

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/314838206>

# Perception of Adolescents in Secondary School in a Rural Community in Southwest Nigeria towards Teenage Pregnancy

Article · March 2017

CITATIONS

0

READS

258

1 author:



[Ayo Akin Fasoro](#)

Afe Babalola University

22 PUBLICATIONS 19 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



INCIDENCE OF BREAST CANCER AMONG WOMEN ATTENDING FEDERAL TEACHING HOSPITAL, IDO-EKITI: A RETROSPECTIVE STUDY [View project](#)



NON COMMUNICABLE DISEASES EPIDEMIOLOGY [View project](#)

## Original Research Article

## Perception of Adolescents in Secondary School in a Rural Community in Southwest Nigeria towards Teenage Pregnancy

Ajewole I.C.C.<sup>1\*</sup>, Fasoro A.A.<sup>1</sup>, Oluwadare T.<sup>1</sup>, Agboola A.A.<sup>2</sup>, Asubiojo E.A.<sup>3</sup>

<sup>1</sup>Department of Community Medicine, College of Medicine and Health Sciences, Afe Babalola University, Ado-Ekiti, Nigeria

<sup>2</sup>Department of Medical Microbiology and Parasitology, College of Medicine and Health Sciences, Afe Babalola University, Ado-Ekiti, Nigeria

<sup>3</sup>The School of Health Sciences, National Open University of Nigeria, Lagos, Nigeria

### \*Corresponding author

Ajewole I.C.C

Email: [ajelove92@yahoo.com](mailto:ajelove92@yahoo.com)

**Abstract:** Unintended pregnancy among female adolescents is a global phenomenon and remains a significant problem. It occurs in both developed and developing nations but with variations in degree and consequences on the social factors involved. Globally, sub-Saharan Africa ranks highest in teenage pregnancy and lowest in contraceptive use. Recent estimates by World Health Organization show that 16 million girls aged between 15 and 19 give birth every year. In Nigeria nearly one-quarter (23%) of adolescent girls are already mothers or pregnant with their first child. The aim of this study was to determine the perception of adolescents in secondary school towards the prevention of teenage pregnancy. Some factors perceived by the students to influence teenage pregnancy include family type (73.9%), religion (73.9%), peer pressure (88.7%), and poverty (83.7%). The students also believed teenage pregnancy brings disgrace (78.8%), prevents one from finishing school education (83.7%) and could lead to abortion (73.9%). Students perceived that parents have a role to play in preventing teenage pregnancy by monitoring their children's movement (69%), give sex education (70.4%) and know their children's friends (69%). They also agree that teenagers too can prevent early pregnancy by not having premarital sex (76.3%), travel in groups to avoid sexual harassment (78.8%) and make their movements known (59.1%). Sex education that is responsible and medically accurate both in school and at home is important in the prevention of teenage pregnancy. Increased uptake and use of contraception will also help to reduce teenage pregnancy.

**Keywords:** Perception, Prevention, Teenage pregnancy, Sex education.

### INTRODUCTION

Teenage pregnancy occurs when a woman aged between 10 and 19 years becomes pregnant [1]. The term teenage is virtually synonymous with adolescence, the latter emphasizing the physiological maturation that occurs during the teenage period. In 2010, the total number of adolescent was estimated at 1.2 billion, representing 18% of the total world population, with over 580 million being female and representing close to half of the total [2]. Unintended pregnancy among female adolescents is a global phenomenon and remains a significant problem. It occurs in both developed and developing nations but with variations in degree and consequences on the social factors involved. Globally sub-Saharan Africa ranks highest in teenage pregnancy and lowest in contraceptive use. Recent estimates by WHO show that 16 million girls aged between 15 and 19 give birth every year [3]. This is about 11% of all births worldwide, ninety-five per cent of which occur in low- and

middle-income countries [3]. Also adolescents account for 23% of the overall burden of disease (disability – adjusted life years) due to pregnancy and childbirth [4].

Teenage pregnancy can signal danger and have serious health implications for both the young mother and the child. Many health problems are particularly associated with negative outcomes of pregnancy during adolescence, which affects both mother and child. These include anaemia, HIV and other sexually transmitted infections, postpartum haemorrhage and mental disorders, such as depression. Perinatal deaths are 50% higher among babies born to mothers under 20 years of age than among those born to mothers aged 20–29 years [5]. Babies of adolescent mothers are also more likely to be of low birth weight, with the risk of associated long-term effect. Complications during pregnancy and childbirth are the second cause of death for 15-19 year-old girls globally [3]. Thus it has become evident that adolescent pregnancy contributes to

maternal mortality, to perinatal and infant mortality, and to the vicious cycle of ill-health and poverty.

