PERCEPTIONS AND DETERMINANTS OF TEENAGE PREGNANCY AMONG FEMALE TEENAGERS IN ADO-EKITI, NIGERIA.

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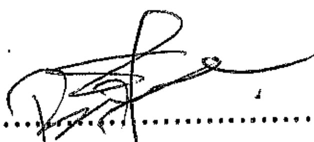
CERTIFICATION

This is to certify that AKEJU OLUWABUKOLA VICTORIA of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out a Research on the Topic "PERCEPTIONS AND DETERMINANTS OF TEENAGE PREGNANCY AMONG FEMALE TEENAGERS IN ADO-EKITI, EKITI STATE" in partial fulfilment of the award of Bachelor of Science (B.Sc) in Federal University Oye-Ekiti, Nigeria under my Supervision



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DEDICATION

This project is dedicated to my mother, Rev Mrs Mary Akeju, who has been supportive throughout my stay in Federal University Oye Ekiti and also to Akeju's family who never cease to encourage me, pray for me and love me always and also work to together to ensure my success during my course of study.

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ABSTRACT

This study was mainly to find out the perceptions and determinants of teenage pregnancy as perceived by female teenagers in Ado-Ekiti, Ekiti State. A quantitative method (survey research) design was used in this study primarily because of the descriptive and quantitative nature of the study. To derive an appropriate sample size for this research work, a random sampling technique was used to select the appropriate respondents that have experience teenage pregnancy and those that have not experience teenage pregnancy among female teens in Ado-Ekiti.

The instrument used for data collection was a 42-item questionnaire titled 'Perceptions and Determinants of Teenage Pregnancy among female teenagers in Ado-Ekiti'. The sample size was 250 respondents and the data collected was analyzed using percentage counts, frequency and chi square, the hypotheses was tested at 0.05 level of significance.

The study revealed the level of significant association of the determinant factors and teenage pregnancy, and the level of significant association of family background and teenage pregnancy ($P<0.05$). The facts from the results of this study therefore concludes that some factors such as mother's level of education, misleading information acquire from friends, ignorance of safe period profound as a significant association with the prevalence of teenage pregnancy where p-value is less than five percent level of significance.

The study concluded that the prevalence of teenage pregnancy in the study area is high and are influenced by family background, such as mother's level of education, information acquire from friends and ignorance of safe period of sex.

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND OF THE STUDY

Teenage pregnancy remains one of the social problems that require urgent resolution worldwide (United Nations Population Fund, 2013). This is prevalent in both developed and underdeveloped world, there are, however, girls as young as ten who are sexually active and occasionally become pregnant and give birth, such girls of between thirteen and nineteen (13-19) years are now getting pregnant at an alarming rate. According to United Nations Population Fund (UNFPA), "pregnancies among girls less than 18 years of age have irreparable consequences. It violates the rights of girls, with life-threatening consequences in terms of sexual and reproductive health and poses high development costs for communities, particularly in perpetuation the cycle of poverty (UNFPA, 2013).

Teenage pregnancy which is otherwise known as Adolescent pregnancy is defined by the United Nation's World Health Organisations as the pregnancy of teenage girls who are in-between the ages of thirteen and nineteen. These girls are regarded not to have reached the legal adulthood age of getting pregnant and giving birth and also not matured in terms of reproductive matters.

Teenage pregnancy has attracted a great deal of concern and attention from religious leaders, the general public, policymakers, and social scientists, particularly in the United States and other developed countries. Demographic studies continue to report that in developed countries such as United States, teenage pregnancy results in lower educational attainment, increased in rates of poverty and worse life outcomes for children of teenage mothers compared to children of young adult women. Teenage pregnancy was at its peak in 1957. In 1970's and 1980's teenage pregnancy fairly decreased as a result of abortions and

use of contraceptives. Teenage girls who got pregnant in those days opted to resolve their pregnancy issues through abortion. The World Health Organization (WHO, 2014) reported that 11% of all births were due to women aged 15-19 years. Approximately 95% of teenage pregnancies occur in developing countries with 36.4 million women becoming mothers before age 18 (United Nations Population Fund, 2013).

There has been a rapid increase in teenage pregnancy among youths in Nigeria in recent times. It has destroyed the lives of young girls in this century. As of 2013, statistics by the National Population Commission showed that about 23 per cent of adolescent women aged 15-19 years were already mothers or pregnant with their first child. Researches have also shown that the prevalence of this menace is highest in the North-West zone (36 per cent) and lowest in the South-East and South-West zones (8 per cent each) of the country. About 80 per cent of these pregnant teenagers were totally unprepared for this situation in which they ignorantly or innocently found themselves, for an adolescent girl (aged 10–19 years old), experiencing pregnancy while still at school often means facing harsh social sanctions and difficult choices that have life-long consequences. Becoming pregnant could mean expulsion from home and school; being shamed and stigmatized by family, community members and *peers; increased vulnerability to violence and abuse; and greater poverty and economic* hardship. Teenage pregnancy carries a social stigma in many communities and cultures (National Population Commission, 2013).

World Health Organization (1997) is of the opinion that, teenage is the period between 10 and 19 years when the secondary sex characteristics appear. 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. 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).

The health and developmental repercussions of early pregnancy can be damaging. The impact on adolescent mothers includes risks of maternal death, illness and disability, including obstetric fistula, complications of unsafe abortion, sexually transmitted infections; including HIV, and health risks to infants. About 70,000 adolescents in developing countries die annually of causes related to pregnancy and childbirth. There are additional psychosocial harms as a girl may experience stress or depression if she is not psychologically prepared for marriage, sex or pregnancy - especially when sex is coerced or non-consensual – if she is shunned by family or the community or if she is unable to seek reproductive health services (UNFPA, 2013).

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. According to Maynard (1997), teenage pregnancy is a delinquent behaviour 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).

1.1 STATEMENT OF THE PROBLEM

Teenage pregnancy continue to be a major global public health concern, affecting more than 16 million girls and young women worldwide (World Health Organization, 2014). Teenagers who are expected to acquire education and skills needed for the future engage in premarital sex, which expose them to the risks of contracting diseases such as HIV, sexually transmitted infection (STIs) and also 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.

Past and recent research shows that teenage pregnancy is attributed most strongly to a lack of education and knowledge about safe-sex practices. Most sexually active teens tend to skip the most effective contraceptive methods; unprotected sexual intercourse is the top reason for teenage pregnancies occurring. Lack of education and awareness about such matters is also associated with this cause.

Furthermore, some researcher have revealed that family factors influence the choice to engage in risky behaviour as an adolescent while other research has established that family environment is important for a successful transition into adulthood. Those who grow up in intact families and those coming from higher socioeconomic status families typically fare better in many dimensions, especially economic. According to UNFPA, "In every region of the world - including high-income countries - girls who are poor, poorly educated or living in rural areas are at greater risk of becoming pregnant than those who are wealthier, well-educated or urban. This is true on a global level, as well: 95 per cent of the world's births to

adolescents (aged 15-19) take place in developing countries. Every year, some 3 million girls in this age bracket resort to unsafe abortions, risking their lives and health."

Maternal and prenatal health is of particular concern among teens that are pregnant or parenting. The incidence of premature birth and low birth weight is higher among teen mothers. Teenage mothers between 15-19 years old were more likely to have diseases such as 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 is 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. The percentage of teenage pregnancy in the society is growing at a long rate. It is perceived that lack of adequate knowledge about sex education to teenage girls make them to be sexually active which eventually leads to pregnancy (Marnach et al 2013).

However, research has identified determinants of teenage pregnancy and childbirth globally and in sub-Saharan African settings such as Uganda (Brahmbhatt et al., 2014; Sedgh et al., 2015; World Health Organization, 2014). There is however dearth information about how adolescents themselves perceive teenage pregnancy and the context in which it occurs, resulting in gaps in our understanding of how teenage pregnancy is socially constructed by girls and young women in the region. This study explored perceptions as well as perceived determinants of teenage pregnancy among a sample of currently pregnant and never pregnant (but sexually active) teenage girls in Ado-Ekiti, Nigeria.

1.2 RESEARCH QUESTIONS

1. What is the prevalence of teenage pregnancy among teenage girls in Ado Ekiti?

2. What are the factors contributing to the increase in the rate of teenage pregnancy among teenage girls in Ado Ekiti?

1.3 OBJECTIVES OF THE STUDY

The general objective of this study is to find out the perceptions on teenage pregnancy, factors influencing teenage pregnancy and its effects among teenagers. It will consider the predisposing factors responsible for teenage pregnancy and it consequences. The specific objectives are;

1. To ascertain the proportion of teenagers that has experience teenage pregnancy in Ado-Ekiti, Nigeria.
2. To examine the perception of teenagers towards teenage pregnancy in Ado-Ekiti, Nigeria
3. To investigates the determinants of teenage pregnancy in Ado-Ekiti, Nigeria.

1.4 SIGNIFICANCE OF THE STUDY

This study will find out people's perceptions especially teenagers on teenage pregnancy and the major causes and effects of teenage pregnancy. The result of this study will be of benefits to students, teachers, parents, guidance, government, out of school teenagers in Ado Ekiti and beyond. It will also draw the attention to the issue of teenage pregnancy and review more ways in reducing or curbing the issue of teenage pregnancy.

The study will also benefit students who are still in school by providing information about the causes and consequences of teenage pregnancy and ways to prevent themselves from getting pregnant. It will guide them in setting their priorities right and to be more focus on their education. It will help in highlighting strategies to adopt by teenagers to cope with the situation and what can be done to control the situation.

