FACTORS ASSOCIATED WITH TEENAGE PREGNANCY IN OYE-EKITI, LOCAL GOVERNMENT, EKITI STATE, NIGERIA

BY

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A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY, FACULTY OF SOCIAL SCIENCES, FEDERAL UNIVERSITY OYE EKITI, EKITI STATE, NIGERIA.IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE (B.Sc) HONS IN SOCIOLOGY.

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CERTIFICATION

This is to certify MBAH NKEMAKONAM VIVIAN of the Department of Sociology, Faculty of Social Sciences, Federal University Oye-Ekiti, carried out a research on the topic "FACTORS ASSOCIATED WITH TEENAGE PREGNANCY IN OYE EKITI LOCAL GOVERNMENT, EKITI STATE, NIGERIA" in partial fulfillment of the award of Bachelor of Science (B. Sc) in Federal University Oye-Ekiti under my Supervision.

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DATE

DEDICATION

I wish to dedicate this project to my dearest mom, Mrs Mbah Stella Adaeze, words cannot express my heart filled gratitude and appreciation to you, for all your prayers, financial support and motherly advice all the while, I am indebted to you and I pray the almighty God bless and keep you for me, Amen.

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ABSTRACT

Sub-Sahara Africa has one of the highest levels of teenage pregnancies in the world; it is often debated in literature as reasons of health concern and as a social problem. (World health organisation, 2008). It is one of the major contributory factors to population growth. The purpose of the study was to investigate factors responsible for teenage pregnancy in Oye Local Government. The study was guided by anomie and social disorganisation theory. The general objectives were: to describe the family background characteristics of girls who became pregnant as teenagers in Oye local Government, to describe the family background characteristics of girls who became pregnant as teenagers in the study area, to investigate the perception of teenagers and adults about factors responsible for teenage pregnancy in Oye Local Government. The study deployed descriptive survey research design. The accessible population was 75 and they were purposively selected based on the experience of the findings. The study used twenty-five interview schedule for female teenagers (who are currently pregnant or has ever being pregnant before age 25) and fifty questionnaires for adults (those who are old enough to be parents). The field data were presented using frequency tables while the study adopted content and thematic method of data analysis. This study indicated that the majority (88%) of the teenagers (currently pregnant or ever being pregnant) were between ages 15-19. All of them were single and have attained secondary education expect one. Most of their parents were farmers, an occupation that attracts a very low income in Nigeria. About 60% of them were from monogamous families and grew up with both parents. A higher percentage (72%) of them engaged in early sexual relationships between ages 12- 15. Adults who were old enough to be parents presented several factors responsible for teenage pregnancy in the study area. They were asked who they think was responsible for the circumstances that lead teenagers to pregnancy. The findings of the study indicated that teenage pregnancy was contributed based on family characteristics of the teenagers, early sexual behaviours and other factors like parent's non-challant attitude towards their children's emotional and material needs and also the inadequency of the government. The study's recommendations were that there is need to encourage all teenagers to postpone sexual involvement and information on pregnancy prevention before and when they become sexually active. Also the nature and quality of relationships shared between teenagers and their parents should be considered because teenagers whose parents provided a warm, loving and nurturing environment are less likely to engage in sex (Cox, 2007).

CHAPTER ONE

1.0 BACKGROUND TO THE STUDY

This research examines factors associated with teenage pregnancy. The study of teenage pregnancy cannot be fully approached without giving a brief detail of what it entails. Teenage pregnancy can be defined as when a teenage or underage girl between the ages of 13-19 becomes pregnant as a result of unprotected sexual intercourse. It can also be seen as the pregnancy of a young girl of 13-19 years mostly not married (UNFPA, 2013)

Young people are far more 'sexual' and sexually active than ever before, and a perception has been cultivated that if something is not done, the age of young people having sex will continue to get higher (Lee, 2002).Teenage pregnancy is seen as the result of early sexual activeness. Young people are at increased risk for unwanted pregnancy and the highest rate of unwanted pregnancy has been reported among individuals between the ages of 14-19years (Anyanwu, 2013).

Teenage pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and the child. According to Olorunfemi (2002), teenagers younger than 15 are five times more likely to die during pregnancy or childbirth than women that are in twenties. Additionally, childbearing during the teenage years frequently has adverse social consequences, particularly regarding educational attainment, because women who become mothers in their teens are more likely to curtail their education. It can create emotional problems resulting in the feeling of shame, fear and probably lead to neglects from one's environment.

Recent demographic and health survey in Nigeria shows that 23 percent of women age 15-19 have begun childbearing (17 percent have had a child and 5 percent are pregnant with their first child). A larger proportion of teenagers in rural areas than in urban areas have begun childbearing (32 percent versus 10 percent). A comparison of the geopolitical zones

shows that the North West has the largest proportion (36 percent) of teenagers who have started childbearing, while the South East (8 percent) and South West (8 percent) have the lowest proportions. Teenagers with no education represent about half of those who have begun childbearing, while only 2 percent of teenagers with more than a secondary education have begun childbearing. Teenagers in the lowest wealth quintile are more than twice as likely to have started childbearing as those in the middle wealth quintile (43 percent and 21 percent, respectively) and almost 10 times as likely as those in the highest quintile,(National Population Commission & ICF International,2014). With the changes in our society, teenagers who are supposed to be called innocent now take part in sexual activities like adults. Unfortunately, the result now becomes the problem of herself, her parents, the society and even the unborn child.

Given the above background on teenage pregnancy, this study examined the perception of teenagers and adults on the factors associated with teenage pregnancy in Oye-Ekiti, Nigeria.

1.2 STATEMENT OF THE PROBLEM

It has been estimated that about 70,000 pregnant teenagers from the ages of 15 and 19 worldwide die each year from childbirth and pregnancy related complications (UNICEF, 2013). Those who give birth under the age of 15 are five times more likely not to survive. Teenage pregnancy is rampant in the developing world. There are 60 million women in the world in the 20-24 age range who were married before they turned 18. Most of those child brides reside in South Asia and Africa. Every day in developing countries, 20,000 girls under age 18 give birth. This amounts to 7.3 million births a year. This alarming rate of unwanted pregnancy among the rural teenage girls in Nigeria is also reflected in Ekiti by Bimbola and Ayodele, (2007) observed in a research carried out that the phenomena required urgent attention. Under the age of 18 mothers face a 60 percent greater chance that their child will

die in its first year of life. Child brides are often the victims of violence, abuse and exploitation. They are often forced to end their education and have limited employment chances.

The society in which adolescents grow up has an important influence on their development, relationships, adjustments and problems. Teenagers in Nigeria live in a society undergoing rapid technological changes. Rurality presents many difficulties for its dwellers in terms of access to services (Gary Craig, 2004). This difficulty in accessing health care services and other awareness programmes on how to maintain healthy sexual behaviour have made them to be victims of unplanned pregnancy (Olorunfemi, 2012). Teenage pregnancy is one of the major contributory factors to population growth. According to Heaven (2001) teenage mothers are having more babies compared with a generation ago. Moreover, the younger adolescents are when having their first child, the more likely they are to have another child while still a teenager. The increase in population in the developing countries represents a major obstacle to the economic development of the countries. With nearly half the total population in these countries being below the age of fifteen, the low ratio of workers to non-workers creates what is called a 'burden of dependency'(Macleod, 1999). Teenage pregnancy contributes to the cycle of poverty in Nigeria (WHO, 2006). It has become a very serious social problem in Nigeria, and pregnancy under the age of 17 has been viewed as a catastrophe for individuals, family and society (Greathead, 1998).

Employing qualitative techniques, this study examines factors associated with teenage pregnancy in Oye-Ekiti Local Government Area, Nigeria, from the perspectives of women who ever experienced teenage pregnancy, and adults old enough to be parents.

