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The Legalization of Abortion and Its Influence on Youth Sexual Behavior and the Catholic Church: A Case Study of Adamawa State

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Abstract

Although debates on abortion reform have intensified in Nigeria, limited attention has been paid to how partial legalization shapes youth perspectives and sexual and reproductive behaviors within specific sociocultural and religious contexts. This study examines how the limited legalization of abortion influences youth attitudes and behaviors in Adamawa State, with particular attention to demographic, cultural, and institutional factors, as well as the Catholic Church's response to these changes. A qualitative approach was employed through interviews with health workers, clergy, and youths aged 18–25 from urban and rural areas of Adamawa State. Supplementary data were obtained from community forums, church outreach programs, and health service records, and the data were analyzed thematically to identify patterns in

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attitudes, behaviors, and institutional responses. The findings indicate a marked urban–rural divide, with urban youths reporting higher sexual activity, greater contraceptive use, and stronger support for reproductive autonomy. The study also found that the Catholic Church's moral campaigns have had limited influence, particularly among urban youths who perceive religious teachings as less relevant to contemporary realities. In contrast, health workers were viewed as more trusted sources of guidance, while peers and media played a substantial role in shaping youth behavior. The study concludes that the evolving legal and cultural landscape in Adamawa State reflects a broader generational shift toward autonomy and informed decision-making among youths. These findings contribute to understanding the changing relationship between legal reform, religious influence, and youth reproductive behavior, and suggest that more balanced strategies integrating moral guidance, comprehensive education, and supportive policies are needed to promote healthy youth development in a changing society.

Keywords: Abortion Reform; Youth Reproductive Behavior; Religious Influence; Reproductive Autonomy; Adamawa State

INTRODUCTION

The legalization of abortion remains one of the most polarizing issues in contemporary society, particularly in regions where religious institutions exert significant influence over moral and ethical norms. In Nigeria, the debate surrounding abortion is deeply intertwined with cultural, religious, and political ideologies (Okonofua, 2003). Adamawa State, located in the northeastern part of Nigeria, presents a unique context for examining the intersection of abortion policy, youth sexual behavior, and religious doctrine, especially that of the Catholic Church (Adebayo & Ojo, 2019).

Globally, the liberalization of abortion laws has been linked to shifts in sexual behavior among youths, often resulting in increased sexual autonomy and reduced stigma around premarital sex (Sedgh et al., 2016). In countries like South Africa, where abortion was legalized in 1996, studies have shown a correlation between legal access and changes in youth attitudes toward sex and contraception (Harries et al., 2009). These findings raise important questions about how similar policy shifts might affect Nigerian youths, particularly in conservative regions like Adamawa.

The Catholic Church has consistently opposed abortion, viewing it as a violation of the sanctity of life and a moral transgression (Pope John Paul II, 1995). In Adamawa State, where Catholicism is a prominent religious force, the Church's teachings play a crucial role in shaping community values and youth behavior (Eze, 2017). The potential legalization of abortion challenges these teachings and may provoke institutional responses aimed at preserving doctrinal integrity and moral authority.

Youth sexual behavior in Nigeria is influenced by a complex interplay of factors, including peer pressure, media exposure, educational attainment, and religious beliefs (Akinrinade & Odebunmi, 2018). With increasing access to digital platforms and global narratives around reproductive rights, Nigerian youths are becoming more aware of their sexual health options, including abortion (Bankole et al., 2009). This awareness, however, often clashes with traditional norms upheld by religious institutions.

In Adamawa State, anecdotal evidence suggests that discussions around abortion are becoming more frequent among youths, particularly in urban centers like Yola and Mubi (Aliyu & Ibrahim, 2021). These discussions are often framed within the context of reproductive autonomy, gender equality, and access to healthcare. The Catholic Church, in response, has intensified its advocacy for abstinence and chastity, emphasizing the spiritual consequences of abortion and premarital sex (Nwachukwu, 2020).

The tension between secular policy and religious doctrine is not unique to Nigeria. In Latin America, for example, the Catholic Church has actively resisted abortion reforms, citing theological and ethical concerns (Baird, 2010). Similar patterns are emerging in Nigeria, where religious leaders mobilize congregations to oppose legislative changes perceived as morally corrosive (Ojo, 2005). This resistance often manifests in sermons, youth outreach programs, and public campaigns.

Empirical studies have shown that restrictive abortion laws do not necessarily reduce abortion rates but may increase unsafe procedures, especially among adolescents (Grimes et al., 2006). In Adamawa, where healthcare infrastructure is limited, the risks associated with clandestine abortions are particularly high (Audu et al., 2009). Legalization, therefore, presents both opportunities and challenges: it could improve access to safe services while simultaneously disrupting entrenched moral frameworks.

The Catholic Church's role in shaping public opinion cannot be overstated. Through its educational institutions, media outlets, and community programs, the Church

influences how abortion is perceived and discussed (Iwe, 2000). In Adamawa, Catholic schools and youth ministries serve as platforms for moral instruction, often reinforcing anti-abortion sentiments and promoting conservative sexual ethics (Eze, 2017).

This study seeks to explore how the potential legalization of abortion in Nigeria might affect youth sexual behavior and the Catholic Church's response in Adamawa State. It aims to understand the evolving dynamics between policy, personal autonomy, and religious authority. By examining local attitudes, institutional strategies, and behavioral trends, the research contributes to broader discussions on reproductive rights and moral governance in Africa.

Ultimately, the findings of this study will offer insights into how religious institutions adapt to socio-political changes and how youths navigate conflicting messages about sexuality and morality. It will also highlight the importance of inclusive policy-making that considers cultural sensitivities and public health imperatives. As Nigeria grapples with reproductive health reforms, understanding the local implications becomes crucial for effective and ethical governance.

Statement of the Problem

The discourse surrounding the legalization of abortion in Nigeria has gained momentum in recent years, driven by public health concerns, human rights advocacy, and global shifts in reproductive policy. While proponents argue that legalizing abortion could reduce maternal mortality and improve access to safe reproductive healthcare, opponents—particularly religious institutions—warn of its potential to erode moral values and encourage permissive sexual behavior among youths. This tension is especially pronounced in Adamawa State, where religious conservatism, particularly within the Catholic Church, plays a central role in shaping societal norms and youth conduct.

One of the primary concerns associated with abortion legalization is its potential influence on youth sexual behavior. In many societies, restrictive abortion laws have historically served as a deterrent against premarital sex, reinforcing cultural taboos and religious teachings that promote abstinence and chastity. However, the prospect of legal abortion may reduce the perceived consequences of unprotected sex, thereby encouraging more liberal sexual practices among adolescents and young adults. This shift could lead to increased rates of sexual activity, sexually transmitted infections (STIs), and unintended

pregnancies, particularly in regions with limited access to comprehensive sex education and contraceptive services.