Furthermore, it will help parents realize their roles in educating their teenagers, in preventing them from engaging in early sex and protecting them from teenage pregnancy, therefore parents would stand the chances of enjoying the fruit of their labour as there will no longer be untimely withdrawal from school and there would be less health hazards among female teens. In addition, this research work will add to the existing body of knowledge on teenage pregnancy and measures for addressing the menace to the barest minimum in our society.

1.5 DEFINITION OF TERMS

Teenage pregnancy: Teenage pregnancy, also known as adolescent pregnancy, is the pregnancy in females under the age of 20. In other words, it refers to female adolescents becoming pregnant between the ages of 13-19 (United Nation; World Health Organisations).

Adulthood: The time of life when one is expected to take responsibility for one's own actions and wellbeing.

Adolescence: The transition period of physical and psychological development between childhood and maturity. Adolescence typically describes the years between ages 13 and 19 and can be considered the transitional stage from childhood to adulthood.

Wedlock: The state of being married.

Motherhood: The state of being a mother.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter reviews extant literatures on the determinants and effects of teenage pregnancy among female teenagers and identify the lapses that abound in existent research and scholarly publications. The literature review captures previous research in Nigeria, sub-Saharan Africa, Africa and other parts of the world as it relates to the content under study.

2.1 LITERATURE REVIEW

2.1.0 PREVALENCE OF TEENAGE PREGNANCY

Over the years, the perpetual occurrence of adolescent pregnancy and subsequent childbirth to women less than 18 years old has continued to raise concerns of the major public health sector as well as the global community, the rationale behind this stems from the fact that it affects over 16 million girls and young women (W.H.O 2014). It has been observed that, Teenage pregnancy remains a challenge requiring urgent resolution in the world over (U.N.P.F 2013) because it seems to have become an acculturated trend amongst adolescence. Adolescence is defined as the stage of life during which individuals reach sexual maturity; it is the period of transition from puberty to maturity (United Nations 1996). It encompasses the people within the age range of 10-19 years. Remarkably, young people belong to one of the biggest age groups with more than half of the world population being less than 25 years old. Research reveals that in some 1.2 billion people, one person in five is an adolescent, ranging from 10 to 19 years (UNFPA, 2003).

It is important to observe that, adolescent pregnancies worldwide are noted to have higher maternal, obstetrical, and neonatal risks, with those in women aged less than 15 years having risks noted to be even higher than those in adolescents aged greater than 16 years. Adolescent pregnancies should therefore be managed as high risk in programs that can accommodate their unique risks and concerns (Malabarey, Balayla, Klam, Shrim and Abenhaim, 2012). It is in this light that Berer (2001) submits that "the period of adolescence is a transitional one in which an individual goes through a lot of physical, emotional, psychological, cognitive and social changes". From Berer's position, every adolescent experiences change in their interaction with their immediate environment, their thoughts and perception and consequently, they are expected at this stage of life to acquire and consolidate skills, attitudes and principles that are needed to prepare them for adulthood. Adolescence is a distinct and important biological and social stage of development. It is at this stage that a child transit to an adult, as such any pregnancy in a girl within the age range of 10-19 years is adolescent or teenage pregnancy and it has its own consequences on both the individual and the society.

Jaskiewicz and McAnarney as well observed that "adolescent pregnancy continues to be a complex and challenging issue for families, health workers, educators, societies, governments, and adolescents themselves" (1994). Other research that has been conducted reveals that the prevalence of teenage pregnancy in USA was 67.8 pregnancies per 1000 women aged 15-19 years as of 2008. Dulitha for instance observes that; the teenage birth rate in the United States is the highest in the developed world and the teenage abortion rate is also high. The birth rate in the USA was 34.3 births per 1000 women (15-19) in 2010 (Dulitha 2012).

Adolescents are considered to be the most vulnerable to sexual and reproductive health risks (WHO 2006), this is because they have yet to attain puberty where all the organs

and hormones responsible for sexual activities are fully triggered for reproduction, though teenage pregnancy might have played a significant role in the rapid population growth in the world, yet it constitutes a high risk group requiring high priority services. Suffice to say it that Adolescent childbearing is heavily concentrated among poor and low-income teenagers, most of who are unmarried. Mazur adduces that "Teenage mothers seem to be at higher maternal and perinatal risks and as such; Teenage pregnancies should be discouraged not only for this but also for limitation of fertility and other social reasons" (1997).

According to Spitz, Velebil and Koonin, (1996); more than forty percent of women get pregnant before age 20 years. The reasons for this contrast are unclear, but European teenagers may have greater access to and acceptance of contraception. Beginning in early childhood, young people are bombarded with sexual messages, what in simple terms mean sex education. This is oftentimes discouraged in certain societies. It was estimated that one fourth of youths in the US report first intercourse by 15 years of age (Haffner, 1995) and this produce young mother who by research, are more likely to experience complications during pregnancy and delivery than older mothers. The consequences of adolescent pregnancy on the society includes but not limited to; increase in mortality rate, psychological disorder through societal and parental neglect, severe health complications, increase in poverty thereby provoking increase in crime rate, etc.(WHO 2012).

2.1.1 TEENAGE PREGNANCY IN AFRICA

The persistence increase in teenage pregnancy as a global phenomenon is currently at an alarming rate especially in developing countries of sub-Saharan Africa. Most teenage pregnancies occur in developing countries with 36.4 million women becoming mothers before 18 years. It had been estimated that teenage pregnancy rates range from 143 per 1000 in some sub-Saharan African countries to 2.9 per 1000 in South Korea. (UNFPA 2013). This

infers that complications of pregnancy and childbirth are the leading causes of mortality rate among women aged 15-19 years in such areas. Highest risk of maternal death in young girls was shown in Africa, Afghanistan, Bangladesh, Guatemala, Haiti, Nepal, Nicaragua and Yemen (Liabsuetrakul, 2012).

According to United Nations (2013), "the highest proportion of teenage pregnancy occurred in Sub-Saharan Africa globally in 2013". In the same vein, Loaiza & Liang adduces that; "Births to teenage mothers account for more than half of all the births in this region: an estimated 101 births per 1000 women aged 15 to 19 years. Countries with teenage pregnancy levels above 30% in sub-Saharan Africa" (2013). Clifton & Hervish further adds that "birth rates ranged from 150 or higher to less than 50 births per 1000 women of ages 15 to 19 years in the sub-continent, with Central Africa displaying the highest levels and Southern Africa having the lowest" (2013). The above position infers that persistent increase in teenage pregnancy in Africa may have justified why there is increased mortality rate, economic recession and impoverishment, recent rankings by World Bank in 2018 indicated that Nigeria is the world's poorest country overtaking India, with majority residents living below a dollar per day.

2.1.2 TEENAGE PREGNANCY IN NIGERIA

Nigeria is the most populous country in sub-Saharan Africa with a population of over 178 million (National Population Census 2006). It also has a very young population that comprises of over 250 ethnic groups amalgamated by Lord Lugard in 1914. However, the current status quo of teenage pregnancy in Nigeria has economic risks and should be discouraged, this is because an average Nigerian earns less than a dollar per day on aggregate (World Bank Statistics, 2014). Like her other African counterparts, there exists an appalling increased rate of teenage pregnancy in both rural and urban areas across the regions but

mostly common in the rural areas. In the same vein but in a more transcending light, there has been an increase in the number of teenage pregnancy witnessed in northern than in southern part of the country due to the prevalence of early marriages occasioned by diversified factors which includes but not limited to poverty, religious doctrines, illiteracy etc. Notably, while teenage pregnancy may be attributed to early marriages in the north, most pregnant teenagers are not married in the south. This dichotomy is due to the fact that most of the pregnant teenagers are usually rejected by their lovers who impregnated and thereupon, leaves them with the option of either aborting the pregnancy or becoming single mothers at an early age. Such persons are usually subjected to stigmatization and low-self-esteem in the society. Some of the single parents are supported by their own parents (especially mothers). In more difficult situations, the parents (especially the fathers) tend to neglect the pregnant teenagers and their children and this may propel the pregnant teenagers to result to abortion or discarding the child at a dumping site, orphanage homes, carnages or pit toilets. This is why Langham says that "Teenage pregnancy can therefore be regarded as a major source of children in orphanages. At times, teenage pregnancy is as a result of sexual abuse or rape" (2015).

Remarkably, it has been observed that the national adolescent fertility rate in Nigeria was 118 births per 1,000 women aged 15–19 years in 2013 compared to 106 births for the region. While reductions in early childbearing have taken place among the rich, it still remains high among the poor – almost 60% of the poorest 20–24 years old women have had a child before reaching 18, compared to only 10% of their richer counterparts. The differences are especially stark in urban areas. In 2008, 23% of poor urban adolescent females were pregnant or mothers compared to 4% of their richer counterparts (DHS 2013).

Another contentious issue is a large knowledge-behaviour gap regarding condom use for HIV prevention. While about 50% of young women are aware that using a condom in

every intercourse prevents HIV, only 7% of them report having used a condom at their last intercourse. At 15%, the contraceptive prevalence rate in Nigeria is also among the lowest neighbouring countries. It also has one of the lowest levels of unmet need for contraception. Low contraception prevalence contributes to the high fertility rate, which has remained steady at 5.7 births per woman for the past decade. Poor knowledge and misinformation about modern contraception contribute to the rate of use and demand (Ankomah 2013).

2.1.3 GENERAL CAUSES OF TEENAGE PREGNANCY

The fact that most teenage pregnancies in the developed world appears to be unplanned has raised serious contentious issues that scholars have tried to elucidate, some schools of thought however investigate the causes and factors necessitating its continuous increase among which we find Onuzulike, (2003) who says that "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" are one of the many factors facilitating this development. According to him, teenage pregnancy is occasioned by lack of sex education among teenagers in their schools, homes and other agents of socialisation, poverty and negligence, as well as influence of peers or contemporaries.

