

Factors and Conditions that Influence Teenage Pregnancy among In-school Adolescents in Umuahia North Local Government Area (L.G.A) of Abia State, Nigeria

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Abstract

Introduction: Adolescence is a critical stage in human development that is characterized by peer pressure, confusion, exuberance and experimentation, particularly with sexual relationships. This is why attention should be paid to adolescents' reproductive health issues so as to reduce their exposure to aggressive sexual activities which could expose them to sexually transmitted diseases, unwanted pregnancies and others. This study aimed at reducing the factors and conditions that influence teenage pregnancy among in-school adolescents in Umuahia North LGA of Abia State.

Materials and Methods: The study used a cross sectional descriptive study. A randomly selected sample of 416 adolescents between the ages of 13-19 years were studied. Structured self-administered questionnaire was used for data collection. Descriptive statistics, using frequencies, percentages and means were utilized for data analysis.

Results: The study found that 198 (47.6%) of the respondents were sexually active and that 89 (45%) of them had been pregnant. More than half 103 (52%) of the study group indicated that peer pressure influenced their sexual activities. About 46(51.7%) of the adolescents said they were pregnant so as to keep the new born baby with motherless babies homes.

Conclusion: Therefore, there is need for increased sex education for in-school adolescents so as to highlight the effects of teenage pregnancy on adolescents.

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Keywords: adolescents, pregnancy, peer pressure and sexually transmitted infections

Received: Apr 17, 2021

Accepted: May 17, 2021

Published: May 18, 2021

Editor: Kamran Hessami, Maternal-Fetal Medicine Research Center, Shiraz University of Medical Sciences, Shiraz, Iran.

Introduction

Teenage pregnancy is an important public health issue in many developing countries including Nigeria. According to [1-4] unwanted or unplanned pregnancies among adolescent girls less than 18 years of age have been the major problems of most developing countries including Nigeria. The problems of unplanned pregnancies have been found to constitute irreparable consequences on the overall development of some adolescents. Researchers have recommended that teenage pregnancy should be prevented because of its life-threatening consequences on the sexual and reproductive health of adolescents as well as the serious economic costs on both the affected families and the country [5-8]. The fact that the risks of low birth weight, premature labour, anaemia, and pre-eclampsia are associated with biological age calls for prevention of teenage pregnancy among adolescents so as to minimize these risks which may occur during child birth even after controlling risk factors like inaccessibility and unavailability of health care services [9,10].

Studies have found that the common risk factor for adolescent girls 13–19 years appears to be socioeconomic factor than biological factor [11,12]. About 11% of all births delivered by adolescents worldwide, end in serious complications especially those between the ages of 13–19 years. Researchers have estimated that in developing countries, about 21 million girls aged 15–19 years get pregnant and that approximately 12 million of them experience several complications during child birth [13-15]. In Nigeria alone, 47% of women who married between 15 and 18 years and have children before the age of 18 years, experience complications during child birth [16, 17]. Therefore, complications such as puerperal endometritis and systemic infections which are common during pregnancy, child birth, and postpartum phase are the common causes of death among adolescent girls between 15 and 19 years of age [18-20].

The issues of peer pressure, confusion, exuberance and experimentation particularly on sexual activities as well as the desire to make fast money through selling of unwanted new born babies now constitute serious concerns in health care practice, and these should attract the attentions of health care workers. Researchers have condemned the practice of

adolescents cohabiting and producing children who are later sold for money to desperate buyers. This practice is gaining fast prominence in many developing countries including Nigeria. Most motherless babies home operators now encourage this by scouting and accommodating adolescents with unwanted/unplanned pregnancies in secluded places until delivery when the new born babies are transferred to prospective buyers for a token. This practice which is capable of predisposing teenagers to sexually transmitted diseases, death and others should be prevented [21-23].

This study assessed the factors and conditions that influenced teenage pregnancy among in-school adolescents in the communities of Abia State.

