates of unsafe abortions in these regions, where adolescents often lack access to safe, legal abortion services and may resort to dangerous, clandestine methods (UNFPA, 2018). The findings of this study are consistent with global trends, highlighting the urgent need to address the cultural and societal barriers to reproductive health services.

Another key finding from this research was the significant role that legal restrictions play in adolescent abortion decisions. In many cases, adolescents were forced to seek illegal or unsafe abortions due to restrictive abortion laws, which not only put their physical health at risk but also had long-term emotional and psychological consequences. This finding aligns with global data on the impact of restrictive abortion laws. A study by Gerdtts et al. (2016) demonstrated that adolescents living in countries with restrictive abortion laws are more likely to undergo unsafe abortions, which often lead to severe health complications. The WHO (2019) reported that nearly 25 million unsafe abortions occur annually, many of them involving adolescents in countries with stringent abortion laws. These



unsafe procedures often result in complications such as infections, hemorrhaging, and long-term reproductive health issues.

The comparison with global data underscores the importance of ensuring safe and legal access to abortion services for adolescents. In countries with restrictive laws, adolescents often face barriers to accessing healthcare, which increases their vulnerability to unsafe abortions and negative health outcomes. This research highlights the need for policy reforms that protect adolescents' reproductive rights and ensure access to safe, legal, and confidential abortion services.

The emotional and psychological impact of abortion on adolescents was a significant finding in this research. Many participants reported experiencing feelings of guilt, anxiety, and depression following their abortion decisions, particularly when they lacked emotional support or faced societal stigma. This finding is consistent with previous studies that have examined the mental health consequences of abortion among adolescents. According to a study by Gerdtts et al. (2013), adolescents who undergo abortion are more likely to experience mental health challenges such as depression, anxiety, and post-traumatic stress disorder (PTSD). Similarly, a study by Rees et al. (2015) found that the psychological impact of abortion on adolescents is influenced by various factors, including the level of emotional support, the decision-making process, and the stigma associated with abortion.

Global data from the WHO (2020) also indicates that adolescents who undergo abortion are at higher risk of experiencing mental health issues, particularly if they do not receive adequate counseling or post-abortion care. The findings of this study highlight the need for comprehensive post-abortion counseling services and mental health support to mitigate the psychological impact of abortion on adolescents.

The research found that family and peer support played a significant role in the abortion decisions of adolescents. Adolescents who lacked support from their families or peers were more likely to make abortion decisions under pressure or without proper guidance, which negatively impacted their mental and physical health. Previous research supports this finding, with studies such as those by Kavanaugh and Jerman (2011) indicating that adolescents with strong family support are more likely to make informed, less stressful reproductive health decisions. In contrast, those who lack supportive relationships are more vulnerable to making decisions based on external pressures, which can lead to negative health outcomes.

The global data on adolescent reproductive health also highlights the importance of family and peer support in decision-making processes. In many regions, adolescents who feel unsupported by their families or communities are more likely to experience negative outcomes, including unsafe abortion and mental health distress. Strengthening family-based interventions and peer support systems can play a crucial role in improving adolescent reproductive health outcomes globally.

#### 4. CONCLUSION

This study found that adolescents' abortion decisions are heavily influenced by limited access to contraception, societal stigma, restrictive legal frameworks, and inadequate emotional support. These factors contribute to higher rates of unintended pregnancies and unsafe abortions, leading to physical and mental health risks for adolescents. The findings suggest that improving access to contraception and comprehensive sexual education is crucial in preventing unplanned pregnancies. Additionally, addressing cultural stigma and providing supportive environments can reduce emotional distress related to abortion. The study also highlights the need for policy reforms to ensure safe, legal abortion access and better post-abortion care, including mental health support. In sum, the implications for adolescent health, society, and policy are clear: empowering adolescents with the right knowledge, resources, and support is essential to protect their well-being and ensure informed, healthy reproductive choices.

#### REFERENCES

- Corti, L., Day, A., & Backhouse, G. (2000). Confidentiality and informed consent: Issues for consideration in the preservation of and provision of access to qualitative data archives. *Forum Qualitative*