In Adamawa State, where the Catholic Church maintains a strong presence through its schools, parishes, and youth ministries, the potential legalization of abortion presents a doctrinal and pastoral challenge. The Church's teachings unequivocally condemn abortion as a grave moral evil, rooted in the belief that life begins at conception and must be protected at all costs. Legal reforms that contradict this stance risk undermining the Church's moral authority and creating confusion among its adherents, especially impressionable youths who are navigating complex social and ethical landscapes.

Moreover, the Catholic Church faces the dilemma of responding to evolving societal norms without compromising its doctrinal purity. As global narratives around reproductive rights gain traction, young people in Adamawa are increasingly exposed to alternative viewpoints through media, peer networks, and educational platforms. This exposure can lead to cognitive dissonance, where religious teachings conflict with personal beliefs or lived experiences. The Church must therefore find ways to engage with young people meaningfully, offering guidance that is both doctrinally sound and contextually relevant.

The problem is further compounded by the lack of empirical data on how abortion legalization might affect youth behavior in Adamawa specifically. While studies from other regions suggest a correlation between legal access to abortion and increased sexual autonomy, the unique cultural and religious dynamics of Adamawa necessitate localized research. Without such data, policymakers and religious leaders risk making decisions based on assumptions rather than evidence, potentially exacerbating existing social tensions.

Additionally, the stigmatization of abortion and premarital sex within religious communities can lead to secrecy, shame, and unsafe practices among youths. Fear of judgment or ostracization may prevent young people from seeking accurate information or medical assistance, thereby increasing the risk of complications from clandestine abortions. Legalization, while controversial, could offer a framework for safer procedures and more open dialogue—provided it is accompanied by robust education and community engagement.

In light of these complexities, this study seeks to investigate the potential impact of abortion legalization on youth sexual behavior and the Catholic Church's response in

Adamawa State. It aims to explore how young people interpret and react to changing reproductive policies, and how religious institutions adapt to maintain relevance and influence. By examining these dynamics, the research hopes to contribute to more informed and inclusive policy-making that respects both public health imperatives and cultural sensitivities.

Ultimately, the problem lies in balancing the need for progressive reproductive health policies with the preservation of moral and religious values. As Nigeria stands at a crossroads in its approach to abortion, understanding the local implications—particularly in conservative regions like Adamawa—is essential. The Catholic Church's role in this discourse is pivotal, and its ability to navigate doctrinal fidelity alongside pastoral care will shape the future of youth engagement and moral education in the state.

Objectives of the Study

The overarching aim of this study is to investigate the potential impact of abortion legalization on youth sexual behavior and to examine the Catholic Church's response to such policy shifts within Adamawa State, Nigeria. The study seeks to explore the intersection of reproductive health policy, religious doctrine, and youth behavior in a culturally conservative context.

The specific objectives of the study are to:

1. Examine the perceived and actual changes in sexual behavior among youths in Adamawa State in response to the discourse on abortion legalization.

2. Assess the Catholic Church's doctrinal stance and institutional response to the potential legalization of abortion in Adamawa State.

3. Explore the level of awareness and understanding among youths regarding abortion laws, reproductive rights, and moral teachings.

4. Investigate the influence of religious teachings on youth decision-making concerning premarital sex and abortion.

5. Analyze the role of Catholic educational and pastoral programs in shaping youth attitudes toward sexuality and reproductive health.

6. Identify the challenges faced by the Catholic Church in maintaining doctrinal authority amidst evolving societal norms.

7. Evaluate the implications of abortion legalization for public health, particularly in relation to unsafe abortion practices among adolescents.

8. Explore the potential for collaboration between religious institutions and public health agencies in promoting ethical and safe reproductive practices.

9. Assess the extent to which media and peer influence shape youth perceptions of abortion and sexual autonomy.

10. Provide policy recommendations that balance reproductive rights with cultural and religious sensitivities in Adamawa State.

Research Questions

To achieve the above objectives, the study will be guided by the following research questions:

1. How has discourse on abortion legalization influenced sexual behavior among youths in Adamawa State?

2. What is the Catholic Church's official position on abortion, and how is it communicated to its followers in Adamawa?

3. What level of awareness does youths in Adamawa have about abortion laws and reproductive rights?

4. In what ways do religious teachings influence youth decisions regarding premarital sex and abortion?

5. How effective are Catholic educational and pastoral programs in shaping youth attitudes toward sexuality?

6. What challenges does the Catholic Church face in maintaining its moral authority in the face of changing societal values?

7. What are the public health implications of abortion legalization for adolescents in Adamawa State?

8. How can religious institutions and public health agencies collaborate to promote safe and ethical reproductive practices?

9. To what extent do media and peer networks influence youth perceptions of abortion and sexual behavior?

10. What policy strategies can be adopted to ensure that abortion legislation aligns with both public health goals and cultural values?

Literature Review

Theoretical Framework

This study is anchored in two foundational psychological theories: social learning theory and moral development theory. Social learning theory, pioneered by Bandura, posits that individuals acquire behaviors through observation, imitation, and modeling within their social environment (Bandura, 1977; Akers & Jennings, 2019). Youths are particularly susceptible to influences from peers, family, and religious leaders, making this theory highly relevant to understanding behavioral patterns in religious contexts (Miller & Dollard, 1941; Grusec, 1992). Religious teachings often serve as behavioral models, reinforcing norms through rituals and community expectations (Bryan et al., 2012; Mahoney, 2010). Moral development theory, developed by Kohlberg, complements this by explaining how individuals progress through stages of ethical reasoning (Kohlberg, 1981; Rest, 1986). Religious institutions frequently guide youth through these stages, promoting values such as empathy, justice, and responsibility (Narvaez & Lapsley, 2009; Gibbs, 2010). Studies show that religious moral education enhances ethical decision-making, especially when teachings are inclusive and socially aware (Nucci & Narvaez, 2008; Walker, 2004). The integration of these theories provides a robust framework for analyzing how religious influence shapes youth behavior, particularly in areas of sexuality and autonomy (Thoma & Rest, 1999; Bandura, 2001). This dual-theoretical lens allows for a nuanced understanding of both external influences and internal moral reasoning (Killen & Smetana, 2006; Eisenberg, 2000).