Materials and Methods

The study was conducted in three randomly selected secondary schools in Umuahia North Local Government Area of Abia State. In the schools selected, all the girls in both junior and senior classes were studied. The sample used was 416. The study adopted cross-sectional descriptive study to explore the factors and conditions associated with teenage pregnancy among the sample studied. Structured and self-administered questionnaire was used to collect information from the respondents. The study lasted for ten working days in March 2020. Descriptive statistics such as frequencies, percentages and means were utilized in the analysis of the data. The study used Statistical package for social sciences (SPSS) version 22 for the analysis.

Results

Socio-Demographic Characteristics of the Respondents

The findings in Table 1 contain the distribution of the respondents according to their socio demographic characteristics. The result showed that about 156 (37.5%) of the respondents were within the age range of 17-18years, while 102 (24.5%) were within the age range of 15-16 years. Majority of the respondents, 251 (60.3%) were in senior secondary school while 165 (39.7%) were in junior secondary. Table 1 contains other information on the respondents' demographic characteristics.

Respondents' Sexual Experiences and Pregnancies

The result in Table 2 shows the level of teenage pregnancy among the respondents. The finding reveals

Table 1. Socio-demographic Characteristics of the Respondents

Variables	Frequency N = 416	Percentage = 100%
Age Range		
13- 14	70	16.8
15 – 16	102	24.5
17 – 18	156	37.5
Within 19 years plus	88	21.2
Class		
Junior secondary	165	39.7
Senior secondary	251	60.3
Religion		
Christians	396	95.2
Islam	20	4.8

that about 218(52.4%) of the respondents have not had sex, while 198 (47.6%) have had sex. Out of those who have had sex, 89 (45%) of them said they have been pregnant while 109(55.0%) have not. See Table 2.

Respondents' Pregnancy and their age Range

The result in Table 3 reveals the respondents' age range and the number that have been pregnant. From this Table, respondents who were about 19 years had the highest number of pregnancies (30.3%) than others. See Table for more details.

Respondents and Reasons for Being Pregnant

Table 4 contains reasons for the respondents' teenage pregnancies. The Table shows that out of 89 students that indicated that they have been pregnant, 6 (6.7%) of them got pregnant by mistake, while 29 (32.6%) got pregnant because of monetary gains they received. Majority of them, 46 (51.7%) said they got pregnant so as to give the new born baby to motherless babies homes. See Table for other reasons why the respondents got pregnant.

Respondents and Conditions that Influenced the Respondents' Sexual Activities

The results in Table 5 showed several conditions that led to the respondents' sexual activities. The study revealed that out of 198 teenage girls who have

had sexual relationships, 103 (52 %) of them had sex as a result of peer pressure, while 56 (28.3%) of others had sex because of financial problems. The Table contains more conditions that led to the respondents' sexual activities.

Discussion

Teenage pregnancy has become a common problem among teenage in-school girls and has pushed many of them out of school. This has also resulted in forced early marriages and/or death. In this study, peer pressure and financial problems were the main causes of teenage pregnancy among the study group. This shows that peer pressure has a very strong negative effect on the sexual behaviours of adolescents. This finding is also in agreement with the findings of Nwosu and Okereke [15, 16]. The effects of peer pressure on adolescents' sexual behaviour calls for the inclusion of sex education programmes in school curriculum. Introducing consistent sex education to all the classes in the secondary schools will help to educate teenagers on how to develop safe sexual behaviours which will enable them to prevent teenage pregnancy. Sex education will also help to educate adolescents on the benefits of sexual abstinence before marriage. The fact that among those who had been pregnant, 13 (16.6%) of them were between the ages of 13 and 14 years shows that teenage school girls in the community

Table 2. Respondents sexual experiences and pregnancies

Variables	Frequency	Percentage (%)
Have had sex (N=416)		
Yes	198	47.6
No	218	52.4
Have been pregnant (n = 198)		
Yes	89	45
No	109	55.0

