

Determinants and psychosocial effects of teenage pregnancy among public secondary schools in selected towns in Oye Local Government, Ekiti State, Nigeria

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Abstract

Teenage pregnancy occurs when a teenage girl between the ages of 13-19 becomes pregnant as a result of unprotected sexual intercourse. This is a menace among secondary school teenagers in the study area. This study examined the determinants and perceived psychosocial effects of teenage pregnancy among public secondary schools in some selected towns in Oye Local Government, Ekiti State. To achieve the objectives of this study, data were collected through quantitative research method. The quantitative data focused mainly on the teenagers through the use of semi-structured questionnaire. A non-probability sampling technique was used to select these respondents. A total number of 200 respondents were involved in this research. The data obtained were analyzed using Statistical Package for Social Sciences (SPSS). The psycho-social effects of teenage pregnancy among teenagers are sense of guilt, loss of focus in education, depression, low self-esteem, limited social interaction. The major factor influencing teenage pregnancy was media influence, teenagers exposed to watching of sexual content on Television, lack of proper sex education among teenagers, alcohol and drugs abuse, poverty, peer pressure and broken homes. The study recommended an intensified sex education, control of social media and television content, better parental guidance, drugs and alcohol control.

Keywords: Determinants, psycho-social effect, secondary school students, teenage pregnancy

Introduction

Adolescence, transitional phase of growth and development between childhood and adulthood. The World Health Organization (WHO) (2014) defines an adolescent as any person between ages 10 and 19. This is a critical period in human physical and psychosocial development when an individual progress from an immature state to a mature state capable of reproduction. During adolescence, issues of emotional (if not physical) separation from parents arise. The teen years, according to Boongart and Cohen (2012), are a time of transformation from childhood to adulthood, marked by increased social maturity and rapid physical development. It is a critical time in an individual's life because several social, economic and demographic events occur that set the stage for adulthood. Furthermore, teenagers seldom have clear roles of their own in society but instead occupy an ambiguous period between childhood and adulthood. According to Ukekwe (2013), teenage years are characterized as the most important period in human life, which, if not properly treated, could lead to the most catastrophic outcomes later in life, particularly among females. According to Coley (2010), adolescence is the period that a person's sexual development begins. It is the time of year when they will express interest in the opposite sex and be curious about a variety of sex-related issues. During adolescence, the individual experiences an upsurge of sexual feelings following the latent sexuality of childhood. It is during adolescence that the individual learns to control and direct sexual urges. Pregnancies in this stage of life account for 23% of the burden of disease arising from pregnancy and childbirth, despite only representing 11% of all births worldwide.

Teenagers are set of youngsters from age 13-19; therefore, they are considered minors. Most of the children who fall under the aforementioned age bracket are still very much under the roof of their parents. If by means of involving in intimate affairs, they are put into the family way; in the case of a female, they find it difficult in raising these babies, for they are themselves being brought up. As a result, there is a defect in taking care and in the upbringing of the so-called children (Olanipekun, 2018). Pregnancy is a physiological process, presenting with history of missed period, fatigue, breast enlargement and tenderness, abdominal distension, nausea and vomiting together with light-headedness (Ashimolowo, Ojebiyi & Arala, 2015). Teenager and puberty are sometimes used interchangeably. The secondary sex traits occur

between the ages of ten and nineteen years, according to the World Health Organization WHO (2011). This time was characterized by Kinby (2013) as the second decades of life. He found that when an individual is in the second genital stage of psychological development, it is the most critical sensitive time of their lives. Female teens, according to Onuziuke (2010), face a broad variety of issues pertaining to their social, mental, and socio-cultural problems on a daily basis. According to Turner and Helms (2012), adolescence is described as the period between the ages of thirteen and nineteen. The teen years serve as a transitional period between childhood and adulthood, allowing a person to shed childhood habits and develop adult behaviors (Onuziuke, 2013).