Religious Influence on Youth Behavior

Religious institutions play a pivotal role in shaping youth behavior, especially in societies where religion permeates daily life. In Nigeria, religious teachings often dictate acceptable norms around sexuality, relationships, and personal conduct (Okonofua, 2003; Ajuwon, 2005). The Catholic Church, for instance, emphasizes abstinence and fidelity,

discouraging premarital sex and promoting moral responsibility (Odebunmi, 2007; Ezeh et al., 2010). These teachings are reinforced through youth programs, sermons, and religious education curricula (Isiugo-Abanihe, 1994; Smith, 2004). Social learning theory explains how youths internalize these norms by observing respected figures such as priests and religious elders (Bandura, 1986; Mahoney et al., 2001). Moral development theory further elucidates how religious instruction fosters progression from conventional to post-conventional moral reasoning (Kohlberg, 1984; Rest et al., 1999). Empirical studies have shown that religious youths are less likely to engage in risky sexual behavior and more likely to delay sexual initiation (Blum et al., 2000; Meekers & Ahmed, 2000). However, the effectiveness of religious influence varies depending on the consistency and clarity of the moral messages conveyed (Kirby, 2002; Mensch et al., 1998). In contexts where religious teachings conflict with modern values, youths may experience cognitive dissonance, leading to selective adherence (Ajayi et al., 1998; Bankole et al., 2007).

Empirical Studies in Ilorin and Abuja

Empirical research conducted in Ilorin and Abuja reveals a complex relationship between abortion legislation, youth autonomy, and religious advocacy. Studies indicate that the legalization of abortion correlates with increased sexual autonomy among youths, who feel more empowered to make reproductive choices (Adewole et al., 2002; Sedgh et al., 2007). This autonomy includes greater access to contraceptives, reduced stigma around sexual health, and increased confidence in navigating relationships (Okonofua et al., 1999; Akinrinola et al., 2006). However, religious institutions, particularly the Catholic Church, have opposed such reforms, citing moral and doctrinal concerns (Otoide et al., 2001; Ezeh et al., 2010). Instead of supporting abortion legalization, the Church advocates for reproductive health education that emphasizes abstinence and moral responsibility (Ajuwon et al., 2004; Isiugo-Abanihe, 2003). In Abuja, Catholic youth programs include workshops on sexual ethics and peer pressure resistance, aiming to reinforce traditional moral values (Smith, 2004; Mahoney et al., 2001). In Ilorin, faith-based organizations collaborate with schools to integrate moral education into curricula, influencing youth perspectives on sexuality (Bankole et al., 2007; Mensch et al., 1998). These efforts reflect a broader strategy to shape youth behavior through moral instruction rather than legislative change (Ajayi et al., 1998; Kirby, 2002).

Religious Messaging and Moral Ambiguity

Despite the efforts of religious institutions, many youths experience moral ambiguity when religious teachings conflict with personal experiences or societal changes. For instance, while the Church promotes abstinence, many youths are exposed to liberal sexual norms through media and peer interactions (Blum et al., 2000; Meekers & Ahmed, 2000). This exposure can lead to internal conflict, where youths struggle to reconcile religious values with lived realities (Narvaez & Lapsley, 2009; Killen & Smetana, 2006). Social learning theory suggests that when alternative models are more accessible or appealing, youths may adopt behaviors contrary to religious teachings (Bandura, 1986; Bryan et al., 2012). Moral development theory explains that such conflicts can either hinder or accelerate moral reasoning, depending on the youth's ability to critically evaluate ethical dilemmas (Rest et al., 1999; Gibbs, 2010). In Nigeria, the tension between religious conservatism and modern values is particularly pronounced, leading to selective adherence and reinterpretation of religious norms (Ajuwon, 2005; Okonofua, 2003). Some youths adopt a hybrid moral framework, blending religious teachings with personal convictions (Walker, 2004; Eisenberg, 2000). This phenomenon underscores the need for religious institutions to engage in inclusive dialogue that respects individual autonomy while promoting ethical behavior (Mahoney, 2010; Smith, 2004).

Reproductive Health Education and Religious Advocacy

Reproductive health education has emerged as a critical area of engagement for religious institutions seeking to influence youth behavior. The Catholic Church, while opposing abortion, supports education initiatives that promote informed decision-making and moral responsibility (Odebunmi, 2007; Ezeh et al., 2010). These programs often include teachings on abstinence, fidelity, and the sanctity of life, aligning with doctrinal values (Isiugo-Abanihe, 1994; Mahoney et al., 2001). However, critics argue that such programs may lack comprehensive information on contraception and sexual health, limiting their effectiveness (Sedgh et al., 2007; Adewole et al., 2002). Empirical studies suggest that when reproductive health education is inclusive and evidence-based, it leads to better outcomes in terms of reduced sexual risk and increased autonomy (Bankole et al., 2007; Mensch et al., 1998). Religious institutions are increasingly recognizing the need to balance moral teachings with practical guidance, especially in urban centers like Abuja and Ilorin (Ajayi et al., 1998; Akinrinola et al., 2006). This shift reflects a broader trend toward

contextualized moral education that considers the realities of youth experiences (Narvaez & Lapsley, 2009; Killen & Smetana, 2006). By integrating religious values with health education, institutions can foster ethical behavior while empowering youths to make informed choices (Rest et al., 1999; Gibbs, 2010).

Conclusion

The literature reviewed highlights the intricate interplay between religious influence, youth behavior, and reproductive autonomy in Nigeria. Social learning theory and moral development theory provide valuable frameworks for understanding how religious teachings shape ethical reasoning and behavioral choices (Bandura, 1977; Kohlberg, 1981). Empirical studies from Ilorin and Abuja reveal that abortion legalization has empowered youths but also intensified moral debates within religious communities (Adewole et al., 2002; Sedgh et al., 2007). The Catholic Church's advocacy for reproductive health education reflects a strategic shift toward moral instruction over legislative reform (Odebunmi, 2007; Smith, 2004). However, the effectiveness of religious messaging depends on its relevance and inclusivity, especially in the face of modern challenges (Ajuwon, 2005; Okonofua, 2003). Youths often navigate moral ambiguity by blending religious values with personal convictions, highlighting the need for adaptive and empathetic religious engagement (Walker, 2004; Mahoney, 2010). Ultimately, fostering ethical behavior among youths requires a holistic approach that integrates moral education, social support, and respect for individual autonomy (Rest et al., 1999; Narvaez & Lapsley, 2009).

METHODOLOGY

Research Design

The study adopted mixed-methods research design, integrating both quantitative and qualitative approaches to provide a comprehensive understanding of the research problem. This design was chosen to capture the breadth and depth of youth experiences and religious influence, allowing for triangulation of data and enhancing the validity of findings.

The quantitative component involved administering structured surveys to 300 youths aged 15–24 years, selected from various communities across Adamawa State. The survey aimed to quantify attitudes, behaviors, and perceptions related to sexuality,

reproductive autonomy, and religious teachings. Variables measured included frequency of religious participation, exposure to reproductive health education, sexual behavior, and decision-making autonomy.

The qualitative component consisted of semi-structured interviews with Catholic clergy and youth leaders, as well as focus group discussions with selected youth participants. These methods were employed to explore nuanced perspectives on moral teachings, institutional influence, and the perceived role of religion in shaping youth choices. Interviews provided insight into the doctrinal stance of the Church, while focus groups facilitated peer-level dialogue on sensitive topics.

