

Practices Associated with Teenage Pregnancy in Rural Area: A Case Study of Idanre Local Government, Ondo State, Nigeria

¹Akinmolafe, AbiodunOladele, ²Ola,LateefAyodeji, ³Akagbosu, Bridget Edugwu, ⁴Olayode,OluwafunmilolaOlawunmi, ⁵Akinmolafe Lydia,

¹Department of Agricultural Extension and Communication Technology, Federal University of Technology, Akure, Nigeria.

²Department of Agricultural Extension and Rural Development, ObafemiAwolowo University, Ile-Ife, Nigeria.

³Nigeria Institute for Oil Palm Research (NIFOR), Benin City, Nigeria.

⁴Department of Agricultural Extension and Communication Technology, University of Ilorin, Ilorin, Nigeria.

⁵University of Medical Science Teaching Hospital, Akure Nigeria.

Email: akinmolafeabiodun33@gmail.com

ABSTRACT

This study identified practices that contribute to teenage pregnancy in rural area of Idanre Local Government, Ondo State. Multi-stage sampling technique was used to select 120 teenagers. Data were collected through the use of a well-structured questionnaire and described using frequency, mean, standard deviation and percentage. The study population were students between 13 and 19 years in Junior Secondary School class 1 to Senior Secondary School class 3. Results showed that the mean age was 15 years. and majority (90.0%) were Christians. The study revealed that majority (94.2%) were aware of teenage pregnancy and many (79.2%) agreed that cultures which encourage sex before marriage led to teenage pregnancy. A higher percentage (72.5%) also agreed that exposure to pornographies on social media (Facebook, WhatsApp, Twitter, and Instagram among others.) could also be a motivating factor for to teenage pregnancy. Many (69.1%) were of the opinion that teenagers exposed to smoking, drugs and alcohol were likely to get pregnant. Majority (90.10%) had high knowledge about teenage pregnancy. It was concluded that teenagers who fell victims of teenage pregnancy were those with limited knowledge about teenage pregnancy, also religious institutions such as churches and mosques should be sources of information on teenage pregnancy. The paper recommended that government should formulate policies that will include sex education in school curriculum and sponsor programmes that will sensitise the populace on the consequences of teenage pregnancy.

Keywords: Teenager, Practices, Teenage Pregnancy, Knowledge.

INTRODUCTON

There is a growing concern about teenagers who interrupt or do not complete their education because of unplanned pregnancies (Undiyaundeye, Agba and Mandeun 2015). The teenagers thus affected become mothers at an early age before they are physically, psychologically and emotionally ready for the experience of parenting. Teenage pregnancy is a gestation in young woman before having reached the full somatic development (Ibrahim and Owoye, 2012). This means that a young woman who is yet to develop fully into full grown woman became pregnant carried it to term thereby became a mother at tender age. Michael and Terhemen (2020) stated that the predisposing factors to teenage pregnancy are older partner low level of education, early menarche, unemployment, early marriage and single parenthood. However, Ekefre, Ekanem and Esien (2014), were of the opinion that there was no prevalent evidence of negative consequences on teenage fathers, which means teenage fathers are less affected by the outcome of sexual intercourse that occurred between male and female teenagers which may eventually result in pregnancy.

Teenage pregnancy is an important issue for several reasons. For example, there are health risks for the baby and children born to teenage mothers are more likely to suffer health, social, and emotional problems than children born to older mothers. Alabi and Oni (2017) opined that young mothers have a lower standard of living and would likely require public assistance. Also, Stanley (2015) and Melissa (2012) supported that women who become pregnant during their teens are at increased risk for medical complications, such as premature labour and social [consequences](#), incomplete education, unemployment and other numerous

emotional traumas. It is now very common to see a child left with grandmother or great grandmother due to the fact that the biological mother of the child is too young to care for the child or lack enough experience on how to take care of a new born baby.