In most developing countries due to cultural orientation, sex education is lacking and as such many feel too inhibited or ashamed to seek contraception services. At other times contraceptives may be too expensive or not widely or legally available and when available sexually active adolescent girls are less likely to use them. There were an estimated three million unsafe abortions among 15–19 year olds in 2008 [5]. Adolescent pregnancy can also have negative social and economic effects on girls, their families and communities. Many girls who become pregnant have to drop out of school. A girl with little or no education has fewer skills and opportunities to find a job. This can also have an economic cost with a country losing out on the annual income a young woman would have earned over her lifetime, if she had not had an early pregnancy.

In Nigeria nearly one-quarter (23%) of adolescent girls are already mothers or pregnant with their first child [6]. Unfortunately with the influence of the media and the sexual contents surrounding our society, the value of sexual relations with a partner is decreasing, now the meaning of sex has little to no value and is overused and abused. As a developing nation, the burden of teenage pregnancy is cumbersome when one considers the inefficient, inaccessible and unavailable healthcare facilities. At this age, the skeletal, emotional and economic empowerment of the teenagers cannot carry the burden of pregnancy and child birth [7]. The society should come to terms that the increased prevalence of adolescent pregnancy directly and negatively affects the achievement of many of the millennium development goals. The purpose of this study was to determine the perception of adolescents in secondary schools towards the prevention of teenage pregnancy.

## **MATERIALS AND METHOD**

### **Study design**

The study design was a descriptive cross-sectional study.

### **Study area**

The study was conducted in Aramoko-Ekiti, Ekiti State, Nigeria. The state was created on 1st October, 1996 and has 16 local government areas and well over 1120 towns and villages. Aramoko-Ekiti is the headquarters of Ekiti West Local Government Area. About 75-80% of its inhabitants are farmers with rice being the predominant crop grown. Other crops grown include yam, cassava, maize, cocoa, kolanut and plantain.

### **Study population**

The target population for this study were secondary schools students in Aramoko-Ekiti.

### **Sampling method**

A sample size of 203 respondents was calculated. There are seven secondary schools in Aramoko-Ekiti. Six of them were used for the study constituting 85.7% of the total number of secondary schools. The schools were selected using a lottery procedure. Names of all the secondary schools were written and wrapped in pieces of paper then six of them were selected randomly. The total population of students in the six schools was 410. A proportionate allocation was used in selecting the number of students needed from each school for the purpose of the study.

### **Instrument for data collection**

A semi-structured questionnaire was used for data collection. The questionnaire was divided into four sections which included the socio-demography, perception of students towards teenage pregnancy, perception of parents' role and teenagers' role towards preventing teenage pregnancy.

### **Ethical consideration**

An approval was obtained from the Area Education Office, Ekiti West Local Government, Aramoko-Ekiti. Permission to carry out the study was also obtained from the head teachers of the selected schools. A verbal informed consent was obtained from each respondent and confidentiality and anonymity were fully guaranteed.

### **Data analysis**

Data were collected and analysed using Statistical Package for Social Sciences Software (SPSS version 20). Data were presented using descriptive statistics on tables.

## **RESULTS**

### **Sociodemographic characteristics**

Two hundred and three completed questionnaires were retrieved from the students. The sociodemographic profile of the respondents presented in Table 1 showed that majority were females (60.6%), between 13 – 16 years old (64.1%), Christians (68.9%) and belong to the Yoruba ethnic group (78.8%).

### **Students' belief on teenage pregnancy**

As shown in Table 2, majority of the students (73.9%) believed that the type of the family of a student can have an influence on teenage pregnancy. They believed coming from a single parent home can have an influence on a teenage girl becoming pregnant. Approximately 89% believed peer pressure can lead to teenage pregnancy. The students also believed teenage pregnancy brings disgrace (78.8%), prevents one from finishing school education (83.7%) and could lead to abortion (73.9%).