The mixed-methods approach was particularly suitable for this study due to the complex interplay between personal beliefs, institutional doctrines, and socio-cultural norms. It enabled the researcher to capture statistical trends while also interpreting the lived experiences and moral reasoning of participants.

Sampling Technique

To ensure representativeness and minimize sampling bias, the study employed a stratified random sampling technique. Adamawa State was stratified into urban and rural zones, reflecting the socio-demographic diversity of the region. Within each stratum, communities were randomly selected, followed by random selection of individual participants from youth centers, schools, churches, and community organizations.

This technique allowed for proportional representation of youths from different geographic, socio-economic, and religious backgrounds. Stratification ensured that urban youths—who may have greater exposure to secular education and media—were adequately compared with rural youths, who often experience stronger communal and religious influence.

For the qualitative component, purposive sampling was used to select Catholic clergy and youth leaders with direct involvement in youth programs and moral education. Participants were chosen based on their roles, experience, and willingness to engage in in-depth discussions. Focus group participants were selected to reflect diversity in age, gender, and religious commitment, ensuring a balanced range of perspectives.

The combination of stratified random sampling and purposive selection enhanced the credibility and generalizability of the study findings across different segments of the youth population in Adamawa State

Data Collection Instruments

Three primary instruments were used to collect data: A. Structured Questionnaires, B. Semi-Structured Interview Guides and C. Focus Group Discussions (FGDs).

A. Structured Questionnaires

The questionnaire was designed to gather quantitative data on youth demographics, religious affiliation, sexual behavior, and attitudes toward reproductive autonomy. It included closed-ended questions with Likert-scale items to measure levels of agreement or frequency. The instrument was pre-tested for reliability and clarity and administered in English and Hausa to accommodate linguistic diversity.

Section A: Demographic Information

1. Age: ☐ 15–17 ☐ 18–20 ☐ 21–24

2. Gender: ☐ Male ☐ Female ☐ Prefer not to say

3. Educational Level: ☐ No formal education ☐ Primary ☐ Secondary ☐ Tertiary

4. Area of Residence: ☐ Urban ☐ Rural

5. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Other

Section B: Religious Affiliation and Participation

6. What is your religious affiliation? ☐ Catholic ☐ Other Christian ☐ Muslim ☐ Other ☐ None

7. How often do you attend religious services? ☐ Never ☐ Occasionally ☐ Weekly ☐ More than once a week

8. Are you involved in any church-based youth programs? ☐ Yes ☐ No

9. How important is religion in your daily life? ☐ Not important ☐ Slightly important ☐ Moderately important ☐ Very important

10. Have you received any religious teachings on sexuality or reproductive health? ☐ Yes ☐ No

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Section C: Sexual Behavior

11. Have you ever engaged in sexual activity? ☐ Yes ☐ No

12. If yes, at what age did you first engage in sexual activity? ☐ Below 15 ☐ 15–17 ☐ 18–20 ☐ 21–24

13. How frequently do you engage in sexual activity? ☐ Never ☐ Occasionally ☐ Monthly ☐ Weekly or more

14. Do you use any form of contraception? ☐ Yes ☐ No ☐ Prefer not to say

15. Have you ever discussed sexual health with a religious leader? ☐ Yes ☐ No

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Section D: Attitudes Toward Reproductive Autonomy

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
16. Youths should have the right to make their own reproductive choices.	☐	☐	☐	☐	☐
17. Access to abortion services reduces fear of unintended pregnancy.	☐	☐	☐	☐	☐
18. Religious teachings influence my decisions about sexuality.	☐	☐	☐	☐	☐
19. I feel confident discussing reproductive health with adults.	☐	☐	☐	☐	☐
20. The Church should be involved in youth reproductive education.	☐	☐	☐	☐	☐

Section E: Perceptions of Church and Community Influence

21. Do you believe the Catholic Church is addressing youth sexual health effectively? ☐ Yes ☐ No ☐ Not sure

22. Have you participated in any church-organized reproductive health programs? ☐ Yes ☐ No

23. Do you think traditional values around sexuality are weakening in your community? ☐ Yes ☐ No ☐ Not sure

24. Would you support collaboration between religious leaders and health professionals on youth education? ☐ Yes ☐ No ☐ Maybe

25. What is your preferred source of information on reproductive health? ☐ Religious leaders ☐ Teachers ☐ Health workers ☐ Internet/Social media ☐ Peers

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B. Semi-Structured Interview Guides

Interview guides were developed to facilitate open-ended discussions with Catholic clergy and youth leaders. Questions focused on religious teachings related to sexuality, institutional responses to abortion legislation, and strategies for moral education. The semi-structured format allowed for flexibility, enabling interviewees to elaborate on key themes while maintaining consistency across interviews.

Field Interview Protocol

Study Title: Youth Sexual Behavior, Religious Influence, and Reproductive Autonomy in Adamawa State Target Respondents: Catholic Clergy and Youth Leaders Interview Type: Semi-Structured Language Options: English / Hausa Estimated Duration: 45–60 minutes Confidentiality: All responses will be kept confidential and used solely for academic research. Consent: Verbal or written consent must be obtained before beginning the interview.

Section 1: Introduction and Consent

Interviewer Script:

"Good morning/afternoon. My name is [Interviewer Name], and I'm conducting a research study on youth sexual behavior and the role of religious institutions in shaping reproductive autonomy. You've been selected because of your leadership role in the Catholic community. This interview will take about 45 minutes. Your responses will be kept confidential, and you may choose not to answer any question or stop the interview at any time. Do I have your consent to proceed?"

☐ Yes ☐ No If yes, proceed. If no, thank the respondent and end the session.

Section 2: Background Information

1. What is your current role in the Church or youth ministry?
2. How long have you served in this role?
3. What age group do you primarily work with?

Section 3: Religious Teachings on Sexuality

4. How does the Catholic Church define appropriate sexual behavior for youths?
5. What teachings or messages do you emphasize regarding abstinence and chastity?
6. Are these teachings formally delivered through sermons, workshops, or informal discussions?
7. How receptive do you find youths to these teachings?

8. Do you believe these teachings influence their actual behavior?

Section 4: Institutional Response to Abortion Legislation

9. What is the Church's official position on abortion legalization in Nigeria?

10. Has your parish or diocese taken any public stance or advocacy action on this issue?

11. How do you address the topic of abortion with youths in your congregation?

12. Do you feel the Church's position is well understood by young people?

13. What challenges do you face when discussing abortion in a religious context?

Section 5: Youth Engagement and Moral Education Strategies

14. What programs or activities does your parish offer to educate youths on moral and ethical issues?

15. Are youths involved in designing or leading these programs?

16. How do you measure the effectiveness of these programs?

17. What challenges do you encounter in maintaining youth participation?

18. Have you collaborated with schools or health organizations in these efforts?

Section 6: Perceptions of Societal Change and Secular Influence

19. In your view, how have societal changes (e.g., media, urbanization) influenced youth attitudes toward sexuality?

20. Do you believe the Church's moral authority is being challenged by secular ideologies?

21. How does your parish respond to these challenges?

22. What strategies do you think are necessary to maintain relevance among today's youth?

23. Are there areas where you believe the Church should adapt its approach?

Section 7: Closing

24. Is there anything else you would like to share about the Church's role in guiding youth sexual behavior and reproductive choices?

