

# Teenage pregnancy and its consequences: Evidence from a South-eastern rural community of Nigeria

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## Abstract

**Purpose:** This paper aims to investigate the relationship between education and teenage pregnancy, and its grave consequences on vulnerable teenagers.

**Methodology:** A systematic random sampling method was used to select a sample of two hundred young teenagers from the eight villages that make up the Ihuokpara community. Frequency tables and pie charts were used for the analysis and interpretation of data, while chi-square ( $\chi^2$ ) was used in testing the hypothesis.

**Results:** The findings revealed that teenage pregnancies occur as a result of a lack of education (Ignorance) about sexuality and other reproductive health-related issues. However, the findings also revealed that there is a water-tight relationship existing between education and the tide of teen pregnancy so that the rate of awareness of sexuality determines the rate of teenage pregnancy.

**Limitations:** This study only examines some factors such as the low level of education (ignorance) about sexuality, human reproduction, sexual health, and other reproductive health-related issues that may cause teenage pregnancy in Ihuokpara. The future researcher may find other factors that are not included in this study.

**Contribution:** This study hopefully can give some things that are important for the individual, family, and communities to lend their support to others in their articulated efforts toward the teenage pregnancy cases.

**Keywords:** Adolescents, Educators, Nigeria, Teenagers, Teenage Pregnancy

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## 1. Introduction

Teenage pregnancy is currently one of the tragedies greatly confronting the entire society and in the Nkanu East Local Government Area of Enugu State, Nigeria. It is a social malaise that militates against the overall development of society. It is a manifestation of the tide of immorality that is sweeping across the world the consequences of the phenomenon go beyond the victims themselves down to the entire family and the wider society. The health hazards that gush from it cannot be underscored as most of the teens who are exposed to unintended pregnancy taste the bitter pills of some deadly sexually transmitted diseases, acquired immunodeficiency syndrome, Syphilis, Herpes, Chlamydia, Gonorrhoea, Human Papillomavirus. All these perilous diseases have in more recent times doubled as a result of the sexual behaviour of the teenagers and also resulting from poor or even lack of sexual education to the vulnerable teenagers. Sexual education and the prevalence of teenage pregnancy are entirely interwoven so that the level of awareness (education) determines the rate of teenage pregnancy in society.

In the Nkanu East Local Government Area of Enugu State as in other places, the rising tide of teenage pregnancy has left a sore wound on the status of women in the area, it has resulted in socio-economic

disempowerment. It is a catastrophe that has inflicted incalculable misfortunes on both the individual and society, because most of the parents whose daughters passed through the excruciating pains of unintended pregnancy became psychologically and emotionally depressed, sometimes giving rise to disillusionment and disappointment in their teen daughters. Most teen mothers found themselves lost in a morass of formidable challenges, tough decision making, and uncertain prospects about a future career making to the extent that some even gave up their life dreams and ambitions while others believe that “Not all hopes are lost”. Teenage pregnancy is indeed an ill wind that blows no one any good, especially in the Nkanu East Local Government Area where most of the teens are victims of overconfidence and sadly, almost all are reaping the grave consequences that are fraught with teen pregnancy. Not only the abortion rates are increasing high per day, but also the health hazards that attain it, and an example is the most dreaded *vesicovaginal fistula* (VVF) and *recto-vaginal fistula* (RVF).

Regrettably, it appears that education and those who are expected to give the education, especially relating to sexuality have failed abysmally in doing their job, both the family, the church, the school, the mass media, and the peer groups seem to be nonchalant in doing their duties. The aim of education and educators alike is to comprehensively intimate the teenagers about sexuality and the adverse effects of teenage pregnancy, but the rising wave of the phenomenon indicates that proper education on sexuality is lacking. Society is not only worse for it, but it does not augur well for the victims themselves because they are the ones that suffer it most. The worst of all is that it leads to premature drop-out of school leading to broken dreams and frustration.

### **Objectives of the study**

The objectives of this study include the following:

- (1) To explore the major causes of teen pregnancy in the Ihuokpara community.
- (2) To assess the impact of teen pregnancy on both individuals, families, and the entire society.
- (3) To determine the relationship between education and teen pregnancy.

### **Research questions**

This research work will attempt most lucidly and concisely to address the following research questions:-

- (1) Is there any relationship that exists between education and teenage pregnancy in Ihuokpara?
- (2) What are the health hazards that arise from teenage pregnancy in Ihuokpara?
- (3) Are there any means through which this blight can be arrested in Ihuokpara?

## **2. Literature review and hypothesis development**

Pregnancies are a result of sexual activities either voluntary or not ([Maemeko, Nkengbeza, & Chokomosi, 2018](#)). Literature is replete with the fact that teenage pregnancy constitutes both health and social problems ([Kooli, 2020](#); [Nguyen, Shiu, & Farber, 2016](#); [Simigiu, 2012](#)). Globally, an estimated 16 million young women aged 15 to 19 years give birth every year ([Kругu, Mevissen, Münkkel, & Ruiter, 2017](#)). Teenage pregnancy occurs among all racial, cultural, and socioeconomic groups ([Mathewos & Mekuria, 2018](#)), in fact in all segments of society, therefore, it is a global issue raising concerns for all who are interested in health and well-being of young women and their children. In Nigeria, there is a high rate of teenage pregnancy which is about one million teenagers getting pregnant yearly ([Isiugo-Abanihe, 2011](#); [Nigeria, 2019](#)). Reasons for the increased teenage and adolescent pregnancy rate in developing countries are multifactorial including behavioural, traditional, social, educational, or religious bases ([Abbas, Ali, Ali, Fouly, & Altraigey, 2017](#)).

It has been observed that teenage pregnancy has remained persistent in our local communities due to various contributing factors. Several studies have identified many predictive factors of teenage pregnancy. Some of them include age ([Alemayehu, Haider, & Habte, 2010](#); [Ayanaw Habitu, Yalew, & Azale Bisetegn, 2018](#); [Ayele, Gebregzabher, Hailu, & Assefa, 2018](#); [Nwosu, 2017](#)), economic status ([Amoran, 2012](#); [Gyan, 2013](#)), educational status ([Alemayehu et al., 2010](#); [Baba, Iso, & Fujiwara, 2016](#); [Habito, Vaughan, & Morgan, 2019](#)), religion ([Alemayehu et al., 2010](#); [Ayele et al., 2018](#); [Beyene et al., 2015](#); [Gideon, 2013](#); [Nwosu, 2017](#)), culture ([Mchunu, Peltzer, Tutshana, & Seutlwadi, 2012](#); [Nwosu, 2017](#)), place of residence ([Alemayehu et al., 2010](#); [Ayanaw Habitu et al., 2018](#); [Birhanu, Kebede, Kahsay, & Belachew, 2019](#)), family history of teenage pregnancies ([Ayele et al., 2018](#); [Wall-Wieler,](#)

[Roos, & Nickel, 2016](#)), rape ([Tiruneh, 2010](#)), peer's and partners' behaviours ([Gyan, 2013](#); [Vincent & Alemu, 2016](#)), contraceptive use ([Ezegwui, Ikeako, & Ogbuefi, 2012](#)), forced marriage ([UNFPA \(United Nations Population Fund\), 2013](#)), early marriage ([Presler-Marshall & Jones, 2012](#)), family and community attitudes ([Baba et al., 2016](#); [Habito et al., 2019](#); [Odimegwu & Mkwanzani, 2016](#)), and the use of mass media ([Alemayehu et al., 2010](#); [Ezegwui et al., 2012](#); [Nwosu, 2017](#)) are contributing factors to the increase of unintended pregnancy among adolescents.

Most teenage pregnancies are unplanned or unwanted because many pregnant teenagers are unmarried, not mature enough to raise a child, unable to afford a baby, and worry that their important personal goals would be derailed by having a baby ([Child Trends, 2018](#)). It carries major health and social issues with unique medical and psychosocial consequences for both adolescents and society in general ([Mezmur, Assefa, & Alemayehu, 2021](#)). Teenage pregnancy is both a social and a public health problem and as such it continues to be a concern to families, societies, community leaders, educators, social workers, health care professionals, the government, and adolescents themselves both in developed and developing countries ([Abbas et al., 2017](#); [Bah, 2016](#); [Chalise & Bajracharya, 2016](#); [Kyei, 2012](#); [Masemola-Yende, 2015](#); [Mersal, Esmat, & Khalil, 2013](#)). Teenage pregnancy, which refers to pregnancy in female adolescents between the ages of 13 and 19, is a serious problem that continues to deserve local and worldwide attention ([Ayanaw Habitu et al., 2018](#); [Luk, 2019](#); [Oke, 2010](#)). [Fagbamigbe, Afolabi, and Yusuf \(2019\)](#) defined teenage pregnancy as a conception by a woman before attaining the age of 20 years irrespective of whether the pregnancy resulted in childbirth or was terminated voluntarily or not, whereas [Macleod \(2011\)](#) defines it as a social problem in which adult practices and functions (sexual intercourse, reproduction, mothering) are displayed by a person who, owing to her age and developmental status, is not-yet-adult, that is, adult, but not adult, child, but not a child.