1.3 RESEARCH QUESTIONS

The following research questions guided the researcher in documenting the factors associated with teenage pregnancy in Oye local government area of Ekiti state Nigeria.

1. What are the family characteristics of girls who experienced teenage pregnancy in the study area?
2. What is the sexual behaviour of girls who experienced teenage pregnancy in the study area?
3. What is the perception of teenagers and other adults on factors responsible for teenage pregnancy in the study area?

1.4 OBJECTIVES OF THE STUDY

Based on the background of this study and the stated problem above, the general objective of this research is to examine the factors responsible for teenage pregnancy in Oye-Ekiti L.G.A.

The specific objectives are:

1. To describe the family background characteristics of girls who became pregnant as teenagers in the study area.
2. To describe the sexual behaviour of girls who became pregnant as teenagers in the study area.
3. To investigate the perception of teenagers and adults about factors responsible for teenage pregnancy in the study area.

1.5 SCOPE OF STUDY

This study shall examine what and why teenagers engage in early sexual activities, those factors that are associated with them and probably how to curb the neglected ones. This study was carried within Oye local government in Ekiti state Nigeria.

Oye local government was carved out of Ekiti North local government in 1989. The local government is bounded by Ido-Osi to the west .It comprises of several towns and villages which includes Oye, Ayegbaju, Ayede, Ilupeju, Ire, Itapa, Itaji, Isan, Imojo, Ilafon, Ijelu, Osin, etc. Oye, Aiyegbaju and Ilupeju communities were villages in Oye local government. It was dominated by Yoruba people, which were majorly Christians. A large percentage of the population engages in agriculture either as a means of livelihood or hobby. Food crops such as cassava, maize and yam were produced throughout the region in large quantities. These communities were traditionally headed by oba who serves as the head of the community.

Respondents were gotten from these three towns in order to give proper account of the study that covers Oye local government area.

1.6 DELIMITATION OF STUDY

The study was confined to Oye, Aiyegbaju and Ilepuju communities in Oye Local Government area. These communities comprised of eligible respondents that could at least read, write and understand. They were purposively selected because of time and financial constraints and also to ensure that the study is focused on the specific objectives. The overall study was aimed at knowing the factors responsible for teenage pregnancy in Oye Local Government Area as a whole, and contributing to better life for all.

1.7 SIGNIFICANCE OF THE STUDY

According to World Health Organisation (WHO, 2008), 16 million teenagers globally get pregnant and 95% of these births occur in developing countries. Data from 51 countries indicated that 10% of girls were already mothers before and by the age of 16. The figure is higher in Sub-Sahara Africa. The countries with the most prevalent teenage pregnancy rate and high birth rate are Brazil, Bangladesh, Congo, Ethiopia, India, Nigeria, and United states (WHO, 2008). Many teenagers lose their virginity before the ages of 15 years with 52% of these girls having unprotected sex and probably end up getting pregnant (Coffey, 2008).

The threat of teenage pregnancy continues to be major challenge and concern to educators, government organisations, policy makers, health care providers, academic scholars, etc. This study is justified because it will help highlight factors that constrain teenagers to early sexual life and pregnancy. This study will help to provide information for policy makers to design programmes aimed at reducing prevalence of teenage pregnancy in Nigeria. The study will educate the society on the factors responsible for early pregnancy, broaden our views on certain attributes of teenage pregnancy and also how to resolve or bridge the ones we could in order to maintain social order and also for the following persons/groups to benefit.

If the prevalence of teenage pregnancy is drastically reduced, parents of these teens would benefit by excluding shame or ridicule by friends and society associated with out-of-wedlock pregnancy and child birth. The society is also in the position to benefit due to the fact that the society would be made up of planned children who are needed and reduces population. The school authorities would have more students to educate with more zeal and seriousness. Teenagers would escape unwanted pregnancy, STD, shame and safeguard their future. The future generation and unborn babies would be born into a planned, organized and prepared environment.

Also, this study will contribute to the body of sociological knowledge on factors associated with teenage pregnancy in Nigeria.

1.8 OPERATIONAL DEFINITION OF TERMS

The following concepts used in this study are operationally defined in the subsequent underlying section.

1. **Teenager**: According to Medical Dictionary, a teenager is a person between the ages of 13-19.The word teenager is used interchangeable with adolescent.
2. **Adolescence**: Adolescence is a period of transition between childhood and adulthood. It commences with physical changes at puberty. It terminates with assumption of adult roles and responsibilities, e.g. economic, social, political, legal and sexual independence (Greathead, 1998). Jaffe (1998) further defines adolescence as the life period that begins with the onset of puberty and the shift to the middle school and ends when an individual is economically self-sufficient and has taken on several adult roles. The adolescent is any person, usually between the ages of 11 and 19, who has clearly started the search for a personal identity
3. **Adolescent** :According to Gouws, at al, (2008), the term 'adolescent' derived from the Latin verb adolescere, meaning to grow up or to grow to adulthood., thus referring to a development phase in the human life cycle that is situated between childhood and adulthood. Adolescence is an important period for one's educational attainment, especially with regard to the completion of high school and preparation for ones' vocation. Furthermore, adolescence is an important.
4. **Fertility**: State or condition of being fertile, being able to produce young ones.
5. **Sexual intercourse**: Insertion of a man's penis into a woman's vagina.

6. **Pregnancy**: State or period of being pregnant (having baby developing in the womb).Pregnancy can be referred to as a process whereby a female carries a live offspring from the time of conception to childbirth.

7. **Teenage pregnancy**: According to Segen 's Medical Dictionary (2012) teenage pregnancy is by a female age 13 to 19, which is understood to occur in a girl who has not completed her core education –secondary school- has few or no marketable skills, is financially dependent upon her parents and/or continues to live at home and is mentally immature.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAME WORK

2.0 INTRODUCTION

This chapter contains the review of relevant literature showing the perspectives and findings of past researchers relating to the study. This chapter also presents the theoretical and conceptual framework for this study. Theoretical framework is the methods of using theories to explain the idea of the researcher on the topic. A conceptual frame work is an analytical representation of concepts, giving a detailed explanation on the relationship between the variables used in this study.

2.1 PREVALENCE OF TEENAGE PREGNANCY

Globally, young people aged between 15 and 24 years make up 1.2billion of the world's population, which makes teenage pregnancy to become a global epidemic (Olorunfemi 2012). Teenage pregnancy has increased all over the world (Bull, 1998) and seen as a great concern in Nigeria. In a study, Bimbola and Ayodele (2007), lamented on the increase in teenage pregnancy and motherhood in Ekiti state. Most teenagers cannot raise their children alone while they are still at school. Due to inability to provide adequately for their children, pregnant or parenting teenagers are most likely to drop out of school, receive less educational attainment, exhibit lower educational achievement than peers. According to Lee (2002), most pregnant teenagers and teenage mothers are found in areas that are economically poor. They are also more likely to live in poverty, receive welfare, and have low income (Loila-Nuahn, 2004).

About 16 million girls aged 15 to 19 and some 1 million girls under 15 give birth every year—most in low- and middle-income countries. Complications during pregnancy and

childbirth are the second cause of death for 15-19 year-old girls globally. Every year, some 3 million girls aged 15 to 19 undergo unsafe abortions. Babies born to adolescent mothers face a substantially higher risk of dying than those born to women aged 20 to 24.

There has been a marked, although uneven, decrease in the birth rates among adolescent girls since 1990, but some 11% of all births worldwide are still to girls aged 15 to 19 years old. The vast majority of these births (95%) occur in low- and middle-income countries. The 2014 World Health Statistics indicate that the average global birth rate among 15 to 19 year olds is 49 per 1000 girls. Country rates range from 1 to 299 births per 1000 girls, with the highest rates in sub-Saharan Africa. Adolescent pregnancy remains a major contributor to maternal and child mortality, and to the cycle of ill-health and poverty.