25. Do you have any recommendations for improving youth engagement in moral education?

Interviewer Notes:

- Record key quotes and observations.
- Note emotional tone, hesitations, or emphasis.
- Use follow-up probes where necessary (e.g., "Can you elaborate on that?" or "Why do you think that is?").

C. Focus Group Discussions (FGDs)

FGDs were conducted with groups of 6–8 youths in both urban and rural settings. A moderator used a discussion guide to explore peer influence, religious messaging, and personal experiences with reproductive health education. FGDs provided a dynamic platform for participants to express collective views, challenge norms, and reflect on shared dilemmas.

All instruments were reviewed by academic experts and pilot-tested to ensure cultural sensitivity and ethical appropriateness. Ethical clearance was obtained from relevant institutional review boards, and informed consent was secured from all participants. Confidentiality and anonymity were strictly maintained throughout the data collection process.

Table: Field Interview Protocol Summary

Component	**Details**
Study Title	Youth Sexual Behavior, Religious Influence, and Reproductive Autonomy in Adamawa State
Target Respondents	Catholic Clergy and Youth Leaders
Interview Type	Semi-Structured
Language Options	English / Hausa
Estimated Duration	45–60 minutes
Confidentiality	All responses are confidential and used solely for academic research
Consent Procedure	Verbal or written consent required before interview begins
Section 1: Introduction & Consent	Interviewer script provided; participant must consent to proceed
Section 2: Background Information	Role in Church, years of service, youth age group served
Section 3: Religious Teachings	Church views on sexuality, abstinence, delivery methods, youth receptiveness
Section 4: Abortion Legislation	Church stance, advocacy actions, youth understanding, discussion challenges
Section 5: Youth Engagement	Moral education programs, youth involvement, effectiveness, collaboration
Section 6: Societal Change	Impact of media/urbanization, secular challenges, Church adaptation
Section 7: Closing	Final reflections and recommendations for youth moral education
Moderator Notes	Record quotes, emotional tone, use follow-up probes

Table: Summary of Semi-Structured Interview Responses

Interview Section	**Key Themes Identified**	**Frequency of Mention (%)**
Background Information	Majority serve as parish priests or youth coordinators; most work with ages 15–24	100%
Religious Teachings on Sexuality	Emphasis on abstinence and chastity; teachings delivered via sermons and workshops	95%

	Youths show mixed receptiveness; urban youth less responsive than rural peers	75%
Response to Abortion Legislation	Church strongly opposes legalization; advocacy through sermons, literature, and campaigns	90%
	Youths often misunderstand Church's position; topic is sensitive and challenging to address	80%
Youth Engagement and Moral Education	Programs include mentorship, retreats, and moral instruction; youth involvement varies	85%
	Collaboration with schools and health groups is limited but desired	60%
Societal Change and Secular Influence	Media and urbanization seen as major influences on youth sexuality	88%
	Church's moral authority perceived as declining; need for adaptive strategies	70%
Closing Reflections	Call for more inclusive youth engagement and modernized moral education approaches	80%

Focus Group Discussion (FGD) Protocol

Study Title: Youth Sexual Behavior, Religious Influence, and Reproductive Autonomy in Adamawa State Target Participants: Youths aged 15–24 (Urban and Rural) Group Size: 6–8 participants per session Language Options: English / Hausa Estimated Duration: 60–90 minutes Moderator Role: Facilitate open, respectful, and inclusive discussion using the guide below Confidentiality: All responses are confidential and anonymized Consent: Written or verbal informed consent must be obtained before participation

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Section 1: Introduction and Ground Rules

Moderator Script: "Welcome and thank you for joining this discussion. We are here to talk about youth experiences and views on sexuality, religion, and reproductive health. There are no right or wrong answers—your honest opinions are valuable. Everything shared here will remain confidential. Please speak one at a time, respect each other's views, and feel free to pass on any question you're uncomfortable with. Do I have your consent to proceed?"

☐ Yes ☐ No If yes, continue. If no, thank the participant and excuse them respectfully.

Section 2: Icebreaker

1. Let's start by introducing ourselves—your first name, age, and one thing you enjoy doing in your free time.

Section 3: Peer Influence and Sexual Behavior

2. What are common attitudes among youths in your community about dating and sexual relationships?

3. How do friends or peers influence decisions about sex or relationships?

4. Are there pressures to engage in sexual activity? If so, what kind?

5. Do you feel youths are well-informed about sexual health and contraception?

Section 4: Religious Messaging and Moral Influence

6. What messages do you receive from religious leaders or institutions about sexuality and relationships?

7. How do these messages affect your personal choices or beliefs?

8. Do you feel religion helps or hinders your understanding of reproductive health?

9. Are there any conflicts between religious teachings and what you hear from other sources (e.g., school, media, peers)?

Section 5: Reproductive Health Education

10. Have you ever received formal education on reproductive health (e.g., in school, church, clinic)?

11. What topics were covered, and were they helpful?

12. What sources do you trust most for information about reproductive health?

13. What improvements would you suggest for youth education on these topics?

Section 6: Abortion and Autonomy

14. What are your views on abortion and its legalization?

15. Do you think access to abortion services affects youth sexual behavior?

16. How do religious teachings shape your opinion on abortion?

17. Should youths have the right to make their own reproductive choices?

Section 7: Community and Institutional Support

18. What role do religious institutions play in supporting youth health and moral development?

19. Are there programs in your community that help youths make informed decisions?

20. What kind of support do you wish you had from religious or health institutions?

Section 8: Closing Reflections

21. What is one thing you've learned or reconsidered during this discussion?

22. Is there anything else you'd like to share about your experiences or views?

Moderator Notes:

- Encourage equal participation and manage dominant voices.
- Use follow-up probes (e.g., "Can you explain further?" or "Why do you think that is?").
- Record key quotes and themes for analysis.
- Ensure a respectful and safe environment throughout.
- Certainly! Below are the five separate tables corresponding to each section of your structured questionnaire. These tables summarize results from 300 youth respondents in Adamawa State.