To [Hadley \(2018\)](#), teen pregnancy occurs at any age below 20 years, outside or within wedlock, each of which endangers the life of the teenager and the child. [Hadley \(2018\)](#), pointed out that many of them have little or no access to modern health, care facilities due to immaturity, ignorance, and poverty. He strongly argued that there is a tight relationship that exists between education and teenage pregnancy that the degree rate of teenage pregnancy in society. He stressed further that teenage mothers are most likely to fall victim to pregnancy-induced hypertension (PIH) *vesicovaginal fistula* (VVF) and *rectovaginal fistula* (RVF) and suggested that comprehensive education that deals with sexuality should be given to teenagers that could enable them to handle themselves carefully. [J. Effah \(1996\)](#) advocate abstinence from sexual intercourse as the best way to avoid teenage pregnancy and adds that peer education and educators should possess the persuasive skill to convince teenagers to abstain from having sexual relation. But Oreoluwa Kolawole cited in [Popoola \(2017\)](#), argued that it is not possible that all teenagers can abstain from sex, he says that it is therefore very important to educate teenagers properly on their reproductive health. He suggested that reproductive health education be incorporated into the school curriculum at all levels. To him, this will enable the teenagers to know when they are likely to be pregnant. If they have sex and the consequences that are involved in it. Parents, he said "should take up the challenge of giving their teenagers the basic education on sexuality" just as the family is the first place where socialization starts.

According to the President of the Association of Reproductive and Family Health (ARFH), Prof. Oladapo Oladipo, the rate of teenage pregnancy is becoming pervasive because parents are more or less interested in giving their teen girls basic education, especially on sexuality, and therefore advised parents to wake up to the call and redouble their efforts in guiding their teenagers properly and instilling sound moral values and discipline in them. ["Teen Pregnancy-A Global Tragedy" \(2004\)](#), argued that ignorance of the consequences of sexual activities plays a role in exposing these teenagers to unwanted pregnancy and the health hazards that emanate from it. The magazine is of the view that proper education is called for and also imperative as it will go a long way in intimating the teenagers about the dangers that are attached to early intercourse and pregnancy. Teenage pregnancy has had negative impacts on the life of the teenagers involved ([Maemeko et al., 2018](#)). Teenage pregnancy is not only a blight that kills and destroys the potential of teenagers but also a virus that saps the vitality and energies of young teenagers. The consequences of teenage pregnancy are more devastating to the educational

pursuit of teen mothers than any other area put together. The correlation between earlier childbearing and failure to complete high school reduces career opportunities for many young women.

### ***Theoretical framework***

The theoretical framework used for this study were observational learning, frustration, family disorganization, and sociological theories.

*Observational learning theory* - contends that teenage pregnancy is often the product of what teenagers learned. In other words, we learn not only through direct experience but also by watching what happens to other people and by just being told about something. When some individual teenagers are been exalted in a widespread manner, they tend to believe and conclude that teenage pregnancy is a way of life, hence they are deceived by such misconception. [Josephine Effah \(2001\)](#) also argued that the devastating impart of pornographic films and books on the younger teenager cannot be over-emphasized, because according to them, most teenagers who have been exposed to pornographic films and books are always been tempted to put into practice whatever thing they learned from such films and book which not only makes them vulnerable to pregnancy but also exposes them to some deadly sexually transmitted diseases, HIV/AIDS included.

*Frustration theory* - contends that when people are confronted or thrown into a pit of frustration, it causes some form of discomfort for them, which in turn leads to unpleasant increases in the arousal and disconcerting thought that perplex them and the tendency to seek solace and comfort in their male counterparts create an environment in which sexual activities thrives which often boils down to teenage pregnancy.

*Family disorganization theory* - argued that the composition of the family somehow contributes to teenage pregnancy. [Pelton \(1978\)](#) observed that spouses who are not faithful to themselves endanger their home and are most likely to beget such kids who will exhibit some kind of sexual arrogance which in extreme cases may end up in teenage pregnancies. Pelton's theory seems to hold water because 30% of cases of teenage pregnancies occur in broken homes where married couples are unfaithful to themselves. ["Teen Pregnancy-A Global Tragedy" 2004](#), added a feather to an already overcrowded cap when it argued that dysfunctional families set the stage for teenage pregnancy.

*Sociological theory* - on their viewpoint theorizes that social factors such as poverty, unemployment, peer pressure, and low-paid jobs, to a large extent, contribute to teen pregnancy. The sociological theories emphasize the overwhelming influence of the social environment in which individuals find themselves at a given point in time. [Hartjen \(1978\)](#) who is one of the strongest advocates of this theory maintains that the majority of teen mothers come from less paid, and unemployed homes who in a bid to meet their economic and social needs engaged or sell themselves sexually at times end up in teen pregnancy. He also did not underestimate the influence of peer pressure on individual teenagers, when he argued that most of the time, much of a child's moral development and age-appropriate behaviour take place within the peer group. In Nigeria as in many African countries, discussions, and engagement in sexual activities starts with peers. Most teenagers practice what they learned from their peers, and this spell why aggressive sexual behaviour is worst among young teenagers these days, and concurrent with this aggressive sexual behaviour is the high rate of teenage pregnancy and the rising waves of sexually transmitted diseases and HIV/AIDS and high mortality rates and moral decay that has infected the whole gamut of the society. If Hartjen's theory that unemployment, low-paid jobs, and poverty have a direct bearing on teenage pregnancy, what can he say for instance about those rich and well-to-do families where teenage pregnancy also occurs?

### **3. Research methodology**

The following hypotheses have been formulated to guide the study and were tested at a 0.005 level of significance.

- (1) There is a correlation between education and teenage pregnancy.
- (2) There is a relationship between teenage pregnancy and health hazards during and after delivery.
- (3) Avoiding premarital sex among teenagers can reduce teenage pregnancy in the society.



### ***Study design***

The research design that is adopted in this work is the survey technique. This is the type of research method where one takes a small segment of the population and obtains relevant information and then generalizes it to the general population. Meanwhile, [Igbo and Anugwom \(2007\)](#) opined that the survey technique is a research design whereby data/information are meticulously collected from a sample of people usually by such devices as questionnaires and structured interviews to make assumptions and decisions about some wider population.

### ***Background information of the study area***

The study was located in Enugu State, South Eastern Nigeria. Enugu State lies between latitudes 5° 55' and 7° 10' North and Longitudes 6° 50' and 7° 55' East. It is bounded in the East by Ebonyi State, in the West by Anambra State, in the North by Benue and Kogi States, and in the South by Abia and Ebonyi States. The population figure of Enugu state based on the 2006 census data was 3,257,298 ([NPC \(National Population Commission\), 2019](#)). Administratively, the State is divided into 17 Local Government Areas, namely Nkanu East, Nkanu West, Igbo-Eze North, Igbo-Eze South, Nsukka, Uzo-Uwani, Udenu, Isi-Uzo, Awgu, Udi, Ani-Nri, Enugu East, Enugu South, Enugu North, Ezeagu, Oji River, and Igbo-Etiti local government areas. Enugu State has 425 autonomous communities ([Enugu State Autonomous Communities \(Recognition\) Edict, 1999](#)).

In Enugu State, Nkanu East Local Government Area was randomly selected. Nkanu East local government was created in 1996 and its headquarters is located at Amagunze ([Banko, 2016](#)). It has a landmass of 795km<sup>2</sup> and a total population of one hundred and forty-eight thousand seven hundred and seventy-four (148,774) ([NPC \(National Population Commission\), 2019](#)). Of the 38 communities within Nkanu East Local Government Area, Ihuokpara was randomly selected.

### ***Ihuokpara***

Ihuokpara is one of the autonomous communities in the Nkanu East Local Government Area. It has a population of 7,198 based on the National Population Census ([NPC \(National Population Commission\), 2010](#)). Ihuokpara is made up of nine major villages namely, Uzam-Unor, Uzam-Agu, Amangene, Njiagu, Amankwo-Unor, Amankwo-Agu, Amafor-Unor, Amafor-Agu and Amunakwa. The community shares boundary with Akpugo in the West, Amagu-Nze in the North, Nara in the south, and Ugbawka in the East. To the North and South, the community also shares boundaries with Ebonyi State.

Ihuokpara is endowed with abundant natural resources and in particular, vast and fertile land ([Monye, Ezumah, Ugwu, & Umoh, 2003](#)). The citizens are predominantly farmers producing a variety of food crops such as yam, cassava, rice, coco-yam, grains, vegetables, fruits, and other items, though at a subsistence level. They practice mixed farming with yam as the chief crop. Apart from agricultural activities, the people of this area are also engaged in secondary occupations such as trading, artisans, palm wine tapping, craft, and civil service. There are four primary schools in Ihuokpara and one community secondary school. There is no tertiary institution.

Ihuokpara people believe in the sacredness of Ani, the earth deity, and in the supremacy of Chukwu (Almighty God). Each town in Ihuokpara has at least one major deity a being force (alusi) to which a shrine is built. Different villages have different taboos.

### ***Sample population***

To get the study sample, the systematic random sampling method and procedure were adopted. The survey was conducted in January 2021. The age distribution of the participants in the study is 21-30 years, 31-40 years, 41-50 years, and 51 years and above. A sample of two hundred young teenagers was chosen for this study. The sample size was considered appropriate and adequate to permit the statistical computation and also a fair representation of the target population. The systematic random sampling method was used to select samples. The eight villages that make up the Ihuokpara community were randomly selected: Uzam-Unor, Uzam-Agu, Amangene, Njiagu, Amankwo-Agu, Amafor-Unor, Amafor-Agu, and Amunakwa.

