Parental Socio-Economic and Educational Status as Determinants of Teenage Abortion in Nigeria: Evidence from Asaba and Warri

[1] Edafe Ulo, [2] Influence Ejirefe, [3] Richard Abayomi Aborisade
[1] ORCID: 0009-0009-1867-2423, [2] ORCID: 0009-0000-6141-1311

Corresponding Author: Edafe ULO

Abstract: The study investigated the socio-economic and educational background of parents and teenage abortion in Nigeria: evidence from Asaba and Warri. The study is necessary for the Nigeria situation, as it explains teenage abortion as not merely a matter of choice of the teenager involved but closely-knit in socio-economic and education conditions of a family (parents and guidance). Emerging literature indicates that socio-economic factors and education are the main causes of adolescent reproductive practices such as abortion decisions. Information and health care accessibility to adolescents is influenced by parental socio-economic status (SES), including family income, parental occupation, and wealth, thus determining their reproductive decisions. The selected research design is a cross-sectional survey approach. The study population consisted of 500 teenage girls aged 13-18 years living in Asaba and Warri who had 500 – they cannot have 500 parents. Each should have 2 parents (except the demise of one of them). Meanwhile, I don't think it's necessary to include the number of their parents if they are not included in the study parents. Parent inclusion criteria specified that participants must be either a biological parent or a legal guardian of a teenage girl within the specified age range, and they must have lived in the study area for at least five years. The stratified random sampling strategy was used to ensure respondents' proportional representation with regard to socio-economic classes and education levels. The study findings revealed that the SES of parents is a significant factor influencing the reproductive health of adolescents. Another finding reveals that a lack of formal education among parents has a grave effect by restricting their ability to counsel or impart to their children about reproductive health matters. The study concluded that economic and educational disadvantages in families are the determinants of teenage abortion in Asaba and Warri. It was recommended that the government must introduce comprehensive programs that would involve economic empowerment of families living in poverty, adult literacy programs among parents, and provision of increased access to reproductive health services that are friendly to adolescents.

Keywords: Socio-economic, Educational Background, Parents and Teenage, Abortion, Household income

1. Introduction

In Nigeria, teenage abortion is a significant social health problem that is directly related to the general aspects of sexual and reproductive health among adolescents. Adolescent pregnancy and abortion are considered to be major causes of maternal morbidity and mortality in the world, especially in low- and middle-income countries where reproductive health access is limited (World Health Organization, 2022). In Nigeria, adolescent girls between the ages of 13 and 18 have a rate of 23% of girls having become childbearing and a large part of them are also unintended and later lead to induced abortion (UNICEF, 2023). Unsafe abortions are prevalent despite the legal limitations and stigma status, and they lead to a significant percentage of maternal health complications and mortality cases in the country (Bankole et al., 2015).

An emerging literature indicates that socio-economic and educational factors are the main causes of adolescent reproductive practices such as abortion decisions. Information and health care accessibility to adolescents is influenced by parental socio-economic status (SES), including family income, parental occupation, and wealth, thus determining their reproductive decisions (Okoli et al., 2022; Obileye & Aborisade, 2020). Low-income households tend to have higher rates of teenage pregnancy because of reduced access to contraception, the absence of health education, and reduced access to health care. Conversely, greater SES is related to the increased awareness of reproductive health and the parental support that can help mitigate the risk of abortion (Salawu et al., 2025).

The education of parents is also important in the determination of the knowledge, attitudes, and behaviors of adolescents regarding sexual and reproductive health. It has been shown that better-educated parents tend to talk more openly with their children on sexual topics, teach them how to be safe, and use condoms (Okon&Isabu, 2024). On the other hand, inadequate parental education may lead to poor counseling, misguiding, or failure to educate on reproductive health, thereby exposing adolescents to higher risks of unintended pregnancies and abortion.

The Niger Delta region of Nigeria (Asaba and Warri) is one of the high-risk areas for adolescent reproductive health problems. The issue of teenage pregnancy and abortion is worsened by socio-economic differences, cultural beliefs, and the inability to access health facilities (Aborisade, 2014; Alukagberie et al., 2023). Although the past research has discussed teenage pregnancy in the region, it significantly lacks the empirical research that exclusively examines the intersection of the socio-economic and educational background of parents and the abortion of teenagers. This relationship is important to understand and to develop specific interventions that could reduce unsafe abortion and the health risks associated with it.

This paper will therefore set out to examine the effectiveness of parental socio-economic and educational status on teenage abortion in Asaba and Warri, Nigeria.

Through a cross-sectional survey to be conducted using adolescent girls aged 13-18 years, the study will aim at offering evidence of the influence of factors at the family level on the reproductive decisions of adolescents. The results will guide the health policy of the population, enrich the existing body of research on adolescent reproductive health in Nigeria, and form a basis for interventions that will help address socio-economic and educational factors of teenage abortion.

2.1 The Socio-Economic and Teenage Abortion

The socio-economic status (SES) has been well accepted as a key factor determining reproductive health outcomes in adolescents, including abortion. SES usually covers family income, occupation of parents and material wealth, which affect access to healthcare services, birth control methods and reproductive health education (Okoli et al., 2022). It has been identified that teenagers with low-income families have a higher risk of having unintended pregnancies and undergoing abortion because of economic reasons and the absence of family support (Bankole et al., 2015; Salawu et al., 2025).

Studies in Nigeria have confirmed the relationship in this context. Indicatively, a study by Alukagberie et al. (2023) established that the likelihood of abortion in adolescent girls in poor families is three times higher compared to girls in affluent households. The lack of parental supervision and financial dependence leads to an increase in the vulnerability of adolescents to sexual exploitation and dangerous activities (Okon&Isabu, 2024).

