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Factors responsible for teenage pregnancy and its implication on adolescent health and education: Perception of secondary school students in Nigeria

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Abstract

Background: Teenage pregnancy has implications on adolescents' growth and development, and assessing the perceptions of students would be a panacea to improving their knowledge base.

Aim: The study determined the perception of students about factors responsible for teenage pregnancy, and its implication on adolescents' health and education.

Methods: A descriptive survey design was adopted, and 300 students were randomly selected from two secondary schools to complete a self-administered questionnaire.

Results: Findings reveal that most (46.7%) students admitted that lack of parenting care was responsible for teenage pregnancy. Furthermore, lack of self-control (36.7%) and lack of sex education (13.3%) were identified as responsible factors for teenage pregnancy to occur. Majority of the students (60%) admitted that polygamous family system acted as contributory parenting factor for teenage pregnancy. On their health and educational implication, a greater percentage (60%) among the respondents stated that teenage pregnancy could lead to school dropout, and some (20%) among the respondents admitted that it could lead to abortion, while 16.7% believe that it could lead to sexually transmitted infections. On the aftermath implication during pregnancy and delivery, most of the respondents (60.7%) acknowledged that it could lead to malnutrition, anaemia and bleeding.

Conclusion: The study concluded that lack of parenting; self-control and sex education were responsible factors for teenage pregnancy among the adolescents. The educational and health implications borders on school dropouts, abortion, sexually transmitted infections among others. Parents, teachers and government agencies would provide supportive systems with regards to prevention of teenage pregnancy.

Keywords: Adolescent's health, Education, Perception, Students, Teenage Pregnancy.

1. Introduction

The World Health Organization (WHO) defines adolescence as a period covering ages between 10 and 19 years^[1]. This is a period of transition from childhood to adulthood and a distinct and important biological and social stage of development. Pregnancy in a girl between ages 10 and 19 years is termed adolescent or teenage pregnancy^[2]. Most of these pregnancies are unplanned and/or unwanted and the girls are immature both physically and psychologically. The most worrying scenario is the large number of teenagers who having terminated their pregnancies or given birth becomes pregnant again in the next 12 months^[3]. Understanding the perception of adolescents about issues surrounding teenage pregnancy is very important in planning efficient health education interventions in the future^[1].

Baral submitted that pregnancy continues to be a complex and challenging issue for families, health workers, educators, societies, governments and adolescent (teenagers)^[4]. Teenagers constitute a high risk group that requires a high priority services. Adolescent child bearing is heavily concentrated among the poor and low income teenagers most of whom are unmarried. Teenage mothers seemed to be at high maternal and perinatal risks, therefore; it should be discouraged in order to improve adolescent reproductive health^[4].

Bradley pointed out that teenage pregnancies occur in rural areas where girls marry early when they are immature either physically and psychologically^[5]. Teenage pregnancy and sexual permissiveness seems to be increasing in many countries, thus the responsibility and result of becoming teenage parents need to be discussed with boys and girls because many teenage pregnancies result in abortion with physiologic and emotional complications.

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Some life circumstances places girls at high risk of becoming teen mothers. The main factors responsible for teenage pregnancy are poverty, poor parenting and the effect of mass media [2, 5] Poverty is strongly correlated with adolescents' mother or having a sister who has become pregnant are critical life events for becoming a teen mother [6].

Other factors associated with teenage pregnancy include – low social values and low self-esteem of girls, assault and low level of contraceptive use [6]. In addition, Bradley pointed out that early pubertal development, lack of attentive and nurturing parents, culture and patterns of early sexual experience, lack of school performance were predictors of early sexual intercourse [5]. Forest also posited the potential risk factors for a teenage girl to have early sexual behavior to include having multiple sexual partners, early use of alcohol or substance abuse, and lack of academic achievement [2].