**Instrument of data collection**

The basic instrument for collecting data is questionnaire administration. The questionnaire for the study was designed specifically to generate information that is related to the research problem of the study. The questionnaire was therefore constructed using simple and concise questions and items to extract information on the personal information about the characteristics of the respondents regarding the research problem being studied, hence the religious background, educational qualification, socio-economic status as well as other necessary similar information to arrive at the desired result and objectives.

**4. Results and discussions**

**Model Fit and Quality Indices**

The questionnaire was administered at the respective and individual residences of the teenagers (respondents) by the researcher herself to gather the relevant needed information and after one week, data was thus collected from the respondents. The responses collected were converted into frequency tables and pie charts and were used for the analysis and interpretation of data. The chi-square ( $\chi^2$ ) was used in testing the hypothesis.

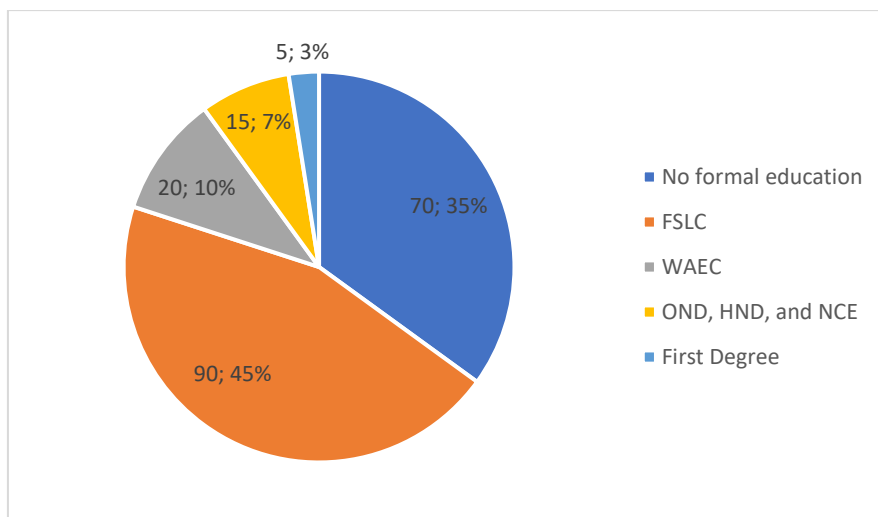


Figure 1. Educational qualification of the respondents  
Source: Researcher’s Survey January 2021

The answers obtained from figure 1 showed that respondents with no formal education were 70 with 35%, the first school leaving certificate (FSLC) were 90 with 45%, west African examination council (WAEC) 20 with 10%, ordinary national diploma (OND), higher national diploma (HND) and national certificate of education (NCE) 15 with 7% and First Degree 5 with 3%. The result showed that respondents with FSLC were the majority.

Table 1. Religious affiliation of the respondents

Religious affiliation	Frequency	Percentage
Catholics	95	47%
Protestants	10	5%
Pentecostal	25	12%
African traditional religion	65	33%
Muslim	0	0%
Atheist	5	3%
Total	200	100%

Source: Researcher’s Survey January 2021

Table 1 above showed that Catholics were 95 with 47%, Protestants were 10 with 5%, Pentecostal 25 with 12%, African traditional religion 65 with 33%, Muslim nil, and Atheists 5 with 3%. The result obtained shows that Catholics were the majority.

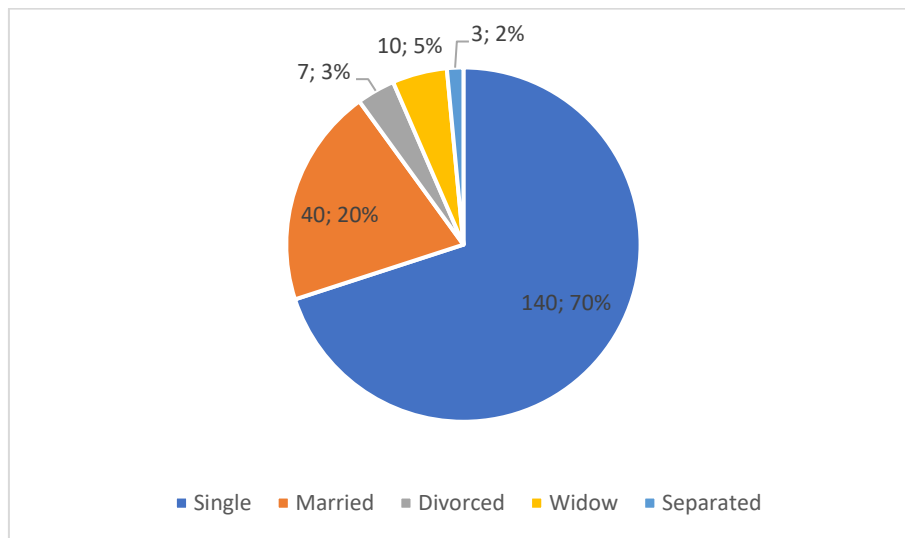


Figure 2. Marital status of the respondents  
Source: Researcher’s Survey January 2021

Figure 2 explained that single respondents obtained 140 with 70%, married 40 with 20%, Divorced 7 with 3%, widow 10 with 5%, separated 3 with 2%. The result shows that respondents who were single obtained the majority.

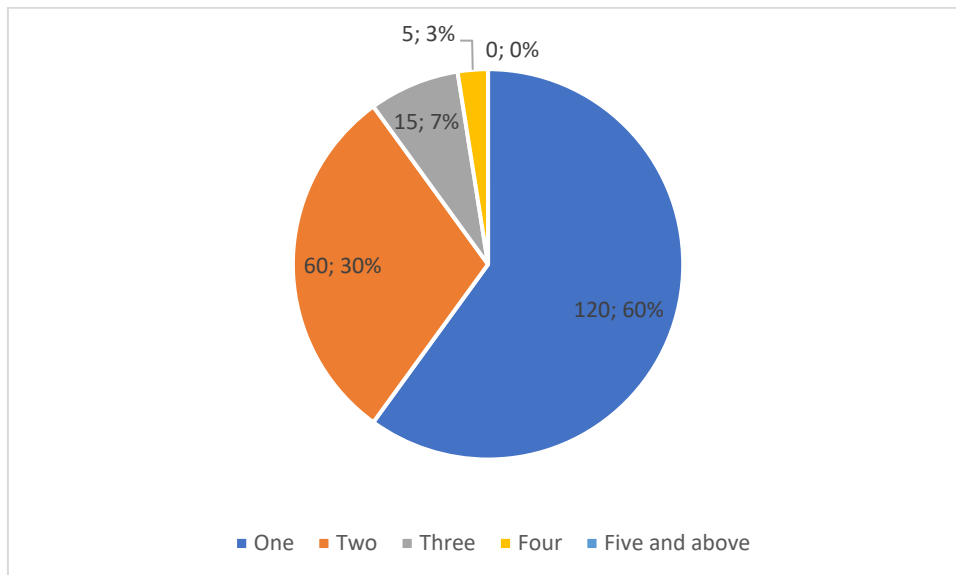


Figure 3. Number of children of the respondents  
Source: Researcher’s Survey January 2021

Answers obtained from figure 3 show that respondents with one child obtained 120 with 60%, two children 60 with 30%, three children 15 with 7%, four children 5 with 3%, and five and above nil. This means that respondents with one child were the majority.

**Data presentation**

Data presentation involves the arrangement and simplification of the data collected into various tabular forms in conjunction with comprehensive percentage calculations performed to arrive at the answer that

will justify the result of the research. In presenting the data, data are tabulated and put in percentage (%) for proper analysis and interpretation thereby providing a clear picture of the nature of the data collected which is eventually used to test the proposition of the study. Below is the true presentation of the data gotten (in tabular and chart form).

**Question 1:** Were you a victim of teenage pregnancy?

Table 2. Provides the necessary data for the analysis of the above question

<b>Respondents</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	180	90%
No	20	10%
<b>Total</b>	<b>200</b>	<b>100%</b>

Source: As analyzed from questionnaire item No 1

The table above showed that respondents that said “Yes” were 180 with 90% while those that said “No” were 20 with 10%. This means that respondents that said “Yes” were the majority.

**Question 2:** If “Yes”, what caused it?

Table 3. Provides the necessary data for the analysis of the above question

<b>Respondents</b>	<b>Frequency</b>	<b>Percentage</b>
Early marriage	50	25%
Lack of education on safe sex	80	40%
Lack of contraceptive	30	15%
Environmental factor	20	10%
<b>Total</b>	<b>180</b>	<b>90%</b>

Source: As analyzed from questionnaire item No 2

Table 3 above shows that the respondents who said that their teen pregnancy was caused by early marriage were 50 with 25%, lack of education on safe sex 80 with 40%, lack of contraceptives 30 with 15%, and environmental factor 20 with 10%. This shows that respondents who said lack of education on safe sex were the majority.

**Question 3:** If no, why?

Table 4. Provides the necessary data for the analysis of the above question

<b>Respondents</b>	<b>Frequency</b>	<b>Percentage</b>
We were taught how to prevent pregnancy	10	5%
We do not have a lover	5	2.5%
Against our religion	5	2.5%
<b>Total</b>	<b>20</b>	<b>10%</b>

Source: As analyzed from questionnaire item No 3

Table 4 above showed that respondents that were not teen pregnancy who said because we were taught how to prevent pregnancy were 10 with 5%, we don't have lover 5 with 2.5%, and against our religion 5 with 2.5%. Therefore respondents who were taught how to prevent pregnancy were the majority.