Pregnancy as defined by Gordon (2016) is a condition in which a female carries in her womb, the young before it is born. Similarly, Coley (2020) defined pregnancy as the condition of carrying a developing offering in the uterus. A look at the two definitions of pregnancy above could reveal that pregnancy is meant for procreation and continuity. Teenage pregnancy is an unwelcomed occurrence among females who are both educationally and economically disadvantaged. Pregnancy among teenagers is one of the most pressing issues confronting most countries today. Teenage pregnancy is becoming a growing concern, and understanding the various causes of teenage pregnancy is critical. Pregnancies among girls appear to be one of the social issues confronting not only Nigeria, but also a number of other countries around the world. Sexual activities among teenagers in Nigeria are also on the rise (Okafor, 2020). Out-of-wedlock pregnancies, which can result in abortion, childbirth, or even death, are a major consequence of these increased sexual activities among teenagers. Pregnancy, regardless of age, can be a life-changing experience that transcends race, educational attainment, and socioeconomic status (Kost, Henshaw & Carlin, 2010). Motherhood imposes demands on one's life that were previously unimaginable before the woman's birth. When a girl who should be in school becomes pregnant, her entire life could be turned upside down as her hopes and dreams are dashed. Pregnancy is usually welcomed when it occurs at the appropriate age and in the context of marriage. On the contrary, it is particularly unwelcome when it occurs outside of marriage or during the adolescent years, when the individual is learning skills in a formal or informal setting. Poverty, pornography, mass media, and peer influence have all been identified as factors contributing to teenage pregnancy (Audu, 2011; WHO, 2011; Onuziuke, 2010). Teenage pregnancy has been regarded as a negative occurrence in recent times due to its various negative consequences on the overall wellbeing of teenagers. The consequences of the sudden role change that occurred to a teenager due to an unplanned childbirth are felt not only by the teenage mother and her child, but the whole family system as well as the entire community.

Adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' own inability to access contraceptives because of knowledge, transportation, and financial constraints. Additionally, adolescents face barriers that prevent use and/or consistent and correct use of contraception, even when adolescents are able to obtain contraceptives: pressure to have children; stigma surrounding non-marital sexual activity and/or contraceptive use; fear of side effects; lack of knowledge on correct use; and factors contributing to discontinuation (for example, hesitation to go back and seek contraceptives because of negative first experiences with health workers and health systems, changing reproductive needs, changing reproductive intentions (Darroch, Woog, Bankole & Ashford, 2016). Adolescents develop psychological problems from social stigma; suffer physical and domestic violence in their attempt to meet the demands of pregnancy and childbearing. Also, they most likely would dropout and may not get the chance to return to school. (Hodgkinson, Beers, Southammakosane

& Lewin, 2015). Undiyaundeye (2016) posit that a pregnant girl faces the trauma of parents and peers showdown.

Adolescent pregnancy contributes to denying brilliant students education and has potential to retard their growth and development including that of their children. According to WHO (2014) about 17 million adolescent girls give birth every year and most of these births occur in low and middle-income countries. In Nigeria, teenage pregnancy takes place in both rural and urban areas across regions but it is more prevalent in rural areas. Also, teenage pregnancy is more prevalent in northern than in southern part of the country due to the prevalence of early marriages (Langham, 2015). While teenage pregnancy may be attributed to early marriages in the north, most pregnant teenagers are not married in the south. In fact, most of the pregnant teenagers are usually rejected by their lovers who impregnated them leaving them with the option of either aborting the pregnancy or becoming single mothers at an early age. Such persons are usually subject of stigmatization and low-self-esteem in the society. Some of the single parents are supported by their own parents (especially mothers). In more difficult situations, the parents (especially the fathers) tend to neglect the pregnant teenagers and their children and this may force the pregnant teenagers to result to abortion or even leave the child at a dumping site. Teenage pregnancy can therefore be regarded as a major source of children in orphanages. At times, teenage pregnancy is a result of sexual abuse or rape (Langham, 2015). Therefore, this study focuses on the determinants and psycho-social effects of teenage pregnancy among public secondary schools in some selected towns in Oye local Government, Ekiti State.

Materials and method

The study took place in four selected towns under Oye Local government area. The targeted populations for this study were the students of four purposively selected public secondary schools in three towns under the local government. 50 students were randomly selected in each of the four schools making a total number of 200 respondents for the study. The study was quantitative in nature and structured questionnaire was used to obtain data from the respondents.