According to Yakubu and Salisu (2018), the prevalence of teenage pregnancy, globally, is more pronounced in Sub-Saharan Africa. This means that the highest rate of teenage pregnancy in the world is recorded in Africa. The study affirmed that 143 per 1000 pregnant girls aged 15 – 19 years are in Sub-Saharan Africa. Teenage pregnancies have become a public health issue because of their observed negative effects on perinatal outcomes and long-term morbidity. It is estimated that more than half of the females aging 15 to 19 in Africa are sexually actives. In some other African countries 30 – 40 per cent of all women gave birth before reaching 18 years. As a result, high rate of maternal morbidity, mortality, other sexually transmitted diseases and HIV/AIDS are the associated problems. This menace among teenagers is becoming a growing issue that gives concern to all citizenry because it is like watching the next generations going down the drain.

Therefore, teenagers in their desperation to get rid of the unwanted pregnancy can go to any length without considering the consequences. However, much has been said about Sub-Saharan Africa's methods of taken care of their children and some practices that contributes to teenage pregnancy. There have been a lot of practices that encourage or discourage teenage pregnancy in Africa. Some of these practices are discussed below: Fear and shyness are related to cultural taboos of discussing sexuality. Baku, Agbemafle,

Kotoh and Adanu (2018) submitted that, in Africa, parent-adolescent communication on sexuality has turned sexuality discussion into forbidden subject for fear that adolescents may become curious about their sexual desires. Thus, this prevented the children from knowing the right decisions to take with respect to their sexuality. This fear will not enable them to seek assistance from the right channels rather; their peers will become the adviser which may give wrong advice that can result in teenage pregnancy. Rexburg (2007), submitted that, the above statement is true due to the facts that these kids miss a good parental care that might give them a better education toward sexuality and pregnancies. Makundi (2010), reported that since most of the parents do not talk about sexuality with their children, most of the teens are not well educated about sex activities and its impacts. Most of these teenagers get this education from peers, TV, magazines and school mates, sometimes information gotten from these sources are misleading and misguided. Another practice is the gender inequality. Gender inequality is one of the factors that have been associated with teen pregnancies. Hanson, McMahon, Griese and Kenyon (2014), reported that socially constructed beliefs about femininity often encourage virginity and discourage sexual activity for young women, whereas beliefs about masculinity often encourage the opposite, valuing young men's sexual virility and promiscuity, even if they themselves prefer to be monogamous or abstain from sexual activity. In many African societies, girls are not given equal chances into family positions and most of them are not well educated. This may be critical factor influencing teenage pregnancies but it has not been proofed empirically. Also, other practices that may encourage young girls getting pregnant may also be hidden in our societies. This is the

basis through which this research is conducted to identify the practices that may promote teenage pregnancies in Idanre Local Government Area, Ondo State, Nigeria.

Specific Objectives of the study

The specific objectives are to:

- (i) describe socio – economic characteristics of respondents in the study area;
- (ii) determine the knowledge level of respondents on teenage pregnancy; and
- (iii) identify practices that lead to teenage pregnancy.

Methodology

Idanre Local Government Area was selected for this study. The town is one of the 18 Local Government Areas and it is an historic town in Ondo state, Nigeria. It is located at the foot of the scenic Idanre Hills which is of unique cultural and environmental significance that attracts many tourists.

The town is about 20 km southeast of the state's capital, Akure. It has a land area of 1,914 km² and a population of 129,024 (National Population Commission, 2006) with a Latitude of 7°05'32"N 5°07'56"E. Idanre is Nigeria's largest cocoa producing area. It has 10 public secondary schools and 72 public primary schools. The indigenes are mainly Yoruba speaking tribe, and according to Tunde (2011) their primary occupation is farming and trading.

Census was used to select the sample for the study. This involved the selection of the two secondary schools in Idanre the LG headquarters namely: Ala Community Comprehensive High School, Ala-Elefosan, Idanre and Onisere Community High School Ofosu, Idanre, followed by the selection of all female students that are between 13 and 19 years in the schools

from JSS I to SSS III. The total number of girls in the two schools were: 85 and 102, respectively. However, 60 copies of the questionnaires used for data collection were suitable for analysis. Thus, a total of 120 respondents were used for the study. A Key Informant was interviewed at the Gynecologic Ward of Ondo State Specialist Hospital, Akure (now University of Medical Sciences Teaching Hospital). The instrument was validated by expert in University of Medical Sciences Teaching Hospital, Akure and experts in the field of Agricultural Extension and Rural Sociology. The interview schedule was put to reliability test using test and retest method.