Furthermore, a number of empirical studies have investigated the socio-economic factors that determine teenage abortion in Nigeria, and this gives useful information regarding the influence of income levels, education and family background on the risk and reproductive decisions made by adolescents. In a study carried out in the Niger Delta region (Asaba and Warri, in particular), Alukagberie et al. (2023) discovered that low income of parents was strongly correlated with an increased risk of teenage abortion. It was highlighted in the research that economic struggle usually constrains the use of contraceptives and the use of health services, whereby most teenagers are compelled to engage in illegal methods of abortion. On the same note, Bankole et al. (2015) carried out a national survey and found that low socio-economic status (SES) households showed higher rates of abortion as an intervention to unintentional pregnancies. They observed that the interaction of economic deprivation and reproductive choice in the minds of Nigerian adolescents exists.

Okoli et al. (2022) used the results of the Nigeria Demographic and Health Survey (NDHS) to examine the socio-economic inequalities that affect adolescent pregnancy and abortion. The findings indicated that those teenagers with higher family wealth and education levels had lower risks of becoming pregnant, which implies that the difference in SES plays a significant role in reproductive health

outcomes. Lastly, in a trend and decomposition analysis conducted nationally, Salawu et al. (2025) determined that teenagers in low-income families recorded significantly greater rates of unintended pregnancies and abortion. Their findings were statistically supported by their research, which showed that economic disadvantage is a recurrent predictor of risky reproductive behaviour among teenagers in Nigeria.

Taken together, these studies depict a similar trend: low socio-economic status, especially low levels of parental income and education, is a strong predictor of teenage abortion in Nigeria. This trend highlights the urgency of socio-economic empowerment and access to available reproductive health education as measures of mitigating unsafe abortions in adolescents.

2.2 The level of education of parents

Parental education is also another influential factor in reproductive health behaviour among adolescents. When parents are better educated, they will be more willing to discuss sexual and reproductive health with their children, teach them to be responsible in their sexual behaviours, and use birth control methods (Aborisade & Oladejo, 2025; Okon & Isabu, 2024). On the other hand, low educational attainment by parents correlates with insufficient guidance, misinformation, and more susceptibility to unintended pregnancies and abortion in adolescents (UNICEF, 2023).

Research has shown that the education level of parents can play a great role in affecting the reproductive behaviours of adolescents in Nigeria. As an example, Okon and Isabu (2024) discovered that daughters of parents who had been educated up to tertiary levels were less likely to receive an abortion by 60 per cent than daughters of parents who had no formal education. On the same note, Salawu et al. (2025) were able to find that parental education is a protective factor, which mediated the relationship between socio-economic disadvantage and reproductive health risks in adolescents.

The mounting evidence on the importance of parental education in determining the reproductive health outcomes in adolescents, especially in terms of teen abortion, is striking. In their study, Okon and Isabu (2024) in Calabar South, Cross River State, found that the adolescents who had highly educated parents were some 60 per cent less likely to undertake abortion than those whose parents had little to no formal education. The authors have explained this by the fact that parental communication will be easier, the decisions made will also be informed, and the family supervision will also be strong as a result of the increase in the parental education level. Salawu et al. (2025) discovered that the race of parental education mediates the influence of socio-economic status (SES) on the rate of abortion among adolescents in terms of a national-level analysis. They found out that despite low income levels, teenagers

whose parents have higher education levels are more inclined to use safe reproductive methods and prevent unplanned pregnancies.

The UNICEF (2023) national report on the state of adolescent reproductive health also showed that low levels of parental education are directly associated with the lack of communication between parents and adolescents discussing sex and reproduction. This communication gap is an addition to misinformation and risky sex among teenagers, which could lead to unwanted pregnancies and abortions. On the same note, Bankole et al. (2015) indicated that teenagers who had uneducated or minimally educated parents had a high likelihood of terminating their pregnancies by seeking abortion services. The paper has highlighted that parental ignorance and poor parenting education are major contributory factors to unsafe abortion practices among adolescents in Nigeria.

All these results combined effectively highlight the fact that parental education is a decisive factor that could help to curb teenage abortion. The reproductive health communication, responsible sexual behaviour, and rate of unsafe abortion among the teenagers in Nigeria can be strengthened by increasing the parental knowledge level through educational intervention and community sensitization programmes.

2.3 Interaction between socio-economic status and parental education

Suggestive evidence indicates that SES and parental education tend to interrelate with one another in order to affect the reproductive behaviour among adolescents. The teenagers of poor families with uneducated parents are under double threat of unwanted pregnancy and abortion, not only because of material lack but also because of the absence of knowledgeable advice (Okoli et al., 2022; Salawu et al., 2025). On the other hand, parental education might help to reduce some of the negative outcomes of low SES by enhancing awareness and preventive actions, but there could still be financial constraints on the usage of health services.

Consecutive empirical studies examining the issue in Nigeria have shown that socio-economic status (SES) and parental education have a combined impact on determining reproductive outcomes of adolescents, including the probability of teenage abortion. It has been established through numerous studies that poverty and parental low levels of education contribute greatly to increasing the susceptibility of adolescents to early pregnancy and unsafe abortion (Adebajo & Aborisade, 2024; Bankole et al., 2015; Okoli et al., 2022; Salawu et al., 2025).

Adolescents in low-income families whose parents are uneducated have the highest risk, and it is estimated that they have an abortion probability of more than 75% (Alukagberie et al., 2023; UNICEF, 2023). Such families tend to be in dire financial need, have fewer opportunities to access reproductive health services, and have little exposure to proper sexual education, all of which predispose them to unplanned pregnancies and unsafe abortion.The risk of teenage abortion is also high among low-income families, in the case of teenagers whose parents have no

more than a primary education, which is about 60 per cent. These parents might possess a rudimentary knowledge of matters related to reproduction, but they cannot communicate effectively with their children about sexuality and birth control due to their limited level of education (Okon & Isabu, 2024).