**Table-1: Sociodemographic characteristics of the respondents**

Sociodemographic characteristics	Frequency	Percentage
<b>Age (years)</b>		
13 – 16	130	64.1
17 – 19	73	35.9
<b>Gender</b>		
Male	80	39.4
Female	123	60.6
<b>Religion</b>		
Christianity	140	68.9
Islam	53	26.1
Traditional	10	4.9
<b>Ethnicity</b>		
Yoruba	160	78.8
Igbo	20	9.9
Hausa	10	4.9
Others	13	6.4

**Table-2: Belief of students on teenage pregnancy**

Variable	Yes		No		Indifferent	
	n	%	n	%	n	%
Family type can influence teenage pregnancy	150	73.9	53	26.1	0	0.0
Religion can influence teenage pregnancy.	150	73.9	53	26.1	0	0.0
Peer pressure can cause teenage pregnancy.	180	88.7	23	11.3	0	0.0
Poverty can influence teenage pregnancy	170	83.7	30	14.8	3	1.5
Ignorance can cause teenage pregnancy	120	59.1	83	40.9	0	0.0
Ethnicity can influence teenage pregnancy	117	57.6	86	42.4	0	0.0
Teenage pregnancy brings disgrace to the family.	160	78.8	43	21.2	0	0.0
Pregnant teenagers are less likely to finish their education.	170	83.7	33	16.3	0	0.0
Pregnant teenagers are likely to end up as single parents.	148	72.9	55	27.1	0	0.0
Teenage pregnancy can be result to abortion.	150	73.9	53	26.1	0	0.0

**Students’ perception of parents’ role in the prevention of teenage pregnancy**

Majority of the students (70.4%) as shown in Table 3 were of the opinion that parents have the responsibility of giving their children sex education by

speaking against premarital sex. The students also perceived that parents should monitor the movements of their children (69%) and know who their friends are (69%).

**Table-3: Perception of parents’ role in the prevention of teenage pregnancy**

Variable	Yes		No		Indifferent	
	n	%	n	%	n	%
Parents are supposed to monitor the movement of their children	140	69.0	43	21.2	20	9.8
Parents should give their children sex education at home	143	70.4	45	22.2	15	7.4
Parents should teach their teenage boys and girls against premarital sex	143	70.4	46	22.7	14	6.9
Parents should not allow their children to make friends with opposite sex	120	59.1	70	34.5	13	6.4
Parents should know the friends of their children	140	69.0	43	21.2	20	9.8
Parents should monitor their children’s use of the social media	120	59.1	65	32.0	18	8.9

**Students' perception of their roles in the prevention of teenage pregnancy**

Most of the students (78.8%) perceived that teenagers have a major role to play in preventing themselves from being sexually harassed and also sees

moving in groups as a way of preventing sexual harassment. Only 76.3% see abstinence from sex as a way of preventing teenage pregnancy as shown in Table 4.

**Table-4: Perception of teenagers' role in the prevention of teenage pregnancy**

Variable	Yes		No		Indifferent	
	n	%	n	%	n	%
Teenagers can prevent themselves from being sexually harassed.	160	78.8	38	18.7	5	2.5
Teenagers should be determined not to have sex until they are married.	155	76.3	45	22.2	3	1.5
Teenagers must travel in groups to prevent sexual harassment	160	78.8	36	17.7	7	3.5
Teenagers must always tell people around about their movements.	120	59.1	70	34.5	13	6.4
Teenagers should not keep sexual act secrets from their parents.	123	60.6	70	34.5	10	4.9
Teenagers must not have opposite sex as friends.	50	24.6	83	40.9	70	34.5

**DISCUSSION**

The results of this study have shown that students perceive teenagers and their parents have significant roles to play in the prevention of teenage pregnancy. Many studies have been able to identify varying determinants of teenage pregnancy [8-10]. The type of family from which a teenager comes from is believed to be vital in influencing teenage pregnancy. This is confirmed by the 73.9% respondents that believed family type is influential. Muchuruza [11] reported that mother's education and living with one parent or with a guardian compared to living with both parents pose a greater risk of pregnancy among girls. Likewise, another study reported that the absence of a father had greater impact on their daughter's sexual activity and teenage pregnancy than on other mental health problems or even academic achievement [12]. Other studies have reported similar findings [13, 14].