Another scholar, Jackie also identifies that "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" (2012). Growing up in a single parent household, having a mother who was an adolescent mother, or having a sister who has become pregnant are critical life events for becoming teen mother. In developing countries, early marriage is the main reason for early pregnancy. These countries are however ravaged by poverty, low value

and self-esteem of girls, low level of education and low level of contraceptive use, early childbearing, sexual abuse and assault.

There are several predictors of sexual intercourse during the early teenage years, including early pubertal development, a history of sexual abuse, poverty, the lack of attentive and nurturing parents, cultural and family patterns of early sexual experience, a lack of school or career goals, and poor school performance or dropping out of school. Educational failure, poverty, unemployment and low self-esteem are understood to be negative outcomes of early childbearing. These circumstances also contribute to the likelihood of teen pregnancy. Potential risk factors for a teenage girl to have early sexual behaviour and / or become pregnant include: early dating and risky sexual behaviours (e.g., multiple partners, poor contraceptive use); early use of alcohol and/or other substance use; dropping out of school and/ or low academic achievement; lack of a supportive environment; lack of involvement in school, family, or community activities and/or poor quality family relationships; perceiving little or no opportunities for success and/ or negative outlook on the future; living in a community where early childbearing is common and viewed as the norm rather than as a cause for concern; growing up under impoverished conditions and poverty; having been a victim of sexual abuse or non-voluntary sexual experiences; or having a mother who was aged 19 or younger when she first gave birth.

2.1.4 TEENAGE PREGNANCY AND MEDIA INFLUENCE

The influence and influx of media has assumed some negative dimensions on the teenagers, especially TV shows that often glamorize pregnancy and conceal the true struggle and circumstances associated with pregnancy and therefore encourages these teens to indulge in acts that could get them pregnant. The mass media is becoming the leading source of information for teenagers with the result that they imbibe the negative rather than positive

behaviour practices. Teens who watch a lot of television with sexual contents are more likely to initiate sexual intercourse, the desire to be like westerners by teenagers has made them become promiscuous, doing things that were never imaginable several years ago (Bhadmus 1995).

It's no denial the fact that the Media today promotes teenage pregnancy. Most Teenagers now want to practice the sexual scenes they watch on Television and what they read in romantic novels. The judgments of teenagers of what is right and wrong, is coloured by the effect of the western culture transmitted through the sexual stimuli conveyed by the mass and social media. Movies have laboured mightily to convince viewers that they need to make themselves more attractive and align with the dominant culture as presented in the media. Suffice to say it that even since the advent of mass media in Nigeria, it formed a matrix for the proliferation and thus birthed new form of media known as the new media, the mass media (Radio, Television, Print, Film etc) has assumed some negative dimensions through the introduction of adult content (Emotional and sexual scenarios) and thereby disreputing the values of our culture, the new media (Social Media) on the other hand (Whatsapp, Imo, Skype, Instagram, Facebook, Linkedin, Palmchat, Wechat etc) further exposed the teenagers who could afford android phones to video chat, download adult movies (Blue Film), watch pornography and because they are psychologically ready to explore their environment, indulge in these acts because to them, it is a beautiful experience. Another notable influence of the media is the influx of sensual, pornographic and adult sites and compact discs into the market without proper censorship, the teenagers could cheaply afford this and in a private seclusion in a friends place, engage in these acts. However, the parents or guardians of these teenagers also have their own issues; they allow their wards to watch these films despite seeing that viewer's discretion of children under 18 is strictly advised.

2.1.5 TEENAGE PREGNANCY AND CONTRACEPTIVE KNOWLEDGE

In recent decades, most women have become aware of at least one modern method of contraception. However, young teens have little or no knowledge about modern methods of contraceptive. "Low contraceptive use puts adolescents at risk for unintended pregnancies, which pose health risks for the adolescent girl as well as the child" (UNFPA 2010). A research carried out in 1980 on adolescent pregnancy shows that 94% of the subjects had an adequate knowledge of availability, 43% had an adequate overall knowledge of contraception. Subjects reported many misconceptions about contraceptives and a general lack of motivation concerning contraceptive use, the rationalising factor behind this is not far-fetched as observably, contraceptive knowledge/awareness is common amongst adults who indulge in sexual practices regularly and thus, most teenagers are unaware of those contraceptives. Another factor is the fear of death and barrenness factor as most teenagers believe that administering contraceptives at all in any dosage to prevent teenage pregnancy could affect their wombs and consequently, may be barren when eventually they attain adulthood.

2.1.6 TEENAGE PREGNANCY AND SEXUAL ABUSE/ RAPE

Recent studies have revealed that 11–20% of pregnancies in teenagers are a direct result of rape, while about 60% of teenage mothers had unwanted sexual experiences preceding their pregnancy. Before age 15, a majority of first-intercourse experiences among females are reported to be non-voluntary; the Guttmacher Institute reports that "60% of girls who had sex before age 15 were coerced by males who on average were six years their senior. One in five teenage fathers admitted to forcing girls to have sex with them" (2005). Multiple studies have indicated a strong link between early childhood sexual abuse and subsequent teenage pregnancy in industrialized countries. More than half of women who

gave birth in their teens were molested as young girls while five percent of all teen births are as a result of rape (Weiss 2011).

2.1.7 TEENAGE PREGNANCY AND 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 (Lammares 2000).

Family structure has great importance for teen pregnancy. Thus, girls raised by single parents are at risk of pregnancy due to more permissive sexual attitudes, as parents do not monitor them constantly and even arrange their dates (Benson and Galbraith, 2001).

2.5.6 TEENAGE PREGNANCY AND COMMUNITY

Several researches are of the view that the community contributes to placing teenagers at increased risk of pregnancy. Teenagers, who live in communities with more social disorganization and fewer economic resources, are more likely to engage in sex at an early age and this often result in pregnancy. Kirby states that, "the level of education, unemployment rate and income levels of the adults in a community are all associated with the sexual behaviour of teens" (2001). As concerning the community where girls grow, research reveals that, high unemployment in the district is a consistent predictor of the likelihood of teenage parenthood (Guard, 1994). From the foregoings, it is not displaced to say a community has tremendous influence on the growth of a child as we find in urbanised cities like Lagos, in suburbs like Abule Egba, Isale Eko, Oshodi, Mile 2, Alagbado, Mushin, Ajegunle, there is every propensity for teenagers in these communities to be sexually

moleated, maimed, raped at gunpoint, lured to bed or forcibly engage in sexual activities, this is because, these communities have a notoriety for indulging in atrocious activities and a high pedigree of crime rate, unlike places like Victoria Island, Ibeju Lekki, Victoria Garden City, Akoka, Ikeja, Banana Island etc whereby, teenagers are camped in a restricted environment, away from the shackles of any form of external on societal influence.

2.6 CONSEQUENCES OF TEENAGE PREGNANCY

Studies have shown that mothers who are less than 16 years old are at a greater risk of having premature deliveries, low birth weight infants, stillbirths, and neonatal deaths than adult mothers. Taffell reports that, "From an analysis of more than 3 million births that occurred in 1976 in the US, it is evident that irrespective of race, parity, prenatal care, mother's educational level, or marital status, teenagers have a greater percentage of low birth weight infants than do adults" (Taffell 1980).

Several factors places pregnant teenage girls at high risk for mortality: they have little prenatal knowledge; they lack preparedness; and their bodies are not fully developed, resulting in the possibility of prolonged, obstructed labour due to their small pelvises (Chopra et al. 2009). Teenage pregnancy is associated with higher rates of morbidity and mortality for both the mother and infant. An increase in maternal mortality and low birth weight, are the major adverse outcomes of adolescent pregnancies.

Pregnant teenagers have a higher incidence of medical complications involving mother and child than adult women. International studies indicate that children of teen mothers are more likely to experience health problems compared to children of older mothers (Shaw et al., 2006). Teenage pregnancy also "affects the marriage prospects of young women. Studies carried out in the US have reported that teen mothers are more likely to be single parents and if married to experience high divorce rates" (Ashcraft and Lang, 2006).

However, acknowledgement of paternity is critical to reduce stigma of early pregnancy and for the child to receive social and financial support from the father. Ironically, women report that young fathers often deny paternity to protect their own educational and financial aspirations. This is in contrast to more recent studies among young men, who report high levels of responsibility for children and that few deny paternity (Swartz & Bhana, 2009).

2.2 THEORETICAL BACKGROUND

The theoretical framework introduces and describes the theory that explains why this research problem under study exists, since theories are formulated to explain, predict and understand phenomena, it is therefore pertinent to explain the theory wherewith this study hinges on. The theory examined in this research is the Theory of Reasoned Action.

2.2.1 THE THEORY OF REASONED ACTION (TRA)

The theory of reasoned action is a model that finds its origins in the field of social psychology. The model was developed by Icek Ajzen and Martin Fishbein in 1975 to examine the relationship between attitudes and behaviour. The theory stated that individual performance of a given behaviour is primarily determined by a person's intention to perform that behaviour. This theory seeks to understand an individual's voluntary behaviour by looking at behavioural intentions rather than attitudes as the main predictors of behaviour. The ideas found within the theory of reasoned action have to do with an individual's basic motivation to perform an action.