**Question 4:** At what age did you become pregnant?

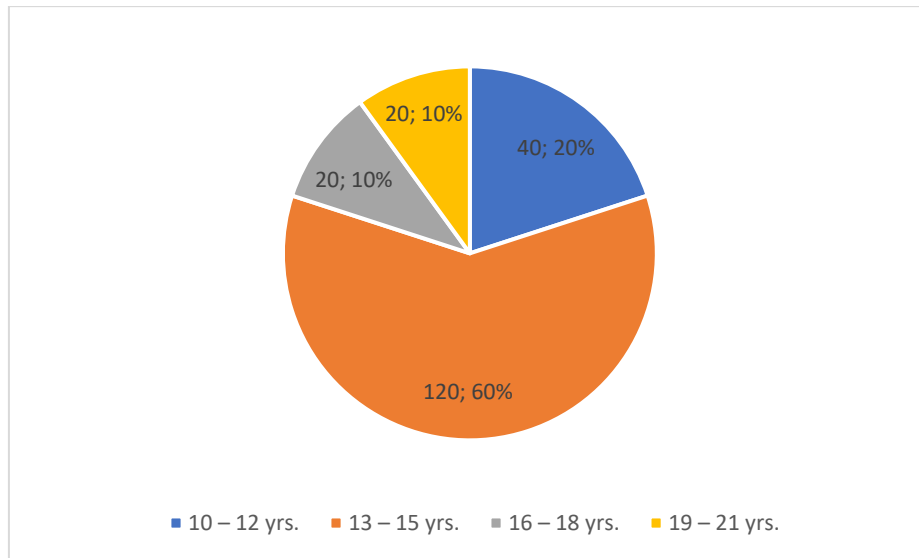


Figure 4. Provides the necessary data for the analysis of question 4  
Source: As analyzed from questionnaire item No 4

The answers obtained from figure 4 show that respondents from the ages of 10-12 were 40 with 20%, 13-15 were 120 with 60%, 16-18 were 20 with 10%, and 19-21 were 20 with 10%. This means that respondents from 13-15 were the majority.

**Question 5:** What factor do you think exposes one to teenage pregnancy?

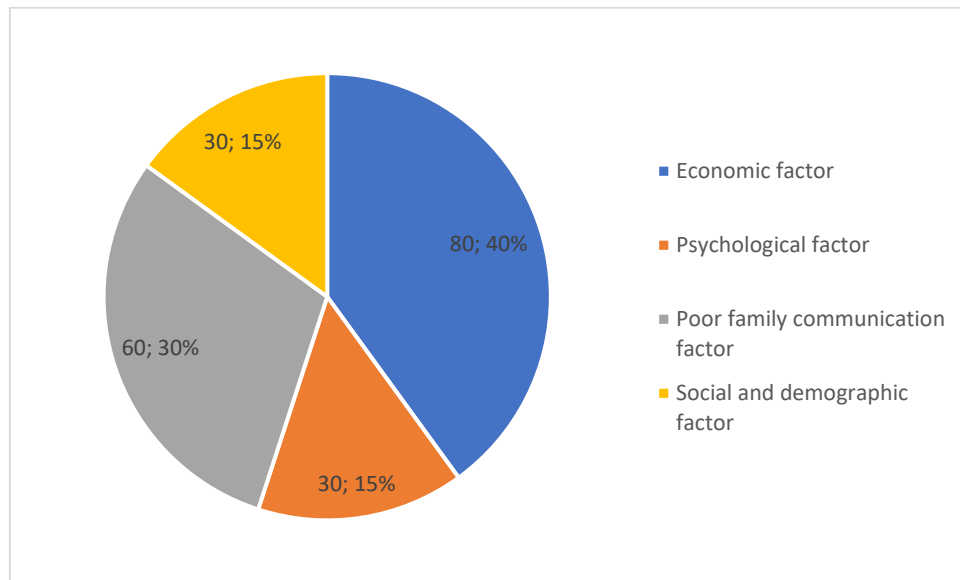


Figure 5. Provides the necessary data for the analysis of question 5  
Source: As analyzed from questionnaire item No 5

Figure 5 above showed that respondents who said economic factor was 80 with 40% psychological factor 30 with 15% poor family communication factor 60 with 30% and social and demographic factor 30 with 15%. The result obtained shows that respondents who said economic factor was the majority.

**Question 6:** Were you in school when you became pregnant?

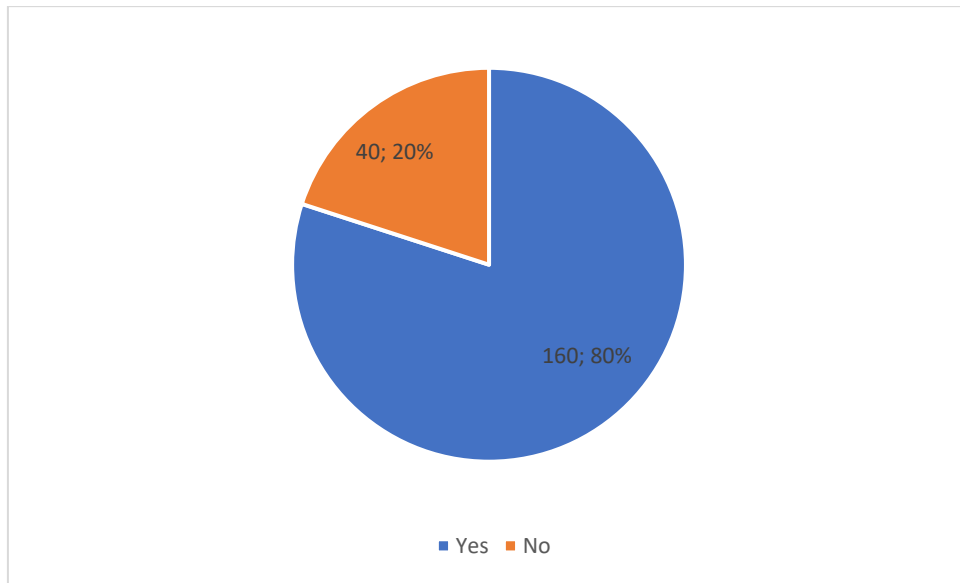


Figure 6. Provides the necessary data for the analysis of question 6  
Source: As analyzed from questionnaire item No 6

Figure 6 showed that respondents who said yes were 160 with 80% while those that said No were 40 with 20%. This means that those that said yes they were in school when they became pregnant were the majority.

**Question 7:** What impact does it have on our educational pursuit?

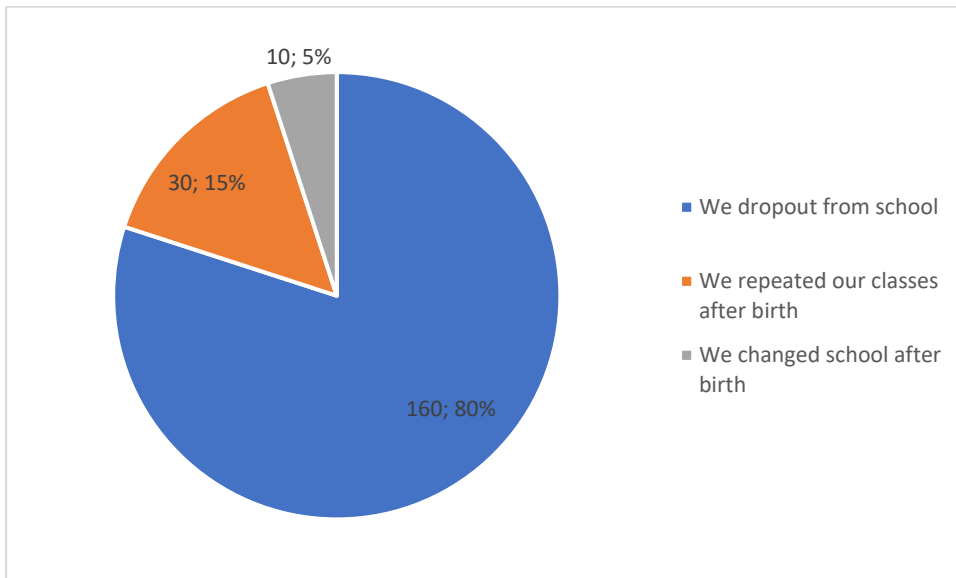


Figure 7. Provides the necessary data for the analysis of question 7  
Source: As analyzed from questionnaire item No 7

Figure 7 above showed that respondents who said dropout from school were 160 with 80%, repetition of classes after birth 30 with 15%, and changing school after birth 10 with 5%. This means that respondents who said dropout from school were the majority.