Religion was believed by the students (73.9%) to also have influence on teenage pregnancy. This could be due to the fact that they perceived that it is common among Muslims for girls to get married at an early age. About 79% of the students believed teenage pregnancy can bring disgrace to the family. This could be due to the social consequences attached to a teenager getting pregnant. Most parents who send a girl-child to school believe such a child can become great in the future. Pregnancy forces such a teenager out of school thereby bringing shame to the family in the community they live in. According to Ngidi [15], teenage girls who get pregnant may be forced to leave home. This is because they become isolated and ostracised by friends, families, communities and even the boyfriend that got them pregnant. Since they are on their own, they tend to take irrational decisions such as suicide, disposing of the baby after birth and more frequently abortion. Besides taking the decision on abortion by themselves, some parents could also aid the pregnant girl in

committing abortion. Most of the students (73.9%) believed that teenage pregnancy can result to abortion.

Majority of the students (88.7%) believed peer pressure can influence teenage pregnancy. This is higher compared to 71.8% reported among Medical students in Nigeria; the study reported that peer pressure to have sex is perceived to be the cause of adolescent pregnancy [16]. Several literatures have identified peer pressure as a major determinant of teenage pregnancy and it actually tops the list of the causes of teenage pregnancy [17]. They may end up having unsafe sex in a bid for social identity and acceptance from their peers who may already be sexually active. In our study, only 59.1% believed ignorance could be responsible for teenage pregnancy which is similar to 60.1% reported in another study [16].

Poverty or low socioeconomic status has been identified as a risk factor of teenage pregnancy [11]. Poverty (83.7%) was reported in our study to be one of the major reasons teenagers get pregnant. Our finding was similar to 83% reported among adolescents from poor families [18]. This is in sharp contrast to 45.4% reported among Medical students in Benin [16]. Poverty forces girls to become sexually involved just in an effort to get material gains from older male counterparts [19]. Bezuidenhout & Joubert, [20] reported that teenagers who live in poverty in South Africa are often exposed to live sexual act because they live in small houses with their families where there is no privacy for parents. Children brought up in such an environment find it easy to engage in sexual activity as soon as they reach puberty. Studies have also shown that teenagers who got pregnant and their infants are more likely to live in poverty [21, 22].

In our findings, 83.7% believed that pregnant teenagers are less likely to finish their education. Many studies have also reported that teenage pregnancy has social consequences which include disruption of educational pursuit [21-24]. Impending motherhood is a factor that forces a pregnant teenager out of school [25]. In South Africa, pregnancy ranks among the top factors for school dropout among teenage girls [26]. It has however been found out that children raised by teenage mothers are more likely to have problems with learning, stand a 50% chance of repeating a grade and likely to drop out of secondary school [18].

Parents however have a vital role to play in the prevention of pregnancy among their teenage girls. Our results also show that majority of the students perceived that parents should be well informed about the movements of their children, give their children proper sex education at home, emphasize abstinence from any sexual activity and also know the friends their children keep. However, 69% think parents should not allow their children to make friends with the opposite sex and 59.1% also think parents should monitor their children's use of the social media. The use of social media/internet could be influential in posing a risk of teenage pregnancy if not well monitored by parents. Studies have shown that mass media portrayals contribute to sexual socialization. Viewing programs and websites high in sexual content has been correlated with the early initiation of adolescent sexual intercourse, particularly among white teens [27, 28].

The respondents also perceived they have a role to play in avoiding pregnancy in their adolescence stage. A fair percentage of the students believed teenagers should be determined not to have premarital sex as this is one of major causes of teenage pregnancy. Majority disagreed with the fact that not having opposite sex as friends could be a good way of preventing the possibility of a teenager getting pregnant.

## CONCLUSION

We conclude that the beliefs and perceptions of the students in our study were fair but not adequate enough. Though majority had a negative attitude towards teenage pregnancy. Strategies that can be used to empower these teenagers and change their perception should include peer education and access to simple non-judgmental information on family life. Sex education that is responsible and medically accurate both in school and at home is important in the prevention of teenage pregnancy. Religious organizations can also play a part in giving sex education to teenagers even though the mostly practiced religions in Nigeria preach abstinence from sex. Increased uptake and use of contraception will also help to reduce teenage pregnancy.