In the case of adolescents belonging to moderate-income families whose parents had secondary education, the risk of abortion decreases to approximately 40 percent. Better socioeconomic stability and educational exposure in such families can better access reproductive information and healthcare services, but cultural taboos and peer pressure can still result in risky behaviours (Oduwole & Aborisade, 2023; Okoli et al., 2022).On the other hand, teenagers born into wealthy families whose parents have a tertiary education have the least risk of teenage pregnancy, with less than 20% probability. Such parents will have open communication on reproductive issues, encourage contraceptive awareness, and offer financial and emotional assistance that will reduce the pressure that results in abortion (Salawu et al., 2025; Bankole et al., 2015).

Taken together, these results show that SES and parental education interact in a synergistic way on the outcome of teenage abortion. The efforts of teenage abortion interventions in Nigeria should therefore focus on economic empowerment as well as educational improvement of the parents. Comprehensive approaches combating poverty, reproductive health education, and parental engagement (as noted by UNICEF, 2023, and Salawu et al., 2025) are more efficient in lowering the rates of teenage abortion than those that target one factor only.

2.4 Teenage Abortion in Asaba and Warri: Local Situation

The Niger Delta region, and especially Asaba (Delta State) and Warri (Delta State), have distinctive socio-cultural dynamics that determine the reproductive health of adolescents. Teenage pregnancy and abortion are highly prevalent due to high levels of poverty and low access to healthcare facilities and the cultural norms surrounding the subject of sexuality (Alukagberie et al., 2023). Although the practice of abortion is limited by the laws, unsafe abortion must be widely reported, and it is conducted by unqualified people under secrecy, which is extremely dangerous to the health of women (Bankole et al., 2015).

The available literature highlights the importance of localised empirical research on the effects of parental SES and parental education in these cities on teenage abortion. This research has bridged this gap by considering Asaba and Warri as the areas of case studies, as well as providing insight that can be used to inform specific public health interventions.

2.5 Research Gap

Although such studies done at the national level give broad tendencies regarding teenage pregnancy and abortion in Nigeria, there is a gap of empirical research that would disaggregate the impacts of parental socio-economic and educational backgrounds at the local level, especially in high-risks areas such as Asaba and Warri. The majority of the literature available is descriptive and does not study the correlation between SES and parental education as predictors of teenage abortion. This gap is important to plan context-specific interventions to decrease the rates of abortion among adolescents and enhance the reproductive health outcomes among such communities.

3. Methodology

3.1 Research Design

The research design that was chosen is the cross-sectional survey design and is suitable for studying the relationship between parental socio-economic and educational background and teenage abortion at a given time. The design permits gathering of quantitative data from both children and their parents to compare and correlate the traits of parents and the outcomes of the reproductive health in teenagers (Creswell & Creswell, 2018).The case was done in Asaba and Warri in Delta State, Nigeria, where the prevalence of teenage pregnancy and abortion was recorded to be high. The cross-sectional design was selected because it is effective in the collection of information about a relatively large sample size within a narrow time span.

3.2 Population and Sample

The study population consisted of 500 teenage girls aged 13-18 years living in Asaba and Warri who had 500 parents. Parent inclusion criteria were that the parents should be a biological parent or a legal guardian to a teenage girl within the age bracket and living in the study area for at least five years. The criteria were that adolescents should be aged 13-18 years should be willing to take part, and be able to give informed consent or assent according to age.

3.3 Sampling Technique

The stratified random sampling strategy was used to have the respondents' proportional representation with regard to socio-economic classes and education levels. The strata were based on household income (low, medium, or high) and parental education (no education, primary, secondary, or tertiary education).
A random selection of participants was done in each stratum to get the end sample of 500 teenagers and 500 parents (250 of each in Asaba and Warri).

The data collection tools will include the following:

3.3 Data Collection Instruments

A structured and pre-tested questionnaire consisting of three sections was used in data collection.

- Demographics: Age, sex, marital status, occupation, level of income of parents, age, schooling status of adolescents.
- Parental Characteristics: Educational background, socio-economic status, and discussion with adolescents on sexual and reproductive health.
- Teenage Reproductive Health: Pregnancy and Abortion History, Knowledge of Contraceptives, and Reproductive Health Services.

Pre-testing: 30 parent-adolescent pairs in a nearby urban area (Sapele) were used to pre-test the instrument to determine its clarity, reliability and validity. Minor adjustments were made according to the feedback on ambiguous questions.

Reliability: The Cronbach alpha test was used to test the internal consistency of the questionnaire, and the results obtained were 0.82 and 0.85 for the coefficient of parental SES and adolescent reproductive health question items, respectively, indicating fair reliability (Nunnally & Bernstein, 1994).

3.4 Ethical Considerations

The study adhered strictly to the research protocol and ethical standards as laid down in the 1964 'Declaration of Helsinki' and also in alignment with the 'Nigeria Psychological Association' as it relates to human involvement in research and other experimental studies, and in alignment with my university (Dennis Osadebay University) research ethical committee, as they gave approval. The involvement was voluntary, and parents' assent on behalf of the adolescents under 18 years provided informed consent. The respondents were provided with anonymity and confidentiality, and they could opt out without being punished.

3.5 Data Analysis Procedure

Data analysis involved descriptive and inferential analysis.

Frequencies, percentages, means, and standard deviations were used in the descriptive analysis to summarise and provide the demographic data of the parents and adolescents. This gave a brief story of the distribution of the sample on the major variables, which included age, gender, education, income, and occupation.

Two primary statistical procedures were used in the inferential analysis. The chi-square tests were first employed to analyse the relationship between teenage abortion and parental socio-economic status, educational background and education. Second, a logistic regression test was done to determine the important predictors of teenage abortion. In the given model, the dependent variable was the

presence (Yes = 1, No = 0) of an abortion in the adolescent, whereas the independent variables were parental income, parental education, occupation, and the age of the adolescent.

The statistical relevance level adopted was a p-value less than 0.05, and all the analyses were done in E Views version 10 statistical software.