**Question 8:** As a victim, do you think there is any relationship that exists between education and teenage pregnancy?

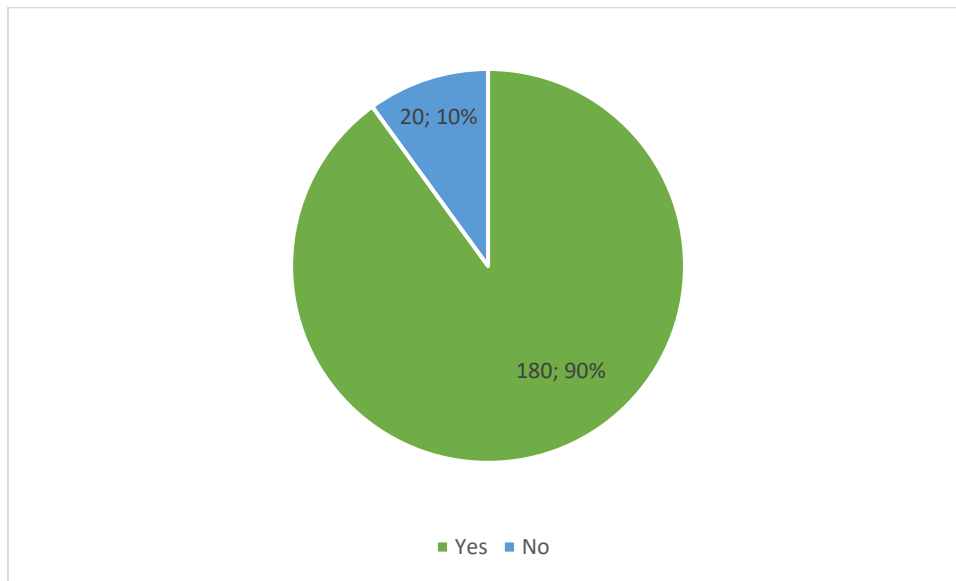


Figure 8. Provides the necessary data for the analysis of question 8  
Source: As analyzed from questionnaire item No 8

Figure 8 above showed that respondents who said Yes there was a relationship that exists between education and teenage pregnancy were 180 with 90% while those that said No were 20 with 10%. This means that those who said Yes were the majority.

**Question 9:** Do you believe that the level of awareness of sexuality determines the rate of teenage pregnancy in society?

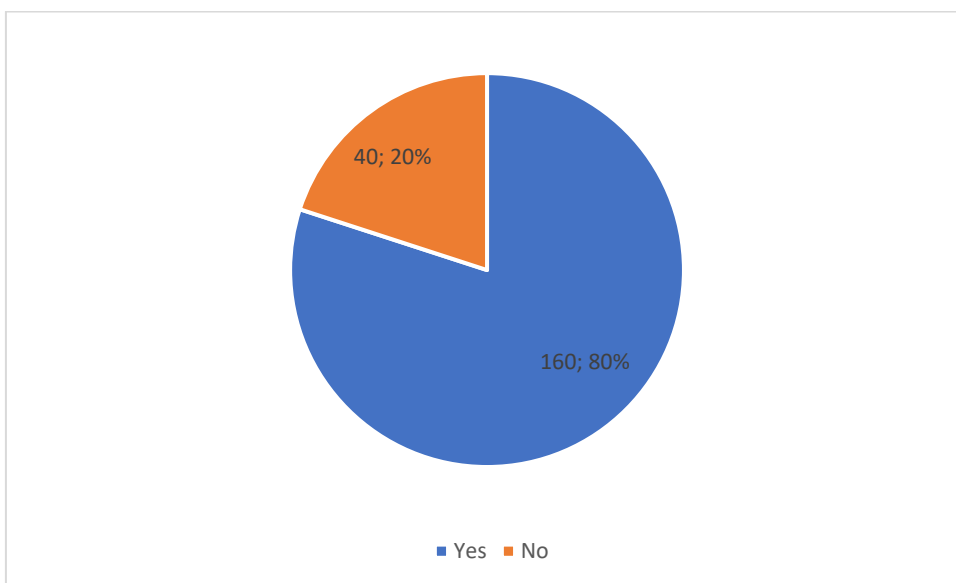


Figure 9. Provides the necessary data for the analysis of question 9  
Source: As analyzed from questionnaire item No 9

Figure 9 above showed that respondents who said Yes were 160 with 80% while those that said No were 40 with 20%. Therefore, respondents that said Yes were the majority.

**Question 10.** Do your religious background permit teen marriage/pregnancy?

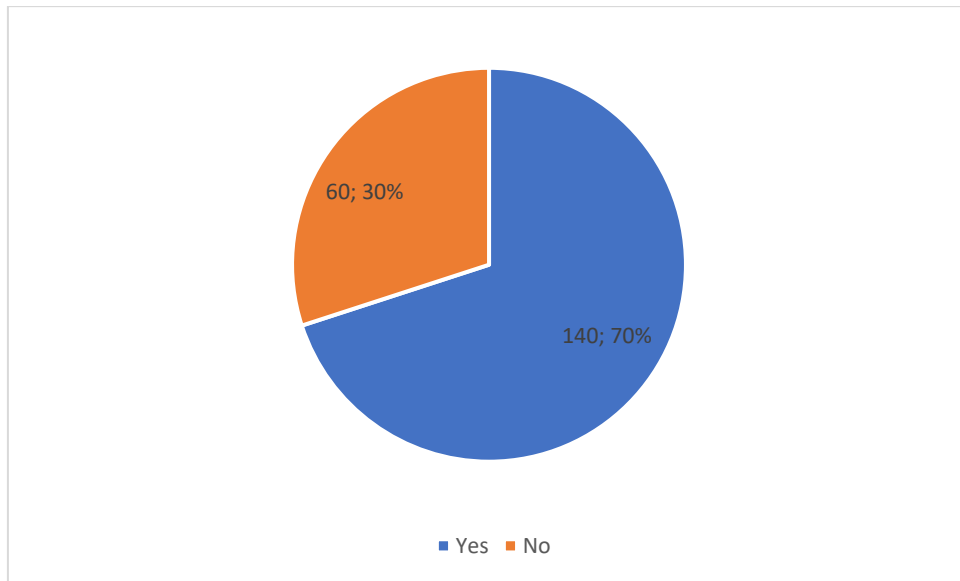


Figure 10. Provides the necessary data for the analysis of question 10  
Source: As analyzed from questionnaire item No 10

Figure 10 shows that respondents who said Yes that their religious background permit teen marriage/pregnancy were 140 with 70%, while those that said No were 60 with 30%. This means that those that said Yes were the majority.

**Question 11:** Did you experience health risks during and after delivery?

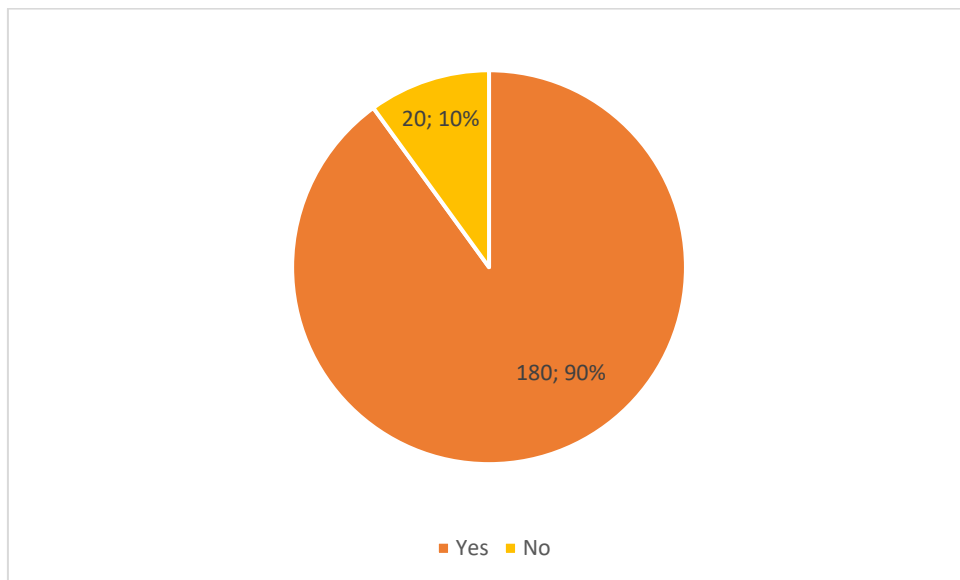


Figure 11. Provides the necessary data for the analysis of question 11  
Source: As analyzed from questionnaire item No 11

Figure 11 above showed that respondents who said Yes were 180 with 90%, while those that said No were 20 with 10%. Therefore, those that said Yes were the majority.

**Question 12:** Do you agree that teenage pregnancy leads to early dropout from school?

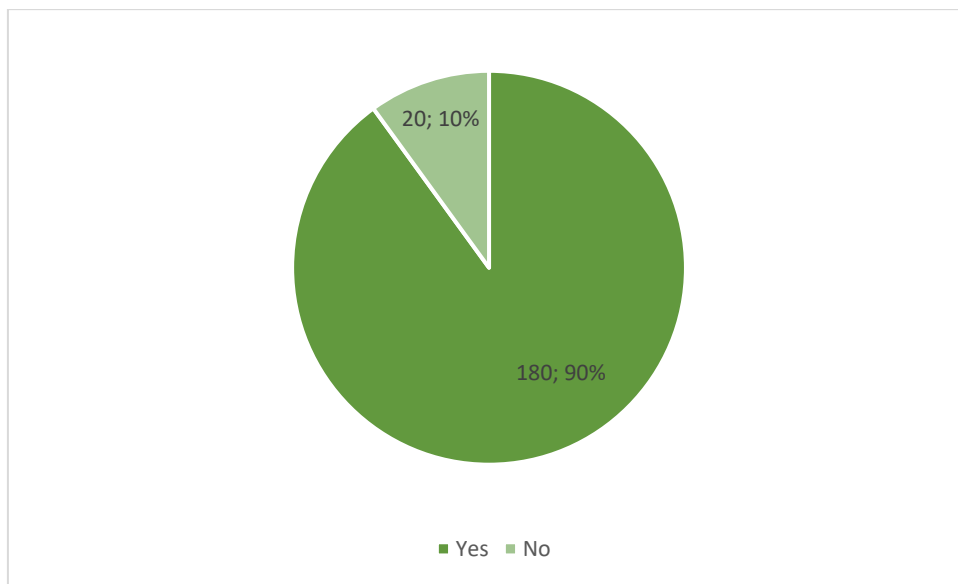


Figure 12. Provides the necessary data for the analysis of question 12  
Source: As analyzed from questionnaire item No 12

Figure 12 explained that respondents who said Yes obtained 180 with 90%, while those that said No obtained 20 with 10%. This means that respondents who said Yes were the majority.