For some adolescents, pregnancy and childbirth are planned and wanted, but for many they are not. Teenage pregnancies are more likely in poor, uneducated and rural communities. In some countries, becoming pregnant outside marriage is not uncommon. By contrast, some girls may face social pressure to marry and, once married, to have children. More than 30% of girls in low and middle income countries marry before they are 18; around 14% before they are 15. (http://www.who.int/mediacentre/factsheets/fs364/en/). Some girls do not know how to avoid getting pregnant: sex education is lacking in many countries. They may feel too inhibited or ashamed to seek contraception services; contraceptives may be too expensive or not widely or legally available. Even when contraceptives are widely available, sexually active adolescent girls are less likely to use them than adults. Girls may be unable to refuse unwanted sex or resist coerced sex, which tends to be unprotected. Most teenagers spend a lot of time looking in the mirror or examining body parts in detail, and it does not end there, but also become more interested in that of others. They become more fascinated with basic facts about human reproduction. Gradually they become more interested in sexual experimentation

with others. Part of this is motivated by curiosity, part by a desire for sexual stimulation and release, part by a need for love, affection, intimacy, and acceptance from another person (Rice, 1992).

In reporting teenage pregnancy rates, 16 million teenagers give birth each year accounting for 11% of births worldwide and 95% of these births occur in low and middle income countries (WHO, 2008).Using the number of pregnancies per 1,000 females aged 15 to 19 when the pregnancy ends, teenage pregnancy rates range from 143 per 1000 in some sub-Saharan African countries to 2.9 per 1000 in South Korea. In the United States, 82% of pregnancies in those between 15 and 19 are unplanned. Among the Organisation for Economic Co-operation and Development (OECD)developed countries, the United States, United Kingdom and New Zealand have the highest level of teenage pregnancy, while Japan and South Korea have the lowest in 2001. Overall, 23 percent of women age 15-19 have begun childbearing (17 percent have had a child and 5 percent are pregnant with their first child). A larger proportion of teenagers in rural areas than in urban areas have begun childbearing (32 percent versus 10 percent). A comparison of the geopolitical zones shows that the North West has the largest proportion (36 percent) of teenagers who have started childbearing, while the South East (8 percent) and South West (8 percent) have the lowest proportions. The percentage of teenagers who have started childbearing decreases with increasing education. Teenagers with no education represent about half of those who have begun childbearing, while only 2 percent of teenagers with more than a secondary education have begun childbearing. Teenagers in the lowest wealth quintile are more than twice as likely to have started childbearing as those in the middle wealth quintile (43 percent and 21 percent, respectively) and almost 10 times as likely as those in the highest quintile.

Childbearing begins earlier in Katsina than in any other state in Nigeria; 53 percent of women age 15-19 have begun childbearing in that state, as compared with 1 percent of

teenage women in Osun. Possible reasons for this wide variation are the high median age at first marriage in Osun relative to Katsina and the differences between the two states in educational and socioeconomic characteristic. Nigeria Demographic and Health Survey, (NDHS, 2013).

2.2 FACTORS ASSOCIATED WITH TEENAGE PREGNANCY

In developed countries, teenage pregnancies are often associated with social problems including lower educational levels, higher rates of poverty, and other poorer life outcomes in children of teenage mothers. Teenage pregnancy in developed countries is usually outside of marriage, and carries a social stigma in many communities and cultures. By contrast, teenage parents in developing countries are often married, and their pregnancies welcomed by family and society. However, in these societies, early pregnancy may merge with malnutrition and poor health care to cause medical problems. Teenage pregnancy is a natural human incidence that brings negative impacts on in the modern society. In many ways it has become a surrogate in what could be called the cultural wars.

2.2.1 Early Sexual Relations

According to a 2001 UNICEF survey, in 10 out of 12 developed nations with available data, more than two thirds of young people have had sexual intercourse while still in their teens. In Denmark, Finland, Germany, Iceland, Norway, the United Kingdom and the United States, the proportion is over 80%. In Australia, the United Kingdom and the United States, approximately 25% of 15-year-olds and 50% of 17-year-olds have had sex.

Young people tend to be sexually oriented often before psychosocial maturity; some therefore are sexually active before they are psychosocially mature (Tremblay 2001). The average age for one's first sexual relations is now 15 years old, three to four years earlier than

the preceding generation (Bourque 2002). Since teenagers are now beginning their sexual lives earlier, they are not necessarily properly oriented – cognitively, emotionally, or socially – to deal with the difficulties, challenges and manage the risks associated with sexuality (Nakkab 1997, in Tremblay 2001; Turcotte 1994, in Tremblay 2001)

2.2.2 Raging Hormones

Most youngsters experience sudden and indefinite feelings and emotions during their early teenage years. These hormones comes with puberty; which is seen as the time in life when a boy/girl becomes sexually mature. Puberty is a process that usually happens between ages 10 and 14 for girls and ages 12 and16 for boys (Wikipedia, the free encyclopaedia, 2008). They also experience a natural sense of insurgent against set norms. All this, accompanied with a sudden sense of sexuality and liberty, makes many of them give way to their feelings through sexual experiences and expressions. Certainly, most nations stress on sex tutoring in schools, yet, some teens still want to exhibit promiscuity by engaging in unprotected sex, which end up causing unwanted pregnancies. This is among the most critical reasons for teen pregnancies today (Peterson et al. 1995, in Tremblay 2001).

In a 2005 Kaiser Family Foundation study of US teenagers, 29% of teens reported feeling pressure to have sex, 33% of sexually active teens reported "being in a relationship where they felt things were moving too fast sexually", and 24% had "done something sexual they didn't really want to do". Several polls have indicated peer pressure as a factor in encouraging both girls and boys to have sex. The increased sexual activity among teenagers is manifested in increased teenage pregnancies and an increase in sexually transmitted diseases.

2.2.3 Myths and Superstitions

In Nigeria the large number of myths and superstitions associated with pregnancy and contraception has contributed to the increased rate in pregnancy in teenagers. Many teenagers have this belief that the use of contraceptives makes them sterile, and that plastic wrap that is the condom assures safe sex. Some teenagers believe that they can't get pregnant in the first time of sexual intercourse, if they are having their period, if the male withdraws in time, and if they are having sex in a standing position (Gouws, et al, 2008).

2.2.4 Peer Pressure

Most teenagers involve themselves in premature sexual behaviour because of peer pressure. Many teens, especially boys, feel pressure to have sex before they are ready. According to a recent research, 63% of teens believe that waiting to have sex is a good idea but few eventually do. (Colin Allen, 2003). Many parents spend more time at work, and their concern is about shelter and food. Therefore, they neglect their children's emotional needs and development. This often leads to children spending more time with their peers and then copying them and older gang members or negative role models in the community (Bezuidenhout&Joubert, 2008). According to Varga (1999), peer pressure has multiple dimensions. She stated that there appears to be a trend of young people to incorporate sex much earlier into their social lives than in the previous generations, to engage in multiple partnerships and for young men to feel pressurized in terms of their expectations of their sexual conduct. Kansumba (2002) further stated that peers play a major role in the transfer of sexual knowledge. This has been viewed as problematic in that peers are seen as less reliable or as providing less accurate information than teachers or health professionals. Peers today have become more important in forming teenager's beliefs and regulating their behaviour. Peer influence and pressure is often cited as one of the most influential factors affecting

adolescents' sexual decisions. Presumably, peer influence can operate in a number of ways. Teenagers can obtain information about sex from their friends, which may serve to guide decision-making about sex. This information is not always accurate, as reflected in long-standing teenage myths such as that a person cannot get pregnant the first time she has sex (Moore and Rosenthal, 1993).