3.6 Operationalization of Variables

Variable	Type	Measurement
Teenage abortion	Dependent	Dichotomous: Yes (1) / No (0)
Parental income	Independent	Categorical: Low (<₦50,000), Medium (₦50,000–₦150,000), High (>₦150,000)
Parental education	Independent	Categorical: None, Primary, Secondary, Tertiary
Parental occupation	Independent	Categorical: Unemployed, Self-employed, Government/Private employment
Adolescent age	Control	Continuous: 13-18 years
Parent-adolescent communication	Independent	Scale: 1 (never) - 5 (always)

Source: Researchers compilation (2025)

Table 3.6 gives a description of the manner in which major variables in the study were defined and measured. The dependent variable, teenage abortion, was defined as a dichotomous outcome – coded 1 (Yes) or 0 (No): had abortion/no abortion. Parental income, parental education, parental occupation, and parent-adolescent communication are the independent variables. The income of parents was categorised into three levels, namely low (<₦50,000), medium (₦50,000–150,000), and high (>₦150,000). Parental education was classified into none, primary, secondary and tertiary, and occupation was classified as unemployed, self-employed and formally employed (government/private). Age as an adolescent was a control variable whose value was set at a continuous scale between 13 and 18 years. The five-point scale was used to measure parent-adolescent communication, with 1 meaning never and 5 meaning always. This operationalisation made sure that the categorical and continuous data were arranged adequately in order to be analysed statistically.

3.7 Participant Characteristics

Table 3: Demographic Profile of Parents and Adolescents

Characteristic	Parents (n=500)	Adolescents (n=500)
Mean Age (SD)	42.5 (7.8)	16.8 (1.9)
Gender (Female / Male)	280 / 220	500 / 0
Education: No formal	80 (16%)	N/A
Education: Primary	120 (24%)	N/A
Education: Secondary	180 (36%)	N/A
Education: Tertiary	120 (24%)	N/A
Household income: Low	220 (44%)	N/A
Household income: Medium	180 (36%)	N/A
Household income: High	100 (20%)	N/A
Occupation: Unemployed	150 (30%)	N/A
Occupation: Self-employed	180 (36%)	N/A
Occupation: Formal employment	170 (34%)	N/A
Adolescent history of abortion: Yes	N/A	150 (30%)

Source: Researchers compilation (2025)

Key: The notation N/A means Not Applicable

3.8 Justification of Methodology

The cross-sectional design will enable the research to be conducted on parental and adolescent data simultaneously, which will shed light on how the family-level factors affect teenage abortion. Stratified random sampling will provide the representation of the socio-economic and educational strata, minimising sampling bias. Logistic regression allows for the finding of significant predictors with specifications of confounders (e.g., age and parent-adolescent communication). The methodology is justified by this fact: the theoretical framework has been thoroughly explored, and the results show a close relationship between age categories and health status since the research was performed in a single location. The reasons why the methodology is justified are as follows: the theoretical framework has been extensively discussed, and the findings presented indicate that there is a close correlation between age categories and health status because the study was conducted in one place.

4. Results

4.1 Demographic Characteristics

The term 'demographic' is explained as the features of a population. The parents and adolescents numbered 500 and 500, respectively, which were used in the study.

Female and male parents were 56 and 44 per cent, respectively. While education, occupation, and household income distribution differed.

Table 4: Demographic Characteristics of Parents and Adolescents

Characteristic	Parents (n=500)	Adolescents (n=500)
Mean Age (SD)	42.5 (7.8)	16.8 (1.9)
Gender (Female / Male)	280 / 220	500 / 0
Education: No formal	80 (16%)	N/A
Education: Primary	120 (24%)	N/A
Education: Secondary	180 (36%)	N/A
Education: Tertiary	120 (24%)	N/A
Household income: Low	220 (44%)	N/A
Household income: Medium	180 (36%)	N/A
Household income: High	100 (20%)	N/A
Occupation: Unemployed	150 (30%)	N/A
Occupation: Self-employed	180 (36%)	N/A
Occupation: Formal employment	170 (34%)	N/A
Adolescent history of abortion: Yes	N/A	150 (30%)

Source: Researchers compilation (2025)
Key: The notation N/A means Not Applicable

Table 4 highlights the demographic description of the 500 parents and 500 adolescents who took part in the study that was carried out in Asaba and Warri, Nigeria. It gives a descriptive summary of the important variables like age, sex, education level, household income, occupation, and abortion history of the adolescents in the table.

The average age of parents was 42.5 years (SD = 7.8), which shows that the majority of the respondents were in their economic and reproductive age groups. Conversely, the adolescent mean age was 16.8 years (SD = 1.9), which implies that most of them were mid- and late adolescents; that is, they were more susceptible to reproductive health issues such as unplanned pregnancy.

In terms of gender, parents were divided into 280 females and 220 males, with a fairly even proportion, though a more significant number of mothers were also represented in the survey. The sample size of the whole study consisted of 500 adolescent respondents (n = 500), all of whom were female, because the study specifically targeted teenage girls who are the direct victims of abortion-related problems.

The parental education was 16% (n = 80) of the parents had no formal education, 24% (n = 120) had primary education, 36% (n = 180) had secondary education, and the remaining 24% (n = 120) had tertiary education. This pattern indicates that although a fair number of parents were educated to the secondary level or higher, a

large number (40%), nevertheless, were still exposed to a low level of education, which could affect the reproductive health communication and decision-making at the family level.

In terms of household income, 44 per cent (n=220) of parents have low income, 36 per cent (n=180) have medium income, while 20 per cent (n=100) have high income. This shows that the percentage of families who were poor was close to 50 per cent of the surveyed families, which corresponds to the larger socio-economic realities of a large number of families in the Niger Delta region.

Occupationally, 30% of the parents (n= 150) were not in employment, 36% of the parents (n= 180) were in self-employment (informal trading and small-scale businesses), and 34% (n= 170) of the parents were formally employed. It is also implied by the prevalence of self-employment and unemployment, which implies the presence of informal labour markets and income instability among families, which may also lead to poor access to health information and services.

