

Perceived Effect of Teenage Pregnancy Among Female Senior Secondary School Students in Oredo Local Government Area of Edo State

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ABSTRACT

Teenage pregnancy is seen as a major threat to human health. This study examined the perceived effect of teenage pregnancy among secondary school students in Oredo Local Government Area of Edo State. Three research questions were raised for this study. The descriptive survey research design was used for the study. The population for this study was 6 946 female secondary school students. Systematic and simple random sampling techniques were used for the study and 376 respondents were drawn as the sample for this study. The instrument used for this study was a self-structured questionnaire making up of two sections. The questionnaire was validated by the three experts in the field of Health, Safety and Environmental Education. A split half method was used to check the reliability of the instruments by computing the odd and even scores. A Pearson correlation coefficient value of 0.73 was obtained. The data collected were analyzed using frequency count and simple percentage. The findings revealed that the respondents were involved in practices leading to teenage pregnancy, also that exposure to pornographic materials, poverty and peer pressure could cause teenage pregnancy. In line with the findings of the study, it was recommended that sexuality education should be undertaken at both at home and in the schools.

Keywords: Perceived effects, Teenage Pregnancy, Secondary School, Female Students,

INTRODUCTION

Teenage pregnancy has become a public health issue because of its observed negative effects and cause on perinatal outcomes and long term morbidity. Each year, over 20 million girls (15 to 19 years) in developing countries become pregnant and an estimated 12 million of the population give birth (Darroch et al; 2016, WHO, 2022). Data on births from adolescent girls below the age of 15 in developing countries is not readily available, limited data from Nigeria, Angola, Bangladesh and Mozambique point to birth rates in this age group exceeding 10 births per 1000 girls as at 2020 (United Nations, 2020). The effects of teenage pregnancy are many and far reaching. Akanbi, Afolabi and Aremu (2020) and Centres for Disease Control and Prevention (2016) revealed that effects of teenage pregnancy include preterm labour, intrauterine growth, sexually transmitted infections, sexual violence and limited access to medical services; they also suffer depression, frustration, stigmatization, and post-partum depression, this greatly affects their emotional, mental and psychological health. The risk of neonatal mortality is markedly greater for infants with mothers under 16 years old (Neal, Channon & Chintsanya, 2018).

Social factors such as; decreased supervision by parents, early initiation to sexual activities, and pressure from families to marry at an early age are some of the contributing factors of teenage pregnancy (Anena, Orishaba & Mwesigwa, 2020). Again, in a number of communities, young girls are pressured to marry and give birth early in order to provide financial assistance (WHO; 2020). Many adolescent pregnancies mostly occur in low

and middle-income countries, and are commonly influenced by poverty and lack of education among others (UNICEF, 2013).

Statement of the Problem

Teenage age, often known as adolescence, is a time of transition marked by stress and anxiety. Unfortunately, young people often lack the necessary experience to cope effectively with this stress. Without proper guidance, teenagers are prone to engaging in self-destructive behaviours that can lead to pregnancy, abortion and other issues. Many parents feel that their young ones will be taught sex education in school while the schools have failed to meet that demand. So there is no good foundation of sex education both in school and at home, and there is also the powerful influence of the media. Teenagers usually spend more time watching sexual contents on TV and they are more likely to practice these behaviors in real life. Teenage pregnancy poses a threat to the life of the teenage mother such as; high blood pressure, anaemia, isolation, post-partum depression, obstructed labour, premature delivery, contracting STI's, hemorrhage and death. Teenage pregnancy can also lead to low educational achievement, school drop-out, poor health and poverty. Pregnancy at an early age is risky for the mother and the baby.

Moreover, babies born to adolescents also face a significantly higher risk of death compared to babies born to older women (Marshall & Jones, 2012). Teenage pregnancy also has significant long term social consequences for the adolescent, the child given birth to, the families involved and the community at large. The children of teenage mothers are also more likely to have lower school achievement and drop out from school, have more health problems, are incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult (Perper, Peterson & Manlove; 2010). There is a dearth of studies on the perceived effect of teenage pregnancy among secondary school students in Oredo Local Government Area of Edo State. It is this gap in research the researcher attempts to fill.

Research Questions

The following research questions were raised to guide the study

1. What are the perceived effects of teenage pregnancy among female secondary school students in Oredo Local Government Area?
2. What are the perceived causes of teenage pregnancy among secondary school students in Oredo Local Government Area?
3. To what extent do female secondary school students engage in practices leading to teenage pregnancy?