Measurement of variables

Objective 1: Selected socio-economic characteristics of the respondents. This was measured using frequency, percentage, mean and standard deviation.

Objective 2: Teenagers' knowledge level on teenage pregnancy was measured 2 points dichotomous scale of 'Yes' and 'No'. This was further measure using Yes = 1 and No = 0. The highest score was 9 points and the lowest was 0. Therefore, any respondent that scores between 5 and 9 points was rated high while 0-4 was rated low.

Objective 3: Practices that contributes to teenage pregnancy. This was measured using grand mean. The grand mean was 2.87, any positive statement with the mean score higher than the grand mean score was said to be true while those lower than the grand mean score were termed untrue.

Results and Discussions

Section A: Selected socio-economic characteristics of the respondents

Age of the respondents

Results in Table 1 reveal that 30.8% were 15 years old, 29.2% were 16 years old and 17 years old were 20.0%. It also reveals

that 11.7%, 6.7%, 0.8% and 0.8% were aged 14, 18, 13 and 19 respectively. The mean age was 15 ± 1.42 . This finding is in line with the WHO (2014) age range for teenager as people between the age brackets of 13 and 19 years. Based on the above finding, it was observed that most of the students were between 14 and 18 years of age and they were in Senior Secondary School class 1 – 3 . Therefore, educating them on teenage pregnancy may assist them in having sound sex education. This will be helpful in preventing the embarrassment and hazards that this may caused to individuals, their parents and the society at large..

Religion of the Respondents

Results in Table 1 reveal that majority (90.0%) of the respondents were Christian while only 10.0% were Muslim. This result shows that Christianity is the predominant religion in the study area. This means worship centres could be avenues for dissemination of information on teenage pregnancy as Christianity preaches against sex before marriage

Respondents' Household size

Results in Table 1 show that majority of the respondents (75.0%) had between 5 and 10 people under the same roof and eating from the same pot, while about 23.3% had less than 5 people as their household size. Only 1.7% had household size between 11 – and 15 people. This result shows that teenagers in the study area have quite large family with a mean household size of approximately 7. Large number of people per house may encourage girl child to have immoral behavior, especially, those with poor financial status. This finding supports the submission of Olawuyi and Adetunji (2013) that the mean household size in Oyo State (one of the states in the South West Nigeria) was approximately 8 persons. The

large family size, however, may reduce the quality of care and attention given to teenagers, thus make them prone to teenage pregnancy.

Respondents Receiving Pocket Money

The result in Table 1 indicates that majority (80.0%) receive pocket money, while 20.0% were not given pocket money by their parents/guardians. This reveals that Parents/Guardians were performing their financial responsibilities towards their Children/wards. However, if the money given as pocket money was not enough to meet the needs of these teenagers, it could open room for the teenagers to seek for other sources of income which may expose them to pre-marital sexual behavior thus, this may lead to teenage unwanted pregnancy.

Respondents' Types of Family

Result in Table 1 reveals the type of family of the respondents. It was observed that majority (73.3%) hailed from a monogamous home, while 20.8% were from polygamous family but only 5.8% lived in separated homes. This indicates that monogamy type of family is predominant in the study area. This however, means that teenagers will be under close tutelage of their parents instead of polygamous or separated homes where they may be free to do what they like which may likely contribute to having sex partners and the consequence is unwanted pregnancy.

Teenager's Place of Residence

Results in Table 1 indicate that many (60.0%) were living with both parents, 20.8% lived alone while 6.7%, 0.8%, 3.3% and 8.3 were living with mother alone; father alone, grandparents and relatives, respectively. This result shows that teenagers that lives with both parents may

all things being equal, experience the guidance of parents which can discourage teenage pregnancy but those that live alone will enjoy some freedom that can expose them to the danger of immoral behaviours, resulting to unwanted pregnancy.