According to the theory, intention to perform certain behaviour precedes the actual behaviour. This intention is known as behavioural intention and comes as a result of a belief that performing the behaviour will lead to a specific outcome. Behavioural intention is important to the theory because these intentions are determined by attitudes to behaviours and

subjected norms. The theory of reasoned action suggests that stronger intentions lead to increased effort to perform the behaviour, which also increases the likelihood for the behaviour to be performed. Reasoned Action uses two elements, attitudes and norms (or the expectations of other people), to predict behavioural intent. That is, whenever our attitudes lead us to do one thing but the relevant norms suggest we should do something else, both factors influence our behavioural intent. Specifically, Reasoned Action predicts that behavioural intent is created or caused by two factors: our attitudes and our subjective norms. Fishbein and Ajzen define the subjective norms as "the person's perception that most people who are important to him think he should or should not perform the behaviour in question" (1975). The theory can be summarized by the following equation:

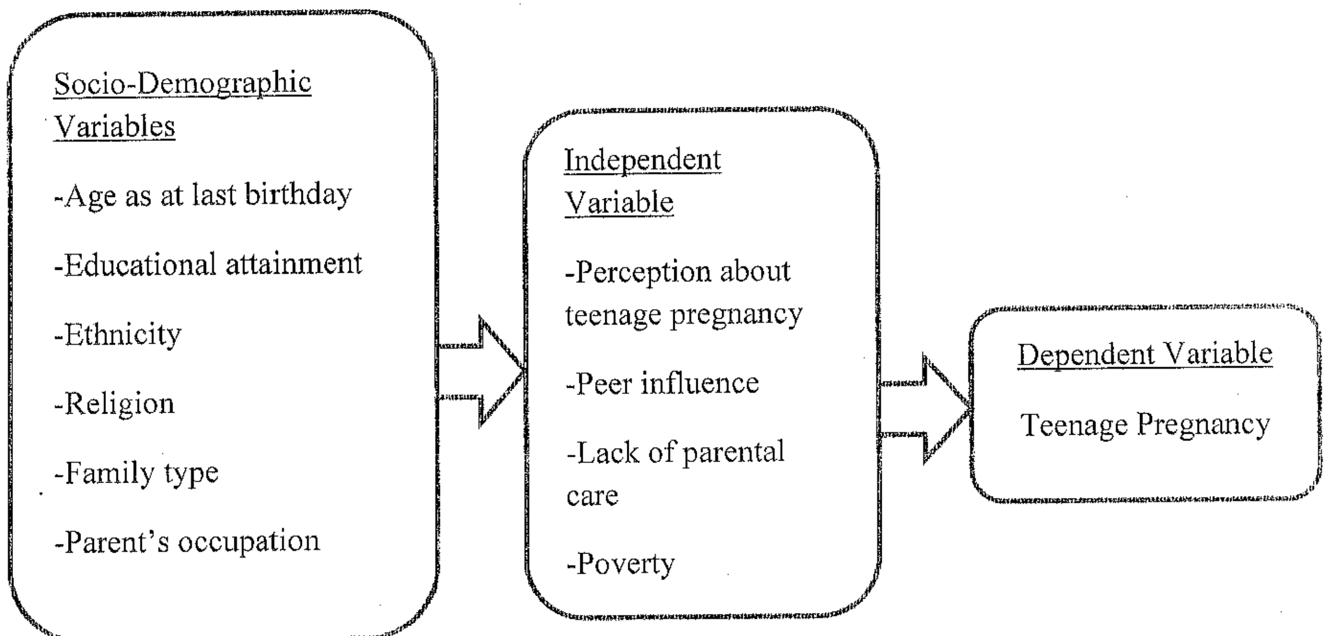
Behavioural intention=Attitude +Subjective norms

Fishbein and Ajzen posit that; The attitude of a person towards certain behaviour is determined by his beliefs on the consequences of this behaviour, multiplied by his evaluation of these consequences. Beliefs are defined by the person's subjective probability that performing a particular behaviour will produce specific results. This model therefore suggests that external stimuli influence attitudes by modifying the structure of the person's beliefs (Fishbein and Ajzen 1975).

Moreover, behavioural intention is also determined by the normative beliefs of an individual and by his motivation to comply with the norms. The theory also claims that all other factors which influence the behaviour only do so in an indirect way by influencing the attitude or subjective norms.

2.3 CONCEPTUAL FRAMEWORK

There is a substantial body of literature about the varied, inter-related and complex interplay of factors that determine sexual behaviour and that result in pregnancy, the independent variable which is the perception and determinants of teenage pregnancy and the socio-demographic variables may be conceptualised as factors that predict the incidence of teenage pregnancy among female youths in Ado-Ekiti, Nigeria.



Source: Author's Construct, 2018

Hypotheses

H_0: There is no relationship between socio-demographic characteristics and teenage pregnancy among female youths in Ado-Ekiti, Nigeria.

H_0: There is no significant relationship between the determinants of teenage pregnancy and teenage pregnancy among female youths in Ado-Ekiti, Nigeria

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter focuses on the various methods, techniques and procedures used in conducting this research. It provides important information on the following data sources, variables and measurement, data analysis and study population.

3.1 RESEARCH DESIGN

A research design according to Coolican (2004) is the overall structure and strategy of the research study. Although considerations surrounding convenience, timing and cost may influence the decision regarding the choice of methodology, quantitative method was used for this study, primarily because of the descriptive and quantitative nature of the study. Moreover, the advantage of using quantitative (survey research) approach is to draw generalization from a sample to a population so that inferences can be made about some characteristics, attitude, or behavior of this population which is not the case in qualitative research (Creswell, 2009). This research involves the systematic collection of information under considerable control, and analyzing that information using statistical techniques. This approach enables the researcher to systematically analyze large amounts of information that will be gathered with the scales and questionnaires.

3.2 STUDY LOCATION

The study location is Ekiti. Ekiti is a state in South-western Nigeria, declared a state on 1st of October 1996 alongside five other states in the country by the military ruler under the dictatorship of General Sani Abacha. As one of the newest states of the Nigerian federation, it was carved out of the territory of old Ondo State, and covers the former 12 local government areas that made up the Ekiti Zone of old Ondo State. On creation, it had 16 Local Government Areas (LGAs), having had an additional four carved out of the old ones. Ekiti State is one of the 36 states that constitute Nigeria and is reputed to have produced the highest number of professors in the country. The State is mainly an upland zone, rising over 250 meters above sea level. It lies on an area underlain by metamorphic rock. It is generally an undulating part of the country with a characteristic landscape that consists of old plains broken by step-sided out-crops that may occur singularly or in groups or ridges.

The State enjoys tropical climate with two distinct seasons. These are the rainy season (April–October) and the dry season (November–March). Temperature ranges between 21° and 28 °C with high humidity. The south westerly wind and the northeast trade winds blow in the rainy and dry (Harmattan) seasons respectively. Tropical forest exists in the south, while savannah occupies the northern peripheries. Ekiti land is naturally endowed with numerous natural resources. The state is potentially rich in mineral deposits. These include granite, kaolinite, columbite, channockete, iron ore, baryte, aquamine, gemstone, phosphate, limestone, gold among others. They are largely deposited in different towns and villages of Ijero, Ekiti West, Ado - Ekiti, Ikole, Ikere, Ise-Ekiti and other Local Government Areas.

3.3 STUDY POPULATION

The study population is Ado Ekiti in southwest Nigeria, the state capital and headquarters of the Ekiti State. The population was 308,621 (National Population Commission, 2006). The people of Ado Ekiti are mainly of the Ekiti sub-ethnic group of the Yoruba. It lies in the Yoruba Hills, at the intersection of roads from Akure, Ilawe, Ilesha, Ila and Ikare, and is situated 92 miles (148 km) east-northeast of Ibadan. An urban and industrial centre of the region, it was founded by the Ekiti people, a Yoruba subgroup whose members belonged to the Ekiti-Parapo, a late 19th-century confederation of Yoruba peoples that fought against Ibadan for control of the trade routes to the coast.

Ado-Ekiti became the site of a large textile mill in 1967, its occupants having a long-standing tradition of cotton weaving. The town also produces shoes and pottery and is a collecting point for commercial crops such as tobacco, cacao, palm oil and kernels, and cotton. Yams, cassava, corn (maize), upland rice, fruits, pumpkins, palm produce, and okra are marketed locally. Ado-Ekiti is the site of Ekiti State University (1982) and a federal polytechnic college.

3.4 SAMPLE SIZE AND SAMPLING PROCEDURE

To derive an appropriate sample size for this research work, a random sampling technique is used to select the appropriate respondents that have experience teenage pregnancy and that have not among female youth in Ado Ekiti State, Nigeria. The sample size is set at 250 respondents to limit the researcher and enable successful recollection of research instrument. It is believed that this sampling technique will effectively cover the population of teenagers in Ado Ekiti, Ekiti State, Nigeria. The Leslie Fischer formula is given as;

Sample Size= Z^2pq/d^2

3.5 DATA COLLECTION METHOD

A questionnaire was adopted for this study due to the nature of this study. The questionnaire is titled "The Perception and Determinants of Teenage Pregnancy Among Female Youth in Ado Ekiti, Ekiti State, Nigeria. The instrument has a designated section for demographic and personal data of the target respondents while they also pose items to answer the research questions in respective sections.

3.5.0 VALIDATION AND RELIABILITY OF THE INSTRUMENT

The instrument was submitted for professional scrutiny and content validation. This was done by my supervisor and other experts in the Faculty of Social Science, Federal University Oye-Ekiti, Ekiti State, One which was an expert on data analysis and evaluation, to know whether the instrument would actually address the research objectives. Their corrections and comments were used to modify the instrument.

3.5.1 VARIABLE DESCRIPTION AND MEASUREMENT

DEPENDENT VARIABLE

VARIABLE NAME	DEFINITION	MEASUREMENT
Teenage pregnancy	Teenage pregnancy is the pregnancy of girls between the ages of 13-19 years.	