**Question 13:** Can you blame the rate of teenage pregnancy on the low level of awareness of sexuality?

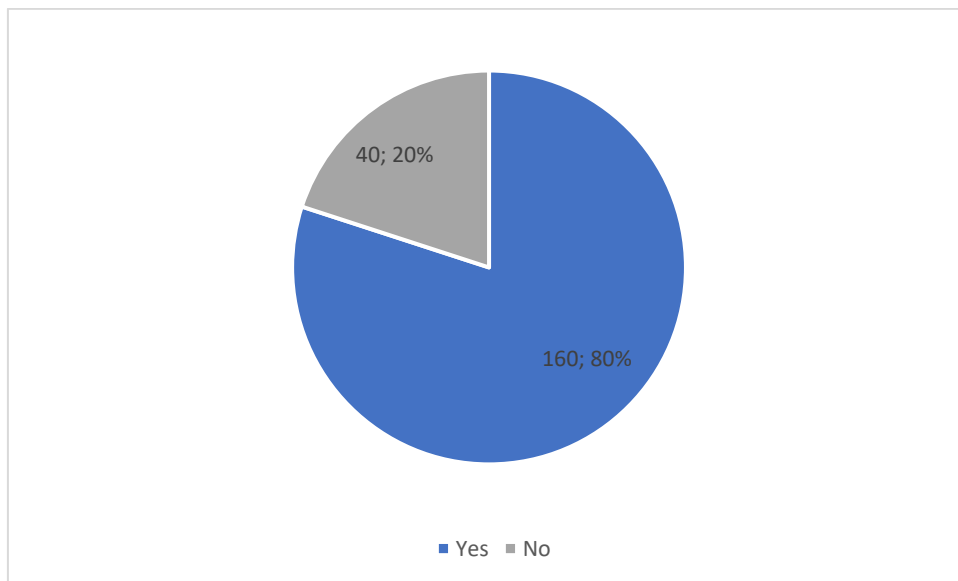


Figure 13. Provides the necessary data for the analysis of question 13  
Source: As analyzed from questionnaire item No 13

Figure 13 above showed that respondents who said Yes were 160 with 80%, while those that said No were 40 with 20%. Therefore, respondents who said Yes were the majority.

**Question 14:** In your view, do you feel that making sex education a part of the school curriculum could reduce the tide of teenage pregnancy?

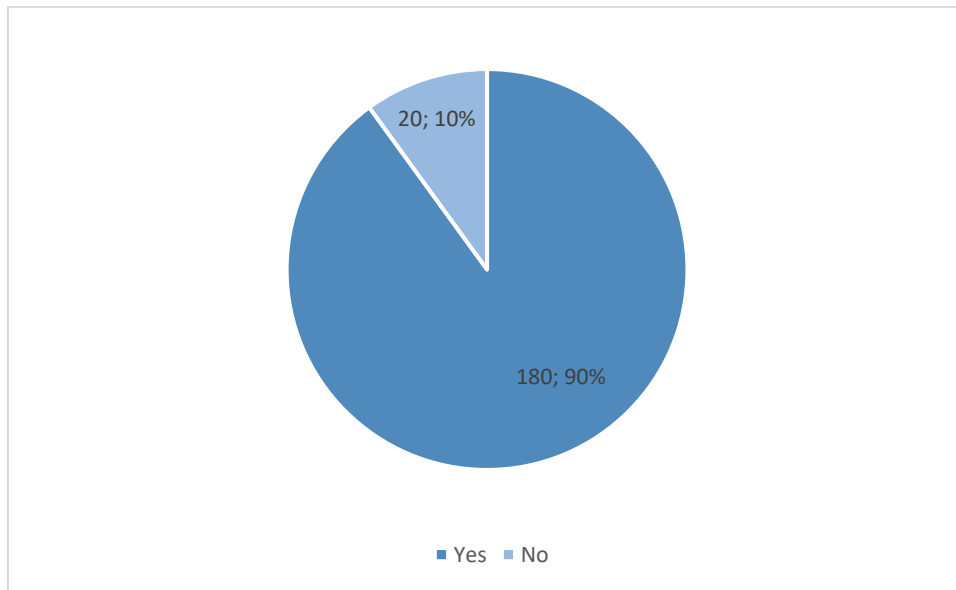


Figure 14. Provides the necessary data for the analysis of question 14  
Source: As analyzed from questionnaire item No 14

Figure 14 above showed that respondents who said Yes were 180 with 90%, while those that said No were 20 with 10%. This means that respondents who said Yes were the majority.

**Question 15:** Do you believe that prohibiting the sale of pornographic films can reduce the level of teenage pregnancy?

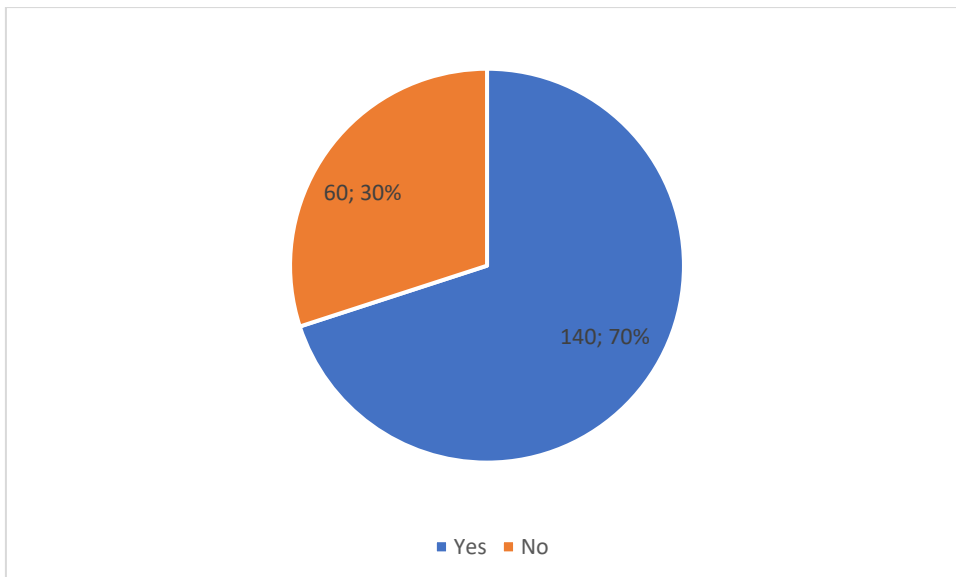


Figure 15. Provides the necessary data for the analysis of question 15  
Source: As analyzed from questionnaire item No 15

Figure 15 explained that respondents who said Yes obtained 140 with 70%, while those that said No were 60 with 30%. Therefore, respondents who said Yes that prohibiting the sale of pornographic films can reduce the level of teen pregnancy were the majority.



**Question 16:** In your view, do you think that premarital sex exposes one to teenage pregnancy?

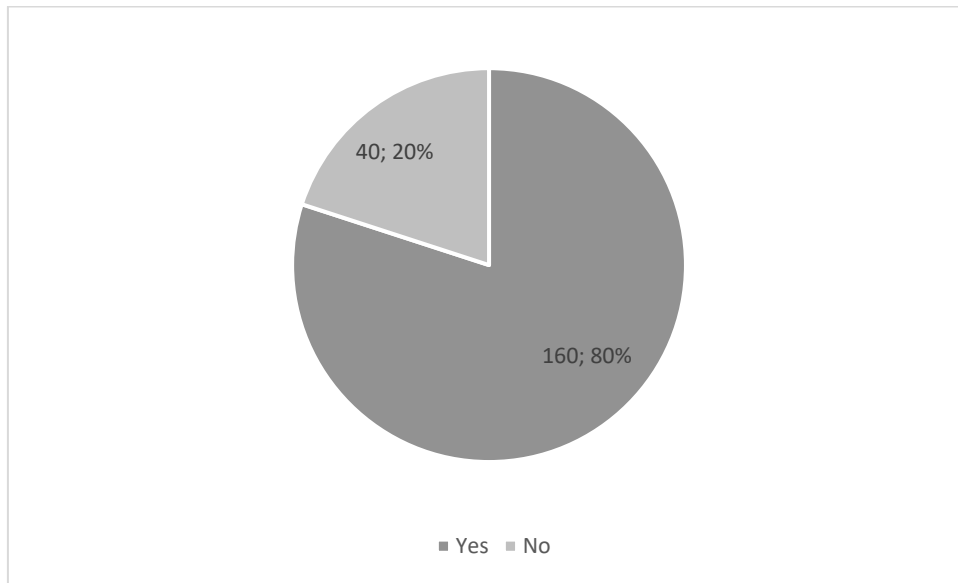


Figure 16. Provides the necessary data for the analysis of question 16  
Source: As analyzed from questionnaire item No 16

Figure 16 above showed that respondents who said Yes obtained 160 with 80% while those that said No obtained 40 with 20%. This means that respondents who said Yes that premarital sex exposes one to teenage pregnancy were the majority.