Findings and discussion

Table 1: Age of the respondents

Age	Frequency	Percentage (%)
10 years	3	1.5
11 years	7	3.5
12 years	11	5.5
13 years	28	14.0
14 years	31	15.5
15 years	42	21.0
16 years	35	17.5
17 years	25	12.5
18 years	16	8.0
19 years	02	1.0
TOTAL	200	100.0

Field Survey (2023)

The above table illustrated the age of the respondents, it was observed that most of the respondents 42(21.0%) were of age 15 years, 35(17.5%) were age of 16 years, 31(15.5%) were of age 14 years, 28(14.0%) were of age 13 years, also 25(12.5%) were of age 17 years, 16(8.0%) were of age 18 years, 11(5.5%) were of age 12 years, 7(3.5%) were of age 11 years, 3(1.5%) were of age 10 years while 2(1.0%) were of age 19 years old. Also, the average mean for the age distribution of the respondents of this study is 14.89 (Std. Deviation is 1.925). This result shows that majority of the students that participated in this study are of 15 years old. This

shows a clear indication that majority of students in all secondary school in this study area are teenagers.

Table 2: Class of the respondents

Class	Frequency	Percentage (%)
JSS1	15	7.5
JSS2	7	3.5
JSS3	23	11.5
SS1	32	16.0
SS2	55	27.5
SS3	68	34.0
Total	200	100.0

Field Survey (2023)

From the table above, 68(34.0%) of the respondents were in SS3, 55(27.5%) were in SS2, 32(16.0%) of the respondents were in SS1, 23(11.5%) of the respondents were in JSS3, 15(7.5%) of the respondents were in JSS1 while only 7(3.5%) of the respondents were in JSS2. This means the findings of this study cut across all classes in public secondary school. This because many cases of teenage pregnancy that have been seen has nothing to do with classes. However, majority of the respondents that participated in the study were in SS3.

Table 3: Ethnic affiliations and gender of respondents

Ethnic affiliation	Frequency	Percentage (%)
Yoruba	176	88.0
Igbo	22	11.0
Hausa	-	-
Others	2	1.0
Total	200	100.0
Gender		
Male	40	10
Female	160	40
Religion		
Christian	180	90
Muslim	20	10
Total	200	100

Field Survey (2023)

As regards ethnic affliction, the table shows that 176(88.0%) of the respondents were Yorubas, 22(11.0%) were Igbos, while 2(1.0%) were from Ebira and Edo respectively. This revealed that most of the respondents were from the Yoruba ethnic group and this could be because the study location is predominantly inhabited by people from the Yoruba ethnic group. Although, there are people from other ethnic groups, but Yoruba ethnic group is more predominant in the study location because it is located in the south-western region of Nigeria. The above Table also shows that 80% of the respondents were female, while 20% of the respondents were male. The table showed that 180(90%) of the respondents were Christians, while 20(10%) were Muslims. The study has Christians dominating simply because the location of the study is mainly populated by Christians.

Table 4: Percentage distribution on knowledge about pregnancy and teenage pregnancy

Statements	SA	A	U	D	SD
Pregnancy occurs when an egg is fertilized by a sperm, grows inside a woman's uterus (womb), and develop into a baby	137 68.5%	59 29.5%	1 0.5%	1 0.5%	2 1.0%
Pregnancy is the term used to describe the period in which a foetus develops inside a women's womb or uterus	118 59.0%	75 37.5%	5 2.5%	1 0.5%	1 0.5%
Pregnancy usually lasts about 40 weeks, just over nine months, as measured from the last menstrual period to delivery	111 55.5%	59 29.5%	11 5.5%	15 7.5%	2 1.0%
Pregnancy can occur with sexual intercourse after the start of ovulation which can be before the first menstrual period but usually occurs after the onset of periods.	76 38.0%	110 55.0%	11 5.5%	2 1.0%	1 0.5%
Teenage pregnancy is also known as adolescent pregnancy	104 52.0%	76 38.0%	13 6.5%	3 1.5%	4 2.0%
Teenage pregnancy is pregnancy in a female under the age of 20	95 47.5%	59 29.5%	28 14.0%	10 5.0%	8 4.0%
Pregnant teenagers face many of the same pregnancy related issues as other women	72 36.0%	77 38.5%	22 11.0%	18 9.0%	11 5.5%
Teenage pregnancy are more likely to occur in marginalized communities	57 28.5%	87 43.5%	27 13.5%	19 9.5%	10 5.0%

Field Survey (2023)