Teenagers' Awareness Level on Teenage Pregnancy

Result in Figure 1 reveals that majority (94.2%) were aware of Teenage Pregnancy while only 5.8% were not aware of it. This showed that teenagers in the study area had seen or had knowledge of teenage pregnancy. This is similar to the finding of Ibeh and Ikechebelu (2002), which shows that the level of awareness of teenage pregnancy was high (71.8%) among teenagers in Awka, Anabra state.

Knowledge Level on Teenage Pregnancy

Results in Table 2 reveal that, majority (95.0%) of the teenagers did not have male sexual partner(s), majority (96.7%) agreed that sexual intercourse leads to pregnancy. Many (73.3%) agreed that having sex for the first time can leads to pregnancy, majority (95.0%) believes that multiple sex partners create problems for teenagers. Majority (77.5%) agreed that peer group can assist teenager to abstain from sexual intercourse, above half (56.7%) disagreed with the statement that, inclusion of sex education in school curriculum cannot prevent pregnancy while 43.3% agreed with the statement. A little above half (55.0%) disagreed with the statement, that poor parenting cannot lead teenager to become pregnant while 45.0% agreed with the statement. Majority of the respondents (89.2%) agreed that teenager that is more matured may tricked other less matured ones to have sex. Majority (60.0%) also agreed that, a teenager from a poor background will be liable to getting pregnant. It can be deduced that the

respondents has good knowledge about teenage pregnancy.

Therefore, with this level of knowledge it can be adjudged that total abstinence from sexual behavior may save the girls from unnecessary stress and therefore secure their future. This was in tandem with Prestage (2013), submission that sexual knowledge is vital not only to adults but to teenagers as well.

Teenager's Perceived Knowledge level on Teenage Pregnancy

The result in Figure 1 shows that, majority (90.10%) had high knowledge level on teenage pregnancy while only 9.9 0% had low knowledge level. This finding was supported with an interview of a Key Informant at Ondo State Specialist Hospital, Akure (now University of Medical Sciences Teaching Hospital) reported how teenagers desperately abort pregnancies.

“My experience at Gynecological ward revealed how desperate teenagers who got pregnant became in order to terminate the result of their sexual activities. They (teenagers) use drugs, visit quack doctors, and use herbs among others to terminate unwanted pregnancies. Some will be brought here on emergency after their desperation has caused a lot of havoc”....
Excerpt from a Key informant

Practices that lead to Teenage Pregnancy

Result in Table 3 reveals the mean scores of series of statements on practices that lead to teenage pregnancy. Among the statements are: cultures that encourage sex before marriage lead to teenage pregnancy and underage marriage leads to teenager getting pregnancy early in life had mean score 3.15 and rated the leading practices that lead to teenage pregnancy. It was also followed by exposure to pornographies in

social media (Facebook, Whatsapp, Twitter, Instagrametc) can lead to teenage pregnancy with mean score 3.09. Teenagers agreed with teenagers that are restricted from discussing sexual related issues at home get pregnant easily with a mean score of 2.92. However, two practices, Teenagers from broken homes get pregnant easily ($\bar{X} = 2.82$) and teenagers with parents of low income easily get pregnant ($\bar{X} = 2.39$) were rated lower by the respondents. This means that teenagers did not see these practices as reasons for a girl child to get pregnant. The grand mean of these variables was $\bar{X} = 2.87$. This means that any practice (positive question) with mean lower than the grand mean is not true while those above the total mean score are true. Except for the negative question which is Genital mutilation cannot lead to pregnancy where the mean score was $\bar{X} = 2.59$. This is a mean that was strong at the negative score. The practices highlighted above revealed that teenagers in the study areas understood the impact of these practices on teenage pregnancy. This should encourage them to avoid those practices that are dangerous to their future achievements. This was in contrast with Amoran (2012) that despite several campaigns against teenage pregnancy in the developing countries, the incidence of teenage pregnancy has not decreased. Alabi and Oni (2017) also posited that school drop-out, inadequate care for the child born by teenage mother, health problems and a host of other vices lead to teenage pregnancy.

Conclusion

The following conclusions were arrived at in conjunction with the major findings of the study.