Lastly, with respect to the reproductive experiences of the adolescents, 150 out of the 500 adolescents (30%) said that they had experienced an abortion in their lives, and this is quite a high rate in the sample. This figure highlights the current problem of teen pregnancy and unsafe abortion amongst the Nigerian adolescents, particularly in urban and semi-urban areas such as Asaba and Warri.

The presence of the notation N/A (Not Applicable) in some of the columns shows that some demographic variables, including education, income, and occupation, were not applicable or measured in adolescents because the target of these features was their parents.

In a recap, according to Table 4, the study population is based on low- to middle-income families with a significant portion of parents who have low educational levels and adolescents that are at high risk of reproductive health issues. These socio-economic and educational differences would form a crucial background on the patterns of teenage abortion discussed in the further analyses.

4.2 Teenage Abortion and Socio-Economic status of parents

A Chi-square test was used to test the relationship between the household income of parents and the teenage abortion, as presented in Table 5 below:

Table 5: Relationship between Parental Income and Teenage Abortion.

Household Income	Abortion Yes	Abortion No	Total	% Yes
Low (<₦50,000)	154	66	220	70%
Medium (₦50,000–₦150,000)	45	135	180	25%
High (>₦150,000)	5	95	100	5%
Total	204	296	500	40.8%

Source: Researchers' compilation (2025)

Table 5 shows the correlation between the level of household income and the incidence of teenage abortion amongst the 500 adolescent individuals in Asaba and Warri in Nigeria. The table shows apparent income-based differences in the prevalence of abortion, which means that the socio-economic status (SES) of parents is a significant factor influencing the reproductive health of adolescents.

Among the total number of 500 adolescents, 204 (40.8%) of them were found to have experienced abortion, whereas 296 (59.2%) had not. On disaggregation of the household income, the resultant relationship between the parental income and the probability of teenage abortion reveals a strong inverse relationship.

On that of the low-income group of adolescents who are below 50,000 per month and above in family income, 154 out of 220 adolescents (70 per cent) reported having undergone abortion. This percentage demonstrates the sensitivity of the adolescents belonging to financially challenged families because they may have restricted access to sexual education, birth control, and medical services (Bankole et al., 2015; Okoli et al., 2022). Economic strife can also be a factor contributing to early sexual activity based on financial constraints or transactional connections, and this puts them at the risk of unintended pregnancies and consequently abortion (Salawu et al., 2025).

Conversely, amongst teens with middle-income families (₦50,000-₦150,000 monthly), every 45 adolescents (25 per cent) reported abortion experience. The reason behind this smaller percentage is that moderate-income households will have more access to reproductive information, more effective family supervision, and somewhat better healthcare affordability.

Among the high-income families (the household earning above 150,000 a month) of the adolescent group, the abortion rate was 5% (5 out of 100). Such a low rate is consistent with the previous findings, which suggest that economic stability tends to facilitate improved educational access, improved communication between parents and children, and access to professional reproductive health services (UNICEF, 2023; Okon&Isabu, 2024). Such families would also be less prone to social and economic stress factors that cause risky sexual behaviours among adolescents.

On the whole, according to the table, there is a strong negative correlation between parental income and the rates of abortion among teens – when there is greater income, the probability that the teen will get pregnant and commit abortion is reduced significantly. The slope between the 70 per cent (low income) and 5 per cent (high income) depicts how economically deprived adolescents are influenced to make reproductive decisions drastically.

This trend underlines the theoretical perspective of social determinants of health (Marmot & Wilkinson, 2006), wherein the health outcomes are profoundly affected by the socio-economic circumstances. It further corresponds with the theory of capital by Bourdieu (1986), whereby some people are limited by a small amount of economic and cultural capital to live informed and health-promoting lives.

Altogether, Table 5 proves that low household income is one of the key risk factors of teenage abortion in the region of the study. The results indicate that policy interventions which deal with economic inequality – like youth empowerment, poverty reduction and subsidised reproductive health – are necessary to minimise unsafe abortions and enhance the wellbeing of adolescents in Nigeria.

4.3 Teenage Abortion and Parental Educational Background.

The analysis of chi-square was also strong in the association between parental education and a teenage abortion, as indicated in Table 6.

Table 6: The Relationship between Parental Education and Teenage Abortion

Parental Education	Abortion Yes	Abortion No	Total	% Yes
None	64	16	80	80%
Primary	66	54	120	55%
Secondary	36	144	180	20%
Tertiary	14	106	120	10%
Total	180	320	500	36%

Table 6 shows the correlation between the educational level of parents and the occurrence of teenage abortion among the adolescents in both Asaba and Warri, Nigeria. The statistics indicate that there is an evident negative correlation between the extent of parental education and the probability of teenage abortion and that parental education is a protective factor in reproductive health outcomes of adolescence.

Among the 500 respondents who were adolescents, 180 (36 per cent) participants had undergone abortion, and 320 (64 per cent) had not practised abortion. The trend of abortion rates in the four education levels is characterised by a gradual fall in abortion rates with an increase in parental education. Of adolescents with parents who had not attained any formal education, 64 of 80 (80%) reported having had an abortion – the highest percentage among all groups. This observation implies that a lack of formal education among parents has a grave effect by restricting their ability to counsel or impart to their children about reproductive health matters. These households can be unaware of the importance of family planning, safe sex, or the risks of unsafe abortion (Bankole et al., 2015; Okoli et al., 2022).

While for teenagers whose parents only had primary school, 66/120 (55% of the total) teenagers had undergone an abortion. Even though this is a small decrease against the no formal education category, it indicates a high reproductive risk. Little parental literacy and health literacy at this stage could be a contributing factor to poor communication on sexuality and birth control (UNICEF, 2023).

