

Teenage Pregnancy in Nigeria: Causes, Effect and Control

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ABSTRACT

Teenage Pregnancy, a case of under-aged girl usually within ages of thirteen to nineteen years becoming pregnant, is a serious cankerworm that has eaten deep to the fabric of our societies in this contemporary period. The term in every day speech usually refers to women who have not reached legal adulthood to become pregnant. This study focused on the prevalence of this act among the teenagers in Nigeria. The study investigated the general causes, effect and the way out of this social menace in our societies. The study adopts descriptive method to identify basic factors and their effects as they affect our societies. Some of the root causes identified are poverty, peer pressure and media influence while the effects include: school drop-out, inadequate care for the child born by teenage mother, health problems and a host of other vices. The study suggested adequate parental care, eradication of street hawking and inculcation of moral values through religious bodies as ways of reducing teenage pregnancy in Nigeria.

Keywords: Teenagers, Teenage Pregnancy, Pregnancy, Sex, Health.

Background to the Study

One of the salient responsibilities of women is procreation as ordained by God. However there are conditions to be met before a woman could start procreating. In African context, the act of procreation is a responsibility of grown up young adults who have been found to be physically, economically, emotionally, spiritually and at large psychologically matured; that is why marriage act is highly contracted and celebrated in our present societies. The observed situation prevalent in both developed and underdeveloped world is such that there are, however, girls as young as ten who are sexually active and occasionally become pregnant and give birth, such that girls of between thirteen and nineteen years are now getting pregnant at an alarming rate. Surveys by investigators such as Briggs (2001), Onuzulike (2003) and others revealed that teenagers become sexually active at an early age with corresponding high fertility. This condition is widely referred to as teenage pregnancy. Teenage Pregnancy is



defined as 'a teenager or under-aged usually within ages of thirteen to nineteen years becoming pregnant'. The term in every day speech usually refers to women who have not reached legal adulthood who become pregnant, (Oguguo, 1995).

Teenage is often used interchangeably with adolescence. World Health Organization – WHO (1997) opined that, it is the period between 10 and 19 years when the secondary sex characteristics appear. Turner and Helms (1993) reported that the teen years fall between the ages of 13 and 19 years. The issue of pregnancies among teenage girls seems to be one of the social problems facing not only Nigeria, but also several other nations of the world.

Teenage sexual activities in Nigeria also tend to be on the increase (Nwosu, 2005; Okafor, 1997). A major consequence of these increase sexual activities among teenagers is out of wedlock pregnancies that may result in abortion, childbirth or even death. Pregnancy at whatever stage in life can be a life changing experience that cuts across boundaries of race, educational attainment and socio-economic status (Kost et al., 2010). Motherhood places demands on one's life which were hitherto non-existent prior to the birth of the woman. When a girl that should be in school becomes pregnant, her entire life could be completely altered as her hopes and aspirations could be shattered. Teenage parents according to Kost et al., (2010) are parents between the ages of 13 and 19 years. Maynard (1997) believe that teenage pregnancy is a delinquent behavior resulting from stress, dislike, malice, boredom and unhappiness experienced by a teenage girl within her home environment. Other predisposing factors include alcoholism, drug addiction, and sexual promiscuity.

According to Kinby (2001) victims of teenage pregnancy lacked information or probably were not adequately educated on safe-sex either by their parents, schools or development agencies that could have enabled them deal with friends who lure them into sex prematurely. He stressed further that children of single parents are more vulnerable to teenage pregnancy. In the same vein exposure to sexual content on television, sexuality in the media, pornographic and sex chart rooms by teenagers, could most likely tune them to engage in sexual activities (L'Engle et al., 2006; Park, 2008). Acceptance of gift for sex and some adult deliberately taking advantage of poor teenagers, encouraging them into having sex were also noted as factors responsible for teenage pregnancy (United Nation, 2001).

Yampolslaaya, Brown and Greenbaum (2002) posited that approximately 60% of adolescent mothers live in poverty at the time of the birth of their babies and "approximately 73% go on welfare within 5 years of giving birth", its associated motherhood are characterized with shame, disgrace, and school dropout sometimes end up the individual's dreams of achieving higher pursuits.

Teenage pregnancy according to Williams (2010) is therefore a major concern to world communities with the United State being at the top with almost 1,000,000 teenage pregnancies each year. Teenage pregnancy has attracted a great deal of concern and attention from religious leaders, the general public, policymakers, and social scientists, particularly in the developed and less developed countries especially in Nigeria. The continuing apprehension about teenage pregnancy is based on the profound impact it can have on the lives of the girls and their children. Demographic studies continue to report that in developed countries such as the United States, Mexico, Canada, Austria, teenage pregnancy results in lower educational



attainment, increased rates of poverty, and worse "life outcomes" for children of teenage mothers compared to children of young adult women (Yampolslaaya et al., 2002). Most teenagers do not plan their first sexual experience; rather, it is something that just happens to them based on the influence by female counterparts. Nearly 10 percent of adolescent or teenage girls get pregnant each year. Studies have found that between 20-30 percent of pregnancies in teenagers are direct results of rape, while 60% of teenage mothers have unwanted sexual experiences preceding their pregnancies before 15 years when they were coerced by males who were at least six years older than them (Williams, 2010).