- i. Majority of teenagers were aware of teenage pregnancy. Teenagers were

- in Junior Secondary Class I and Senior Secondary School 3.
- ii. Teenagers in the study area showed high level of knowledge of teenage pregnancy.
 - iii. They were aware of those practices that can lead to teenage pregnancy.
 - iv. Teenagers in the study did not agree that girls from broken homes, from single parent, or living alone are susceptible to unwanted teenage pregnancy.

Recommendations

Emanating from the findings and the conclusion of this study were the following recommendations:

- Sex education should be included in school curriculum from primary school level to secondary level.
- Government should enact laws that will prevent underage marriage.
- Health workers should be posted to school as counsellors on Sexual Reproductive Health.
- Churches and Mosques should be avenues to disseminate more information on teenage pregnancy since teenagers were affiliated to either church or mosque.

References

Alabi, O. T. and Oni, I. O. (2017). Teenage Pregnancy in Nigeria: Causes, Effect and Control. *International Journal of Academic Research in Business and Social Sciences*, 7(2)17-32.

Amoran O. E. (2012). A comparative analysis of predictors of teenage pregnancy and its prevention in a rural town in Western Nigeria. *International Journal for Equity in Health*. 11(37) 4 <http://www.equityhealthj.com/content>.

Baku, E. A., Agbemafla, I, Kotoh A. M. and Adanu R. M. K. (2018). Parents'

Experiences and Sexual Topics Discussed with Adolescents in the Accra Metropolis, Ghana: A Qualitative Study; *Journals of Advances in Public Health*. 2018(1)9 <https://doi.org/10.1155/2018/5784902>

Ekefre, E. N., Ekanem, S. A. and Esien, O. E., (2014). Teenage Pregnancy and Education in Nigeria. A Philo-Sociological Management Strategy; *Journal of Educational and Social Research* 4(3):41.

Hanson, J. D., McMahon, T. R., Griese, E. R. and Kenyon D. B. (2014). Understanding Gender Roles in Teen Pregnancy Prevention among American Indian Youth: *Am J Health Behavior*; 38(6) 807 -815.

Ibeh C. C. and Ikechebelu J. I. (2002). Teenage Pregnancy: Knowledge and Attitude of Adolescents in Southeast Nigeria. *Vol.7(2) 2002: 104-107* / *Vol.7(2): 104- 107*

Ibrahim, I. A. and Owoeye, G., (2012). Outcome of Teenage Pregnancy in Niger Delta of Nigeria. *Ethiopian Journal of Health Science* 22(1): 45 – 50.

Makundi, P. E., (2010). Factors contributing to high rate of teen pregnancy in Mtwara Region, Tanzania. Dissertation submitted in partial fulfillment of the Degree of Master of Art in Health policy and management, Muhimbili University of health and Allied Sciences.

Michael I. O. and Terhemen K. (2020). Teenage Pregnancy: Prevalence, Pattern and Predisposing Factors in a Tertiary Hospital, Southern Nigeria. *Asian Journal of Medicine and Health*. 17(3): 1-5.

Melissa, F. (2012). Teenage pregnancy from http://wwerarly Symptoms of pregnancy. Accessed on line on 4/03/2019

National Population Census (NPC) (2006)

Olawuyi S. O. and Adetunji M. O. (2013). Assessment of Rural Households Poverty in Nigeria: Evidence from Ogbomoso Agricultural Zone of Oyo State, Nigeria. [Journal of Scientific Research and Reports](#) 2(1):35-45 .

Prestage M. (2013). Assessing teenagers' knowledge, attitudes and perceptions towards teenage pregnancy. The case of a Durban High School. Dissertation presented in fulfillment of the Degree of Master of Social Science, in The Centre for Communication, Media & Society, School of Applied Human Sciences, University of KwaZulu-Natal, Howard College, Durban, South Africa. p2.

Rexburg, M., (2007). "I am a shame"- A qualitative field study of the prevalence of teenage pregnancy within the Burundian refugee camps in Tanzanian. A dissertation submitted to Mahro University in partial fulfilment of bachelor degree in Human right

[Tunde A. M. \(2011\). Perception of Climate Variability on Agriculture and Food Security by Men and Women Farmers in Idanre L.G.A, Ondo State. Nigeria. Ethiopian Journal of Environmental Studies and Management](#) 4(2) 22.