**Question 17:** Do you agree that teen pregnancy impacts negatively on the status of women?

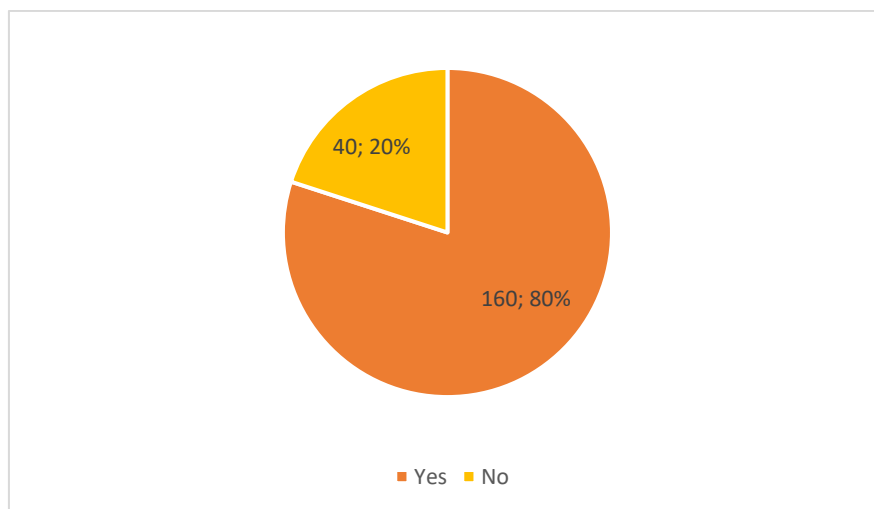


Figure 17. Provides the necessary data for the analysis of question 17  
Source: As analyzed from questionnaire item No 17

Figure 17 showed that respondents who said Yes obtained 160 with 80%, while those that said No obtained 40 with 20%. Therefore, those that said Yes were the majority.

**Question 18:** Have you been married since after the pregnancy?

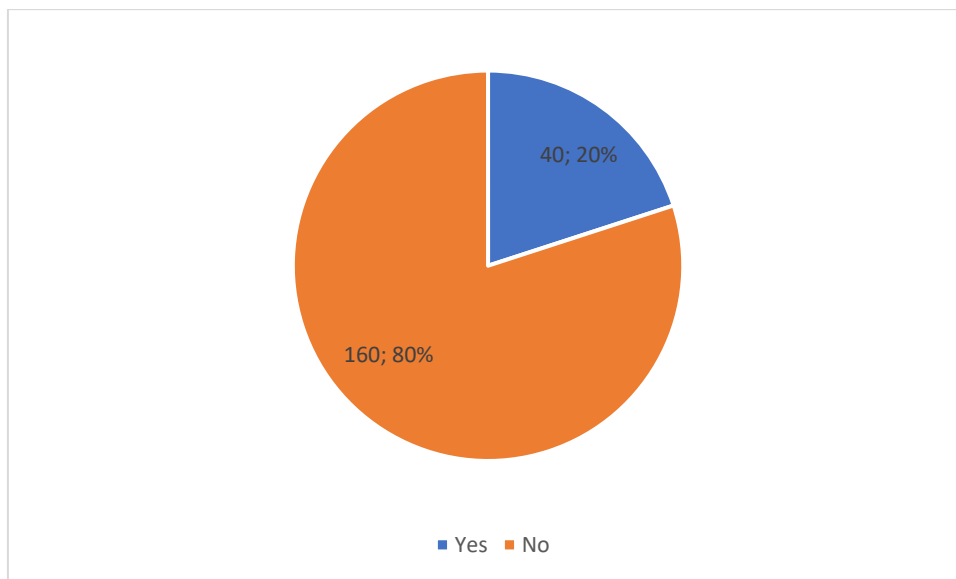


Figure 18. Provides the necessary data for the analysis of question 18  
Source: As analyzed from questionnaire item No 18

Figure 18 above showed that respondents who said Yes were 40 with 20% while those that said No were 160 with 80%. This means that respondents who said that they were not married since after the pregnancy was the majority.

**Question 19:** What do you suggest could reduce the tide of teenage pregnancy no the society.

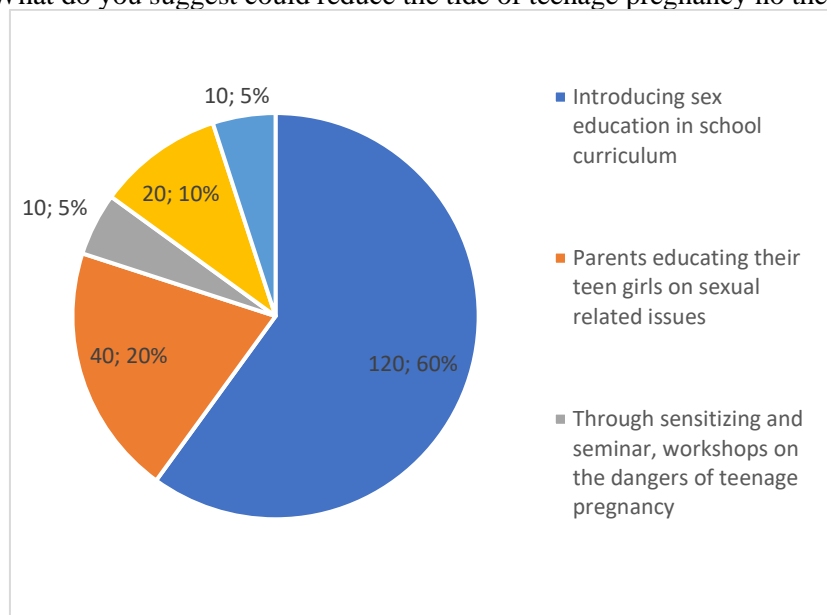


Figure 19. Provides the necessary data for the analysis of question 19  
Source: As analyzed from questionnaire item No 19

Figure 19 above shows that respondents who said introducing sex education in school curriculum were 120 with 60%, parents educating their teen girls on sexual related issues 40 with 20%, through the workshop, sensitizing, and seminar on the dangers of teenage pregnancy were 10 with 5%, prohibition of the sale of pornographic materials 20 with 10%, and though the mass media network and peer group discussion that discourages premarital sex 10 with 5%. Therefore, respondents who said introducing sex education in the school curriculum were the majority.

**Question 20:** Do you agree that avoiding premarital sex could reduce the rising wave of teen pregnancy in the society

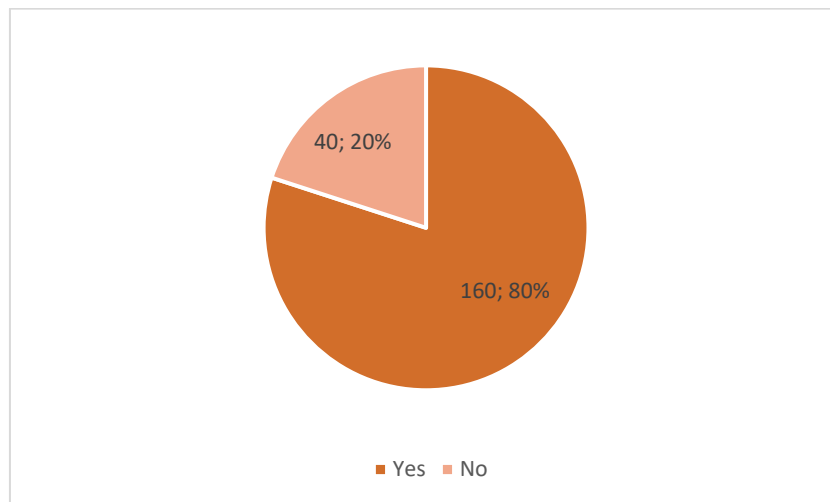


Figure 20. Provides the necessary data for the analysis of question 20  
Source: As analyzed from questionnaire item No 20

Figure 20 above showed that respondents who said Yes and that avoiding premarital sex could reduce the rising wave of teen pregnancy were 160 with 80%, while those that said No were 40 with 20%. This means that those that said Yes were the majority.

**Testing of Hypothesis Using Chi-Square ( $X^2$ )**

**Hypothesis one**

$H_0$  = There is a correlation between education and teenage pregnancy

$H_1$  = There is no correlation between education and teenage pregnancy

The formula for the Chi-square is as follows

$$X^2 = \sum \frac{(of - ef)^2}{ef}$$

Where:

$X^2$  = chi - square

$of$  = observed frequency

$ef$  = expected

$\Sigma$  = summation

Table 5. A chi-square contingency table showing the correlation between education and teenage pregnancy in Ihuokpara.