Table 3. Pregnancy Distributions of Respondents by Age Range

Age Range (Years)	Pregnancy (N=89)
13-14	13 (16.6%)
15-16	25 (28.1%)
17-18	24 (27%)
About 19 years	27 (30.3%)

Table 4. Respondents and Reasons for being Pregnant

Variables	Frequency (n=89)	Percentage (%)
For the money to be realized after the pregnancy	29	32.6
Just a mistake	6	6.7
Donation to childless couple	8	9.0
To keep the new born babies in motherless babies' homes for nursing	46	51.7

Table 5. Respondents and conditions that influenced their sexual activities

Circumstance that lead to sexual activities (n =198)	Frequency
Peer pressure	103 (52%)
Curiosity	23 (11.6%)
Lack of effective sex education	49 (24.8%)
Financial problems	56 (28.3%)
Rape	12 (6.1%)
Others	8 (4.1%)

schools indulge in high sexual activity, and as such, may be exposed to early marriages, sexually transmitted diseases, complications during labour as well as death. This was also confirmed by other authors [19,20].

Also the fact that 198 (47.6%) of the respondents were sexually active shows high rate of sexual activities among adolescents in community secondary schools. Therefore, the finding that 47.6% of the adolescents studied were sexually active in this study is high when compared with the findings of Anochie and Ekpeme [4] which is 17%, that of [2] which is 28.2%, and that of [3] which is 12.6%. The difference in the findings of [2, 3, 4] with the present study may be that these studies were conducted in the urban schools while the present study took place in the community schools. It is likely that schools in the urban areas expose teenage girls to sex education programmes as well as family planning, while this may not be so for schools in the community settings. This underscores the need to encourage sex education programmes and abstinence among students in the rural areas.

The study found that 89 (45%) of the teenage girls had unintended pregnancy. This was common across all age groups studied. The finding is high when compared with studies by [7,12,14] where 23%, 36% and 26% of unintended pregnancies were noted in the South, West and North Central parts of Nigeria respectively. However, these studies were done in urban areas while the present study was done in the rural area.

In the present study, four main factors influenced teenage pregnancy. These factors include: money teenagers realize for being pregnant, the practice of giving the newly born babies to childless individuals, keeping the new born babies in motherless babies' homes for nursing and the mistakes teenagers made during sexual activity. These factors clearly explain that higher proportions of pregnancies among teenagers were unplanned and suggest the constellation of negative forces that encourage teenage pregnancies. These factors may include a number of cultural barriers that prevent adolescents from accessing family planning methods especially abstinence. In developing countries, including Nigeria, females under the age of 20 are usually not allowed free access to sexual and

reproductive health care services without the consent of parents. And most times, teenagers may not have the courage to demand family planning services because of the cultural norms that forbid the use of contraception by unmarried individuals. This agrees with the views of [2,18] that teenage girls prefer to become pregnant instead of seeking the consent of parents for family planning services. However, because teenagers do not consider the consequences of engaging in premarital sexual activity or simply do not know that they can become pregnant from unprotected sexual activities, concerted efforts are required from health workers and other stakeholders to ensure that teenagers are given the right messages and services that will enable them make informed choices on their reproductive life. This is necessary because the high proportion of unintended pregnancy noted in this study is an indication that the study group lacked adequate knowledge of sex education which could have helped them in making the right choices for their sexual behaviours.

Conclusion

The findings in this study show that a good proportion of the adolescents in the study group who were sexually active, practiced unprotected sex which resulted in some having unintended pregnancy. This practice could expose them to sexually transmitted infections, child marriages, complications during labour, reproductive health challenges and others.

The study concludes that to prevent adolescents from unintended pregnancy, sex education, increased information on access and use of contraceptive methods should be encouraged. This will help in building adolescents' skills on how to prevent teenage pregnancy and its effects. Therefore, there is urgent need for both government and non-governmental organizations to aggressively embark on the promotion of sex education and counselling to adolescents so as to reduce the prevalence of teenage pregnancy among adolescents.

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