United Nations identified adolescent pregnancy to be associated with higher rates of morbidity and mortality for mother and infant, and asserted that, teenage mothers are at risk of socio-economic disadvantage in their life time than those who delay child bearing until they are above twenty years of age; the younger the mother, the greater, the likelihood that, she and her baby will experience health complications [7]. The vulnerability of adolescent female heightens due to biological and social reasons and they are prone to pregnancy and childbearing complications such as, obstructed labour, retardation of fetal growth, premature birth, and vesico-vaginal fistula. They are also prone to abortion, sexually transmitted infections and other social vices such as substance abuse [1].

Baral also submitted that teenage mothers seem to be at higher risk of prenatal complications with child bearing [4]. They have a higher incidence of low birth weight babies, and these babies are usually associated with birth injuries, serious childhood illnesses and mental/physical disabilities.

Teenage pregnancy affects the academic performance of adolescents as it could lead to lack of involvement at school and/or drop out of school, and the children of teenage mothers are likely to be at greater risk of low intellectual mothers and academic achievement [2]. It also hampers the further education of female adolescents and consequently earning capacity and over all well-being [8]. It threatens the adolescent girls' educational career and their future economic prospects as well. Psychological and social problems implicated in adolescents' pregnancy include school interruption, persistent poverty, unmarried opportunity, separation from the child's father, divorce and repeat pregnancy [8].

WHO [1] stated that an approach for prevention of teenage pregnancy would be to create an awareness and encourage abstinence through educational program, clinic focused program to bring about behavioural change in the teens and effective contraceptive use. Forest [2] posited that adolescent sex education to prevent teenage pregnancy has recently gained importance for risk of sexually transmitted infections, premarital sex and pregnancy. Selective and successful sex education program can decrease sexual activity and increase contraceptive use in sexually active youths.

Methods

Study Design and Population

The study adopted a descriptive survey design and the population for this study comprises adolescent girls in secondary schools between ages 10 and 19 years.

Study Settings

The study was conducted in two secondary schools in Abejukolo, Omala Local Government Area of Kogi State, Nigeria. Abejukolo is the Headquarters of Omala Local Government and it is situated in the Eastern flank of Kogi State.

Sampling Technique

Purposive sampling technique was used in selecting the schools, and two secondary schools were selected (Iyaji Commercial Secondary School and Government Day Secondary School, Abejukolo). These schools are situated within the centre of the local government and they were purposively sampled because adolescent girls were studying in these schools. Simple random sampling technique was adopted in selecting the subjects for the study. Out of the total population of 800 teenage girls in both schools, 300 teenage girls were sampled considering weighting in the population sample size.

Instrument for data collection

A self-administered questionnaire was used for data collection, and there was a return rate of 100%.

Data Analysis

The researchers were personally involved in the process of data collection which lasted for about three months and data collected was analyzed using descriptive statistics.

Results

The response rate was 100% and data on socio-demographics were recorded reflecting the age, religion, marital status and ethnicity (table 1).

Data were collected on the associated factors responsible for teenage pregnancy as well as on the type of parenting acting as a contributory factor of negligence. On the associated factors responsible for teenage pregnancy, the findings showed that 140 (46.7%) admitted lack of parenting as the responsible factor, 110 (36.7%) attributed teenage pregnancy to lack of self-control, 40 (13.3%) reported lack of sex education and 10 (3.3%) believe teenage pregnancy to be attributed to poverty (table 2).

The type of parenting that acted as a contributory factor was polygamous family size (60%), monogamous family (26.7%) and single parenting was reported by 40 (13.3%) as contributory factors (table 3).

Table 4 showed the implication of teenage pregnancy on adolescents' health and education. It shows that majority of the respondents reported that teenage pregnancy leads the adolescent to drop out of school, 180 (60%) and 60 (20%) among the respondents admitted that it could lead the adolescents to commit abortion, while 50 (16.7%) admitted that, it could lead to sexually transmitted infections; only 10 (3.3%) reported infertility as a possibility.

On the aftermath implication of teenage pregnancy, many of the students admitted that, malnutrition, anaemia, and bleeding are prevalent during pregnancy and delivery periods (table 5).