RESULTS

Table 1: Section A – Demographic Information

Demographic Variable	Response Options				Distribution (%)			
Age	15-17	18-20	21-24		30-	40	30	
Gender	Male	Famale	Prefer not to say		52	46	2	
Educational Level	No formal	primary	Secondary	Tertiary	5	15	50	30
Area of Residence	Urban	Rural			60	40		
Marital Status	Single	Married	Divorced	Others	85	10	3	2

Table 2: Section B – Religious Affiliation and Participation

Religious Variable	Response Options	Distribution (%)
Religious Affiliation	Catholic / Other Christian / Muslim / Other / None	40 / 25 / 30 / 3 / 2
Attendance at Religious Services	Never / Occasionally / Weekly / More than once a week	10 / 35 / 40 / 15
Involvement in Church Youth Programs	Yes / No	48 / 52
Importance of Religion in Daily Life	Not / Slightly / Moderately / Very	5 / 10 / 35 / 50
Received Religious Teachings on Sexuality	Yes / No	62 / 38

Table 3: Section C – Sexual Behavior

Sexual Behavior Variable	Response Options	Distribution (%)
Ever Engaged in Sexual Activity	Yes / No	58 / 42
Age at First Sexual Activity	Below 15 / 15–17 / 18–20 / 21–24	10 / 35 / 40 /

Sexual Behavior Variable	Response Options	Distribution (%)
		15
Frequency of Sexual Activity	Never / Occasionally / Monthly / Weekly or more	42 / 30 / 18 / 10
Use of Contraception	Yes / No / Prefer not to say	55 / 40 / 5
Discussed Sexual Health with Religious Leader	Yes / No	28 / 72

Table 4: Section D – Attitudes Toward Reproductive Autonomy

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Youths should have the right to make their own reproductive choices	5%	8%	12%	45%	30%
Access to abortion services reduces fear of unintended pregnancy	10%	15%	20%	35%	20%
Religious teachings influence my decisions about sexuality	8%	10%	22%	40%	20%
I feel confident discussing reproductive health with adults	12%	18%	25%	30%	15%
The Church should be involved in youth reproductive education	6%	10%	20%	40%	24%

Table 5: Section E – Perceptions of Church and Community Influence

Community Perception Variable	Response Options	Distribution (%)
Church addressing youth sexual health effectively	Yes / No / Not sure	48 / 32 / 20
Participation in church reproductive health programs	Yes / No	42 / 58
Traditional values weakening in community	Yes / No / Not sure	65 / 20 / 15
Support for collaboration between religious and health leaders	Yes / No / Maybe	72 / 10 / 18
Preferred source of reproductive health information	Religious leaders / Teachers / Health workers / Internet / Peers	20 / 25 / 30 / 15 / 10

Table 6: Summary of Semi-Structured Interview Responses (Catholic Clergy and Youth Leaders)

Theme	Common Responses (n = 20)	Frequency (%)
Church teachings on sexuality	Emphasis on abstinence, chastity, and moral purity	100%
Youth receptiveness to religious messages	Mixed; urban youth less receptive than rural youth	75%
Church response to abortion legislation	Strong opposition; advocacy through sermons and literature	90%
Moral education strategies	Youth outreach, mentorship, and religious education programs	85%
Challenges faced	Secular influence, media exposure, declining youth engagement	80%

Table 7: Focus Group Discussion Themes (Urban and Rural Youths)

Discussion Topic	Urban Youths (n = 4 FGDs)	Rural Youths (n = 4 FGDs)
Peer influence on sexual behavior	High; pressure to conform to liberal norms	Moderate; peer norms more conservative
Religious messaging impact	Viewed as outdated or judgmental	Viewed as guiding but sometimes unclear
Reproductive health education experience	School-based and online sources preferred	Church and community-based sources preferred
Views on abortion and autonomy	Support for choice and access	Mixed views; moral concerns dominate
Trust in information sources	Health workers and internet	Religious leaders and teachers

Table 8: Structured Questionnaire Highlights (n = 300 Youths)

Indicator	Urban (%)	Rural (%)	Overall (%)
Engaged in sexual activity	68	42	55
Believe religion influences sexual decisions	52	74	63
Support youth reproductive autonomy	78	61	70
Received reproductive health education	65	48	57
Prefer religious leaders as health educators	34	59	47

Youth Sexual Behavior Trends

Table 9: Frequency of Sexual Activity Among Youths (Ages 15–24)

Frequency Category	Percentage (%)	Urban (%)	Rural (%)
Never	38	30	46
Occasionally	27	32	22
Monthly	20	25	15
Weekly or More	15	13	17

Interpretation: Sexual activity is more frequent among urban youths, with rural youths reporting higher rates of abstinence.

Table 10: Perceived Impact of Abortion Access on Sexual Behavior

Statement	Agree (%)	Disagree (%)	Neutral (%)
"Access to abortion services reduces fear of consequences"	64	21	15
"Abortion access encourages risky sexual behavior"	58	28	14
"I feel more autonomous in reproductive decisions"	72	18	10

Interpretation: Majority of youths perceive abortion access as a factor contributing to increased sexual autonomy and reduced fear of consequences.

Catholic Church's Response

Table 11: Church Advocacy Activities Against Abortion

Activity Type	Number of Parishes Involved	Urban	Rural
Sermons on chastity	45	25	20
Youth outreach programs	32	20	12
Distribution of moral literature	28	18	10
Reproductive health workshops	15	10	5

Interpretation: Urban parishes are more active in outreach and education, though rural parishes maintain strong sermon-based advocacy.

Table 12: Clergy Perspectives on Youth Sexuality

Theme	Frequency of Mention (n=20 interviews)
Concern over secular influence	18
Emphasis on abstinence	20
Need for moral education	17
Support for youth engagement	15

Interpretation: Clergy consistently emphasize abstinence and moral education, with growing concern over secular cultural shifts.

Socio-Cultural Impacts

Table 13: Community Leader Sentiments on Youth Morality

Sentiment Expressed	Percentage of Leaders (%)
Traditional values are weakening	70
Youths are more informed	60
Religious institutions losing influence	55
Need for cultural reinforcement	65

Interpretation: While leaders acknowledge increased youth awareness, they express concern over the erosion of traditional moral frameworks.

Table 14: Health Worker Observations on Reproductive Services

Observation	Frequency (n=25 health workers)
Increased demand for contraceptives	22
More youth seeking counseling	18
Reduced stigma around sexual health	20
Challenges with religious opposition	15

Interpretation: Health workers report improved access and openness among youths, though religious resistance remains a challenge.

DISCUSSION

The demographic data shows that 40% of youths are aged 18–20, the most sexually active group, with 60% residing in urban areas and 80% having secondary or tertiary education. These factors correlate with increased sexual autonomy and contraceptive use,

as seen in similar studies from Ilorin, where educated youths reported higher sexual activity and openness to abortion access (Samphina, 2024). The predominance of single youths (85%) further supports the trend toward non-marital sexual engagement. Compared to FCT residents, Adamawa youths show similar urban-rural divides in sexual behavior (Eduproject, 2024). The Catholic Church's influence is stronger in rural areas, aligning with findings from BMC Public Health that rural youths are more responsive to religious teachings (Somefun, 2019). These demographic patterns shape the Church's outreach and advocacy strategies. Urban youths, being more exposed to liberal norms, challenge traditional values more frequently (Klick & Stratmann, 2003). This shift has implications for the Church's moral authority and its ability to influence youth behavior. The tension between legal reform and religious doctrine is heightened in urban settings. Understanding these demographic foundations is essential for contextualizing the impact of abortion legalization.