INDEPENDENT VARIABLES

VARIABLE NAME	DEFINITION	MEASUREMENT
Determinants of Teenage pregnancy	All factors that are responsible for teenage pregnancy.	
Age Group	The length of an existence extending from the beginning to any given time (Merriam Webster)	Age 13 years to 19 years
Religion	This indicates the religion of respondent in the study area practise.	Christian Islamic Traditional Others
Marital Status of Parents		Married Single Widowed Separated
Fathers Occupation	Father's usual or principal work or business, especially as means of earning a living.	Unemployed Artisan Civil servant Business Owner Clergy Retired Others
Mothers Occupation	Mother's usual or principal work or business, especially as means of earning a living	House wife, Artisan Civil servant Business Owner Clergy Retired Others
Place of Residence	This involve the dwelling	Urban

	place of respondents	Rural
Ethnicity	The common characteristics of the respondents.	Yoruba Igbo Hausa Fulani Others
Type of Family	This is the kind or category of family setting of the respondents.	Polygamous Monogamous

❖ ***Sources: Author Construct, 2018***

3.5.2 MEASUREMENT OF VARIABLES

The general binary logistic regression model used for the multivariate analysis is:

$\log\left(\frac{p}{1-p}\right) = \beta_o + \beta_1 x_1 + \beta_2 x_2 + \ldots \beta_n x_n$

Where p = probability of exposure to teenage pregnancy

x1-xn = predictor variables (information from friends, mother's level of education and ignorance of safe period of sex).

βo, β1 - βn = regression coefficients

3.6 METHODS OF DATA ANALYSIS

The quantitative data gathered from the field will be analyzed using STATA 13.0 at a univariate, bivariate analysis level and multivariate. Univariate analysis will be conducted using the frequency distribution table to describe both the dependent and the independent variables. Bivariate (chi-square) and Multivariate (binary regression) analysis will be used to describe and compare the relationship between independent variables (the determinant, effect and socio-demographic factors) and dependent (Teenage pregnancy) among female teens in Ado Ekiti.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND RESULTS

4.1 INTRODUCTION

This chapter focuses on data presentation and statistical analysis on the perception and determinant of teenage pregnancy. The univariate analysis shows the percentage distribution of respondent characteristics and information about teenage pregnancy. The statistical techniques used were chi-square test to examine the effect of socio-demographic factors and determinant of teenage pregnancy in the study area.

4.2. RESULTS

4.2.1 Distribution of Respondents by Socio-Demographic and Family Background

Results in Table 4.2.1 below showed the age of teenagers with a mean age of 16 years, age 15 years had the higher proportion by 22.8%, follow by age 14 years by 17.6%, age 13years by 15.2%, age 16years and 19 years had the same proportion by 14.8% and the least age were age 17 years and 18 years by 9.2% and 5.6% respectively. Most of the teenagers were single by 99.2% and those that were married were 0.8%. The Yoruba ethnic group dominate the study area by 79.2%, igbo by 17.6% and the least were hausa by 3.2%. Also the teenagers live more in urban area by 66.4% than those living in rural area by 33.6%. The teenagers reported to be from monogamous family by 74.8% and those reported to be from polygamous family were 25.2%. The dominant religion in the study area was Christianity by 78.4% and those reported to be muslim were 21.6%. Furthermore, the teenagers reported to be more of student by 94%, self-

employed were 5.6% and the employed were 0.4%. Most of the teenagers acquire secondary school qualification by 93.2%, primary by 3.6%, post-secondary by 2.4% and 0.4 reported to acquire no education by 0.4%. In terms of father's level of education it was reported with post-secondary education by 57.6%, secondary by 23.2%, no formal education by 12.8% and the least were primary education by 6%. Mother's attain more of post-secondary education by 56%, secondary education by 24%, no formal education by 12% and primary education were the least by 7.6%. Father' report their occupation to be either civil servant or business owners by 42% each, artisan and retired by 5.2% and 4.4% respectively and the least were the Clergy and unemployed by 3.2% each. Mother's reported their occupational status to be more of business owners by 60.8%, civil servant by 30.8%, artisan and unemployed by 4.8% and 2.0% respectively and the least were retired and clergy by 1.2% and 0.4% respectively.

Table 4.2.1: Distribution of Respondents by Socio-Demographic and Family Background

Background Characteristics	Frequency	Percentage (%)
Age in single years		
13	38	15.2
14	44	17.6
15.	57	22.8
16	37	14.8
17	23	9.2
18	14	5.6
19	37	14.8
Mean age	**16 years**	
Marital Status		
Married	2	0.8
Single	248	99.2
Ethnicity		
Yoruba	198	79.2

Igbo Hausa	44 8	17.6 3.2
Place of Residence Urban Rural	 166 84	 66.4 33.6
Family Type Monogamous Polygamous	 187 63	 74.8 25.2
Religion Christianity Islam	 196 54	 78.4 21.6
Employment Status Student Employed Self-Employed	 235 1 14	 94.0 0.4 5.6
Level of Education No formal education Primary Secondary Post-Secondary Others	 1 9 233 6 1	 0.4 3.6 93.2 2.4 0.4
Father's level of Education No formal education Primary Secondary Post-Secondary Others	 32 15 58 144 1	 12.8 6.0 23.2 57.6 0.4
Mother's Level of Education No formal education Primary Secondary Post-Secondary Others	 30 19 60 140 1	 12.0 7.6 24.0 56.0 0.4
Father's Occupation Unemployed Artisan Civil Servant Business Owner Clergy	 8 13 105 105 8	 3.2 5.2 42.0 42.0 3.2

Retired	11	4.4
Mother's Occupation		
Unemployed	5	2.0
Artisan	12	4.8
Civil Servant	77	30.8
Business Owner	152	60.8
Clergy	1	0.4
Retired	3	1.2
Total	**250**	**100.0**

❖ *Sources: Author Construct, 2018*

4.2.2 Distribution of Respondents by Prevalence of Teenage Pregnancy

Results in Table 4.2.2 below showed the prevalence of sexual intercourse among female teenagers, they reported not to ever had sex by 78% and ever had sex by 22%. Most of the teenagers experienced their first sexual intercourse with a mean age of 16 years with at age 16 years by 21.8%, age 15years by 18.2%, age 14 years and 17 years had the same proportion by 14.6% each, age 13 years and 18 years by 10.9% each and the least were age 19 years and 11 years by 7.3% and 1.8% respectively. More so, it was reported that female teenagers experienced their first sexual intercourse with boyfriend by 82.1%, unknow by 5.4% and others were 12.5%. It was revealed that teenagers protect themselves at their first sexual intercourse by 54.5% and those that did not protect themselves were 45.5%. Teenagers got introduce to their first sexual intercourse from friends by 74.6%, Tv/Pornography by 12.7%, parent and school teachers by 5.5% each and the least reported to be from family members by 1.8%. Getting pregnant before marriage by 56.4% and do not get pregnant before marriage by 43.6%. It was reported that mostly teenagers have access to sex education by 75.6% and do not have access by 24.4%.

Table 4.2.2: Distribution of Respondents by Prevalence of Teenage Pregnancy

Background Characteristics	Frequency	Percentage (%)
Ever had sex		
No	195	78.0
Yes	55	22.0
Total	**250**	**100.0**
Age at first sexual intercourse		
11	1	1.8
13	6	10.9
14	8	14.6
15	10	18.2
16	12	21.8
17	8	14.6
18	6	10.9
19	4	7.3
Mean age	**16 years**	**100.0**
Total	**55**	
With whom do you have your sexual experience		
Boyfriend	46	82.1
Unknown	3	5.4
Others	7	12.5
Total	**56**	**100.0**
Do you protect yourself at your first intercourse		
No	25	45.5
Yes	30	54.5
Total	**55**	**100.0**
How do you get introduce to your first sexual experience		
Parents	3	5.5
Friends	41	74.6
School teacher	3	5.5
Tv/Pornography	7	12.7
Family members	1	1.8
Total	**55**	**100.0**

Have you have pregnancy before		
No	24	43.6
Yes	31	56.4
Total	**55**	**100.0**
Do you have access to sex education		
No	61	24.4
Yes	189	75.6
Total	**250**	**100.0**

❖ *Sources: Author Construct, 2018*

4.2.3 Distribution of Information about the Determinants of Teenage Pregnancy

Results in Table 4.2.3 below showed teenagers that were educated on teenage pregnancy by 82:4% and those that said no were 17.6%. Also, teenagers reported their sources of knowledge about sexuality from both parent by 44.6%, mother's by 18.1%, peer group by 13.3%, teacher's and media had the same proportion by 12.1% respectively. More of teenagers watch or listen to anything concerning sexual issue by 58.4% and those that did not watch or listen to anything concerning sexual issue were 41.6%. Those that were pregnant as a result of ignorance of safe period of sex were 50.9% and those that said no were 49.1%. Furthermore, those that experienced rape were less to report teenage pregnancy by 10.9% whereby those that said no to having teenage pregnancy as result of experienced of rape were 89.1%.

Moreover, the table below showed that teenagers strongly agree that teenage pregnancy mostly occur due to lack of parental care or sponsors by 43.6%, disagree by 27.2%, agree by 16.4, and strongly disagree by 4.4%. Also teenagers disagree that teenage pregnancy is due to divorced among the parents by 36%, strongly agree by 35.6%, agree by 8% and strongly disagree by 7.6%. More so, teenagers strongly agree that having sex is as a result of misleading information that they acquired from friends by 41.8%, disagree by 27.3%. More of teenagers

strongly agree that they had sex mostly due to peer influence by 41.8%, disagree by 30.9%, agree by 12.7% and the least were those that strongly disagree by 7.3%. The report showed that the teenagers disagree that having sex as a result of no deep understanding of your religion by 60%, strongly agree by 14.6%, strongly disagree by 10.9% and agree by 1.8%. It was disagree with having sex as a result of poverty level by 43.6%, agree by 20%, strongly agree by 16.7% and the least were those that strongly disagree by 12.7%. It is strongly agree that teenagers had sex based on what you learnt from the mass media by 40%, disagree by 30.9%, strongly disagree by 10.9% and agree by 5.5%.