Secondly, adolescents can accept peer attitudes about sexuality. These can be implicitly reflected in peer behaviour, which the teenager may use as a model for his or her own behaviour, or they can actively proselytised through discussion, questioning, teasing, dare, shaming, etc. The stronger desire of many young people to be like their admired age-mates and part of the group can lead them to engage in the sexual behaviours, and express the sexual attitudes, that they perceive as characteristic of a particular 'hero' or group (Moore & Rosenthal, 1993).

2.2.5 Social Pressures

According to Albert (2007), there are social pressures that push the teens towards getting pregnant. Some girls feel that they will only be accepted as girls that is (to belong) once they have proved their fertility, and again there are some mothers that want their daughters to become pregnant so that they could have a baby at home again especially when the family wants a particular gender in most cases, male. According to Moore and Rosenthal (2006) to some teenagers, pregnancy is not unintended and unwanted but having a baby is a planned and deliberate choice. For these teenagers the decision to become a mother is often influenced by social factors such as having a mother who had her own first child earlier than average or a mother who was just able to give birth to one child and wanted more, having friends who are themselves young mothers and having a stable relationship - which may or may not be marriage with a partner.

In some societies, early marriage and traditional gender roles are important factors in the rate of teenage pregnancy. For an example, in some sub-Saharan African countries, early pregnancy is often seen as a blessing because it is an evidence of the young women fertility. In the Indian subcontinent early marriage and pregnancy is more common in traditional rural communities compared to the rate in cities (Wikipedia, the free encyclopaedia 2005).

Article on teenage pregnancy "issues in our world" (2008), also states that pregnancy in teenagers is sometimes the result of traditional roles and early marriage. Teenage pregnancy is seen as a blessing and a proof that the young woman is fertile. Moreover because of the change in time, the teenagers feel that having sex before the age of 20 is the normal thing, and thus they engage themselves to it without the stipulation of comprehensive information about sex. Due to ignorance, eventually they fall victims of teenage pregnancy.

2.2.6 Poverty

The current socio-economic situation in many sub-Saharan African countries means that those who live in poverty are often exposed to more "live" sexual activity because families have access to small houses where there is discrete lack of privacy for the parents (Bezuidenhout&Joubert, 2008). Children that grow up under that situation can easily engage themselves on sexual activity as soon as they entered their puberty stage because the ideas of sexual activities is inbuilt in their mind.

Throughout the developed world, teenage pregnancy is more common among young people who have been disadvantaged in childhood and have low expectation of education or the job market. The literature shows that youth living in poverty have a teenage pregnancy rate which is five times the average. Socio-economic circumstances seem to play a major role in rates of teenage pregnancy. There may be a growing 'lost generation' of young people who see no reason not to get pregnant. For some disadvantage youth, particularly for girls whose

self esteem tends to drop as they mature, sexuality may be all they have to value. Lack of opportunity and hope for future, have been identified as a driving force behind high rates of teenage pregnancy (Gender and poverty, 2008).

The rate of pregnancy and childbirth is averagely high among poorer adolescents. Other scholars found out that 83 percents of adolescents who have babies are from poor families (Helen, et al,2006). Economically poor countries such as Niger and Bangladesh have far more teenage mothers compared with economically rich countries such as Switzerland and Japan. Some girls fall pregnant just because they want social grant or wants to be taken by the government. (Wikipedia, the free encyclopaedia, 2008)

2.2.7 Age Discrepancy in Relationships

Age discrepancy can also be a factor that leads to teenage pregnancy. The Guttmacher Institute found that 60% of girls who had sex before age 15 were coerced by males of an average of six years their senior (Wikipedia, the free encyclopaedia, 2008). Teenage girls in relationship with older boys and in particular adult man, are more likely to become pregnant than when they are involved with someone of their own age because those older men might be seen not to have 100% of their interest at heart. According to Lesser(2001) in Helen, Holgate, Evens and Yuen (2006), in the age-differential relationships in which the female is the younger partner, the male power and control may weaken the woman's ability to negotiate sexual intercourse and the use of contraception. An older partner may pressure the adolescents into participating in unprotected sexual activities, basing the encounter on ideas of trust and fidelity.

Recently, there has been a tendency for older men to develop sexual relationships with younger females. This places the females at even greater risk of contracting infections or becoming pregnant or both because men have longer sexual histories. Furthermore, in these

partnership young women have less power to discuss safer sexual practices, especially when some of them have been promised financial assistance from older men. (Radhakrishna, et al, in Manzini, 2004)

2.2.8 Violence and Coercion

Gender power inequalities play a significant role in women's susceptibility to early and unprotected sex as well as pregnancy. Sexual and physical violence have come to characterize relationships between men and women in many communities (Moore & Rosenthal, 2006). On many occasions, young women have less power over their own bodies than men, and often required to be more accountable for their actions than young men (Naidoo, 2005). Recent research has shown that both a history of physical abuse by a partner and current involvement in a physically abusive relationship were associated with becoming pregnant (Moore & Rosenthal, 2006).

Nigeria is a very patriarchal society and the use of physical violence as a first line strategy to gain or to keep a position of ascendants or resolve conflict is common. Girls who date gang members are twice as likely to become pregnant as compared to those not seeing boys involved with gangs because under the influence of be it alcohol or drugs ,the girls might be forced to involve in sexual activities without suggesting any form of contraceptives. Furthermore, girls, whose boyfriends were in jail are also likely to become pregnant.

According to Wikipedia, the free encyclopaedia (2008), dating a violent person also leads to teenage pregnancy in a case whereby the boyfriend feels he has access to the girl's body at anything he wants without thinking of the girl's safety. Some studies have indicated that adolescent girls are often in abusive relationships at the time of their conceiving. They have also reported that knowledge of their pregnancies has often intensified violent and controlling behaviours on part of the boyfriends. Women under age 18 are twice as likely to

be beaten by their child's father as women over age 18. A UK study found that 70% of women who gave birth in their teens had experience adolescent domestic violence. Similar result have found in studies in the U.S.A Washington study that of teenage mothers has been beaten by their boyfriends. According to 2006 survey, 30 percent of girls in South Africa said that their first sexual experience was forced or under threat of force (Irin, 2007).

2.2.9 Childhood Environment

Women exposed to abuse, domestic violence, and family conflict in childhood are more likely to become pregnant as teenagers, and the risk of becoming pregnant as a teenager increases with the number of undesirable childhood experiences. According to a 2004 study, one-third of teenage pregnancies could be prevented by eliminating exposure to abuse, violence, and family contention. Studies have also found that boys raised in homes with a battered mother, or who experienced physical violence directly, were significantly more likely to impregnate a girl (Wikipedia, the free encyclopaedia, 2008).

Studies have also found that girls whose fathers left the family early in their lives had the highest rates of early sexual activity and adolescent pregnancy. Girls whose fathers left them at a later age had a lower rate of early sexual activity, and the lowest rates are found in girls whose fathers were present throughout their childhood. Even when the researchers took into account other factors that could have contributed to early sexual activity and pregnancy, such as behavioural problems and life adversity, early father-absent girls were still about five times more likely in the United States and three times more likely in New Zealand to become pregnant as adolescents than were father-present girls. A girl has the tendency to become a teenage parent if her mother or older sister gave birth in her teens. A majority of respondents in a 1988 Joint Centre for Political and Economic Studies survey attributed the occurrence of adolescent pregnancy to a breakdown of communication between parents and child and also

to inadequate parental supervision. The National Casey Alumni Study, which surveyed foster care alumni from 23 communities across the United States, found the birth rate for girls in foster care was more than double the rate of their peers outside the foster care system. A University of Chicago study of youth transitioning out of foster care in Illinois, Iowa, and Wisconsin found that nearly half of the females had been pregnant by age 19. The Utah Department of Human Services found that girls who had left the foster care system between 1999 and 2004 had a birth rate nearly 3 times the rate for girls in the general population.