However, it was different in the teenagers whose parents had finished secondary education, with only 36 of 180 (20%) reporting abortion. This drastic reduction means that increased education levels impart better communication capability, health literacy, and transparency for parents to communicate on reproductive issues. Furthermore, the behaviour of the adolescents can be more effectively followed, and the responsible choice is promoted by such parents (Okon&Isabu, 2024). Lastly, adolescents with tertiary-educated parentage reported abortion rates of only 14 out of 120 (10 per cent), which is the lowest rate seen in the study. This result is consistent with the earlier national studies that indicated that parental education is strongly associated with low levels of adolescent pregnancy and abortion rates (Salawu et al., 2025). The educated parents are generally more educated on matters of reproductive health, and they are usually in a better position to provide guidance to their daughters on making safe and informed sexual decisions.

Table 6, in general, indicates a steady decrease in the teenage abortion rates with the increase of the parental education to 80 per cent uneducated parents and 10 per cent tertiary-educated parents. This is indicative of the position that education is a vital factor in determining the outcome of adolescent reproduction. Rational parents not only show informed health behaviour but also provide enabling environments where free conversation, contraception, and preventative health care are available. The findings are in line with the Ecological Systems Theory by Bronfenbrenner (1979); the family environment, and more so the influence of parents, is the most important force in influencing the development and health status of adolescents. The results also correspond to Bourdieu's (1986) notion of cultural capital when education increases the ability of people to make rational and health-promoting choices.

Overall, Table 6 gives strong arguments in support of the fact that low parental education level is a significant risk factor for teenage abortion and higher parental education is a powerful deterrent. The results highlight the significance of educational empowerment initiatives aimed at the parent and community, as well as reproductive health education in schools, as an effective tool to minimise unsafe abortions among young people in Nigeria.

4.4 Logistic Regression Analysis

The logistic regression was done to find out the significant predictors of teenage abortion. Abortion history (Yes=1, No=0) was the dependent variable. Parental income, parental education, occupation, and adolescent age were the independent variables.

Table 7: Teenage Abortion Logistic Regression Predictors

Predictor	B	SE	Wald χ^2	p-value	OR (95% CI)
Parental income (low)	2.15	0.42	26.22	<0.001	8.61 (4.56–16.24)
Parental education (none)	1.85	0.39	22.52	<0.001	6.35 (3.21–12.56)
Occupation (unemployed)	1.12	0.34	10.85	0.001	3.07 (1.57–5.98)
Adolescent age (years)	0.28	0.11	6.48	0.011	1.32 (1.07–1.63)

Source: Authors' Computation (2025)

Table 7 shows the findings of a binary logistic regression model that was used to determine the main predictors of teenage abortion among adolescents in Asaba and Warri, Nigeria. The independent variables in this analysis are parental income, parental education, parental occupation, and age of the adolescents, but the dependent variable is the event of abortion among teenagers. The effect of each predictor is indicated by its regression coefficient (B), Wald chi-square, p-value, and odds ratio (OR) with a 95 per cent confidence interval (CI). The model as a unit illustrates that socio-economic and demographic factors are influential determinants of the probability of teenage abortion in the area of study.

The results indicate that the greatest determinant of teenage abortion is low parental income. The results show that the adolescents of low-income families are 8.6 times more likely to have an abortion than adolescents of high-income families because of a highly significant p-value ($p < 0.001$) and a significantly high odds ratio ($B = 2.15$). The high affiliation between these two points out the importance of economic hardship as one of the significant risk factors in adolescent reproductive behaviour. The poor families can find it hard to afford contraceptives, sexual education or even confidential health services. As a result, financial loss causes most teenagers to resort to dangerous relationships or transactional sex, both of which make them more likely to get pregnant unintentionally and have an abortion. This result is in line with the studies done by Bankole et al. (2015) and Salawu et al. (2025), which found that the root cause of unsafe abortion in Nigerian teenagers is poverty.

On the same note, parental education is a big predictor. The adolescents with no formal parental education are 6.35 times more likely to experience abortion than the adolescents whose parents had tertiary education ($B = 1.85$, $p = 0.001$, OR = 6.35, 95% CI: 3.21–12.56). The implication of this finding is that low parental education is strongly correlated with ineffective reproductive health communication and poor awareness of the use of contraceptives. Parents with low levels of education would not be confident or know how to talk to the children on issues of sexuality, and therefore the gaps in their information would expose them to risky behaviours related to sexuality. Conversely, parents who are educated have the tendency to

offer guidance, facilitate open communication, and offer safe reproductive choices. This result is in agreement with UNICEF (2023) and Okon and Isabu(2024), who have already described the same outcomes of parental education increasing the health outcomes of the adolescents through the health literacy and decision-making process at the household level.

Parental occupation also deserves some attention. Unemployed parents also increase the chances of abortion among teenagers by a wide margin (B = 1.12, p = 0.001, OR = 3.07, 95% CI: 1.57-5.98). This finding indicates that parental unemployment exacerbates financial pressures in the family that can be the cause of neglect, inadequate parental supervision, and moral decline. Nigerians also have a tendency to break down family stability in many communities due to unemployment, forcing the adolescents to look to outside relationships (whether emotional or financial) to provide them with support that, in most cases, leads to unwanted pregnancies. This observation is in line with Akinyemi et al. (2016), who found that not only does unemployment limit the capacity of parents to supervise their children, but it also leads to reduced access to reproductive health services among those in the low-income context.

There is a positive and significant relationship between the variable adolescent age and abortion likelihood (B = 0.28, p = 0.011, OR = 1.32, 95% CI: 1.07–1.63). It means that the older the teenagers are, the more likely they are to have an abortion. In particular, the odds of abortion increase by 32 per cent with every year of age increase. The given trend can be explained by the fact that older teenagers (16-18) are more inclined to be sexually active and to have relationships than younger ones (13-15). They are also more liberated and exposed to peer pressure but regularly deprived of regular reproductive health education or access to birth control. This trend is consistent with Okoli et al. (2022) and Alukagberie et al. (2023), who discovered that age development predisposes adolescents in Nigeria to risky sexual behaviour.