A woman must be physically and medically matured before procreating. Some teenagers died or lose their babies in the process of giving birth because the body of a teenage girl is not always mature enough to handle pregnancy and the stress involved. Psychologically the mind of a teen mother is not yet matured to handle the challenges of parenting and motherhood and this is why majority of teen mothers live with relatives who help them to cater for their babies. While teenage pregnancy is seen as aberration in some society it is highly celebrated in some other societies as it is in line with their culture and societal norms.

Statement of the Problem

Research shows that the teen years are the most stressful and confusing times of life (Deegan, 1989; Duval, 1995; Kohlberg, 1981). During this period, teenagers are expected to acquire education and skills needed for the future. On the contrary, many teenage girls engage in premarital sex, which expose them to the risks of sexually transmitted infection (STIs) and teenage pregnancies (Umeano, 2003). Pregnancy is usually welcome when it occurs at the appropriate time such as a mature age and in wedlock. On the contrary, it is most unwelcome when it occurs outside of wedlock or during the teen years, when the individual should be acquiring skills in formal or non-formal environments. Numerous studies Audu (1997), Noble (1996), WHO (1997) and Onuzulike (2002) have indicated poverty, pornography, mass media and peer influence as some of the factors responsible for teenage pregnancy. All teenagers who engage in pre-marital sex are vulnerable to pregnancy.

The issue of teenage pregnancy is no longer a new thing in any society be it developed, developing or less developed nations. Various reasons has been adduced for its existence but the basic problem is the persistency and the geometric progression of its expansion despite all the efforts that has been made by both government, schools, religious bodies and non-governmental agencies at resolving some identified factors leading to this cancerous or decadence in our societies. The basic questions arousing this study are,

What are the factors contributing to the increase in the rate of teenage pregnancy in Nigeria?

What are the efforts so far made at resolving the problem?

Why have the efforts not yielding fruits?

How can we resolve the problems of teenage pregnancy in our societies?

This paper therefore looks critically at the factors influencing the increase in this social menace and its antecedent impact on the teenagers in our societies today, as well as identifies the cure for this unholy act so as to reduce its occurrences in our societies.



Descriptive method is hereby adopted to identify basic factors and their effects as they affect our societies. Hence, the paper will serve as a technical paper meant for policy advancement.

Literature Review

Conceptual Analysis

Teenage is often used interchangeably with adolescence. World Health Organization – WHO (1997) opined that, it is the period between 10 and 19 years when the secondary sex characteristics appear. Negi (1999) described this period as the second decade of life. He observed that it is the most important and sensitive period of one's life when a person is in the second genital stage of psychological development. According to Onuzulike (2003) female teenagers face a wide range of issues everyday relating to their psychological, physiological, emotional and socio-cultural concerns. Turner and Helms (1993) reported that the teen years fall between the ages of 13 and 19 years. Onuzuilike (2002) described the teen years as a bridge between life as a child, and life as an adult, which gives the individual the opportunity to drop childhood behaviors and learn the adult life-style. There are several views opinions among authors and researchers on the specific age at which it begins or ends. In the view of Adesomowo (1988) teen years starts at either 11 or 12 years and lasts to 19 years when the character of a person takes the permanent form. According to Nwosu (2005), adolescents include all persons aged 13 to 19 years who constitute about 20 per cent of the world population. Ezeorah (1982), Melgosa (2001), and a host of others agreed that the teen years span from the 13th to the 19th years of life. Bongaart and Cohen (1998) described the teen years as a period of transition from childhood to adulthood, characterized by heightened social awareness and accelerated physical growth. This period, they opined, marks the onset of puberty and biological maturity. It is a crucial period in the life of an individual because many key social, economic and demographic events occur that set the stage for adult life, While Ukekwe (2001) described it as the most important period in human life, which if not properly handled, could lead to the most disastrous consequences in later life, especially among females.

Notwithstanding the varied opinions on the beginning and the end of the teen years, studies by numerous authors and researchers, as mentioned earlier indicated that the teen years span from the 13th to the 19th year of life. Ukekwe further noted that teenagers are expected to grow up morally and gradually observing the norms of the society into adulthood. On the contrary, some of these teenagers engage in pre-marital sexual activities, which expose them to the risks of abortions, sexually transmitted infections (STIs) and pregnancies.

Pregnancy as defined by Gordon (1983) is a condition in which a female carries in her womb, the young before it is born. In the same vein, Skyes (2000) defined pregnancy as the condition of carrying a developing offering in the uterus. A look at the two definitions of pregnancy above could reveal that pregnancy is meant for procreation and continuity.