The above table measured the students' knowledge about pregnancy and teenage pregnancy, the result shows that most of the respondents 137(68.5%) strongly agree that pregnancy occurs when an egg is fertilized by a sperm, grows inside a woman's uterus (womb) and develop into a baby. Also majority of the respondents 118(59.0%) strongly agree that Pregnancy is the term used to describe the period in which a foetus develops inside a women's womb or uterus. 111(55.5%) of the respondents strongly agree that Pregnancy usually lasts about 40 weeks, just over nine months, as measured from the last menstrual period to delivery. Also, 110(55.0%) of the respondents agree that Pregnancy can occur with sexual intercourse after the start of ovulation which can be before the first menstrual period but usually occurs after the onset of periods. 104(52.0%) of the respondents strongly agree that teenage pregnancy is also known as adolescent pregnancy. 95(47.5%) of the respondents strongly agree that teenage pregnancy is pregnancy in a female under the age of 20. Also, 77(38.5%) of the respondents agree that Pregnant teenagers face many of the same pregnancy related issues as other women. Lastly, 87(43.5%) of the respondents also agree that teenage pregnancy are more likely to occur in marginalized communities. These results show that the students in the study location are familiar and have knowledge of pregnancy and teenage pregnancy due to the fact that students are now prone to the use of social media and prevalence of rampage in teenage pregnant among the study population.

Table 5: Psycho-social effects of teenage pregnancy among teenagers

Statements	SA	A	U	D	SD
Denials of pregnancy by the teenage girl	55 27.5%	85 42.5%	38 19.0%	17 8.5%	5 2.5%
The teenage mother find it impossible or difficult to focus on other aspects of life such as education	62 31.0%	95 47.5%	21 10.5%	15 7.5%	7 3.5%
The teenage mother ends up filled with a cloud of guilt at the news of her pregnancy	81 40.5%	83 41.5%	14 7.0%	15 7.5%	7 3.5%
Teenage mother feel depressed and lonely	63 31.5%	93 46.5%	11 5.5%	25 12.5%	8 4.0%
Low self-esteem which can lead to hopelessness and lack of confidence	79 39.5%	77 38.5%	19 9.5%	20 10.0%	5 2.5%
Limited social interactions with friends and loved ones	79 39.5%	79 39.5%	12 6.0%	15 7.5%	15 7.5%
Loss of place in all/most social groups	57 28.5%	75 37.5%	26 13.0%	31 15.5%	11 3.5%

Field Survey (2023)

The table above focuses on the psycho-social effects of teenage pregnancy among teenagers. Majority of the respondents 85(42.5%) agree that denials of pregnancy by the teenage girl is one of the psycho-social effects of teenage pregnancy among teenagers. 95(47.5%) of the respondents agree that the teenage mother finds it impossible or difficult to focus on other aspects of life such as education. Also, 83(41.5%) agree that the teenage mother ends up filled with a cloud of guilt at the news of her pregnancy. 93(46.5%) of the respondents agree that teenage mother feel depressed and lonely. 79(39.5%) of the respondents strongly agree that low self-esteem which can lead to hopelessness and lack of confidence is also one of the psycho-social effects of teenage pregnancy among teenagers. Also, 79(39.5%) of the respondents strongly agree that teenage pregnancy limits social interactions with friends and loved ones. 75(37.5%) of the respondents agree that the pregnant teenager loses her place in all or most social groups she belong to. The above statistics vividly showed that the students are familiar with the psycho-social effects of teenage pregnancy among teenagers. It is reasonable to expect a higher rate of post-partum depression and stress-related illness among teenage mothers than among adult mothers. Physiological, emotional and cognitive changes occur during adolescence and are also experienced during pregnancy. The teenager who is also pregnant must cope with the crisis of adolescence and the crisis of pregnancy. Such physical and mental upheavals together with new responsibilities and the stress of adjustment to parenthood, could affect the health of the teenage mother. Similar findings are reported by Boyer (2017), also who reported that adolescent mothers and pregnant teenagers experienced psychological distress.