2.2.10 The School Environment

There is a considerable propaganda about sexual health matters amongst young people. Sexual health education in the form of life skills have been introduced as a compulsory part of the school curriculum, but the way in which it is implemented is not successful because most educators are not capable of implementing it. Most educators do not have what it takes to tutor teenagers about things they need to know concerning sexual life, most of them becomes uncertain about the issues and also uncomfortable with telling the students what it takes to live a sexual healthy life. Eventually teenagers do not get the necessary information about sex education (Jewkes, et al, 2001)

School experiences, school achievements, and educational aspirations influence patterns of adolescent pregnancy and childbearing. Young women engaged in school activities are less likely to get pregnant. If the education system is discouraging, some adolescents drop out school early. Adolescents that attend large and overcrowded schools staffed by relatively inexperienced educators have the tendency of becoming pregnant unlike the ones in a well organised school with strict authorities that checkmate their students. Poor-quality schools and social exclusion prepare young people for low-age and unstable employment, offering them little incentive to stay in school (Helen, at al, 2006).

2.2.11 Role of Drug and Alcohol Use

Inhibition-reducing drugs and alcohol may possibly encourage unintended sexual activity. If so, it is unknown if the drugs themselves directly influence teenagers to engage in riskier behaviour, or whether teenagers who engage in drug use are more likely to engage in sex. Correlation does not imply causation. The drugs with the strongest evidence linking them to teenage pregnancy are alcohol, cannabis, "ecstasy" and other substituted amphetamines. The drugs with the least evidence to support a link to early pregnancy are opioids, such as heroin, morphine, and oxycodone, of which a well-known effect is the significant reduction of libido – it appears that teenage opioid users have significantly reduced rates of conception compared to their non-using, and alcohol, "ecstasy", cannabis, and amphetamine using peers (Greathead 1996). Adolescents who participate in one or other form of risk behaviour often partake in other risk behaviours (Essau, 2004, in Panday, et al, 2009). The high rate of drug and alcohol abuse contributes a lot to teenage pregnancy. When a teenager is being intoxicated with drugs and/or alcohol she may find herself involving in unprotected sex which may result in pregnancy or HIV (Teenage pregnancy issue in Our World Today, 2008).

According to Morejele, Brook, and Kachieng'a (2006) as cited by Panday et al, (2009), the psychoactive effects of alcohol and drugs used are taught to increase sexual arousal and desire, decrease inhibition and tenseness, diminish decision-making capacity, judgment and sense of responsibility, and generally disempowered women to resist sex. The studies have reported on the increased risk of forced sex and the decreased likelihood of using condoms when under the influence of alcohol. These effects are facilitated in a context of high unemployment, and in an environment where peer norms promote heavy drinking, alcohol and drugs are easily assessable and casual sex readily available.

2.2.12 The Lack of Education on Safe Sex

Miller (2006:58) stated that the lack of education on safe sex, either on the side of the parents or the educators, may lead to teenage pregnancy. Many teenagers are not taught about methods of birth control and the use of contraceptive. Because of the high cost of living in Nigeria these days, parents are expected to work to boost the family income. Therefore teenagers are left on their own for the whole day without any parental supervision and guidance. In that case a lot might happen while parents are at work. According to Martin (2007) girls are allowed to dress like common prostitutes and boys are trained to treat them as such. They are also free to stay out all hours of the night. This shows the high possibilities for the girls to fall pregnant.

Conger (1991:243) states that most adults feel that sex education, even in secondary school is dangerous and premature for impressionable adolescents and is likely to lead to indiscriminate promiscuity. Furthermore he found that most adults believe that parents should teach sex education in the privacy of their homes. Surprisingly he found out that the adolescents are in disagreement with adult. The adolescents felt that sex education should be taught in school as a course on its own. They did not want sex education to be slipped into other courses such as health and biology. There is strong evidence that school-based sex education can both delay and promote safe sex.

2.2.13 Contraceptives

Some people believe that teaching about the use of contraceptives encourages sexual activity, concluding that if contraception was not available sexual activity would be prevented. However, research shows that the majority of teenagers are already sexually active for between six months and one year before attending a family planning (Greathead, 1998). According to (Panday, et al, 2009), family planning services are provided to young people

with the purpose of making available reproductive health services, provide contraception including condoms and improving their knowledge and skills to use them. Clinic-based services are, in general, accessible only to the motivated and informed teenagers. In rural areas the situation is exacerbated by the fact that the majorities have to travel long distances to clinics. Teenagers have indicated in various studies that they do not have easy access to the contraceptives clinics. Misunderstandings contribute to this in that teenagers believe that the clinics are only for married adults (Macleod, 1999). Newman and Newman, (2006) agree that some teenagers do not use contraceptives consistently, and in some cases, not correctly. Incorrect usage can lead to tears in condoms and missed doses of birth control pills which can lead to ovulation and misplacement of the menstrual cycle (Panday, et al, 2009).

There are some girls that fall pregnant simply because they do not want to use contraceptives. Those teenagers usually tends to hold fatalistic attitude: They are more likely to feel unable to control their own lives, have a low sense of personal competence, and take a passive, dependent approach to male-female relationships. They avoid contraceptive use because they are afraid that it will spoil the spontaneity of the relationship or because they think it would indicate that they are not expected to have intercourse (Conger 1991). Negative perceptions about contraceptives play a significant role in whether adolescents will use them. Such conceptions often arise from false belief about contraception such as a condom could slip off during intercourse and be left inside a women's vagina, condoms reduce sexual enjoyment, condoms are of a poor quality, and fear of the physical effects (weight gain or nausea) and fertility-related side effects of contraceptive use (Panday ,et al, 2009).

Premarital sex is on the increase and thousands of teenagers are giving birth out of wedlock. Hence, there is a need for parents and educators to provide the teenagers with information about the use of contraceptives. Many adults hesitate to provide information

about contraceptives because they believe it may foster promiscuity. The reality is that many teenagers are already sexually active and without this vital information they may end up being pregnant. Many parents hesitate to give their children contraceptives or to educate them on the use of contraceptives because they are afraid that their children may believe that they are giving them the permission to engage in sexual activities or encouraging them to have sex. Recent research has confirmed that, generally, young men regard the acquisition of contraceptive supplies and the use of contraceptive method to prevent unplanned pregnancies as the responsibility of women (Naidoo, 2005). There are some teenagers that do not use contraceptives because they are afraid of losing their partners. They preferred to use injectable contraceptives as they require no user involvement except attending for bi- or tri-monthly injections and can be a secrete. Unfortunately they often cause amenorrhoea, which is a particular problem in a cultural context where menstruation is perceived to be essential for body cleanliness. As a result sexually active teenagers commonly take 'contraceptives breaks' in order to see menstruation and may at this time fall pregnant (Panday, et al, 2000).

Some teenagers fall pregnant because they lack information or access to conventional method of preventing pregnancy. For example, inexperienced teenagers may use condoms incorrectly or forget to take oral contraceptives. Contraceptive failure rates are higher in teenagers, particularly girls from the poor social backgrounds because they might not afford the oral contraceptives.

2.2.14 Family Structure and Its Influences

According to Panday, et al, (2009) family structural characteristics play a vital role in understanding and determining teenage sexual behaviour including pregnancy. Singh (2005) stated that teenage pregnancy has been linked to low parent education, and that girls who get pregnant often have mothers who gave birth in their teens. Parents of teenage mothers and

teenage fathers are often considered by their teenagers to have 'permissive attitudes' regarding premarital sex and pregnancy. However, parents with permissive attitudes about sex or premarital sex, or those that have negative attitudes about contraception have teenagers who are more likely to have unsafe sex and become pregnant (Dittus&Jaccard, 2000).