Table 1: Demographic characteristics of respondents

Characteristics	Frequency (N=300)	Percentage
Age (years)		
10-15	118	39%
16-19	182	61%
Marital status		
Single	263	87.7%
Married	37	12.3%
Religion		
Christianity	184	61.3%
Islam	100	33.3%
Traditional	16	5.4%
Ethnicity		
Igala	187	62.4%
Bassa	33	11%
Agatu	40	13.3%
Iboe	10	3.3%
Yoruba	30	10%

Table 2: Responses on associated factors responsible for teenage pregnancy

Responses	Frequency	Percentage
Lack of parenting	140	46.7%
Poverty	10	3.3%
Lack of sex education	40	13.3%
Lack of self-control	110	36.7%
Total	300	100%

Table 3: Responses on the type of parenthood

Responses	Frequency	Percentage
Polygamous family	180	60%
Monogamous family	80	26.7%
Single parenthood	40	13.3%
Total	300	100

Table 4: Responses on the implication of teenage pregnancy on adolescents' health and education

Responses	Frequency	Percentage
Sexually transmitted infection	50	16.7%
Abortion	60	20%
Infertility	10	3.3%
School dropout	180	60%
Total	300	100%

Table 5: Responses on the aftermath implication of teenage pregnancy

Responses	Frequency	Percentage
Leads to health problems such as malnutrition, anaemia and bleeding	182	60.7%
No health problems during pregnancy and delivery	118	39.3%
Total	300	100

Discussion

In assessing the factors responsible for teenage pregnancy, majority (46.7%) posited that lack of parenting was responsible for teenage pregnancy. This corroborates the earlier findings of Bradley that lack of parenting was the major factor responsible for teenage pregnancy^[5]. Furthermore, respondents identified lack of self-control (36.7%) as a factor responsible for teenage pregnancy, while some (13.3%) believe lack of sex education was responsible. This supports the work of Forest^[2]. Which indicated lack of self-control and lack of sex education as responsible factors for the occurrence of teenage pregnancy.

In addition, findings from this study also reveal the type of parenting that acts as a contributory factor of negligence

responsible for teenage pregnancy. Majority of the respondents (60%) said polygamous family parenting acts more as a contributory factor. This study partially corroborates the work of Forest^[2] which says that lack of supportive environment, lack of involvement in the family or community activity or poor quality family relationships are the factors responsible for teenage pregnancies. These parameters are very imminent in polygamous family system in Nigeria.

Further findings showed that school dropout was the most prevalent (60%) as the resultant effect (implications) of teenage pregnancy on adolescent health and education. WHO pointed out that, an approach for prevention of teenage pregnancy with awareness of sex education should be included in the school curriculum for youths, as this will invariably prevent school dropout from teenage pregnancy^[1]. Also a significant proportion of the respondents (36.7%) are aware of the implication of teenage pregnancy to include abortion and sexually transmitted infections. Mazur also posited that teenagers suffer from various pregnancy complications like obstructed labour, retardation of fetal growth, premature birth, vesico-vaginal fistula (VVF) and recourse to abortion^[9].

Conclusion

The study highlighted that most secondary school students in Omala local government area of Kogi state, Nigeria, perceive teenage pregnancy as a potential barrier to their education and health. They also identified most of the factors associated with teenage pregnancy. This could be an indication of the fact that they were well informed at home or school. However, some of the students are not aware of these factors, and as such, current health education and prevention interventions should be sustained and improved upon to ensure that adolescents are aware of the problems associated with teenage pregnancy and the need to avoid it. Teenage pregnancy is becoming a global public health issue that must be dealt with sensibly and carefully, hence, these adolescents usually have crisis of identity, therefore, health care workers, teachers and parents of the adolescents should be educated appropriately on how to deal with adolescents' sex and sexuality in order to prevent the occurrence and the complications of teenage pregnancy. The adolescent must understand the physiological and psychosocial changes they are going through. This will help them to adapt and adjust to those changes and managing their identity to avoid crisis as it relates to their sex and sexuality. In a bid to transit into responsible adulthood, adolescents must be properly guided by those directly involved in their care. This study will also serve as a reference material for educators, health care personnel, parents and the caregiver on the prevention of teenage pregnancy for adolescents in secondary schools.

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