METHODOLOGY

This study employed the descriptive survey design. Descriptive survey was used to describe characteristics of a population being studied. The population of this study comprised all female senior secondary students in Oredo Local Government Area of Edo State with the total population of 6 946. The researchers adopted the two stage sampling techniques. Firstly, the systematic sampling technique was used to select one and every fourth school on the list of schools in the local government. Hence three secondary schools were selected from the ten schools in the local government. Then a simple random

sampling technique by balloting was used to select 10% of the students from each of the three schools selected. The sample size for the study was therefore 376 students. A self-constructed structured questionnaire with 15 items was the instrument used for the collection of data and it was constructed after meticulously studying the related literature of the study. The instrument was designed to elicit responses on the perceived effects of teenage pregnancy, causes of teenage pregnancy and the extent secondary school students engage in teenage pregnancy. The four point Likert scale was used for perceived effects of teenage pregnancy and causes of teenage pregnancy while a three point scale was used to elicit responses on the extent of practice. In order to establish the content and face validity of the instrument for the study, the researcher presented the instrument to three experts in the Department of Health, Safety and Environmental Education, after which their suggestions, corrections and contributions were effected in the final draft of the instrument so as to ensure that the instrument measure what it set to measure. To test the reliability, the researcher used split half method to measure internal consistency of the instrument. The test was administered to twenty (20) students outside the real population but similar to the real population. The responses collected was split into two halves that is the even numbers and the odd numbers after which the result was correlated using Pearson Product Moment correlation formula to obtained the reliability coefficient which was 0.73. The instrument was administered by the researcher and the research assistant, and data was collected at the spot to ensure high rate of return. The descriptive statistic of frequency count and simple percentage was used to analyze the data.

RESULTS

Research Question 1

What are the perceived effects of teenage pregnancy among female secondary school students in Oredo Local Government Area?

Table 1

Perceived effects of teenage pregnancy among female secondary school students in Oredo Local Government Area (n=376)

S/N	ITEMS	SA (%)	A (%)	D (%)	SD (%)	Total (%)
1	I think teenage pregnancy leads to school dropout	211 (56.12)	143 (38.03)	12 (3.19)	10 (2.66)	376 (100%)
2	I think teenage pregnancy leads to death due to the age of the mother	105 (27.92)	132 (35.11)	67 (17.82)	72 (19.51)	376 (100%)
3	I think teenage pregnancy leads to premature delivery	156 (41.49)	103 (27.39)	48 (12.77)	69 (18.35)	376 (100%)
4	I think teenage pregnancy leads to sexually transmitted infections such as HIV/AIDS	205 (54.52)	154 (40.96)	11 (2.93)	6 (1.59)	376 (100%)
5	I feel teenage pregnancy leads to stigma on the girl child	235 (62.5)	114 (30.32)	19 (5.05)	8 (2.13)	376 (100%)

Table1 above revealed that 56.1% of respondents strongly agreed that teenage pregnancy leads to school dropout among female senior secondary school students, 38.0% agreed that teenage pregnancy leads to school dropout among female senior

secondary school students. 3.2% of respondents disagreed that teenage pregnancy can lead to school dropout among female senior secondary school students, while 2.7% strongly disagreed. About 27.9% strongly agreed that teenage pregnancy leads to death due to the age of the mother, 35.1% agreed, 17.8% disagreed while 19.5% strongly disagreed. A total of 41.5% of respondents strongly agreed that teenage pregnancy leads to premature delivery, 27.4% agreed, 12.8% of respondents disagreed while 18.4% strongly disagreed. About 54.5% of respondents strongly agreed that teenage pregnancy leads to sexually transmitted infections such as HIV/AIDS, 40.9% agreed, 2.9% disagreed while 1.6% strongly disagreed that teenage pregnancy leads to sexually transmitted infections. A total of 62.5% of respondents strongly agreed that teenage pregnancy conveys social stigma to the girl child, 30.3% agreed, 5.1% disagreed while 2.1% strongly disagreed.

Research Question 2

What are the perceived causes of teenage pregnancy among female secondary school students in Oredo Local Government Area?

Table 2

Perceived causes of teenage pregnancy among female secondary school students in Oredo Local Government Area

S/N	Perceived Causes of teenage pregnancy	SA (%)	A (%)	D (%)	SD (%)	Total
6	Exposure to pornographic content on the internet and the media can lead to teenage pregnancy	209 (55.59)	143 (38.03)	13 (3.46)	11 (2.92)	376 (100%)
7	Poverty encourages teenagers to engage in premarital sex which may lead to teenage pregnancy	226 (60.11)	132 (35.11)	10 (2.66)	8 (2.12)	376 (100%)
8	Pressure from peers into sexual relationships can lead to teenage pregnancy	245 (65.16)	112 (29.79)	12 (3.19)	7 (1.86)	376 (100%)
9	School dropout can lead to teenage pregnancy	211 (56.12)	145 (38.56)	11 (2.93)	9 (2.39)	376 (100%)
10	Some culture encourages young marriages which then leads to teenage pregnancy	201 (53.46)	137 (36.44)	21 (5.58)	17 (4.52)	376 (100%)

Table 2 indicates that 55.6% of respondents strongly agreed that exposure to pornographic content on the internet and the media can lead to teenage pregnancy, 38.0% agreed, 3.46% of respondents disagreed, while 2.9% strongly disagreed. About 60.1% of respondents strongly agreed that poverty encourages teenagers to engage in premarital sex which may lead to teenage pregnancy, 35.1% agreed, 2.6% of respondents disagreed, while 2.1 strongly disagreed. A total percentage of 65.1 respondents strongly agreed that pressure from peers can lead to teenage pregnancy, 29.7% agreed, 3.1% of respondents disagreed, while 1.8% strongly disagreed. A total of 56.1% of respondents strongly agreed that dropout from school can lead to teenage pregnancy, 38.5% agreed, 2.9% of respondents disagreed while 2.3% strongly disagreed. About 53.4% of respondents strongly agreed that some culture and encourages young marriages which then leads to teenage pregnancy, 36.4% agreed, 5.5% of respondents disagreed while, 4.5% strongly disagreed.