Table 4.2.3: Distribution of Information about the Determinant of Teenage Pregnancy

Background Characteristics	Frequency	Percentage (%)
Have you once been educated on teenage pregnancy		
No	44	17.6
Yes	206	82.4
Total	**250**	**100.0**
Source of knowledge about sexuality		
Mother	46	18.1
Both parent	111	44.6
Peer group	33	13.3
Teacher	30	12.1
Media	30	12.1
Total	**250**	**100.0**
Do you watch or listen to anything concerning sexual issue?		
No	104	41.6
Yes	146	58.4
Total	**250**	**100.0**
You were pregnant as a		

result of ignorance of safe period of sex?		
No	27	49.1
Yes	28	50.9
Total	**55**	**100.0**
You had pregnancy as a result of experience of rape?		
No	49	89.1
Yes	6	10.9
Total	**55**	**100.0**

❖ ***Sources: Author Construct, 2018***

Table 4.2.4: Perceptions on Teenage Pregnancy

VARIABLES	RESPONSE (%)				
	Strongly Agree	**Agree**	**Undecided**	**Disagree**	**Strongly Disagree**
Do you think teenage pregnancy is due to lack of parental care or sponsors?	43.6	16.4	8.4	27.2	4.4
Do you think that teenage pregnancy is · due to divorced among the parents?	35.6	8.0	12.8	36.0	7.6
You had sex as a result of misleading information that you acquired from friends?	41.8	9.1	12.7	27.3	9.1
You had sex mostly due to peer influence?	41.8	12.7	7.3	30.9	7.3
Do you have sex as a result of no deep understanding of your religion?	14.6	1.8	12.7	60.0	10.9

You had sex as a result of level of poverty?	16.7	20.0	7.3	43.6	12.7
You had sex based on what you learnt from the mass media?	40.0	5.5	12.7	30.9	10.9

❖ ***Sources: Author Construct, 2018***

4.2.5 Distribution of Information about the Consequence of Teenage Pregnancy

Results in Table 4.2.5 below showed the consequence of teenage pregnancy in the study area, it was ascertain that teenage pregnancy leads to sexual transmitted infection by 51.2%, disagree by 21.2%, strongly agree by 17.6% and strongly disagree by 3.2%. It was agree that abortion as a result of teenage pregnancy by 58.8%, strongly agree by 22.4%, disagree by 13.2% and strongly disagree by 1.2%. It was agree to that drop out of school as a result of teenage pregnancy by 49.6%, strongly agree by 36.4%, disagree by 7.6% and strongly disagree by 1.2%. More of teenagers agree that teenage pregnancy leads to disgrace and shame by 53.6%, strongly agree by 38%, disagree by 4.8% and strongly disagree by 2%. They stated that teenage pregnancy result to induced abortion by 62.4%, live birth by 13.6%, still birth by 10.8%, death by 9.2% and still pregnant by 4%. It also ascertain the likely problem that can be encounter from teenage pregnancy are academic problems by 44.8%, health problem by 22.8%, emotional disorder by 8.8%, physical injuries by 6% and psychological disorder by 4%.

Table 4.2.5: Distribution of Information about the Consequence of Teenage Pregnancy

Background Characteristics	Frequency	Percentage (%)
Sexually transmitted infections		

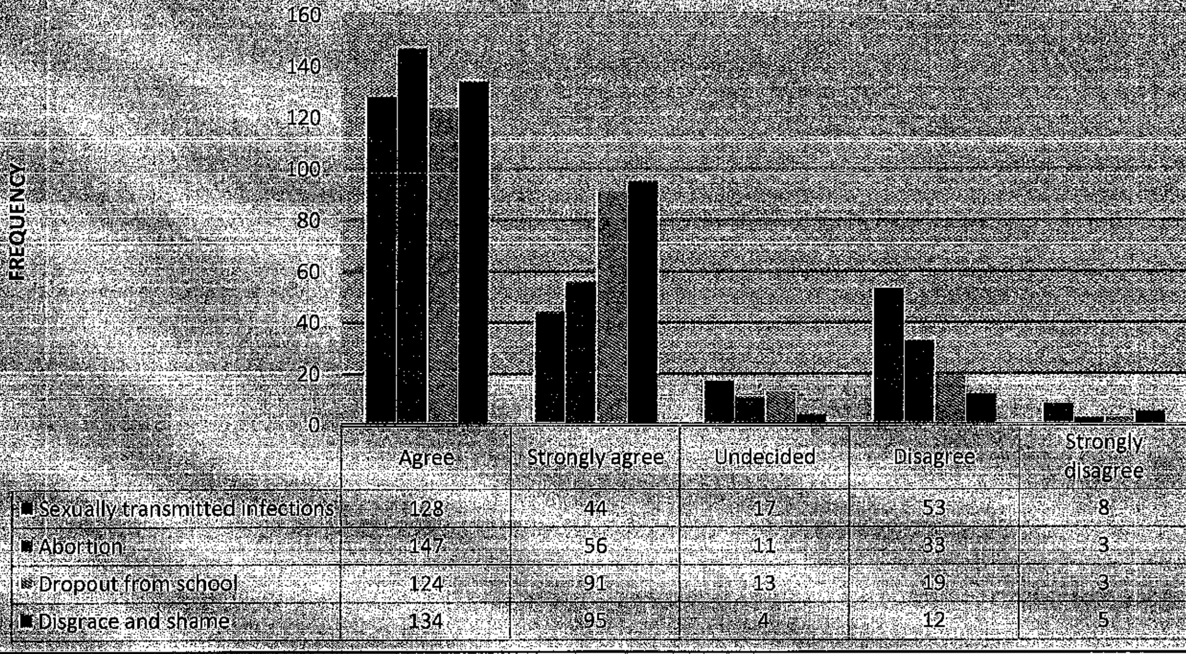
Agree Strongly agree Undecided Disagree Strongly disagree	128 44 17 53 8	51.2 17.6 6.8 21.2 3.2
Abortion Agree Strongly agree Undecided Disagree Strongly disagree	 147 56 11 33 3	 58.8 22.4 4.4 13.2 1.2
Dropout from school Agree Strongly agree Undecided Disagree Strongly disagree	 124 91 13 19 3	 49.6 36.4 5.2 7.6 1.2
Disgrace and shame Agree Strongly agree Undecided Disagree Strongly disagree	 134 95 4 12 5	 53.6 38.0 1.6 4.8 2.0
What do you think teenage pregnancy can result to? Live birth Still birth Induced abortion Still pregnant Death	 34 27 156 10 23	 13.6 10.8 62.4 4.0 9.2
What problem do you think one can encounter from teenage pregnancy? Physical injuries Emotional disorder Health problem Psychological disorder Academic problems All of the above	 15 22 57 10 112 34	 6.0 8.8 22.8 4.0 44.8 13.6
Total	**250**	**100.0**

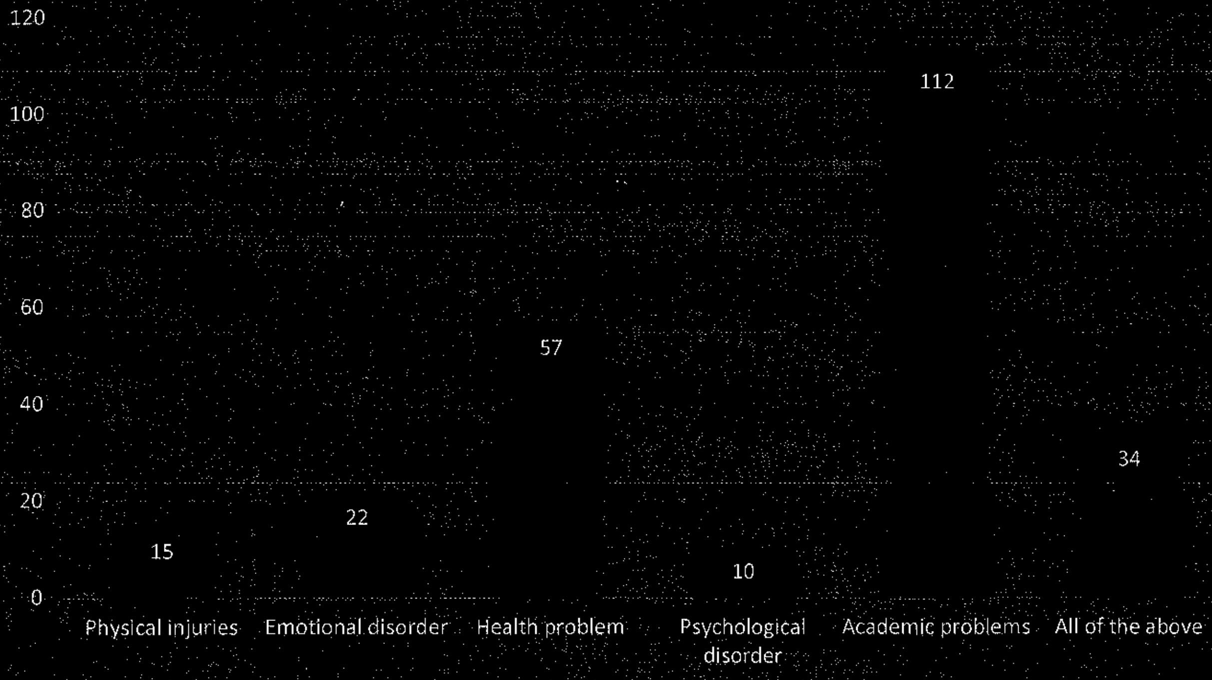
4.2.6 Distribution of Information about Remedy to the Prevalence of Teenage Pregnancy

Results in Table 4.2.5 below showed the remedy to the prevalence of teenage pregnancy in the study area, through the provision of sex education to teenagers by 42.8%, government enlightenment by 9.6%, parental care and advice by 46.4%, uses of contraceptives by 4%, abstinence by 18.4% in respect to those that declare don't know to each remedy provided as a means of reducing the prevalence of teenage pregnancy.