According to Nwosu (2005) when pregnancy occurs at the appropriate time and in wedlock, it is a welcome development, but if a teenager engages in pre-marital sex that may result in pregnancy, she is putting herself in a responsibility that she is inadequately prepared



for. Teenage pregnancy therefore means conception by girls between the ages of 13 and 19 years. According to Allan Guttmacher Institute – (AGI) (1988), teenage pregnancy is an undesirable phenomenon. Onuzulike (2003) supported this when she observed that teenage pregnancy interferes with expectation regarding education, self-realization and economic prosperity among the affected teenagers. Ukekwe (2001) stated that stress arises even when pregnancies are planned, not to think of unplanned pregnancy, it implies that the girl has to restructure her roles because she is inadequately prepared for parenthood. To support the above, Fadeyi (1978) observed that numerous cases of school dropout; maternal mortality and morbidity, infertility, abortion and children being abandoned in gutters, dustbins, latrines and other deadly places are clear manifestations of the malady of teenage pregnancies.

Nwosu (2005) opined that there is a global increase in teenage pregnancies. She observed that more than 14 million adolescents give birth each year thus contributing roughly 10 per cent of the world's total number of births. Ukekwe (2001) further noted that many of these babies are unwanted by their teen mothers. These babies, she maintained suffer from starvation, sicknesses, homelessness and abandonment among other complications. Briggs (2001) identified several complications associated with teenage pregnancy. These include; high blood pressure, pre-eclampsia, eclampsia, malnutrition, vesico vaginal fistula, recto vaginal fistula and death. He observed that when high blood pressure is accompanied by proteinuria, the teenager's condition can worsen to eclampsia, which if not controlled could progress to extreme hypertension, seizures, convulsion and cerebral hemorrhage.

According to Chabra (1991) complications of pregnancy among teenagers includes first and third trimester's bleeding, severe anaemia, prolonged and obstructed labour, cephalopelvic disproportion, and toxaemias of pregnancy, stillbirth and high prenatal mortality and morbidity. Besides the health consequence of teenage pregnancy, the educational attainment of most, if not all teenage parents is hampered. Gorgen, Maier and Diesfield (1993) observed that students who become pregnant rarely go back to school. Stevens-Simon and McAnarmey (1993) noted that teenage pregnancy is a marker for socio-demographic factors such as poverty and poor education. Brown (2001) collaborated this when he posited that many of the teenagers end up as school dropouts. Action Health Incorporated (2004) also described teenage pregnancy as a major cause of school dropout among girls. They maintained that the pattern of pregnancies among young unmarried adolescents has assumed an alarming proportion, which if unchecked could result in undesirable consequences.

In a study conducted by Kapp, Taylor and Edwards (1980), they discovered that in the United States of America, one million teenage girls aged 15 to 19 years, and an additional 30,000 under age 15 became pregnant each year. Rojas (1989) reported that about 31.9 per cent of cases treated at a General Hospital in Columbia were teenagers aged between 15 and 19 years old. A survey by Planned Parenthood Federation (1982) showed that in Jamaica, one third of births were teenagers mostly students. Ekwueme (2000) noted that about 400,000 unplanned births occur annually in Nigeria. Half of these births, she noted were to single girls between the ages of 15 and 19 years. She also observed that in thirty-one countries where data were available, fertility rates among women aged 15 to 19 years were high with an average of 164 live births annually. Audu (1997) remarked that over one million adolescent girls in Nigeria



become pregnant every year. Of these, approximately 400,000 are 17 years or younger. He projected that among teenage girls who would turn 20 in 2001; one in five (1:5) would have been pregnant by her 18th birthday. Ekwueme equally remarked that among teenage girls in Nigeria, pregnancies are a common problem. This she maintained is because of high rate of premarital sexual activities among teenagers especially in mixed schools.

Causes of Teenage Pregnancy

Some of the causes of teenage pregnancy are outlined below:

Age discrepancy in relationships

According to the <u>Family Research Council</u>, a conservative lobbying organization, studies in the United States indicate that age discrepancy between the teenage girls and the men who impregnate them is an important contributing factor. Teenage girls in relationships with older boys, and in particular with adult men, are more likely to become pregnant than teenage girls in relationships with boys of their own age. They are also more likely to carry the baby to term rather than have an abortion. A review of California's 1990 vital statistics found that men older than high school age fathered 77% of all births to high school-aged girls (ages 16–18), and 51% of births to junior high school-aged girls (under 16). Men over age 25 fathered twice as many children of teenage mothers than boys under age 18, and men over age 20 fathered five times as many children of junior high school-aged girls as did junior high school-aged boys.

Media influence

A study conducted in 2006 found that adolescents who were more exposed to sexuality in the media were also more likely to engage in sexual activity themselves. According to <u>Time</u>, "teens exposed to the most sexual content on TV are twice as likely as teens watching less of this material to become pregnant before they reach age 20".