Table 6: Factors influencing teenage pregnancy

Statements	SA	A	U	D	SD
Lack of proper sex education among teenagers.	79 39.5%	75 37.5%	19 9.5%	20 10.0%	7 3.5%
Abuse of alcohols and drugs with friends	68 34.0%	85 42.5%	13 6.5%	23 11.5%	11 5.5%
Poverty in the family	84 42.0%	81 40.5%	5 2.5%	22 11.5%	8 4.0%
Peer pressure or influence and early sexual abuse.	77 38.5%	84 42.0%	15 7.5%	14 7.0%	10 5.0%
Media influence, teenagers exposed to watching of sexual content on Television or reading in Magazine.	107 53.5%	65 32.5%	8 4.0%	17 8.5%	3 1.5%
Teenagers having limited or no guidance from their parents.	79 39.5%	73 36.5%	13 6.5%	15 7.5%	20 10.0%
Just wanting to belong	47 23.5%	67 33.5%	38 19.0%	21 10.5%	27 13.5%

Field Survey (2023)

On the other hand, the above table focuses on factors influencing teenage pregnancy. As regard the lack of proper sex education among teenagers, the table shows that majority of the respondents 79(39.5) strongly agree to that, 85(42.5%) of the respondents agree that drinking of alcohol and use of drugs with friends at social gatherings and parties is one of the factors influencing teenage pregnancy. Also 84(42.0%) of the respondents strongly agree that children from families suffering from poverty and do not have all the necessary resources to raise their children is one of the factors influencing teenage pregnancy. Also 84(42.0%) of the respondents agree that peer pressure or influence and early sexual abuse also influence teenage pregnancy. Furthermore, the results of this study also shows that 107(53.5%) of the respondents strongly agree that media influence, through teenagers exposure to watching sexual content on television or reading in magazine influence teenage pregnancy, while 79(39.5%) of the respondents strongly agree that lack of adequate guidance from parents influence teenage

pregnancy. Lastly the results also showed that 67(33.5%) of the respondents agree that they just want to belong and begin to engage in teenage sex. This finding agrees with studies by Audu, 2017; Gyepi-Garbrah, 2015; that poverty, pornography, mass media, peer influence, parental neglect as some of the factors responsible for teenage pregnancy. The finding of this study was also in line with Briggs (2015) finding that the school system does not supply teenagers with adequate information/education about sex and sexuality. Furthermore, Okafor (2020) reported ignorance of sexual knowledge as one of the factors responsible for pregnancies among teenagers. He added that adolescents in secondary schools have low knowledge regarding sex and sexuality.

Table 7: Effects of teenage pregnancy

Statements	SA	A	U	D	SD
Drops out of school	91 45.5%	77 38.5%	8 4.0%	15 7.5%	9 4.5%
Participation in criminal activities such a prostitution, drug trafficking, inappropriate sales of alcohol in club houses and hotels	70 35.0%	87 43.5%	13 6.5%	17 8.5%	13 6.5%
Encourages illegal abortion with the attendant problems of pelvic infection and infertility.	87 43.5%	63 31.5%	21 10.5%	19 9.5%	10 5.0%
Children suffer psychological consequences e.g. not knowing who their father is and a lack of father-figure as a role model	93 46.5%	99 49.5%	5 2.5%	-	3 1.5%
Child neglect and abandonment leading to growing numbers of street children	83 41.5%	89 44.5%	20 10.0%	7 3.5%	1 0.5%

Field Survey (2023)

The table above focuses on the effect of teenage pregnancy. The result shows that 91(45.5%) of the respondents strongly agree that it leads to drop out of school by the teenage mother, 87(43.5%) of the respondents agree that it encourages participation in criminal activities such as prostitution, drug trafficking, inappropriate sale of alcohol in club houses and hotels. 87(43.5%) of the respondents strongly agree that it encourages illegal abortion with the attendant problems of pelvic infection and infertility. 99(49.5%) of the respondents strongly agree that children suffer psychological consequences of not knowing who their father is and a lack of father-figure. 89(44.5%) of the respondents agree that it causes child neglect and abandonment leading to growing numbers of street children. The results indicate the fact that teenage pregnancy has negative consequences on the society. Teenage pregnancy could lead to incomplete education, unemployment and other numerous emotional traumas. These findings agree with Gorgen, Maier and Diesfield (2018) who held that students who become pregnant rarely go back to school. Stevens-Simon and McAnarmey (2019) noted that teenage pregnancy is a marker for socio-demographic factors such as poverty and poor education. Brown (2020) collaborated this when he posited that many of the teenagers end up as school dropouts. Action Health Incorporated (2014) also described teenage pregnancy as a major cause of school dropout among girls.