Table 4.2.6: Distribution of Information about Remedies to the Prevalence of Teenage Pregnancy

Sex education		
Yes	107	42.8
Don't know	143	57.2
Government enlightenment		
Yes	24	9.6
Don't know	226	90.4
Parental care and advice		
Yes	116	46.4
Don't know	134	53.6
Uses of contraceptives		
Yes	10	4.0
Don't know	240	96.0
Abstinence		
Yes	46	18.4
Don't know	204	81.6
Total	**250**	**100.0**





❖ ***Sources: Author Construct, 2018***

❖ ***Sources: Author Construct, 2018***

4.3.1: Distribution of Respondents by Socio-Economic Characteristics and Teenage Pregnancy.

Table 4.3.1 below revealed the level of significant association of family background and teenage pregnancy ($P<0.05$). There is significant association between mother's level of education and teenage pregnancy ($X^2 = 13.17$, $P = 0.004$) whereby there is prevalence of teenage pregnancy with mother's that acquire primary education by 38.7%, post-secondary by 25.8%, secondary by 22.6% and no formal education by 12.9% compare to those that did not ever had teenage pregnancy.

Table 4.3.1: Distribution of Respondents by Socio-Economic Characteristics and Teenage Pregnancy.

Background characteristics	Teenage pregnancy		Total	Significant test
	No	Yes		
Age				
13	1 (4.2)	0 (0.0)	**1 (1.8)**	
14	1 (4.2)	2 (6.5)	**3 (5.5)**	Chi2(6)=4.36
15	2 (8.3)	0 (0.0)	**2 (3.6)**	Pr =0.629
16	3 (12.5)	5 (16.1)	**8 (14.6)**	
17	2 (8.3)	2 (6.5)	**4 (7.3)**	
18	3 (12.5)	4 (12.9)	7 (12.7)	
19	12 (50.0)	18 (58.1)	**30 (54.6)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Marital Status				
Married	1 (4.2)	1 (3.2)	**2 (3.6)**	Chi2(1)= 0.03
Single	23 (95.8)	30 (96.8)	**53 (96.4)**	Pr = 0.853
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Ethnicity				
Yoruba	20 (83.3)	21 (67.7)	**41 (74.6)**	Chi2(2)= 5.22
Igbo	4 (16.67)	4 (12.9)	**8 (14.6)**	Pr = 0.074
Hausa	0 (0.0)	6 (19.4)	**6 (10.9)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Place of Resident				

Urban	14 (58.3)	22(71.0)	**36 (65.5)**	Chi2(1)= 0.96
Rural	10 (41.7)	9 (29.0)	**19 (34.6)**	Pr = 0.328
Total	**24 (100.00**	**31 (100.0)**	**55 (100.0)**	
Family Type				
Monogamous	13 (54.2)	14 (45.2)	**27 (49.1)**	Chi2(1)= 0.44
Polygamous	11 (45.8)	17 (54.8)	**28 (50.9)**	Pr = 0.508
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Religion				
Christianity	19 (79.2)	15 (48.4)	**34 (61.8)**	Chi2(1)= 5.43
Islam	5 (20.8)	16 (51.6)	**21 (38.2)**	Pr = 0.020
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Employment Status				
Student	17 (70.8)	23 (74.2)	**40 (72.7)**	Chi2(2)= 1.32
Employed	1 (4.2)	0 (0.0)	**1 (1.8)**	Pr = 0.52
Self-Employed	6 (25.0)	8 (25.8)	**14 (25.5)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Level of Education				
None	0 (0.0)	1 (3.2)	**1 (1.8)**	
Primary	1 (4.2)	6 (19.4)	**7 (12.7)**	Chi2(2)= 4.97
Secondary	20 (83.3)	23 (74.2)	**43 (78.2)**	Pr = 0.174
Post-Secondary	3 (12.5)	1 (3.2)	**4 (7.3)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Father's level of Education				
None	2 (8.3)	4 (12.9)	**6 (10.9)**	
Primary	1 (4.2)	5 (16.1)	**6 (10.9)**	Chi2(3)= 4.13
Secondary	4 (16.7)	8 (25.8)	**12 (21.8)**	Pr = 0.247
Post-Secondary	17 (70.8)	14 (45.2)	**31 (56.4)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Mother's Level of Education				
None	1 (4.2)	4 (12.9)	**5 (9.1)**	
Primary	1 (4.2)	12 (38.7)	**13 (23.6)**	Chi2(3)= 13.17
Secondary	6 (25.0)	7 (22.6)	**13 (23.6)**	Pr = 0.004
Post-Secondary	16 (66.7)	8 (25.8)	**24 (43.6)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	

Father's Occupation				
Unemployed	1 (4.2)	1 (3.2)	**2 (3.6)**	
Artisan	3 (12.5)	1 (3.2)	**4 (7.3)**	Chi2(3)= 5.37
Civil Servant	11 (45.8)	17 (54.8)	**28 (50.9)**	Pr = 0.37
Business Owner	7 (29.2)	11 (35.5)	**18 (32.7)**	
Clergy	0 (0.0)	1 (3.2)	**1 (1.8)**	
Retired	2 (8.3)	0 (0.0)	**2 (3.6)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Mother's Occupation				
Unemployed	1 (4.2)	0 (0.00)	**1 (1.8)**	
Artisan	2 (8.3)	1 (3.2)	**3 (5.5)**	Chi2(4)= 6.70
Civil Servant	7 (29.2)	4 (12.9)	**11 (20.0)**	Pr = 0.152
Business Owner	13 (54.2)	26 (83.87	**39 (70.9)**	
Clergy	1 (4.2)	0 (0.0)	**1 (1.8)**	
Retired	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	

❖ ***Sources: Author Construct, 2018***

4.3.2: Distribution of Respondents by Determinant Factors and Teenage Pregnancy.

Table 4.3.2 below revealed the level of significant association of Determinant factors and teenage pregnancy ($P<0.05$). There is significant association between misleading information acquire from friends and teenage pregnancy (X^2 =10.44, P =0.034) whereby respondents strongly agree by 58.1% and disagree by 27.3% compare to those that did not ever had teenage pregnancy. There is significant association between ignorance of safe period and teenage pregnancy (X^2 =30.89, P =0.000) whereby respondents said yes by 83.9% and no by 16.1% compare to those that did not ever had teenage pregnancy. There is significant association between experienced of rape and teenage pregnancy (X^2 =5.21, P =0.022) whereby respondents agree to experience rape had teenage pregnancy by 19.4% and said no by 80.7% compare to those that did not ever had teenage pregnancy.

Table 4.3.2: Distribution of Respondents by Determinant Factors and Teenage Pregnancy.

Background characteristics	Teenage pregnancy		Total	Significant test
	No	Yes		
lack of parental care or sponsors				
Strongly agree	9 (37.5)	12 (38.7)	**21 (38.2)**	
Agree	2 (8.3)	5 (16.1)	**7 (12.7)**	Chi2(4)= 2.59
Undecided	2 (8.3)	1 (3.2)	**3 (5.5)**	Pr = 0.63
Disagree	10 (41.7)	13 (41.9)	**23 (41.8)**	
Strongly disagree	1 (4.2)	0 (0.0)	**1 (1.8)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Divorced among the parents				
Strongly agree	3 (12.5)	5 (16.1)	**8 (14.6)**	
Agree	2 (8.3)	6 (19.4)	**8 (14.6)**	
Undecided	3 (12.5)	5 (16.1)	**8 (14.6)**	Chi2(4)= 4.21
Disagree	14 (58.3)	15 (48.4)	**29 (52.7)**	Pr = 0.378
Strongly disagree	2 (8.3)	0 (0.0)	**2 (3.6)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Misleading information acquired from friends				
Strongly agree	5 (20.8)	18 (58.1)	**23 (41.8)**	
Agree	2 (8.3)	3 (9.7)	**5 (9.1)**	Chi2(4)= 10.44
Undecided	3 (12.5)	4 (12.9)	**7 (12.7)**	Pr = 0.034
Disagree	10 (41.7)	5 (16.1)	**15 (27.3)**	
Strongly disagree	4 (16.7)	1 (3.2)	**5 (9.1)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Source of knowledge about sexuality				
Mother	5 (20.8)	2 (6.5)	**7 (12.7)**	
Both parent	7 (29.2)	14 (45.2)	**21 (38.2)**	
Peer group	4 (16.7)	5 (16.1)	**9 (16.4)**	Chi2(4)= 4.02
Teacher	5 (20.8)	4 (12.9)	**9 (16.4)**	Pr = 0.404
Media	3 (12.5)	6 (19.4)	**9 (16.4)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Peer influence				
Strongly agree	6 (25.0)	17 (54.8)	**23 (41.8)**	
Agree	2 (8.3)	5 (16.1)	**7 (12.7)**	
Undecided	2 (8.3)	2 (6.5)	**4 (7.3)**	Chi2(4)= 8.68
Disagree	12 (50.0)	5 (16.1)	**17 (30.9)**	Pr = 0.070
Strongly disagree	2 (8.3)	2 (6.5)	**4 (7.3)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	