Peer Pressure

During adolescence, teenagers often feel pressure to make friends and fit in with their peers. Many times these teens let their friends influence their decision to have sex even when they do not fully understand the consequences associated with the act. Teenagers have sex as a way to appear cool and sophisticated, but in some cases the end result is an unplanned teen pregnancy. The Kaiser Family Foundation states that more than 29 percent of pregnant teens reported that they felt pressured to have sex, and 33 percent of pregnant teens stated that they felt that they were not ready for a sexual relationship, but proceeded anyway because they feared ridicule or rejection.

Absent Parents

Teen girls are more likely to get pregnant if they have limited or no guidance from their parents. Many parents have busy lives that prevent them from providing the guidance and support that their young teenagers need to make good decisions on issues such as sex, according to the website Parent Dish. When a teen does not feel that she can talk to her parents about sex either because they forbid sex talk or because they are not around, she will more than likely turn to friends for direction on whether or not to have sex, resulting in misinformation and possible teen pregnancy.



Glamorization of Pregnancy

The movie industry and the media contribute to teenage pregnancy by glamorizing teen pregnancy in news stories and movies. Movies that depict teen pregnancy as something to be desired encourage teens to engage in reckless sexual activity, according to ABC's "Good Morning America." During adolescence, teens become more focused on their appearance and how their peers perceive them. They want to be seen as part of the group, so if teen pregnancy is viewed as acceptable in their school or amongst their friends, they may seek to become pregnant as a way to gain social acceptance.

Lack of Knowledge

Teenagers who are uneducated about sex are more likely to have an unintended pregnancy. Some teens do not fully understand the biological and emotional aspects associated with having sex, these teens may get incorrect information from friends, videos, sitcoms and/or movies. Many times, teens do not have the knowledge needed to make informed and responsible decisions about whether or not to engage in sexual activity that can alter their life.

Okafor (1997) reported ignorance of sexual knowledge as one of the factors responsible for pregnancies among teenagers. He added that adolescents in secondary schools have low knowledge regarding sex and sexuality. Nwosu (2005) observed that adolescents face many risks ranging from unwanted pregnancies, HIV and AIDs, other STIs, sexual exploitation, yet they receive inadequate information to help them negotiate this difficult passage to adulthood. Nwosu added that teens need access to specific information about how their bodies work and how to keep their bodies safe as well as information about sexual behaviour and its consequences. She maintained that information about sexuality should be imparted to teenagers in order to help them avoid unwanted pregnancies. Audu (1997) is of the opinion that the less knowledge teenagers have, the more likely they may have unprotected sex and engage in sexual experimentation prematurely. Briggs (2001) noted that the school system does not supply teenagers with adequate information and education about sex and sexuality. As a result, many of them end up in uncertainty and misconceptions on sexual matters.

❖ Sexual Abuse or Rape

Teens can become pregnant as a result of sexual abuse or rape. The Guttmacher Institute states that between 43 and 62 percent of teens acknowledge that they were impregnated by an adult male, and two-thirds report that their babies' fathers are as old as 27. Approximately 5percent of all teen births are the result of a rape. Studies have found that between eleven and twenty percent of pregnancies in teenagers were as a result of rape, while about sixty percent of teenage mothers had unwanted sexual experiences (abuse) preceding their pregnancy. One in five teenage fathers admitted to forcing girls to have sex with them. Multiple studies have indicated a strong link between early childhood sexual abuse and subsequent teenage pregnancy in industrialized countries. Up to seventy percent of women who gave birth in their teens



were molested as young girls. In some countries, sexual intercourse between a minor and an adult is not considered consensual. In those countries, sex with a minor is therefore considered as statutory rape.

❖ Teenage Drinking

Teen drinking can cause an unexpected pregnancy, according to the website Love to Know. Many teens experiment with drugs and alcohol. Drinking lowers a teen's ability to control her impulses, contributing to 75 percent of pregnancies that occur between the ages 14 and 21. Approximately 91 percent of pregnant teens reported that although they were drinking at the time, they did not originally plan to have sex when they conceived.

Dating Violence

Studies have indicated that adolescent girls are often in abusive relationships. They have also reported that knowledge of their pregnancy often intensified violent and controlling behaviour on the part of their boyfriends. Many teenage mothers had been beaten by their boyfriends. 51% had experienced attempts of birth control sabotage and 21% experienced schools or work sabotage. Studies have also found that girls whose fathers left the family early in their lives had the highest rate of early sexual activity and adolescent pregnancy.

Childhood Environments

Research has shown that women exposed to abuse, domestic violence and family strife in childhood are more likely to become pregnant as teenagers and the risk of becoming pregnant as a teenager increases with the number of adverse childhood experience. Studies have also found that boys rose in homes with a battered mother or who experienced physical violence directly, are significantly more likely to impregnate a girl. According to Patrick (2010), the transition from childhood to teenage may cause unstable emotions to some teenagers, and this may cause complex teenage psychology break on teenagers. Complex teenage psychology can results in an immature and irresponsible behavior which in turn may be another cause of teenage pregnancy. Meanwhile, weak family bonding fails to provide the emotional support that they need during their transitional term. The lack of attention and affection from the family causing depression and pushing them to look for love and attention from others especially from the opposite sex.