Stanley, J. S., (2015). Teen Pregnancy, consequences of Teenage Pregnancy accessed on [www.healthcommunities.com/teen-pregnancy/children.](http://www.healthcommunities.com/teen-pregnancy/children)

[Undiyaundeye, F. A., Agba, A. A. and Mandeun T. \(2015\). The Effect of Teenage Pregnancy on the Girl-Child in Nigerian Society. International Journal of Multidisciplinary Thought, CD-ROM. ISSN: 2156-6992: 05\(04\):283 -289.](#)

World Health Organization, (2014). Teenage Pregnancy. Accessed on [http://www.who.int/en/.](http://www.who.int/en/)

Yakubu, I. and Salisu, W. J. (2018). Determinants of Adolescent Pregnancy in Sub-Saharan Africa: a systematic review. *Reproductive Health* 15(15): 2 - 11

Yohannes A. H., Anteneh Y. and Telake A. B. (2018). Prevalence and Factors Associated with Teenage Pregnancy, Northeast Ethiopia, 2017: A Cross-Sectional Study. *Hindawi Journal of Pregnancy*. 2018(1) 3-6, <https://doi.org/10.1155/2018/17145>
27

Table 1: Showing the distribution of respondents according to selected socio-economic characteristics. n = 120

Variable	Frequency	
	Percentage	Central tendency
Age (Years)		
13	0.8	1
14	11.7	14
15	30.8	37
16	29.2	35
17	20.0	24
18	6.7	8
19	0.8	1
Religion		
Christianity	90.0	108
Islamic	10.0	12
Household Size		
<5	23.3	28
6 – 10	75.5	90
11 – 15	1.7	2
Receiving of Pocket Money		
Yes	80.0	96
No	20.0	24
Family Type		
Monogamy	73.4	88
Polygamy	20.8	25
Separated Home	5.8	7

Place of residence

Alone	20.8	25
With both Parent	60.0	72
With single mother	6.7	8
With single father	0.8	1
With grandparent	3.3	4
With relative	8.3	10

Source: Field survey 2016

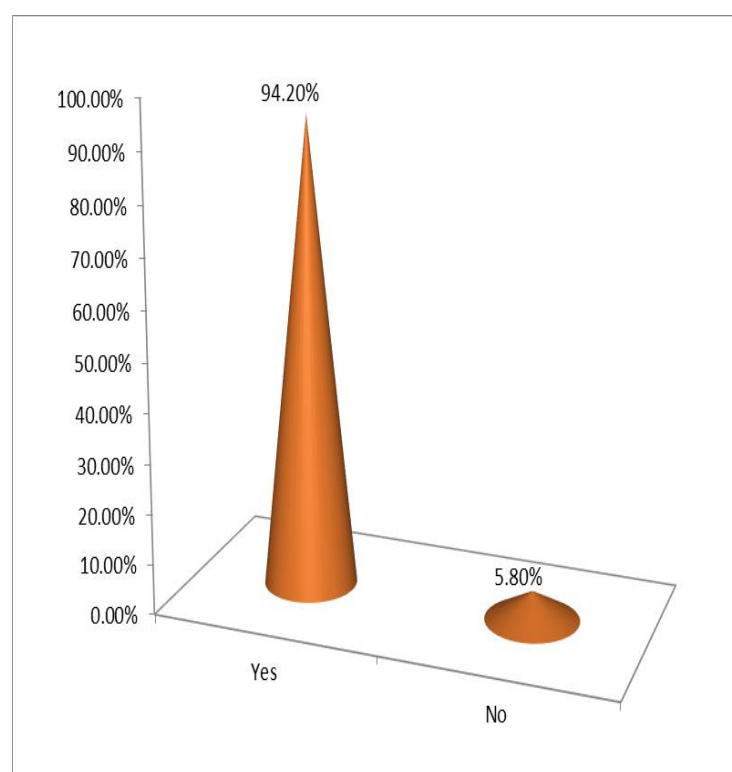


Figure 1: Chart showing Teenagers awareness level

Table 2: The distribution of respondents by knowledge level n=120

STATEMENT	NO (%)	YES (%)
1. Do you have a sexual partner?	6 (5.0)	114 (95.0)
2. Sexual intercourse leads to pregnancy.	116 (96.7)	4 (3.3)