No deep understanding of your religion				
Strongly agree	5 (20.8)	3 (9.7)	**8 (14.6)**	
Agree	1 (4.2)	0 (0.0)	**1 (1.8)**	Chi2(4)= 3.44
Undecided	2 (8.3)	5 (16.1)	**7 (12.7)**	Pr = 0.488
Disagree	13 (54.2)	20 (64.5)	**33 (60.0)**	
Strongly disagree	3 (12.5)	3 (9.7)	**6 (10.9)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Level of poverty				
Strongly agree	**5 (20.8)**	**4 (12.9)**	**9 (16.4)**	
Agree	**2 (8.3)**	**9 (29.0)**	**11 (20.0)**	
Undecided	**2 (8.3)**	**2 (6.5)**	**4 (7.3)**	Chi2(4)= 8.89
Disagree	**9 (37.5)**	**15 (48.4)**	**24 (43.6)**	Pr = 0.064
Strongly disagree	**6 (25.0)**	**1 (3.2)**	**7 (12.7)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
What you learnt from the mass media				
Strongly agree	8 (33.3)	14 (45.2)	**22 (40.0)**	
Agree	1 (4.2)	2 (6.5)	**3 (5.5)**	Chi2(4)= 1.98
Undecided	3 (12.5)	4 (12.9)	**7 (12.7)**	Pr = 0.740
Disagree	8 (33.3)	9 (29.0)	**17 (30.9)**	
Strongly disagree	4 (16.7)	2 (6.5)	**6 (10.9)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Ignorance of safe period of sex				Chi2(1)= 30.89
No	22 (91.7)	5 (16.1)	**27 (49.1)**	Pr = 0.000
Yes	2 (8.3)	26 (83.9)	**28 (50.9)**	
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	
Experience of rape				
No	24 (100.0)	25 (80.7)	**49 (89.1)**	Chi2(1)= 5.21
Yes	0 (0.0)	6 (19.4)	**6 (10.9)**	Pr =0.022
Total	**24 (100.0)**	**31 (100.0)**	**55 (100.0)**	

❖ ***Sources: Author Construct, 2018***

DISCUSSION OF FINDINGS

From the findings the prevalence of sexual intercourse among female teenagers, was less reported. Most of the teenagers experienced their first sexual intercourse with a mean age of 16

years. This implies that teenage pregnancy could occur at either the early or later teen ages as there was almost equal distribution of the respondents at their first pregnancy and supports the findings of Ojebiyi et al., (2017) which reported that teenage pregnancy occur at the age of 19 years or below. More so, it was reported that female teenagers experienced their first sexual intercourse mostly with boyfriend. It was revealed that teenagers protect themselves at their first sexual intercourse by 54.5%. Teenagers got introduce to their first sexual intercourse from friends, followed by Tv/Pornography, parent and school teachers and least reported to be from family members. Getting pregnant before marriage was averagely reported by 56.4%. It was reported that mostly teenagers have access to sex education.

The level of significant association of Determinant factors and teenage pregnancy ($P<0.05$); There is significant association between misleading information acquire from friends and teenage pregnancy (X^2 =10.44, P =0.034). There is significant association between ignorance of safe period and teenage pregnancy (X^2 =30.89, P =0.000). There is significant association between experienced of rape and teenage pregnancy (X^2 =5.21, P =0.022).

The level of significant association of family background and teenage pregnancy ($P<0.05$); There is significant association between mother's level of education and teenage pregnancy (X^2 =13.17, P =0.004) whereby there is prevalence of teenage pregnancy with mother's that acquire primary education by 38.7%, followed by post-secondary, secondary and no formal education. This supports the findings of Brosh et al. (2007) that birth rate among women with low education are higher than those with secondary and tertiary education.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECCOMENDATIONS

5.1 INTRODUCTION

This chapter is devoted to the presentation of the summary of findings, conclusion and recommendations drawn from the analysis of the research study. The overall objective of this study is to explore the perception and determinant of teenage pregnancy among female youth in Ado-Ekiti, Ekiti State, Nigeria. The study was based on the sample size of 250 female teenagers (13-19 years) of reproductive ages in the study area.

5.2 SUMMARY OF THE FINDINGS

The analysis of the respondents' socio-demographic characteristics revealed that out of those that have experienced teenage pregnancies, about 30% of them were 15 years of age, 17.6 percent of them belong to age 14 years, 15.2 percent were 13 years, age 16years and 19 years had the same proportion of 14.8 percent and 9.2 percent and 5.6 percent belong to 17 and 18 years respectively. It was reported that most of the teenagers were single and never married. The Yoruba ethnic group dominate the study area, follow by Igbo and the least were Hausa. Also the proportion of teenagers who live in urban area were higher than those living in rural area. It was also revealed that 74.8 percent of the teenagers were from monogamous family and 25.2 percent were from polygamous family. The religion affiliation revealed that 78.4 percent were Christians and 21.6 percent were Muslim. Furthermore, the teenagers reported to be more of student by 94%, self-employed were 5.6% and the employed were 0.4%. Most of the teenagers acquire secondary school qualification by 93.2 percent, primary by 3.6 percent, post-secondary by 2.4 percent and 0.4 reported to acquire no education by 0.4 percent.

The analysis show that more than half of the respondents have not experience teenage pregnancy, 78 percent were reported not to ever had sex and 22 percent has had sex. The reported percentage of teenagers that have experienced their first sexual intercourse at age 16 years were 21.8, 18.2 percent for age 15years, age 14 years and 17 years had the same proportion of 14.6 percent each, age 13 years and 18 years also has the same proportion of 10.9 percent each and the least were age 19 years and 11 years by 7.3 percent and 1.8 percent respectively. More so, it was reported that female teenagers experienced their first sexual intercourse with their boyfriend. The analysis also revealed that 54.5 percent of the teenagers protect themselves at their first sexual intercourse and 45.5 percent did not protect themselves at their first sexual intercourse. Most of the teenagers got introduce to their first sexual intercourse through friends, 12.7 percent through Tv/Pornography, parent and school teachers has the same proportion of 5.5% and the least of 1.8 percent reported to be from family members. Teenagers that have had pregnancy before were 56.4% and those that have not been pregnant before were 43.6%. It was reported that most of the teenagers have access to sex education and just less proportion of them do not have access to sex education.

It was stated by teenagers that were educated on teenage pregnancy by 82.4% and those that said no were 17.6%. Also, teenagers reported their sources of knowledge about sexuality from both parent by 44.6%, mother's by 18.1%, peer group by 13.3%, teacher's and media had the same proportion by 12.1% respectively. More of teenagers watch or listen to anything concerning sexual issue by 58.4% and those that did not watch or listen to anything concerning sexual issue were 41.6%. Those that were pregnant as a result of ignorance of safe period of sex were 50.9% and those that said no were 49.1%. Furthermore, those that experienced rape were

less to report teenage pregnancy by 10.9% whereby those that said no to teenage pregnancy as result of experienced of rape was 89.1%.

The research showed that teenagers strongly agree that teenage pregnancy mostly occur due to lack of parental care or sponsors by 43.6%, disagree by 27.2%, agree by 16.4, and strongly disagree by 4.4%. Also teenagers disagree that teenage pregnancy is due to divorced among the parents by 36%, strongly agree by 35.6%, agree by 8% and strongly disagree by 7.6%. More so, teenagers strongly agree that having sex is as a result of misleading information that they acquired from friends by 41.8%, disagree by 27.3%. More of teenagers strongly agree that they had sex mostly due to peer influence by 41.8%, disagree by 30.9%, agree by 12.7% and the least were those that strongly disagree by 7.3%. The report showed that the teenagers disagree that having sex as a result of no deep understanding of your religion by 60%, strongly agree by 14.6%, strongly disagree by 10.9% and agree by 1.8%. It was disagree with having sex as a result of poverty level by 43.6%, agree by 20%, strongly agree by 16.7% and the least were those that strongly disagree by 12.7%. It is strongly agree that teenagers had sex based on what you learnt from the mass media by 40%, disagree by 30.9%, strongly disagree by 10.9% and agree by 5.5%.

The analysis also show the level of significant association of family background and teenage pregnancy ($P<0.05$). There is significant association between mother's level of education and teenage pregnancy ($X^2 = 13.17$, $P = 0.004$). To revealed the level of significant association of Determinant factors and teenage pregnancy ($P<0.05$); There is significant association between misleading information acquire from friends and teenage pregnancy ($X^2 = 10.44$, $P = 0.034$). There is also significant association between ignorance of safe period and teenage pregnancy ($X^2 = 30.89$, $P = 0.000$).

5.3 CONCLUSION

Without any doubt, teenage pregnancy can have a profound impact on young mothers and their children by placing limits on their educational achievement and economic stability and predisposing them to single parenthood and marital instability in the future because teenagers become mothers without the necessary knowledge, skills, resources, and networks to cope with the demands of parenthood (Ashcraft and Lang, 2006). The relation of teen pregnancy, contraceptive use, HIV and STIs to sexuality will forever remain bounded with morality and stigma. Stigma during or after pregnancy can lead to depression, social exclusion, low self-esteem and poor academic performance, affecting future employment prospects (Saadhna, Monde, Chitra and Thabo, 2009).

The facts from the results of this study therefore concludes that some factors such as mother's level of education, misleading information acquire from friends, ignorance of safe period profound as a significant association with the prevalence of teenage pregnancy where p-value is less than five percent level of significance.

5.4 RECOMMENDATION

The findings suggest that there should be more attention on teenage pregnancy among female teenagers considering these family background and socio-economic factors associated with teenage pregnancy such as mother's level of education, misleading information acquire from friends, ignorance of safe period in Ado-Ekiti, Ekiti State, Nigeria. The reduction in determinant factors affecting the prevalence of teenage pregnancy will reduce maternal death due to the incidence of abortion and prevalence of various sexually transmitted diseases among teenagers.

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