Singh (2005:17), also states that teenagers who live in an incomplete families are more likely to be sexual active than those who come from two parent households. An incomplete family refers to the absence of the father or mother (Bezuidenhout&Joubert, 2009). Parental divorce during the early teenage years has also been associated with early onset and increased frequency of sexuality in females. These effects are often due to less parental guidance, monitoring and supervision that typically occurs in single parent households. Teenagers who have older siblings (more especially sisters) who is sexually active or who has had a baby are more likely to begin having sex at a younger age (Singh, 2005). Family members serve as role models to their children. Adolescents are more likely to initiate sex and experience pregnancy if their parents or other family members have sex outside of marriage, cohabitating with romantic or sexual partners or have had a child outside of marriage (Panday, at al, 2009)

Among the various dimension of family social support, parent-child communication on issues of sexual behaviour and childbearing is very important (Panday, at al, 2009).When the communication between mother and daughter is poor or absent, the girl is placed at a greater risk for premature sexual activity and potential conception, because she gets the warmth nurture, intimacy and attention from outsiders especially her male peers. Families with poor interpersonal relationships may inadvertently encourage teenagers to look elsewhere for nurturing relationships. Teenagers turn to peers for relationships they cannot promote with their families. Soon pressure from peer clusters can lead to risky behaviour such as promiscuity and neglect of contraception. The cluster of peers may also become the

primary source of sexual information. Unfortunately, the teenagers who share information about sex may lack the knowledge about their own bodies and about contraception (Singh 2005). Teenagers who are raised in larger families are at increased risk of earlier sex than those who are not. This result from teenager's replicating their siblings' sexual behaviour or because parental monitoring and guidance is out of reach when there are many children at home (Panday, et al, 2009).

2.2.15 Child Support Grant

There is a substantial body of evidence indicating that one of the most consistent risk factors for early pregnancy is lower socio-economic status and poverty. Several studies conducted in developing countries indicated that adolescent mothers are more likely to have been brought up in a less-advantageous social environments, come from poor families and experience pre-existing disadvantage that results from poorer economic circumstances (Panday, et al 2009).

Some observers have suggested that the child support grant provided by government in some countries was an incentive to young girls to fall pregnant (Irin, 2007), but other authors found no evidence to support public perception that young girls are falling pregnant so they can claim the child care grant (Cape Times, 2007).

2.2.16 Health Services and Nurses Attitudes

Adolescents represent a large population. As adolescents mature, some of them become sexually active and face more serious health risks. Most of them face risks because of too little factual information, too little guidance about sexual responsibility and multiple barriers to accessing health service. There are health service that do not function effectively due to inadequate budget, insufficient staff with sufficient time, staff not being specifically

designated and trained for the job, too little participation from teenage population, lack of support from surrounding communities and a lack of co-operation between the schools, clinics and youth health centers, and adolescent services often forming part of the overcrowded adult family planning services (Kansumba, 2002).

There are some girls that fall pregnant because they are afraid of visiting clinics, where they will get some contraceptives. The reason why teenagers are afraid is the nurses' attitudes toward giving teenagers contraceptives. Some nurses are uncomfortable about providing teenagers with contraceptives, as they felt they should not be having sex. They respond to request for contraceptives in a manner that was highly judgmental and unhelpful (Irin, 2007; Naidoo, 2005).

2.2.17 The Desire For a Child

According to Musick (1993), if the adolescent did not want babies, they would not have them, but they do want them. Indeed, many seem to fear infertility, craving pregnancy and motherhood. This desire to become pregnant and to have a child makes the prevention of adolescent childbearing a formidable task. Although it is not the primary cause of adolescent motherhood, it is one of the strongest determinants of early fertility. A teenage girl, sometimes, fall pregnant because she wants to give her child what she did not get as a child, she hopes she can redo the past, master its pain and loosen its hold over her life. Now she will have someone of her own, someone whose childhood will be happier than hers was, and someone who will return her love.

Some teenagers fall pregnant because they want to obtain the emotional sustenance they didn't get when they were children, extend their dependent bond with their mothers through identification with their babies, whom they fervently hope their mothers will love and care for, find opportunity for competence in a new and highly valued role around which

they can reorganize themselves, developing new identity through the process of becoming a parent, and fulfill their mother's spoken and unspoken desire for the "second chance" provided by grandparenthood (Musick, 1993).

2.2.18 Planned Pregnancy

Some girls admit that getting pregnant is a planned strategy which enables them to avoid sex. Since sex is seen as unpleasant but unavoidable activity, their boyfriends treat them as their sexual possession, free to use them sexually anytime it pleases them, then being pregnant is a way of buying some status as well as temporary freedom (Moore & Rosenthal, 2006). There are teenagers that have babies in order to show their maturity. Sometimes they use motherhood to achieve both an identity and a feeling of being loved and needed. Other teenagers may use pregnancy to escape from unhappy home situation (Gouws, et al, 2008).

For some girls, the decision to fall pregnant out of wedlock is based on the desire to escape from a very poor home situation. Hancock (1982) stated that some girls may use pregnancy to trap a boy into marrying them so that she can escape incestuous demands, physical abuse or dangerous psychotic parents she faces every day. Often girls fail to get the boys to marry them and this leaves them with the additional problem of looking after the child alone. Eight out of ten fathers don't marry the mother of their child (Ashley Lewis,2012). Hancock (1982) further points out that there are those girls that fall pregnant out of wedlock because of the desire to have someone to love and will also love them back.

2.2.19 The Influence of The Media

A study conducted in 2006 found that adolescents who were more exposed to sexuality in the media were also more likely to engage in sexual activity themselves. According to Time Magazine, "teens exposed to the most sexual content on TV are twice as

likely as teens watching less of this material to become pregnant before they reach age 20". Media may function as a super-peer in terms of pressuring teenagers into having sex earlier than expected (Strasburger, Wilson and Jordan, 2009). According to Singh (2005) televisions, films, videos, magazines, advertisements and novels, today, are full of sex and love. According to the researcher the media portrays the glamorous side of sex in such a way that teenagers perceive sex as something in fashion. Many teenagers, especially girls, rely on magazines as an important source of information about sex, birth control and health related issues (Strasburger, 2009). They ignore the consequences of sex such as unplanned pregnancy and sexually transmitted diseases.

Greathead (1998) stated that the media portrays sex as something exciting without risk. Heavy doses of television may accentuate teenagers' feeling that everyone is having sex except them. (Strasburger, et al, 2009). Messages from the media often convey the concept that abstinence is outdated and consistently encourage the use of contraceptives which gives a go-ahead in involving in sexual activities .Coupled with the fact that teenagers seldom think of long-term consequences of their behaviour, teenagers may engage in sexual behaviours to gain immediate feeling of acceptance and self-worth (Bullocks 1992).

Singh (2005) further stated that the results from an American study in 1987 as cited by The Westside Pregnancy Resource Centre (2004) showed: Afternoon soap operas contained thirty-five instances of sexual content per hour. High school girls who saw commercials that emphasized sex were more likely to say that beauty characteristics were more important for them to feel good about themselves and to be popular with men. Pregnant unmarried girls were twice as never pregnant girls to say that the boy- girl relationship on the television were similar to real life relationships. High school learners who were addicted to daytime soap operas were far more likely than light viewers or non-viewers to overestimate the number of social occurrences of illegitimate pregnancies or the occurrence of rape.