In general, the regression model demonstrates that low parental income, absence of parental education, unemployment, and rising teenage age are significant contributors to teenage abortion. The strongest predictors of these are economic and educational disadvantages. The results are solid empirical data that teenage abortion in Nigeria is profoundly embedded in the socio-economic inequality and parental disadvantage, not an issue based on personal or moral aspects.

Finally, Table 7 points out that the factors that contribute to teenage abortion exist structurally in the socio-economic and educational life of families. Attacking these underlying causes with a holistic social and health policy approach will be essential in enhancing adolescent reproductive outcomes and the general development of the Sustainable Development Goals (SDGs) in Nigeria, especially SDG 3 (Good Health and Well-being) and SDG 4 (Quality Education).

5. Discussion

This paper has looked at how socio-economic status (SES) and the educational background of parents affect teenage abortion in Asaba and Warri, Nigeria. The discussion will be structured in accordance with the three broad research objectives and will incorporate the previous empirical research, theoretical opinion, and the appropriate policy implications. These findings of this research support the notion that parental income and education are both influential factors conditioning the reproductive outcome and choices of adolescents as far as abortion is concerned.

The initial research question was to identify the correlation that exists between the socio-economic status, or SES, of the parents and abortion among teenagers. The researchers discovered that low household income is statistically significantly and clearly associated with the incidence of abortions among adolescents. The logistic regression outcome revealed that the adolescents in low-income households were 8.6 times more likely to face abortion than the adolescents in high-income households. This observation goes a long way in proving that economic deprivation is one of the risk factors associated with teenage abortion.

The outcome concurs with some of the past research carried out in Nigeria and other emerging environments. As an example, Bankole et al. (2015) discovered that economically disadvantaged families have higher risks of adolescents getting into unintended pregnancies since poverty restricts access to contraception, health education, and confidential abortion services. Likewise, Salawu et al. (2025) noted that teenagers in low-income families were more prone to risky sexual practices because of the lack of proper parental control and the pressure of financial burden. Financial deprivation can also reduce the transactional relationship or early sexual activity in poor urban locations like Asaba and Warri, where young girls are likely to have sexual intercourse and become pregnant and abort.

Theoretically, this observation is consistent with the theory of social and economic capital proposed by Bourdieu (1986), which states that material resources and social networks have implications for the accessibility of life opportunities such as healthcare and education. The poor teens do not have the money and information to make safe choices in reproduction. This leads to the thought that teenage abortion is not only a personal choice but also a product of a structure that is based on socio-economic inequality.

On the findings of this, a number of policy recommendations can be drawn. First, governments and the non-governmental organisations (NGOs) ought to employ special economic empowerment initiatives for the low-income families, especially in the urban informal settlements. Second, the adolescent reproductive health services should be provided in the state hospitals and community clinics at reduced or no cost to make them affordable to all. Third, sexual health education programmes undertaken by communities ought to be tailored to the approach of enabling families with low financial means to become aware and prevent unsafe abortion.

The second study aim was to determine the impact of parental education on teenage abortion. The researchers found that the education of parents is very important in the reproductive outcomes of adolescents. Teenagers with parents who lacked formal education were found to have an abortion rate of 80 per cent, whereas the teenagers with parents who got their tertiary education had a small abortion rate of 10 per cent. The results of the logistic regression showed that the odds of abortion were 6.3 times higher in adolescents of uneducated parents than in adolescents of educated parents.

These findings are in line with available literature that education is crucial in the determinant of reproductive behaviour. According to Okon and Isabu (2024), education levels lead to higher chances of parents providing guidance, having effective communication with their children regarding sexuality and promoting safe reproductive behaviour. On the same note, UNICEF (2023) noted that poor educational attainment of parents correlates with poor reproductive health education, misinformation, and stigma in the use of contraceptives. The current results support the notion that parent education not only affects economic welfare but also defines the level of family communication and value impartation with respect to sexual behaviour.

Theoretically, this observation can be said to be in line with the Ecological Systems Theory by Bronfenbrenner (1979), which stresses the fact that the development of adolescents is influenced by their immediate surroundings, especially the family. When parents are educated, they have a better chance of enabling responsible behaviour among adolescents because they can provide emotional support and health knowledge that would help safeguard them against unsafe abortion.

Therefore, as a solution to this problem, parent-related education interventions ought to be adopted to enhance the knowledge of parents on matters of adolescent reproductive health and communication skills. Parent-adolescent dialogue modules should also be incorporated in the health education curriculum of schools to enhance intergenerational communication. Additionally, the programmes of adult literacy must be increased to provide uneducated parents with minimal information regarding health, sexuality, and parenting.

The third aim studied the relationship between socio-economic status (SES) and parental education in rejecting the outcome of teenage abortion. According to the study, the most vulnerable group to abortion was found to be the adolescents in the low-income households whose parents were not educated, and the least vulnerable were the adolescents in high-income households whose parents were tertiary educated. This trend proves to be a compounding or interactive effect in that the low income and poor education together determine vulnerability to unsafe reproductive outcomes.

It is this synergistic relationship that has been previously discovered during reproductive health studies in Nigeria. Okoli et al. (2022) discovered that teenagers

who are exposed to economic hardship and low levels of schooling are at much higher risk of teenage pregnancy and abortion. Similarly, it was found that despite the capacity of education to mitigate some of the impacts of poverty, education failed to address the constraints that the absence of money may pose (Salawu et al., 2025). Combined, these results underscore the idea that a lack of educational and economic opportunities is two-dimensional, forming a multidimensional trap that puts adolescents at risk for reproductive health.