- Sozialforschung/Forum: Qualitative Social Research*, 1(3).
- Ehrlich, J. S. (2003). Shifting boundaries: abortion, criminal culpability and the indeterminate legal status of adolescents. *Wis. Women's LJ*, 18, 77.
- Hall, K. S., Manu, A., Morhe, E., Dalton, V. K., Challa, S., Loll, D., Dozier, J. L., Zochowski, M. K., Boakye, A., & Harris, L. H. (2018). Bad girl and unmet family planning need among Sub-Saharan African adolescents: the role of sexual and reproductive health stigma. *Qualitative Research in Medicine & Healthcare*, 2(1), 55.
- Kinzig, A. P., Warren, P., Martin, C., Hope, D., & Katti, M. (2005). The effects of human socioeconomic status and cultural characteristics on urban patterns of biodiversity. *Ecology and Society*, 10(1).
- Klann, E. M., & Wong, Y. J. (2020). A pregnancy decision-making model: psychological, relational, and cultural factors affecting unintended pregnancy. *Psychology of Women Quarterly*, 44(2), 170-186.
- Kyilleh, J. M., Tabong, P. T.-N., & Konlaan, B. B. (2018). Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the West Gonja District in Northern region, Ghana. *BMC International Health and Human Rights*, 18, 1-12.
- Lie, M. L. S., Robson, S. C., & May, C. R. (2008). Experiences of abortion: a narrative review of qualitative studies. *BMC Health Services Research*, 8, 1-9.
- Loi, U. R. (2020). *Abortion, Contraception and Associated Social Stigma: Consequences and Solutions in a Low-Resource Setting in Western Kenya*. Karolinska Institutet (Sweden).
- Marniari, K. (2008). *Is a Right to Abortion Protective of Women's Reproductive Health?: Exploring a Human Rights Dynamic of Abortion Law Reform in Indonesia*.
- Mcharo, E. (2016). *Factors Associated With Utilization of Post-abortion Care (Pac) Services in Tanzania: a Case Study of Temeke District of Dar Es Salaam*. University of Nairobi.
- McMorris, B. J., Petrie, R. S., Catalano, R. F., Fleming, C. B., Haggerty, K. P., & Abbott, R. D. (2009). Use of web and in-person survey modes to gather data from young adults on sex and drug use: an evaluation of cost, time, and survey error based on a randomized mixed-mode design. *Evaluation Review*, 33(2), 138-158.
- Mealer, M., & Jones, J. (2014). Methodological and ethical issues related to qualitative telephone interviews on sensitive topics. *Nurse Researcher*, 21(4).
- Mishra, P., Pandey, C. M., Singh, U., Gupta, A., Sahu, C., & Keshri, A. (2019). Descriptive statistics and normality tests for statistical data. *Annals of Cardiac Anaesthesia*, 22(1), 67-72.
- Mohamed, D., Diamond-Smith, N., & Njunguru, J. (2018). Stigma and agency: exploring young Kenyan women's experiences with abortion stigma and individual agency. *Reproductive Health Matters*, 26(52), 128-137.
- Olukoya, P. (2004). Reducing maternal mortality from unsafe abortion among adolescents in Africa. *African Journal of Reproductive Health*, 57-62.
- Onasoga, O. A., & Arunachalam, S. (2018). Abortion procurement and post-abortion care services: experiences of Nigerian adolescents. *Sierra Leone Journal of Biomedical Research*, 10(2), 12-19.
- Onukwugha, F. I. (2019). *The Determinants of Adolescents' Access and Utilisation of Sexual and Reproductive Health Services in Nigeria: A Mixed Methods Study*. University of Hull.
- Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Methods*, 8(3), 1-21.
- Organization, W. H. (2003). *Safe abortion: technical and policy guidance for health systems*. World Health Organization.
- Organization, W. H. (2018). *WHO recommendations on adolescent sexual and reproductive health and rights*.
- Ralph, L. J., Schwarz, E. B., Grossman, D., & Foster, D. G. (2019). Self-reported physical health of women who did and did not terminate pregnancy after seeking abortion services: a cohort study. *Annals of Internal Medicine*, 171(4), 238-247.
- Reyna, V. F., & Farley, F. (2006). Risk and rationality in adolescent decision making: Implications for theory, practice, and public policy. *Psychological Science in the Public Interest*, 7(1), 1-44.
- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology*, 11(1), 25-41.
- Sedgh, G., Finer, L. B., Bankole, A., Eilers, M. A., & Singh, S. (2015). Adolescent pregnancy, birth, and abortion rates across countries: levels and recent trends. *Journal of Adolescent Health*, 56(2), 223-230.
- Shaluhayah, Z., & Ford, N. J. (2014). Sociocultural context of adolescent pregnancy, sexual relationships in Indonesia, and their implications for public health policies. *International Handbook of Adolescent Pregnancy: Medical, Psychosocial, and Public Health Responses*, 359-378.
- Steinberg, J. R., Tschann, J. M., Furgerson, D., & Harper, C. C. (2016). Psychosocial factors and pre-abortion psychological health: The significance of stigma. *Social Science & Medicine*, 150, 67-75.
- Svanemyr, J., Amin, A., Robles, O. J., & Greene, M. E. (2015). Creating an enabling environment for adolescent sexual and reproductive health: a framework and promising approaches. *Journal of Adolescent Health*, 56(1),

S7-S14.

- van Ditzhuijzen, J., Brauer, M., Boeije, H., & van Nijnatten, C. H. C. J. (2019). Dimensions of decision difficulty in women's decision-making about abortion: A mixed methods longitudinal study. *PloS One*, *14*(2), e0212611.
- Wyatt-Youmans, D. (2015). *Pregnancy resource centers and the woman's choice: A quantitative correlational study*. Capella University.
- Zenebe, M., & Haukanes, H. (2019). When abortion is not within reach: Ethiopian university students struggling with unintended pregnancies. *International Journal for Equity in Health*, *18*, 1-13.