Student who watch a greater amount of 'sexy' television were more likely than light viewers to become sexually active. Teenagers reported that television is equally or more encouraging about sex than their best friends. Students who were heavy viewers of sexually suggestive music on MTV had more permissive attitudes about sex than the light viewers. Teenagers who were shown a set of ten music videos were more likely to find premarital sex acceptance than a companion who did not see the videos.

2.2.20 Breakdown of Tradition.

There are some sexual control imbedded in traditional practices that are practiced by African societies. These practices include initiation ceremonies, where adolescents were instructed about sexual matters. A certain amount of sex play was expected and allowed after initiation. Vaginal inspection was performed to ensure virginity in young women, and a special token to the parents of young women if she was found to be virgin after marriage. Peer groups played a large role in sexual education and control.

Macleod (1999) stated that urbanization and industrialization has led to the decline of institution such as the initiation school and virginal inspection. Formal schooling has arrested education from the hands of parents who are now seen as ignorant and uneducated by their children. There is an erosion of the patriarchal structure of the family as well as the traditional respect for elders. The influence of Western culture has led to psychological isolation.

2.2.21 The cultural value placed on fertility

In certain cultures, teenage pregnancy is accepted and welcomed. According to Macleod (1999) there is a high cultural value placed on fertility, and because marriage and birth have become separated, young women are more prone to conceive early. Teenagers fall

pregnant early because men want assurances of fertility before marriage. They believe that bearing a child is an essential part of being a woman and achieving success as women. Power imbalances in sexual relationships between men and women make the men to hold sexual decision-making power and little room to negotiate contraceptive use with partners. However, respectability among men is still strongly tied to their right to make decision about when, where and how happens, to be highly sexually active and have multiple partners (Panday, et al, 2009)

2.3 Adverse Effects Of Teenage Pregnancy

Confirmation that a teenager has conceived brings on stress. She is pretty young to face the emotional challenges and incapable to decide what to do in regard to the pregnancy. In addition, lots of negative effects follow teenage pregnancy, the major reason being social disgrace. According to the 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 perpetuating the cycle of poverty." Health consequences include not yet being physically ready for pregnancy and childbirth leading to complications and malnutrition as the majority of adolescents tend to come from lower-income households. The risk of maternal death for girls under age 15 in low- and middle-income countries is higher than for women in their twenties. Teenage pregnancy also affects girls' education and income potential as many are forced to drop out of school which ultimately threatens future opportunities and economic prospects. Several studies have examined the socioeconomic, medical, and psychological impact of pregnancy and parenthood in teens. Of those teenage girls who choose to continue their .

pregnancy, a large proportion are from a disadvantaged or dysfunctional socio-economic background. They are increasingly young and, in many cases, were themselves born to teenage mothers (Charbonneau et al. 1989, in Cardinal Remete 1999; Morazin 1991). They generally occupy underpaid and undervalued work positions (Charbonneau et al. 1989, in Cardinal Remete 1999).

Building on these past studies and theoretical framework based on Anomie and social disorganisation theories, this research examines factors associated with teenage pregnancy in Oye-Local Government Area, Ekiti State, Nigeria.

2.4 THEORETICAL FRAMEWORK

Theoretical framework for this study is based on anomie and social organisation theory.

2.4.1 Anomie Theory

According to Durkheim, anomie reflects a sense of normlessness, the lack of any societal norms that spurs the tendency to act in a deviant way. There are various different perspectives on what anomie is and how it affects deviant behaviour. On one hand Durkheim claims that anomie refers to the ill-formulated goals within the culture of an industrial society; whereas, Robert Merton relied on the Marxist explanation of anomie, which claims that there is normlessness due to the inadequate means available to fulfill society's goals. According to Merton, anomie is a social condition in which norms are absent, weak, or in a conflict. Normlessness may arise when there is inconsistency between the cultural goals and the means of achieving them. Ultimately, each theory revolves around the weight that the market economy holds in regards to the spirit and atmosphere of the cultural. Rather than the ethos of the culture being dependent on the values set forth by family and education, "the pursuit of self interest, attraction to monetary rewards and competition, become exaggerated

relative to the value orientations of these institutions...economic dominance stimulates the emergence of anomie at a cultural value" (Bernburg, 2002). In regard to crime, the emphasis on competition and materialism combined with anomic ethic, as theorists have termed it, spark a disregard for the moral status of the way in which one achieves goals.

Merton defines culture as *"that organized set of normative values governing behaviour which is common to members of a designated society or group" and social structure as "that organized set of social relationships in which members of the society or group are variously implicated"* (Merton, 1968:216). Anomie occurs "when there is an acute disjunction between the cultural norms and goals and the socially structured capacities of members of the group to act in accord with them" (Merton, 1968:216). That is, because of their position in the social structure of society, some people are unable to act in accord with normative values. The culture calls for some type of behaviour that the social structure prevents from occurring.

For example, in American society, the culture places great emphasis on material success. However, by their position within the social structure, many people are prevented from achieving such success. If one is born into the lower socioeconomic classes and as a result is able to acquire, at best, only a high school degree, one's chances of achieving economic success in the generally accepted way (for example, through succeeding in the conventional work world) are slim or nonexistent. Under such circumstances which are widespread in contemporary American society anomie can be said to exist, and as a result, there is a tendency toward deviant behaviour. In this context, deviance often takes the form of alternative, unacceptable, and sometimes illegal means of achieving economic success. Thus, becoming a drug dealer or a prostitute in order to achieve economic success is an example of deviance generated by the disjunction between cultural values and social-structural means of

attaining those values. This is one way in which the structural functionalist would seek to explain crime and deviance.

Teenage pregnancy can never be considered as a crime, it is a deviant act that most societies find so offensive and absurd. It shows irresponsibility and it often occurs in the places that have lost their cultural values and morals due to the so called modernization. Getting pregnant or becoming a mother has its normative steps in acquiring but due to some reasons, some teens try to understand and explore why they shouldn't just start makings babies especially when they feel there is nothing left for them. A teen girl might decide to get pregnant since she is not amongst the most intelligent student in her class while others just want to have a baby feeling that waiting to pass those steps (which is attending to other aspects of life like education, career and then marriage) that the society outlined is a waste of time.

The need to attend to teenage pregnancy as a social problem is to understand why most teenagers engage in risky sexual behaviours. According to Merton's contribution on anomie theory, his main focus was that individuals in most societies commit crimes and deviate because of the ends. Robert k. Merton's Anomy theory was also known as strain theory or means-ends theory. He stated that the more the ends of a particular behaviour or act is profitable, the most liking the occurrences is bound to be a steady one. So many teenagers involve in early sexual activities because they think they will get help from whoever person they have sex with especially when the teenager is from a poor family background. Some of them even go as far as getting pregnant in order to have access to the male's wealth because there is nothing left for her in her family. While some of them get enticed with what the opposite sex has to offer them and they eventual sleep with them in order to acquire monetary values.

2.4.2 The Social Disorganization Theory

The social disorganization theory was originally applied by Shaw and McKay to explain the effect of neighbourhood on crime and delinquency among adolescents in Chicago (Shaw and McKay 1942). The theory states that high levels of neighbourhood disadvantage are associated with high levels of crime and delinquency. The theory proposes that neighbourhoods are characterized by high level of structural disadvantage such as poverty, residential instability due to migration, ethnic heterogeneity and family dysfunction are socially disorganized and therefore unable to regulate themselves and also lack the ability to socialize the residents, especially adolescents, to engage in conventional behaviours. Although the social disorganization theory was originally applied to crime and delinquency, researchers have applied the theory to different behavioural studies such as youth sexual risk behaviours, sexual and gender based violence, rape, and educational behaviour, among others.