$of$	$ef$	$of - ef$	$(of - ef)^2$	$\frac{(of - ef)^2}{ef}$
130	100	30	900	9.00
70	100	-30	900	9.00

$$X_c^2 = \sum \frac{(of - ef)^2}{ef}$$

$X_c^2 = 18.00$

To calculate the degree of freedom (df)

$df = n - 1$

$$df = 2 - 1$$

$$df = 1$$

At df 1 at 0.005 level of significance

$$X_c^2 \text{ value} = 7.88$$

Chi-Square calculated  $X_c^2 = 18.00$ , and Chi-Square tabulated  $X_t^2 = 7.88$

Since the calculated  $X_c^2 \text{ value of } 18.00$  is greater than the tabulated value of 7.88 at  $P < 0.005$  level of significance, this means that hypothesis that teenage pregnancy leads to early school dropout in Ihuokpara is accepted. Therefore we accepted  $H_0$  and rejected  $H_1$

### Hypothesis two

$H_0$  = There is a relationship between teenage pregnancy and health hazards during and after delivery

$H_1$  = There is no relationship between teenage pregnancy and health hazards during and after delivery

Table 6. A chi-square contingency table showing the relationship between teenage pregnancy and health hazards during and after delivery in Ihuokpara.

<i>of</i>	<i>ef</i>	<i>of</i> <i>- ef</i>	$(of - ef)^2$	$\frac{(of - ef)^2}{ef}$
170	100	70	4900	49.00
30	100	-70	4900	49.00

$$X_c^2 = 98.00$$

$$X_t^2 \text{ value} = 7.88$$

Since the calculated  $X_c^2 \text{ value of } 98.00$  is greater than the tabulated value of 7.88 at  $P < 0.005$  level of significance, it means that the hypothesis that there is a relationship between teenage pregnancy and health hazards during and after delivery in Ihuokpara was accepted. Therefore  $H_0$  was accepted while  $H_1$  was rejected.

### Hypothesis three

$H_0$  = Avoiding premarital sex among teenagers can reduce teenage pregnancy in the society

$H_1$  = Avoiding premarital sex among teenagers will not reduce teenage pregnancy in the society

Table 7. A chi-square contingency table showing the agreement or disagreement that avoiding premarital sex among teenagers can reduce teenage pregnancy in the society

<i>of</i>	<i>ef</i>	<i>of</i> <i>- ef</i>	$(of - ef)^2$	$\frac{(of - ef)^2}{ef}$
180	100	80	6400	64.00
20	100	-80	6400	64.00

$$X_c^2 = 128.00$$

$$X_t^2 \text{ value} = 7.88$$

Now that the calculated  $X_c^2 \text{ value of } 128.00$  is greater than the tabulated value of 7.88 at  $P < 0.005$  level of significance, it shows that avoiding premarital sex among teenagers can reduce teenage pregnancy in society as was accepted. Therefore  $H_0$  was accepted while  $H_1$  was rejected.

### Findings and discussions

Teenage pregnancy has been attributed to an epidemic that kills and eats away the hidden energies and latent potentials of the young teenagers in society today, but in the Ihuokpara community, the pervading

influence and effects of the scourge are quite alarming so that one out of every ten girls has experienced teen pregnancy, and this makes the situation a gory one. The immediate consequences of the incidence are not only felt in the health aspects of the teen's life, but it has also led to unintended early school drop-out which is why the rate of school drop-out among girls in Ihuokpara is increasing at an alarming rate.

Teenage pregnancy has made young teens vulnerable to certain life-threatening diseases, such as AIDS, Syphilis, Herpes, Gonorrhoea, *vesicovaginal fistula*, *recto-vaginal fistula*, and over the years galvanized efforts to stem the rising tide of maternal mortality rate in Nigeria have yielded little or no result, and this, in particular, explains which stakeholders and experts in the reproductive health sub-sector have relentlessly continued to devise new approach to curb the tide of such ugly deaths in the society.

Lack of awareness (ignorance) has been adjudged to be one of the contributory factors to teenage pregnancy. This is because most of the young teenagers who fell victim to teen pregnancy lacked basic education that deals with sexuality and reproductive health. It is against this background that girls between the age of 14 and 18 years ought to be informed that becoming pregnant before 18 years could endanger their lives and their future careers.

Poverty is seriously considered the most contributory factor to the increasing rates of teenage pregnancy in Ihuokpara in the sense that most families are quite weak to survive, especially in the present economic quagmire that faces the nation, some parents to have food on their tables usually push their teen daughters into the streets, public motor parks, and markets to hawk some items for them, and this exposes them to the marauding men who either rape them or engage them in transactional sex deals.

The impact of pornographic materials and films on teen girls cannot be underestimated, because, most of the young teens who have had access to view pornographic materials (books and videos) usually demonstrate what they see on either of the items, thereby making them most vulnerable to both pregnancies and sexually health-related diseases.

Young teenagers who experienced the scourge of teen pregnancy usually heavily feel defeated, traumatized, their image smeared, and in extreme cases feel alienated, incomplete, inhibited, and the suppressed feeling of anger and anxiety especially among their colleagues who were not exposed to such an ugly experience. This ugly phenomenon has continued to impact albeit negatively the status of women in Ihuokpara resulting in drastic early dropout of school among the girls. One of the domino effects is the relegation of women to the background in the decision-making processes in Nigerian society.

## **5. Conclusion**

It is often said that there is no smoke without fire, which if interpreted means that nothing happens without a cause. What can be discerned from the study so far is that the prevailing incidence of teenage pregnancy in society today and in the Ihuokpara community which is a case study of this work is a product of certain factors such as the low level of education (ignorance) about sexuality, human reproduction, sexual health, and other reproductive health-related issues.

Also, the rising wave of extreme poverty and exposure to pornographic films and books play enabling role in exposing young girls to the menace and ditches of teenage pregnancy. Going hand in hand with pornographic films and books is the changing sexual lifestyle amongst the young teenagers of today in which they practicalize whatever they see on screen and in books.

Teenage pregnancy indeed has inflicted incalculable misfortunes on both the individual teenagers and the society at large, the grave consequences that gush from it include, the prevailing rate of HIV/AIDS, VVF, RVF, Herpes, Gonorrhoea, the rising tide of maternal mortality rate in the society and at the extreme cases, untimely death during the process of delivery.

Nevertheless, the struggle to stem the rising tide of the phenomenon seems to be not yielding the desired result, yet it is beckoning all and sundry to wake up to the challenge which the incident is imposing on society through advocacy, workshops, seminars, conferences, and the media, and the stakeholders in the reproductive health sub-sectors are to rise and come out with action parked programmes that will help in curtailing the wave of teenage pregnancy in Ihuokpara community. The battle to abate the scourge needless to say is a tough one, but to fold arms and watch it blow out of proportion will ultimately spell doom to the entire society.

### **Recommendations**

Several factors according to the study combined to contribute to the prevailing incidence of teenage pregnancy in Ihuokpara. These factors include extreme poverty, low-paid jobs, and unemployment, yet a low level of awareness (ignorance) seems to have a major decisive influence on teenage pregnancy. It is doubtless to say that ignorance about sexuality, human reproduction, sexual health, and reproductive health is a major contributory factor to the prevailing rate of teenage pregnancy and the non-attainment of reproductive health and rights. The following have been recommended as a way to stem the increasing rate of teenage pregnancy and maternal mortality rate in Ihuokpara.

Dysfunctional families set the stage for the prevailing rate of teenage pregnancies to thrive. It is basically on this note that, parents should be educated to be aware that bringing their children up in a set standard way will save their children from the dangers of unintended pregnancies, sexually transmitted diseases, and other anti-social activities.

In schools, it is advisable that to better prevent unintended pregnancies and other life-threatening sexually transmitted diseases among young teenagers and help reduce the demand for abortion, efforts should be galvanized through sensitization, advocacy, workshops, seminars, conferences, and the media, to educate the teen girls on the consequence of earlier pregnancy and how to avoid its occurrence not only to save them but also to protect their future and what the future hold for them.

Governments at all levels need to effectively address the need for information and education and hence make sexuality education available to citizens at different educational levels, particularly on the importance of the use of condoms to prevent pregnancy and other sexually transmitted diseases (STDs) which is a critical strategy needed to enhance reproductive health. There is also the need for policymakers to disseminate accurate information about contraception and provide the full range of contraceptive services and supplies.

The incidence of teenage pregnancy is indeed most probably a serious issue. According to the Nigerian Demographic Health Survey (NDHS), the adolescent birth rate in 2018 was 106 births per 1,000 women. In the Ihuokpara community, the manifestation and the prevailing rate of teenage pregnancy have left regrettable scars on both the individual teen mother, the family, and even the entire society. The health hazards that gush from it are quite disappointing to the entire society.

The significance of this study is to explore the negative consequences of teenage pregnancy on both the victim and the wider society. It is also expected that with this study, people would come to appreciate the relationship that exists between teenage pregnancy and education as it is rightly said that education is power. People would then come to be aware that the level of awareness (education) given to teen girls would invariably determine the rate of teenage pregnancy in the Ihuokpara community and by extension the wider society.

The study will also in a large measure encourage, and sensitize both the individual, family, and communities to lend their support to other bodies and other spirited individuals in their articulated efforts toward checkmating the tidal wave of teenage pregnancy in the Ihuokpara community. It will be the stepping stone upon which further research work on this heart-rending issue could be based.



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