❖ Sexuality

Melgosa (2001) observed that the physiological changes, which occur during the teen years, seem to contribute to increased sexual urge and that this increase in sexual desire is a response to biological, psychological as well as social changes, which adolescents experience. All these characteristics could be contributory to the high incidence of teenage pregnancies in the society. Gallagher and Gallagher (2000) believed that the



inclination towards early initiation of sexual activity is due to a vehement desire for affection and acceptance. They also attributed it to a demonstration of the maturity, which teenagers believe they have attained. This belief, they noted make the teenagers vulnerable to teenage unwanted pregnancies and the associated complications. All these characteristics tend to expose teenagers to pre-marital sexual activities.

❖ Low Educational Expectations

Low educational expectations have been identified as a risk factor of teenage pregnancy. A girl who is not so educated and has a mother that is illiterate is also more likely to become pregnant as a teenager if the mother also gave birth in her teen. Adolescent pregnancy can also be caused by a breakdown of communication between parents and child, and as a result of inadequate parental supervision.

Foster Care

Foster care youths are more likely, than their peers, to become pregnant as teenagers. Studies found that the birth rate of girls in foster care was more double the rate of their peers outside the foster care system.

Poverty

Some teens are always enshare with petty gifts and food items through which their leisure into pre-marital sex when the parent could not provide for the basic needs, they easily fall prey to forces outside .Some are usually confronted with rape through street trading or hawking: all these are as a result of poverty.

❖ General Causes.

In some societies, early <u>marriage</u> and traditional <u>gender roles</u> are important factors in the rate of teenage pregnancy. For example, in some sub-Saharan African countries, early pregnancy is often seen as a blessing because it is proof of the young woman's fertility. The average marriage age differs country by country where teenage marriages are common experience higher levels of teenage pregnancies. In the Indian subcontinent, early marriage and pregnancy is more common in traditional rural communities than cities. The lack of education on safe sex, whether it is from parents, schools, or otherwise, is a cause of teenage pregnancy. Many teenagers are not taught about methods of birth control and how to deal with peers who pressure them into having sex before they are ready. Many pregnant teenagers do not have any cognition of the central facts of sexuality.

In societies where adolescent marriage is less common, such as many developed countries, young age at first <u>intercourse</u> and lack of use of <u>contraceptive</u> methods (or their inconsistent and/or incorrect use; the use of a method with a high failure rate is also a problem) may be factors in teen pregnancy. Most teenage pregnancies in the developed world appear to be unplanned. Some researchers have also outlined several factors associated with teenage pregnancy According to Onuzulike (2003) the factors



include; a history of sexual abuse, poverty, lack of interest in school activities, lack of career goals, poor school performance, unhappy homes and peer pressure among others.

According to Jackie (2012) low self-esteem is among the causes of teenage pregnancy. Children who are not shown love and affection from parents will seek it out with their peer group. Many adolescents report feeling pressured by their peers to have sex before they are married

Effect of Teenage Pregnancy.

- The medical, social and economic cost of unplanned teenage pregnancies can be
 devastating to mothers and their children. Teen mothers are more likely to have medical
 complications during pregnancy and prolonged labor. Their babies are more likely to be
 born prematurely and to have low birth weights. These are caused by inadequate prenatal care and poor nutrition often experienced by teenage mothers living in conditions
 of poverty (Dryfoos, 1990).
- Teenage parenthood creates a number of economic and social disadvantages for young mothers. They are less likely to graduate from high school or attend college. The lack of educational achievement makes it more difficult for them to obtain adequate employment. They have a lower standard of living and are more likely to require public assistance. Their marriages are more likely to be unstable and they often have more children than they intended (Furstenberg et al., 1989).
- Children born to teen mothers also are at disadvantage. They show lower levels of
 cognitive functioning and more behavioral and emotional problems, while boys appear
 to be more affected than girls. The children of teenage mothers do poorly in school and
 are likely to become pregnant themselves. Teen mothers may also have less knowledge
 about child rearing than older mothers and may provide their babies with fewer
 opportunities for stimulation.
- The effect of teenage pregnancy is not only on the teenage-mother, the effect on her child could also be devastating. Hofforth et al., (2001) observed that most teenage mothers could not continue with their education. The observation confirms the fear expressed by Mollborn (2007) that if the teenage-mother eventually gets married, she becomes the primary care-taker and her chances of furthering her education decreases drastically. Day (2009) noted that the consequence extends to the children. According to them teenage mothers face hardships, which extends beyond birth and have higher risks which usually plagued by intellectual language and socio-emotional delays, resulting to their education not doing well in relation to child development and school readiness. Terry-Humen et al. (2005) noted problems in cognition, language communication and inter-personal skills among children of teenage mothers compared to those of older mothers. Studies by Hoffman (2006) and Haveman et al. (1997) show that less than 2% of young teen mothers of less than 18 years attain college degree before attaining 30 years of age and about 50% of them repeat a grade with lower performance on standardized tests. Teenage pregnancy is phenomenal and cuts across



the globe. It is a socio-psychological problem found in both developed and developing societies. In Texas, United States of America 62 out of every 1000 births, were by teenage girls. However, Maynard (1997) and Wilson (1996) observed disproportionate concentration of teen parents in poor communities, characterized by inferior housing, high crime, poor schools and inadequate health care services. This points a clear picture of most rural communities in Sub- Saharan Africa, including Nigeria.