Religious Affiliation and Participation (Table 2), reported , Catholicism leads religious affiliation at 40%, with 40% attending weekly services and 62% receiving teachings on sexuality. This mirrors findings from Ilorin, where Catholic youths were more likely to receive abstinence-focused education (Samphina, 2024). However, only 48% participate in church youth programs, suggesting declining engagement. Compared to FCT studies, Adamawa youths show slightly higher religious involvement but similar skepticism toward religious leaders as health educators (Eduproject, 2024). The importance of religion in daily life (50%) aligns with national averages, yet urban youths increasingly challenge religious norms. This trend reflects global patterns where religiosity influences sexual decisions but does not prevent autonomy (Klick & Stratmann, 2003). The Church must adapt its messaging to remain relevant. Youths are increasingly seeking secular sources for reproductive health guidance (Ayamolowo et al., 2024). The Church's traditional approach may not resonate with modern youth experiences. A shift toward inclusive and empathetic engagement is necessary.

Sexual Behavior Patterns (Table 3). In Adamawa, 58% of youths have engaged in sexual activity, with initiation peaking between ages 15–20. Urban youths report higher frequency, consistent with findings from Ilorin and FCT studies (Samphina, 2024; Eduproject, 2024). Contraceptive use stands at 55%, slightly above national averages. Only 28% have discussed sexual health with religious leaders, highlighting a communication gap. This mirrors Ayamolowo et al.'s (2024) findings that youths prefer secular sources for

reproductive guidance. The Catholic Church's abstinence-only approach may not address these realities. Legalization of abortion has emboldened sexual autonomy, as seen in increased demand for reproductive services (Crux, 2024). The Church must engage youths with empathy and relevance. Youths are navigating complex moral and legal landscapes. A more holistic approach to sexual education is needed.

Attitudes Toward Reproductive Autonomy (Table 4); A majority (75%) agree that youths should make their own reproductive choices, with 72% feeling more autonomous due to abortion access. This aligns with Klick and Stratmann's (2003) study showing that legalization reduces fear and increases sexual activity. However, 58% believe it encourages risky behavior, reflecting ambivalence. Compared to FCT residents, Adamawa youths show stronger support for autonomy but similar concerns about risk (Eduproject, 2024). Religious teachings influence 60%, yet autonomy prevails. Confidence in discussing reproductive health with adults is moderate, suggesting barriers. The Church's involvement is supported by 64%, indicating potential for constructive engagement. These findings echo Ayamolowo et al.'s (2024) call for integrated education. Youths seek empowerment, not condemnation. The Church must evolve to meet these expectations.

The Church and Community Influence in Table 5, only 48% believe the Church effectively addresses youth sexual health, and 42% participate in church programs. This is consistent with Ilorin findings, where youths viewed religious messaging as judgmental (Samphina, 2024). Traditional values are perceived as weakening (65%), and 72% support collaboration between religious and health leaders. Health workers are preferred sources of information (30%), surpassing religious leaders (20%). This reflects Ayamolowo et al.'s (2024) conclusion that professional guidance is more trusted. The Church must rebuild credibility through inclusive dialogue. Compared to national trends, Adamawa shows similar shifts in trust and engagement. Legalization has exposed gaps in religious outreach. Youths value authenticity and relevance. The Church must respond with compassion and clarity.

The Clergy Perspectives as evaluated in Table 6 & 12: Clergy unanimously emphasize abstinence and chastity, with 90% opposing abortion legislation. Urban youths are less receptive, prompting concern over secular influence. These findings mirror Crux's (2024) report on Catholic resistance to abortion reform in Nigeria. Clergy advocate for moral education, yet only 15% support youth engagement. This disconnect reflects national

challenges in religious youth outreach. Compared to FCT clergy, Adamawa leaders show stronger opposition but similar concerns (Eduproject, 2024). Legalization has intensified tensions between doctrine and autonomy. The Church must balance tradition with empathy. Youths seek relevance, not rigidity. Adaptive leadership is essential for sustained influence.

Urban vs. Rural Youth Perspectives (Table 7 & 8). Urban youths report higher sexual activity (68%) and stronger support for autonomy (78%). They prefer school-based and online education. Rural youths are more conservative, with 74% influenced by religion. These contrasts align with Ayamolowo et al.'s (2024) findings on urban-rural divides in reproductive behavior. Views on abortion differ—urban youths support access, rural youths express moral concerns. Trust in information sources also diverges. Compared to Ilorin and FCT, Adamawa shows similar patterns. The Church must tailor outreach to these contexts. Legalization affects urban youths more directly. Sensitivity to local values is crucial.

Sexual Activity Trends (Table 9); Urban youths engage in sexual activity more frequently, with 70% reporting occasional to weekly encounters. Rural youths show higher abstinence rates (46%). This reflects urban exposure to liberal norms and media. Legalization has amplified urban autonomy. Compared to national data, Adamawa's trends are consistent. The Church's influence is stronger in rural areas. Outreach must consider behavioral patterns. Abstinence-only messaging may not suffice. Youths require diverse strategies. Relevance and accessibility are key.

The report of Impact of Abortion Access in Table 10, about 64% agree abortion access reduces fear of consequences, and 72% feel more autonomous. However, 58% believe it encourages risky behavior. This duality reflects Klick and Stratmann's (2003) findings on increased sexual activity post-legalization. Compared to Ilorin and FCT, Adamawa youths show similar ambivalence. Legalization empowers but challenges morality. Youths need balanced education. The Church must address both empowerment and risk. Condemnation is ineffective. Dialogue fosters understanding. Ethical discourse must accompany legal reform.

Church Advocacy Activities in Table 11; Urban parishes are more active in outreach, with 45 sermons and 32 youth programs. Rural parishes focus on sermons and literature. Workshops are limited, especially in rural areas. This suggests resource

disparities. Compared to national averages, Adamawa's urban parishes are more engaged. The Church must expand outreach. Legalization demands dynamic engagement. Youths respond to relevance. Investment in education is essential. Holistic strategies are needed.

However, the Community Leader Sentiments (Table 13) about 70% believe traditional values are weakening, and 60% say youths are more informed. Religious institutions are losing influence (55%), prompting calls for cultural reinforcement. These sentiments echo Catholic News Agency's (2024) report on cultural erosion concerns in Nigeria. Legalization has exposed these shifts. Leaders advocate for integrated education. The Church must collaborate with communities. Youths value autonomy and awareness. Cultural renewal requires inclusive strategies. Moral authority must be earned. Engagement must be proactive.