## REFERENCES

1. Treffers PE. Teenage pregnancy, a worldwide problem. *Ned Tijdschr Geneesk*, 2003; 147:2320-5.
2. Edilberto L, Mengjia L. Adolescent pregnancy: A review of the evidence: UNFPA New York, 2013: 8-19.
3. Adolescent pregnancy. Available from <http://www.who.int/mediacentre/factsheets/fs364/en/>
4. Maternal, Newborn, Child and Adolescent Health. Available from [http://www.who.int/maternal\\_child\\_adolescent/topics/maternal/adolescent\\_pregnancy/en/](http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/)
5. WHO. WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescent in developing countries. WHO, Geneva, 2011: IX-X.
6. National Population Commission (NPC) [Nigeria] and ICF International. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International, 2014, 3-4.
7. Singh, J. E. Darroch, J. J. Frost, the Study Team. *Family Planning Perspectives*, 2001; 33(6): 251-258
8. Were M. Determinants of teenage pregnancies: The case of Busia District in Kenya. *Econ Hum Biol*, 2007; 5:322-39.
9. Mutihir JT, Maduka WE. Comparison of pregnancy Outcome between Teenage and older Primigravida in Jos University Teaching Hospital, Jos, North Central Nigeria. *Ann Afr Med*, 2006; 5:101-6.
10. Scott-Jones D, White AB. Correlates of sexual activity in early adolescence. *Journal of Early Adolescence*, 1990; 10:221-238.
11. Muchuruza, PP. Social, economic and cultural factors associated with pregnancy among adolescent girls in Magu District, Mwanza. Muhimbili University of Health and Allied Sciences. Dar-es-Salaam, Tanzania, 2000.
12. Ellis BJ, Bates JE, Dodge KA, Ferguson DM, Horwood LJ, Pettit GS, Woodward L. Does father absence place the daughters at risk for early sexual activity and teenage pregnancy? *Child Development*, 2003; 7(3):801-821.
13. Eaton L, Flisher AJ, Aaro, LE. Unsafe sexual behaviour in South African youth. *Social Science and Medicine*, 2003; 56, 149-165.
14. Hendricks L, Swartz S, Bhana A. Why young men in South Africa plan to become teenage fathers: Implications for the development of masculinities within contexts of poverty. *Journal of Psychology in Africa*, 2010; 20 (4): 527-536.
15. Ngidi N. Perceptions and thoughts on teenage pregnancy as reflected by some participants in the world day essay competition in 1996. Department of Welfare Pretoria, 2007.

16. Osaikhuwuomwan JA, Osemwenkha AP. Adolescents' perspective regarding adolescent pregnancy, sexuality and Contraception. *Asian Pacific Journal of Reproduction* 2013; 2(1): 58-62
17. Naong MM. The impact of matriculation results on management of school principals: A South African case study. *African Journal of Business Management*. 2011; 5(5): 1589-1597.
18. Helen S, Holgate R, Francisco, KO. Teenage pregnancy and parenthood: Global perspective issues and interventions. Routledge, Taylor and Francis group: London, 2006.
19. Jewkes R, Morrel R, Christofides N. Teenage pregnancy: Rethinking prevention. Paper prepared for the HSRC Youth Policy Initiative Roundtable 5: Teenage Pregnancy. Reserve Bank, Pretoria, 2009.
20. Bezuidenhout, Joubert S. Child and Youth Misbehaviour in South Africa: A holistic approach. Van Schaik Publishers: Hartfield, Pretoria, 2009.
21. Rosenberg K. Rural Women Compared to Urban Women. Oregon: Oregon Department of Human Services, Oregon PRAMS, 2005.
22. Hoffman S. By the Numbers: The Public Costs of Teen Childbearing. National Campaign to Prevent Teen Pregnancy, Washington DC, 2006.
23. Mwaba K. Perceptions of teenage pregnancy among South African adolescents. *Health SA Gesondheid*, 2000; 5(3):30-4.
24. Lema VM. Sexual behavior, contraceptive practice and knowledge of reproductive biology among adolescent secondary school girls in Nairobi. *East Afr Med J*, 1990; 67(2):86-94.
25. Macleod C, Tracey T. A decade later: follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy. *South African Journal of Psychology*, 2010; 40(1):18-31.
26. Panday S, Makiwane M, Ranchod C, Letsoalo T. Teenage pregnancy in South Africa with a specific focus on school-going learners. HSRC Press, Pretoria, 2009.
27. Brown JD, L'Engle KL, Pardun CJ, Guo G, Kenneavy K, Jackson C. Sexy Media Matter: Exposure to Sexual Content in Music, Movies, Television, and Magazines Predicts Black and White Adolescents' Sexual Behavior. *Pediatrics*, 2006; 117(4):1018-27.
28. Collins RL, Elliot MN, Berry SH, Kanouse DE, Kunkel D, Hunter SB, Miu A. Watching Sex on Television Predicts Adolescent Initiation of Sexual Behavior. *Pediatrics*, 2004; 114 (3):e280-e289.