According to Melissa (2012) teenage pregnancy could lead to incomplete education, unemployment and other numerous emotional traumas. Early motherhood had been linked to effects the psychological development of the child adversely. Beside psychological physical risks cannot be ignored. Teenage girl's body is not as developed as adult women in term of childbearing. Thus, they are often to face certain complications during pregnancy. Lack of sexual education caused teens get abortions since they realize that they are not ready yet to take responsibility to be a parent at such a young age and they still have many things to chase in life. The chance of maternal death cannot be ruled out in effecting teenage pregnancy by child. According to Marnach et al., (2013) medically, teenage pregnancy maternal and prenatal health is of particular concern among teens that are pregnant or parenting. The world wide incidence of premature birth and low birth weight is higher among adolescent mothers. Teenage mothers between 15-19 years old were more likely to have anaemia, preterm delivery and low birth than mothers between 20-24 years old physiologically for the child as well as the mother. The mother can become easily frustrated and find violence as the way to overcome grief. She might become distraught thinking that she is a failure as a parent when seeing the reaction of her after being beaten. The teen mother might become depressed and consider suicide.

Problems of Teenage Pregnancies

The problems associated with teenage pregnancy as highlighted by Guttmacher Institute (1999) are as listed below:

- There is a higher risk that babies born from teenage mothers are born too early, or that they have a low weight at birth-
- The mothers may also encounter complications or difficulties at birth; they have a higher risk of anemia than mothers aged 20-24.
- A pregnancy is best followed by trained medical staff during its course. Teenage
 mothers are less likely to receive prenatal care, often seeking it in the third trimester, if
 at all. The Guttmacher Institute reports that one-third of pregnant teens receive
 insufficient prenatal care and that their children are more likely to suffer from health
 issues in childhood or be hospitalized than those born to older women.
- Like most other teenagers, teenage mothers may suffer from poor nutrition. This may lead to them having specific illnesses related to bad nutrition. Bad nutrition is a more marked problem of teenagers in developed countries.
- Up to 70,000 teen girls in developing countries die from complications during pregnancy each year. Young mothers and their babies are also at greater risk of contracting HIV. The World Health Organization estimates that the risk of death following pregnancy



is twice as high for women between 15 and 19 years than for those between the ages of 20 and above. The maternal mortality rate can be up to five times higher for girls aged between 10 and 14 than for women of about twenty years of age. Illegal abortion also holds many risks for teenage girls in areas such as sub-Saharan Africa.

- Risks for complications are higher for girls 14 years or younger, because their pelvis has not yet developed fully; this may lead to problems with childbirth.
- Problems other than the age of the mother, such as poverty and social support also affect the outcome. It is important that teenage mothers can rely on the family and the state to help them cope, and educate their child. Teenage parents who can rely on family and community support, social services and child-care support are more likely to continue their education and get higher paying jobs as they progress with their education.
- Being a young mother often affects education. Teen mothers are more likely to drop out of high school. Recent studies, though, have found that many of these mothers had already dropped out of school prior to becoming pregnant.

Conclusion

Teenage pregnancy has a detrimental effect on the education and future plans of teenagers. This is because the teen- age mothers attend school irregularly and some- times drop out of school

Teenage pregnancy is a social as well as an economic issue as it portends low education and employment, high rate of poverty and the psycho-social stigma it carries more so when it is out of wedlock. The correlation between earlier childbearing and failure to complete high elementary school reduces career opportunities for many young mothers.

Recommendations

To reduce its effect it was therefore recommended:

- ❖ That the home and school environments should be protective enough to shield the children from exposure to negative influences, by parents and teachers been concerned about the well-being of the girl child through education about sex and sexuality and the danger inherent.
- ❖ The education of the girl child should be made free and compulsory at the basic education level. Free basic education for the girls will increase school enrolment of teenagers who hitherto were out of school as a result of exorbitant fees.
- ❖ Social welfare agencies (public and private) should redouble efforts in educating, counseling and rehabilitation of victims. By these efforts many of them could be encouraged to continue their education or engage in other meaningful activities to avoid early destitution and other life threatening experiences resulting from early motherhood.
- ❖ Teenage programmes should be tailored to the needs of individual communities and include health promotion information and advice, especially on risk taking behavior.