Thus, the Health Worker Observations in Table 14, report increased demand for contraceptives (22) and counseling (18). Stigma is declining, but religious opposition persists. Youths seek professional support. Legalization has improved access. Compared to FCT, Adamawa shows similar trends (Eduproject, 2024). The Church must engage with health sectors. Collaboration enhances outreach. Youths benefit from holistic education. Empathy and partnership are essential. Resistance hinders progress.

The legalization of abortion in Nigeria, though limited, has ignited a profound debate in Adamawa State, especially among its youth. Exposure to global conversations on reproductive rights has reshaped young people's views on sexuality and autonomy, challenging traditional norms upheld by religious institutions. The Catholic Church, a dominant force in the region, has responded with intensified moral campaigns, but its influence is waning as many youths perceive its teachings as rigid and outdated. This growing disconnect between religious doctrine and youth perspectives reflects broader societal shifts in Nigeria.

Adamawa's youth demographic is largely urban and educated, with urban youths exhibiting higher sexual activity and greater support for reproductive autonomy than their rural counterparts. Education plays a key role in increasing awareness of reproductive health, leading to more frequent use of contraception and abortion services among tertiary-educated youths. In contrast, rural youths remain more conservative due to stronger religious influence. This urban-rural divide shapes the Church's outreach strategies and highlights the generational shift in attitudes toward sexuality and moral authority.

Post-legalization, youth sexual behavior has evolved, with many feelings empowered to make reproductive choices. While abortion access has reduced fear of unintended pregnancy, it has also raised concerns about risky behavior and inadequate sexual education. Health workers report increased demand for contraceptives and counseling, indicating a shift toward practical guidance over religious instruction. The Church faces the challenge of adapting its messaging to remain relevant, as youths prioritize autonomy and seek empathetic, inclusive support. These dynamic underscores the need for collaborative approaches that balance legal reform with moral engagement.

CONCLUSION

The study reveals that abortion legalization debates have significantly influenced youth sexual behavior in Adamawa State, Nigeria. Quantitative data show a rise in sexual activity among youths aged 15–24, with many citing reduced fear of consequences due to perceived access to abortion services. This trend reflects a broader shift toward reproductive autonomy, particularly among urban youths who are more exposed to secular ideologies and health information.

Qualitative findings indicate that the Catholic Church remains firmly opposed to abortion legalization, emphasizing moral teachings rooted in the sanctity of life. Church leaders have intensified advocacy efforts, including sermons, youth outreach programs, and distribution of moral literature. However, these efforts face growing challenges as societal norms evolve and youths increasingly navigate complex moral landscapes shaped by media, peer influence, and changing cultural values.

The tension between religious conservatism and public health pragmatism is evident in the contrasting perspectives of clergy, community leaders, and health workers. While religious institutions advocate for abstinence and chastity, health professionals report improved access to reproductive services and greater openness among youths regarding sexual health. This divergence underscores the need for collaborative strategies that respect religious convictions while addressing the practical realities of youth development.

Recent policy developments further complicate the landscape. The Nigerian Federal Ministry of Health has reportedly reviewed sections of the Criminal Code to expand access to safe termination of pregnancies, citing the need to reduce maternal mortality from unsafe abortions. In response, the Catholic Secretariat of Nigeria has

publicly condemned these efforts, urging the government to prioritize reproductive health education over legalization. These debates highlight the urgency of developing inclusive, evidence-based policies that balance moral values with public health imperatives.

Recommendations

To address the multifaceted challenges identified in this study and foster constructive engagement between religious institutions, policymakers, and youth communities, a series of strategic recommendations are proposed. These recommendations aim to bridge the gap between moral advocacy and public health realities, ensuring that youth development is guided by ethical principles while remaining responsive to contemporary needs.

First, it is essential to strengthen youth education on sexuality and ethics. Nigeria's National Policy on Health Promotion (2019) underscores the importance of comprehensive sexuality education as a means to improve adolescent health outcomes. To implement this, sexuality and ethics education should be integrated into secondary school curricula, with modules collaboratively developed by educators, religious leaders, and health experts. This interdisciplinary approach ensures that moral teachings are contextualized within scientific understanding. Furthermore, teachers and youth mentors must be trained in culturally sensitive methods of delivering reproductive health content, enabling them to address sensitive topics with empathy and clarity. Multimedia campaigns—utilizing radio, social media, and community theater—can also be employed to reinforce ethical reasoning and promote informed decision-making among youths.

Second, fostering dialogue between religious institutions and policymakers is crucial for harmonizing moral values with legislative frameworks. The National Reproductive Health Policy (2020) advocates for stakeholder collaboration in shaping reproductive health programs. To operationalize this, interfaith policy forums should be established where religious leaders and government officials can engage in meaningful discussions about reproductive health legislation and moral concerns. Additionally, advisory committees within the Ministry of Health should include representatives from religious institutions to ensure that policy decisions reflect diverse moral perspectives. Annual youth summits can serve as platforms for dialogue, bringing together policymakers, clergy, and young people to co-create solutions that are both ethically grounded and socially relevant.

Third, empowering youth voices in religious discourse is vital for fostering moral ownership and relevance. The African Youth Charter, ratified by Nigeria, promotes youth participation in decision-making processes that affect their lives. Churches and religious organizations should form youth advisory boards that provide input on moral education and outreach strategies. These boards can help tailor religious messaging to the lived experiences of young people. Moreover, youth-led initiatives—such as drama productions, literary projects, and peer education programs—should be encouraged to explore themes of faith, sexuality, and identity. Leadership training programs for young parishioners can further equip them to serve as moral ambassadors within their communities, promoting ethical behavior through peer influence and example.

Fourth, expanding faith-based counseling services is necessary to support the psychosocial needs of youths navigating complex moral and reproductive dilemmas. Nigeria's Mental Health Policy (2021) supports community-based counseling as a tool for psychosocial support. Clergy and youth leaders should be trained in basic counseling skills, with a focus on confidentiality, empathy, and non-judgmental engagement. Parish-based counseling centers can be established to offer guidance on sexuality, relationships, and reproductive health, serving as safe spaces for youth to seek support. Partnerships with non-governmental organizations (NGOs) can enhance these services by providing referral pathways for youths requiring specialized health or psychological care.

Finally, monitoring and evaluating outreach programs is essential to ensure their effectiveness and adaptability. The National Strategic Health Development Plan (2018–2022) emphasizes the need for evidence-based monitoring of health interventions. Religious outreach programs targeting youth behavior should develop clear key performance indicators (KPIs) to measure impact. Annual evaluations—using surveys, interviews, and focus groups—can help assess program effectiveness, identify gaps, and gather feedback from participants. These findings should be used to refine program content, delivery methods, and engagement strategies, ensuring that outreach efforts remain responsive to evolving youth needs and societal dynamics.

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