Research Question 3

To what extent do female secondary school students engage in practices leading to teenage pregnancy?

Table 3

Analysis of Extent Female Secondary School Students Engage in Teenage Pregnancy

S/N	Items	Always (%)	Sometimes (%)	Never (%)	Total
11	I engage in sexual activities without my parents' consent	89 (24.0)	64 (17.02)	223 (59.3)	376 (100%)
12	My boyfriend initiates sex most of the times	201 (53.5)	123 (32.7)	52 (13.8)	376 (100%)
13	I have sexual intercourse without using a condom	136 (36.2)	127 (33.8)	113 (30.1)	376 (100%)
14	I have been pregnant before	98 (26.1)	76 (20.2)	202 (53.7)	376 (100%)
15	I engaged in sexual intercourse last month	48 (12.8)	63 (16.8)	265 (70.5)	376 (100%)

Result as presented in Table 3 shows that 24% of respondent always engage in sexual activities without their parents' consent, 17.0% sometimes engages in sexual activity while 59.3% never did. A total of 53.5% of respondent said their boyfriend always initiated sex, 32.7% said he sometimes did initiate sex while 13.8% said he never did. A total of 36.2% said they always have sexual intercourse without using a condom, 33.8% said they sometimes have sex without a condom while 30.1% never had sex without a condom. About 26.1% have been pregnant before, 20.2 have sometimes been pregnant while 53.7% have never been pregnant. A total of 12.8% have always engaged in sexual intercourse in the last month, 16.8% have sometimes engaged in sexual intercourse while 70.5 have not.

DISCUSSION of findings

In reference to the first research question, what is the perceived effect of teenage pregnancy among female secondary school students? A careful look at the result revealed that school dropout, sexually transmitted infections, social stigma, premature delivery and death are among the the effects. This finding is consistent with an earlier study carried out by Akanbi, Afolabi and Aremu (2020) which revealed that effects of teenage pregnancy were found to be preterm labour, intrauterine growth, sexually transmitted infections, sexual violence and limited access to medical services. This was again corroborated by (Neal, Channon & Chintsanya; 2018) who said the risk of neonatal mortality in all countries was markedly greater for infants with mothers under 16 years old. The findings is again consistent with the Centres for Disease Control and Prevention (2016) who asserted that teenagers are mocked and judged so harshly by society that they seem to be dying slowly, they also suffer depression, frustration, stigmatization, and post-partum depression, this greatly affects their emotional, mental and psychological health.

Results obtained with regards to the second research question what are the perceived causes of teenage pregnancy? A detailed look revealed that exposure to pornographic content, poverty, pressure from peers, dropout from school and culture were

found to be some of the causes of teenage pregnancy. This is consistent with Anena, Orishaba and Mwesigwa, (2020) who opined that social factors such as; decreased supervision by parents, early initiation to sexual activities, and pressure from families to marry at an early age were some of the contributing factors of teenage pregnancy. Again, in a number of communities, young girls are pressured to marry and give birth early in order to provide financial assistance (WHO; 2020). The findings was again corroborated by (UNICEF, 2013) who asserted that adolescent pregnancies mostly occur in low and middle-income countries, commonly influenced by poverty and lack of education among others.

Results gotten from the third research question which states to what extent do female secondary school students engage in teenage pregnancy? It was revealed that female secondary school students engage in teenage pregnancy to a large extent. This is consistent with Moisan et al., (2016) who asserted that the proportion of adolescents who report having sexual intercourse has increased steadily since the 1970s. They further reiterated that the proportion of females aged 15- 19 years engaging in sexual activities increased from 26.6% in 1970 to 55.5% in 1988 with the percentage of 15 year olds rising from 4.6% to 25.6% over the period (Moisan et al; 2016). The finding was again corroborated by Alabi and Oni (2017) who asserted that in Nigeria, 23% of females aged between 15-19 years are bearing children. Again, adolescent pregnancy has become a major public health problem, particularly in sub-Saharan Africa where almost 10% of girls become mothers by age 16 years, leaving them with the highest rates in Africa (Nigerian Demographic Health Survey (NDHS); 2018).

RECOMMENDATIONS

The following recommendations were made;

1. Parents should create a home environment that fosters communication, understanding and support towards their daughters to ensure the inculcation of moral values to prevent coerced sex, thus reduce teenage pregnancy.
2. Sexuality education should be undertaken at both family and formal school levels to create good knowledge of the structure and functions of the girls' reproductive system.

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