- ❖ Federal and state governments can contribute in the effort to reduce teenage pregnancy by providing stable funding for comprehensive educational and support services to pregnant and parenting teenagers.
- ❖ Parents should not be too harsh on teenagers but they should be approachable so as the children can confide in them whenever there is a pressure from peers.
- ❖ Teenagers should be enlightened about the consequence of engaging in sex at the early stage of their lives and parents should stand at best to meet the needs of the teenage child.
- ❖ Local government council should develop programmes that will empower teenagers to cope with the challenges that they face during their pregnancy.
- Skills acquisition centers should be established in every LGA to help adolescents who cannot complete formal education to acquire skills that will make them independent.
- ❖ The teaching of sex and sexuality education should be made compulsory in all schools to help adolescents understand their physiological make up.
- Religious leaders should tackle the problem of teenage unwanted pregnancies through moral instructions in churches and mosque.
- Parents should be educated through seminars on the importance of discussing sexuality and the dangers of premarital sex with their children especially the females.
- Since majority of the adolescent girls dropped out of school because of teenage pregnancy, school heads should accommodate those who are still interested in continuing with their educational pursuit after having their babies to complete their education by accepting them back.
- ❖ Adequate Parental Care, Supervision and Upbringing: A good parent should be able to read the child's desire, intentions and, or worries from her face. Parents must not wait to be told of the problem before responding to it. Parents should pry into their children's difficulties and make them understand that they are ever willing to help out.
- Conscious and Unconscious Inculcation of Moral Values Through Firm Religious Life: The child should be made to know God, respect, fear, and keep the commandments and read her bible with due diligence and obedience to the laws.
- ❖ Ban on Teens Street Hawking: Street hawking especially with girls of teens is hazardous. Though it is seen often as a means of livelihood in poverty ridden nations like Nigeria, it should be banned.

REFERENCES

Action Health incorporated (2004). Abstinence: an option for adolescents. Journal of Family Health, 22 (1), 4-5.

Adesomowo, P.O. (1988). Prevalence of problems adolescents consider appropriate for counseling: An investigation. Journal of Educational psychology, 3 (1), 102-106.

Allan Guttmacher Institute (1988). Into a new world: Young women's sexual and reproductive lives. New York: The author.



- Audu, J.A. (1997). Associated factors, incidence and complications of pregnancies among adolescent girls in Zango Kataf LGA. Unpublished M.ed. project, University of Nigeria Nsukka.
- Boongart, J., & Cohen, B. (1993). Social dynamics of adolescent fertility in
- Briggs, L.A. (2001). Adolescent pregnancy: A World- wide concern. Lagos: Timi Hyacinth Enterprises.
- Brown, J. (2001). Single and gifted: making the most of your singleness. England: Autum House Grantham Lines.
- Chabra, S. (1991). Prenatal outcome in teenage mothers. Journal of Obstetrics and Gynecology of India, 41 (1), 30.
- Daroch, J.E. 2000. Adolescent and childbearing: Levels and trends in developing countries. Family Planning Perspective, 32(1): 14-23. International Journal of Asian Social Science, 2016, 6(7): 406-411
- Day, N.L., 2009. Body size and intelligence in 60 years olds: Are offspring of teenage mother at risk? Materials and Child Health Journal, 13(6): 162-173.
- Dilworth, K., 2002. Literature review (Teenage Pregnancy) Canadian institute of child health.

 Available from http://www.phaaspc.ge.ca/dca-dea/publications/reduceteenpregnancysection [Accessed 20th December, 2013].
- Dryfoos, Joy. G., 1990. Adolescent at Risk: Prevalence and Prevention, Oxford University Press, New York,.
- Ekwueme, F.N. (2000 Oct.6). Adolescent pregnancy: issues and concerns.
- Ellis, B.J. (2003). Does fathers place daughters at special risks for sexual activity and teenage pregnancy? Child development journal; 74(3).
- Ezoera, J.C. (1982). Sex before marriage. Diewa Journal 32, 8-10.
- Furstenberg, F.F. & Brooks, G.J. (1990). The children of teenage mothers: Patterns of early childbearing in the generations. Family planning prospects; 22(2) 54-61.
- Furstenberg, F.F., Brooks-Gunn J. and Chaselansdale, L. American Psychologist vol. 44, pp.313-320,1989.
- Gaby, R., 2012. The pregnancy project. USA: CBS College Publishers. pp. 14-18.
- Gordon, S. (1983). The politics of pregnancy prevention and sex education. In G.W. Albee, S. Gordon & H. leitenberg (Eds.), Promoting sexual responsibility and preventing sex related problems. (pp 401-403). England: University press.
- Gorgen, R., Maier, B., & Diesfield, H.J. (1993). Problems related to school girl pregnancies in Burkina faso. Studies in family planning, 24 (5), 283-284. Graficas.
- Guttermacher Institute (1999). Facts and belief: Teens sex and pregnancy. New York: The Allan Guttermacher Institute.
- Haveman, R.H., B. Wolfe and E. Peterson, 1997. Children of early child bearers as young adults in kids having kids: Economic costs and social costs of teen pregnancy. In R. Maynard (Eds). Urban Washing DC: Urban Institute Press.
- Hoffman, S.D., 2006. By the numbers: The public costs of adolescent childbearing. The nation campaign to prevent teen pregnancy. Washington DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.