Table 8: Strategies that can be used to prevent or reduced teenage pregnancy

Statements	SA	A	U	D	SD
Sound sex education can prevent teenage pregnancy	95 47.5%	67 33.5%	16 8.0%	17 8.5%	5 2.5%
The use of contraceptives for teenagers can prevent teenage pregnancy like condom	62 31.0%	83 41.5	21 10.5%	23 11.5%	11 5.5%
Teenage pregnancy can be prevented when the standard of living of people is improved.	77 38.5%	73 36.5%	16 8.0%	25 12.5%	9 4.5%
Inhibition of pornographic films can prevent teenage pregnancy	71 35.5%	75 37.5%	11 5.5%	24 12.0%	19 9.5%
Minding the kind of peer group associated with	75 37.5%	79 39.5%	17 8.5%	16 8.0%	13 6.5%
Abstaining from friendship with opposite sex	65 32.5%	54 27.0%	19 9.5%	25 12.5%	37 18.5

Field Survey (2023)

The table above focuses on strategies that can be used to prevent or reduced teenage pregnancy. The result shows that 95(47.5%) of the respondents strongly agree that sound sex education can prevent teenage pregnancy. 83(41.5%) of the respondents agree that the use of contraceptives for teenagers can prevent teenage pregnancy. 77(38.5%) of the respondents strongly agree that teenage pregnancy can be prevented when the standard of living of families is improved. 75(36.5%) of the respondents agree that inhibition of pornographic films can prevent teenage pregnancy. Furthermore, 79(39.5%) of the respondents agree that minding the kind of peer groups associated with can prevent teenage pregnancy, while 65(32.5%) of the respondents strongly agree that totally abstaining from opposite sex friendship can prevent teenage pregnancy. These findings agree with Maqbool and Jan (2018) postulation that the first line of action to solve the problem of teenage pregnancy is sound sex education as this not only minimize risk, but also provide leadership and social skill development to shape the changing lives of young people. In the light of the above, it is obvious that the parents, teachers, school administration, government and the society at large have a major role to play in reducing teenage pregnancy among secondary school students.

Testing of hypotheses

H₁: There is a positive significant relationship between teenage pregnancy and proper sex education among teenagers

H₀: There is no significant relationship between teenage pregnancy and proper sex education among teenagers

Table 10: Lack of proper sex education among teenagers

Teenage pregnancy is pregnancy in a female under the age of 20	Lack of Proper Sex Education among Teenagers.					Total
	SA	A	U	D	SD	
SA	49(24.5%)	29(14.5%)	9(4.5%)	5(2.5%)	3(1.5%)	95(47.5%)
A	20(10.0%)	30(15.0%)	1(0.5%)	6(3.0%)	2(1.0%)	59(29.5%)
U	6(3.0%)	10(5.0%)	5(2.5%)	5(2.5%)	2(1.0%)	28(14.0%)
D	2(1.0%)	2(1.0%)	4(2.0%)	2(1.0%)	0(0.0%)	10(5.0%)
SD	2(1.0%)	4(2.0%)	0(0.0%)	2(1.0%)	0(0.0%)	8(4.0%)
Total	79(39.5%)	75(37.5%)	19(9.5%)	20(10%)	7(3.5%)	200(100%)

$$\chi^2=37.671; df=16; p\text{-value}=0.002$$

Field Survey (2023)

The above table measured relationship between teenage pregnancy and proper sex education among Teenagers. For this hypothesis, the Likert scale pattern of questionnaire was designed and cross tabulated. The result showed that $\chi^2 = 37.671$, $df=16$ and $P\text{-Value} = 0.002$. This simply means there is a positive relationship between teenage pregnancy and proper sex education among Teenagers. This means the alternate hypothesis is accepted while the null hypothesis is rejected. Therefore, there is a positive significant relationship between teenage pregnancy and proper sex education among teenagers.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Parents should take care of their female children, provide them with basic needs and equip them with reproductive health and sex education in order to prevent them from engaging in risky sexual behaviour and teenage pregnancy.
2. There should be effective counselling units in schools where teenage students will be able to discuss freely with the counsellor to discuss various issues agitating their minds especially concerning sex and relationships.
3. Schools should engage experts in life skill development to help female students learn and practice communication, assertiveness and negotiation skills. This will empower them to express their feelings, wishes and be able to negotiate or adjust effectively on romantic heterosexual relationship, thereby preventing teenage pregnancy.
4. The school teachers should identify students who have been identified with wayward peer group circles. They should encourage parents and support staff to keep a supportive eye on such students and take opportunities to build connections with them in order to prevent them from teenage pregnancy.
5. Government should endeavour to initiate programmes that will empower families to be able to take care of their children so as to prevent the teenage girls from looking up to boys and men for basic living.