3. Having sex for the first time cannot leads to pregnancy.
32 (26.7) 88 (73.3)
4. Multiple sex partners create problems for teenager.
114 (95.0) 6 (5.0)
5. Peer group can assist teenager to abstain from sexual intercourse.
93 (77.5) 27 (22.5)
6. Inclusion of sex education in school curriculum cannot prevent pregnancy.
52 (43.3) 68 (56.7)
7. Poor parenting cannot lead teenager to become pregnant.
54 (45.0) 66 (55.0)
8. Teenager that is more matured may tricked other less matured teenager to have sex.
107 (89.2) 13 (10.8)
9. A teenager from a poor background will be liable to getting pregnancy.
72 (60.0) 48 (40.0)

Table 3: Distribution of Teenagers according to practices that lead to teenage pregnancy

S/N	Variables	Mean Score
1.	Cultures that encourage sex before marriage lead to teenage pregnancy.	3.15
2.	Underage marriage leads to teenager getting pregnancy early in life.	3.15
3.	Exposure to pornographies in social media (Facebook, Whatsapp, Twitter, Instagram etc) can lead to teenage pregnancy.	3.09
4.	Teenagers that are restricted from discussing sexual related issue at home get pregnant easily.	2.92
5.	Teenagers from broken home get pregnant easily	2.82
6.	Genital mutilation cannot lead to pregnancy	2.59
7.	Teenagers with parents of low income easily get pregnant	2.39

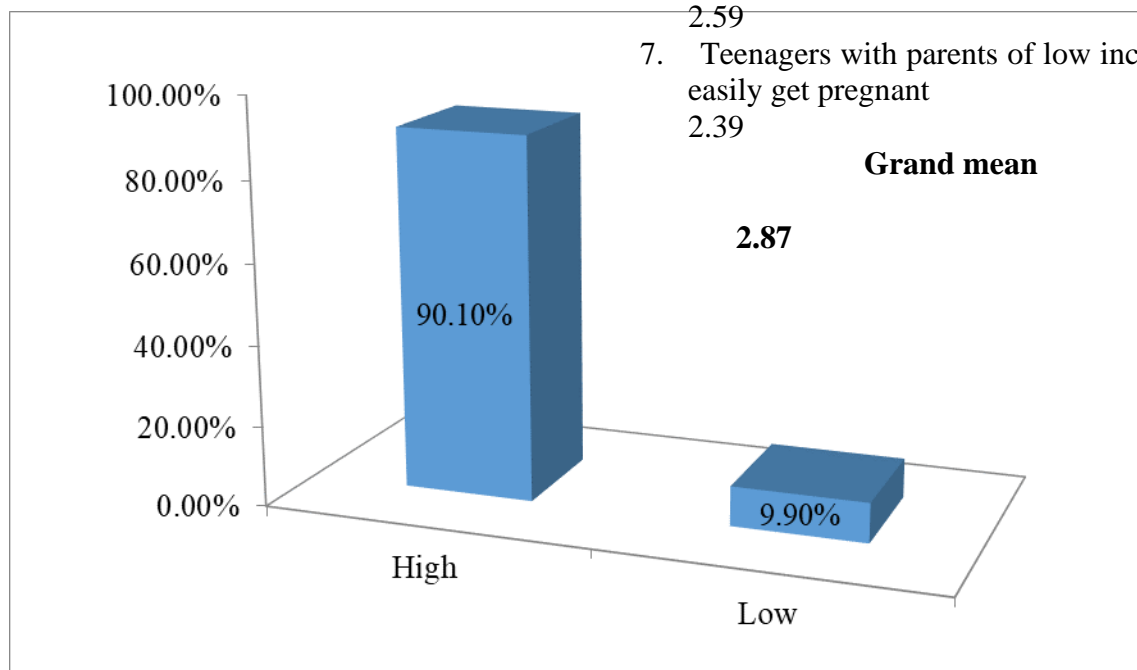


Figure 2: Bar chart showing Teenagers' perceived knowledge level on Teenage Pregnancy