- Hofforth, S.L., L.M. Reid and L. Frank, 2001. The effects of early childbearing on schooling over time. Family Planning Perspectives, 33(6): 65-72.
- Kinby, D., 2001. The impact of schools and school programmes upon adolescent sexual behavior. Journal of Sex Research, 29(1): 27-33.
- Kost, K., S. Henshaw and L. Carlin, 2010. US teenage pregnancies, births and abortions: Washington DC: Island Press. pp: 16-22.
- L'Engle, K.L., J.D. Brown and K. Kenneavy, 2006. The mass media are an important context for adolescent sexual behaviour. Journal of Adolescent Health, 38(3): 186-192. Maynard, R.A., 1997. The study, the context and the finding in brief. In R. A. Maynard (Eds). Kids having kids: Economics costs and social consequences of teen pregnancy. Washington DC: Urban Institute Press.
- Marnach, E F, Forrest, JD; and Goldman, N. (2013) teenage pregnancy in industrialized countries, Yale university press, New Haven Connecticut.
- Maynard, R.E. (1996). Kids Having Kids. Pediatrics review; 13 (14). Policy Studies Institute (1998). Health statistics division; Canadian vital statistics data base. Institute for health information.
- Melgosa, J. (2001). To adolescents and parents. Spain; Marpa Artes
- Melissa, F. (2012). Teenage pregnancy from http://wwerarly Symptoms of pregnancy.
- Mollborn, S., 2007. Making the best of a bad situation; material resources and teenage present-hood. Journal of Marriage and Family, 69(1): 92-104.
- National Campaign (2013) teen pregnancy what works: curriculum based programs that prevent teen pregnant
- National Campaign to Prevent Teen and Unplanned Pregnancy, 2004. National situational longitudinal study of 2002/2004. Washington. DC: The National Centre for Education Statistics.
- Oguguo N. (1996), America's infant mortality problems: Parents. The walls stress journal, Jan. 20. p-A12.
- Onuzulike, N.M. (2002). Issues in health. Owerri: McWilliams publishers.
- Onuzulike, N.M. (2003). Adolescent pregnancy: Issues and prevention strategies. Paper presented at the annual conference of the Nigeria Association of Health Education Teachers (NAHET) at Awka.
- Osuala, E.O. (2003). Effect of health education on the knowledge, attitude and practice of reproductive health among adolescent girls in Onisha. Unpublished Master's thesis, University of Nigeria, Enugu campus.
- Park, A., 2008. Sex on television increases teen pregnancy. Available from http://www.time.com/time/nation/artide/08599,1855842100.html [Accessed 20th, June, 2013].
- Rojas, A.M. (1989). Making the most of adolescence. Washington D.C:National academy of sciences.
- Skyes, J.B. (2000). The concise oxford dictionary of current English. Oxford: Clarendon press.
- Stevens- Simon, C. & McAnarney, E. (1993). Text books of adolescent Medicine. London: W.B. Saunders Company.



- Sub-saharan Africa. Washington D.C: National academy press.
- Terry-Humen, E., J. Manlove and K. Moore, 2005. Playing how the children of teen mothers fare, national campaign to prevent teen pregnancy Washington. DC. Available from http://www.Teenpregnancy.org/resources/data/pdf/notjust.pdf [Accessed
- Tomkins, T. (2004). Teenage pregnancy risks risen with childhood exposure to family strife. Perspectives on sexual and reproductive health, March-April.
- Turner, J.S., & Helms, D.B. (1993). Lifespan development. United States of American: CBS College Publishing.
- Ukekwe, E.N. (2001). Strategies for the prevention of adolescent pregnancy among secondary school students in Abia State. Unpublished Master's thesis, University of Nigeria, Nsukka.
- Umeano, N.M. (2003). Patterns of heterosexual relationship among in-school adolescent in Njikoka LGA, Anambra State. Unpublished M.Ed. project, University Nigeria, Nsukka.
- UN, 2001. Widowhood: Invisible women, secluded or excluded. Trends and Statistics UN Publication, 18(14): 2-10.
- Valk, G. (2000). The Dutch model. The UNESCO Courier review, July 7.

Vanguard p.33.

- WHO (1995), Health for young people. A challenge and promise.
- World Health Organization (WHO). (2003). Nutrient Requirements for People Living with HIV/AIDS: Report of a Technical Consultation. Genevas
- Yampolskaya, S., Brown, E., & Greenbaum, P. (2002). 'Early Pregnancy among Adolescent Females with Serious Emotional Disturbances: Risk Factors and Outcomes. Journal of Emotional and Behavioral Disorders. 10(2), 108 115.