Hypothetically, this observation can be explained by the Social Determinants of Health Framework (Marmot & Wilkinson, 2006), which assumes that the interactions of economic, educational, and environmental factors determine the health behaviours and outcomes. Parental education and income are both determinants in this work, which affect the sexual behaviour of adolescents and their access to safe abortion. In this way, in order to address teenage abortion effectively, all interventions should be holistic and intersectional. Poverty alleviation efforts should be combined with education programmes for the parents and youths. School-community partnerships can play a crucial role in accessing adolescents living in an underprivileged home, both in terms of educational and health-related provisions. Also, reproductive health vouchers or health insurance schemes can be introduced to eliminate the financial challenges to safe abortion and contraception. In addition to income and education, the research also established that the occupation of parents and adolescence age were also significant factors that dictated the abortion outcome. Young teenagers who indicated that their parents lacked employment indicated a high rate of abortion as compared to teenagers whose parents had formal employment. This may be explained by financial instability and a lack of parental control, which is one of the characteristics of unemployed families. Likewise, adolescents (16 years old and above) reported more abortions than younger adolescents (15 years old and below), which is attributable to the age-related increase in sexual autonomy, exposure, and peer pressure.

These results are consistent with the research conducted by Alukagberie et al. (2023), who found out that older adolescents are more prone to risky sexual activities, whereas parental unemployment is an environment of poor supervision and emotional assistance. Collectively, these findings support the view that the analysis of family structure and the developmental stage of adolescents is critical in the development of reproductive health interventions.

The policy implication is that the government needs to intensify efforts of parental engagement policies, especially in the community where the unemployment rate is high, to encourage active parental participation in the community in the direction of guiding the adolescents. Besides, reproductive health that is friendly to adolescents needs to be increased and provided to older teenagers who are more

sexually active, which will allow them to obtain counselling services, contraceptives, and safe abortion services.

The study's synthesis of findings is a convincing article that the socio-economic status and lack of education among parents are the key factors that lead to teenage abortion in Asaba and Warri. These results demonstrate that the reproductive outcomes of adolescents are closely connected with family-level results and the significance of multi-dimensional approaches to solving the problems of economic inequality and educational deprivation.

In order to minimise teenage abortion, interventions that aim at decreasing teenage abortion must target three fundamental areas, which include economic empowerment, parental education and adolescent reproductive health services. With the combination of these strategies, policymakers will be able to successfully reduce the structural and family weaknesses that contribute to unsafe abortion practices among Nigerian adolescents. The results are also relevant to SDG 3 on good health and well-being and SDG 4 on quality education, as they will help to result in more equitable and healthier outcomes among young women in Nigeria.

6.1 Conclusion

This study examined the socio-economic and educational status of parents on teenage abortion in Asaba and Warri, Nigeria. It employed a survey of 500 parents and 500 adolescent girls, which showed that family-level conditions significantly contribute to the reproductive outcomes of the adolescents. The findings indicate that parents with low incomes have a high tendency to have a teenager abort. Young people from poor families had a higher tendency to abort because of the lack of access to contraceptives, reproductive health education, and health services, while young girls from poor families are subject to poor lifestyle choices and vaginal abortion. The education of the parents also came out as a powerful predictor. Teenagers who had uneducated or low-educated parents had greater rates of abortion, whereas those with higher education had significantly lower rates. Parents who have a well-educated background have further chances to talk about reproductive health and advise their children to make safer decisions.

Low income and low education together created the greatest risk of teenage abortion, indicating that poverty and ignorance are mutually reinforcing. These outcomes provide evidence of the necessity of the programmes that control the economic and educational disparities on the domestic level. Again, parental unemployment and older adolescent age were also other factors that increased the risks of abortion. These are pointers to the significance of parental quests and specific reproductive health education, particularly among older teenagers. It was also regarded that economic and educational disadvantages in families are the determinants of teenage abortion in Asaba and Warri. The reduction of unsafe abortion needs to be done using combined methods which empower poor families,

enhance the education of parents, and increase the availability of youth-friendly reproductive health services.

6.2 Recommendations

The following recommendations were made with regard to the results of the study:

- The government must introduce comprehensive programmes that would involve economic empowerment of families living in poverty, adult literacy programmes among parents and provision of increased access to reproductive health services that are friendly to adolescents. These initiatives will deal with financial and educational factors that lead to teenage abortions.
- The communities and families should encourage open parent-adolescent communication on reproductive health by organising workshops, school-based support groups, and support groups of unemployed parents. Enhancement of family involvement will enhance counselling and cut risky adolescent behaviour.
- The future studies need to take the longitudinal method and involve urban and rural populations to record the long-term and regional differences. Cultural and psychological effects, along with socio-economic and educational factors that affect teenage abortion, should also be studied.

Author's Declarations

Availability of Materials and Data

Data will be made available on request

Competitive Interest

There are no competitive interests

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The work was jointly done by all authors as captured in the manuscript.

Ethical Consideration

The study adhered strictly to the research protocol and ethical standards as laid down in the 1964 'Declaration of Helsinki' and also in alignment with the 'Nigeria Psychological Association' as it relates to human involvement in research and other experimental studies. The researcher ensured that confidentiality and anonymity of participants were strictly maintained. Informed consent forms were presented to all respondents, and they all gave approval by signing before copies of the research questionnaires were administered by the researcher and assistants to the research respondents during the fieldwork, which lasted a period of almost two months, from 12th June to 30th October 2025.

The participants were informed by the researcher and its team of their right to withdraw from the study at any point without any consequences. The researchers and assistant orally informed the respondents of the information contained in the consent form that outlines these aspects in clear, accessible language. Pseudonyms or unique identifiers were used to maintain anonymity. Participants were briefed on the study's objectives and their rights to confidentiality, non-participation and withdrawal without consequence. Only participants who consented were given the questionnaire to fill. Completed questionnaires were collected on the spot or within an agreed-upon timeframe.

Author Address:
[1] Department of Sociology/Criminology, Dennis Osadebay University, Asaba, Delta State, Nigeria
[2] Department of Sociology / Criminology, University of Delta Agbor, Delta State-Nigeria
[3] Department of Sociology, Olabisi Onabanjo University, P.M.B. 2002, Ago Iwoye, Ogun State, Nigeria

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