References

- Ashimolowo, O. R., Ojebiyi, W. G. & Arala, O. I. (2015). Perceived effect of teenage pregnancy on agricultural productivity in Odeda local government area of Ogun state. *Elixir International Journal of Social Sciences*, 54(B):12718-12722.
- Audu, J.A. (2011). *Associated factors, incidence and complications of pregnancies among adolescent girls in Zango Kataf LGA*. Unpublished M.Ed. Project, University of Nigeria Nsukka.
- Boongart, J. & Cohen, B. (2012). *Social dynamics of adolescent fertility*, (Unpublished M.Ed project), University of Nigeria, Nsukka.
- Boyer, T. W. (2017). The development of risk-taking: A multi-perspective review. *Developmental Review*, 43; 291-345.
- Briggs, L. A. (2011). *Adolescent pregnancy: A worldwide concern*. Lagos: Timi Hyacinth Enterprises.
- Brown, J. (2011). *Single and gifted: making the most of your singleness*. England: Autum House Grantham Lines.
- Coley, R.L. & Chase L. (2010). Adolescent pregnancy and parenthood. *American psychologist*, 53(2), 230-246.

- Darroch J, Woog V, Bankole A and Ashford LS. (2016). *Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents*. New York: Guttmacher Institute.
- Dryfoos, J. G. (2013). *Adolescent at Risk: Prevalence and Prevention*. Oxford University Press, New York.
- Gordon, S. (2015). The politics of pregnancy prevention and sex education. In G.W. Albee, S. Gordon & H. Leitenberg (Eds.), *Promoting sexual responsibility and preventing sex related problems*. 401-403.
- Gorgen, R., Maier, B., & Diesfield, H. J. (2018). Problems related to school girl pregnancies in Burkina faso. *Studies in Family Planning*, 24(5), 283-284.
- Gyepi-Garbrah, B. (2015). *Adolescent fertility in Sub-Saharan African: An overview*. Bolton: The Pathfinder Funds.
- Hodgkinson, S., Beers, L., Southammakosane, C. & Lewin, A. (2017). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, 133(1), 114–22.
- Kinby, D. (2010). The Impact of schools and school programmes upon adolescent sexual behavior. *Journal of Sex Research*, 29(1); 27-33.
- Kost, K.S., Henshaw & Carlin, L. (2010). *US teenage pregnancies, births and abortions*. Washington DC: Island Press.
- Langham, R. Y. (2015). *What are the causes of teenage pregnancy?* Available at www.livestrong.com.
- Maqbool, M. & Jan, H. (2018). Importance of sex education in schools: literature review. *International Journal of Home Science*, 5(1), 124-130.
- Okafor, A. (2020). Sexual knowledge and sources of sexual information of secondary school student in Anambra State, Nigeria. Health and movement education. *Journal of Education*. 1(1), 9-18.
- Olanipekun, M. (2018), *The Scourge of Teenage Pregnancy in Nigeria*. Available at saharareporters.com.
- Onuzulike, N. M. (2011). *Issues in health*. Owerri: McWilliams Publishers.
- Stevens-Simon, C. & McAnarney, E. (2019). *Text books of adolescent Medicine*. London: W.B. Saunders Company.
- Turner, J. S. & Helms, D. B. (2012). *Lifespan development*. United States of America: CBS College Publishing.
- Ukekwe, E. N. (2013). *Strategies for the prevention of adolescent pregnancy among secondary school students in Abia State*. (Unpublished Master's thesis), University of Nigeria, Nsukka.
- Undiyaundeye, F. A. (2016). *Introduction to Child Studies: Help us grow into our Dreams*. OBUDU: Refjamic Printing and Publishing co.
- UNFPA. (2015). *Girlhood, not motherhood: Preventing adolescent pregnancy*. New York: UNFPA.
- World Health Organization: *Maternal, newborn, child and adolescent health*. 2017.
- World Health Organization, (2014) Adolescent pregnancy Factsheet. Available from <http://www.who.int/mediacentre/factsheets/fs364/en/>