There is possibility that teenage pregnancies will occur mostly in rural areas. In this study where Oye local government areas in Ekiti is the study location, social disorganisation theory will help explain how their environment affects a teenager's sexual life which most a times lead to unwanted pregnancy. Because the study location is a rural area where teenagers merely have the opportunity to attain good education and access to better health care services, most of them fall victims of teenage pregnancy because they they lack the knowledge of the use of contraceptives and also most of their parent's occupation is of low income wage. Social disorganisation explains why teenagers from rural areas have the high tendency of engaging in early sexual activities and falling pregnant afterwards.

Due to the economic setback of the rural dwellers and their low psyche of never making it in life, the children are also affected because they are left with fending for

themselves. And because they lack parental care, love, affection, attention and financial support they were supposed to get at that tender stage, they go in search of it elsewhere hereby falling into the wrong hands. However, most families in the rural areas give birth to as much children as they can bear without considering their economic fate. Some parents even remarry and continue another set of procreation elsewhere thereby endangering their children's life. Those teenagers get exposed to harshness of the nature and end up falling victims of teenage pregnancy. Tewksbury et al (2013) perceived social disorganization to have some impact on the number of sexual partners among African American youths in the United States. Wilbon (2005) found peer behaviour to have influence on teenage sex among younger youth, while neighbourhood disadvantage, mother's support and peer delinquency impacted transition to first sex among older youth.

CHAPTER THREE

3.0 INTRODUCTION

This chapter presents the procedure employed in carrying out this study. It gives an overview of the study location and population, research design, sampling technique and size, data collection techniques, variables and measures, data management, statistical analysis, and ethical considerations.

3.1 STUDY LOCATION

The study location was Oye local government area. Oye Local Government Area was carved out from the defunct Ekiti North Local Government on 17th May, 1989. The Local Government is bounded by Ilejemeje Local Government to the North, Irepodun/Ifelodun to the South, Ikole local Government to the East and Ido/Osi Local Government to the West. It comprises of the following towns and villages: Oye Ekiti, Ilupeju Ekiti, Ayegbaju Ekiti, Ire Ekiti, Itapa Ekiti, Osin Ekiti, Ayede Ekiti, Itaji Ekiti, Imojo Ekiti, Ilafon Ekiti, Isan Ekiti, Ilemeso Ekiti, Omu Ekiti, Ijelu Ekiti, Oloje Ekiti and some hamlets and farmsteads. The dominating distinctive ethnic group in the Local Government is the Ekiti though a greater percentage of the people resident are of the Yoruba Language race. Nearly all the people speak Yoruba Language with a majority speaking Ekiti dialect.

Ekiti State is situated entirely within the tropics. It is located between longitudes 40°51′ and 50°451′ East of the Greenwich meridian and latitudes 70°151′ and 80°51′ north of the Equator. It lies south of Kwara and Kogi State, East of Osun State and bounded by Ondo State in the East and in the south, with a total land Area of 5887.890sq km. Ekiti State has 16 Local Government Councils. By 1991 Census, the population of Ekiti State was 1,647,822 while the estimated population upon its creation on October 1st 1996 was put at 1,750,000

with the capital located at Ado-Ekiti. The 2006 population census by the National Population Commission put the population of Ekiti State at 2,384,212 people.

Oye local government is in Ekiti state, Nigeria. Officially the Federal Republic of Nigeria is a federal constitutional republic comprising of 36 states and its Federal Capital Territory, Abuja. Nigeria is located in West Africa and shares land borders with the Republic of Benin in the west, Chad and Cameroon in the East, and Niger in the North. Its coast in the South lies in the Gulf of Guinea in the Atlantic Ocean. An important feature of the state is the large number of hills it possesses, which are often the site of towns in which much of the population resides. In fact, the word 'Ekiti' was derived from the local term for hill. Oye Ekiti people are mostly Muslims and Christians while some are still traditional religionists. They have their own unique traditional way of dressing, dancing, festival, religion and other ways of life. The dress for man in Ekiti is Bùbá (round neck shirt) and Sòkòtò (trousers) while women dress in Bùbá (blouse) and Ìró (wrapper) while their best food is Iyan (Pounded Yam) with melon Soup and Bush Meat. The Local Government is largely agrarian. Agriculture is the mainstay of the state economy. It employs 75% of the state working population. Oye Local Government is one of the largest producers of rice, kolanut, oil palm and cocoa in the country. They also produce crops like cassava, yam, cocoyam, maize, cowpea, citrus, plantain and fruits like cashew, mango and orange.

As the Local Government is within the ecological belt known for abundant forest resources, they produce high quality woods which are raw material for wood based industries within and outside the state.

3.2 TARGET POPULATION

The study population comprised of women ages 13-19 years who have been pregnant

before age 20 years or are currently pregnant at the time of this survey. Also to be involved are adults male and female old enough to be parents.

3.3 SAMPLE DESIGN

The sampling design was cross-sectional using a mixed method design that involved use of questionnaire and in-depth interview. According to Ogunbameru (2003), purposive sampling design is a type of research involving the collection of information from any given sample of population elements only once. The idea is simply to measure some variables at a single time.

3.4 SAMPLE TECHNIQUE AND SAMPLE SIZE

Oye Local Government Area of Ekiti state, Nigeria is made up of the following towns and villages: Oye Ekiti, Ilupeju Ekiti, Ayegbaju Ekiti, Ire Ekiti, Itapa Ekiti, Osin Ekiti, Ayede Ekiti, Itaji Ekiti, Imojo Ekiti, Ilafon Ekiti, Isan Ekiti, Ilemeso Ekiti, Omu Ekiti, Ijelu Ekiti, Oloje Ekiti and a host of others. Oye, Ilepuju and Ayegbaju Ekiti were purposively selected because of time and financial constraints. The sample size was 75, comprising 25 teenagers who were currently pregnant or women ages 20-30 years old who had been pregnant as teenagers, and 50 adults, male and female, who were old enough to be parents. Eligible respondents were purposively selected from households, hospitals and maternity homes in Oye, Ilupeju and Aiyegbaju.

3.5 DATA COLLECTION

Data were collected through the use of questionnaire and in-depth interview. Questionnaire was administered only to adults old enough to be parents through face to face interview for respondents who cannot complete it without assistance. For respondents who can complete the questionnaire on their own, it will be self-administered. In-depth interview was used for those who were currently or ever been pregnant as teenagers. Schutt (2004)

cited in Okunola&Ojo (2012) that in-depth interview involves open-ended, structured and unstructured questioning in which the interviewer seeks in-depth information on the interviewee's feelings, experiences, and perceptions. Hence, In-depth interviews were used in this research to determine individual's perceptions, opinions and facts.

3.5.1 QUESTIONNAIRE

The questionnaire was categorized into two sections. The questions were structured in relation to the objectives of the study, so as to achieve the desired results. Section A contained questions on respondents' socio-demographic profile, such as age, education, religion, marital status etc. Section B contained questions on people's perception about teenage pregnancy such as what do they think is responsible for teenage pregnancy, ways by which teenage pregnancy could be prevented, etc.

3.4.2 INTERVIEW SCHEDULE

In-depth interview schedule was structured to explore information from teenagers who are pregnant or who those who has ever being pregnant before age 20. Section A contained questions on bio-data such as age at last birth and highest educational qualification. Section B contained questions on the family background such as father's occupation, mother's occupation, etc. Section C contained questions that aimed at explaining their sexual relationship and pregnancy such as when was their first sexual experience, what they gain from boyfriends, etc.

3.5 DATA MANAGEMENT AND ANALYSIS

The data obtained from the questionnaire and interview schedule were cleaned and organized into themes related to the research question. Results were presented in tables and verbatim quotations. Descriptive statistics using frequency distribution and percentages were used to describe the socio-demographic characteristics of the study population. Family

background characteristics and information on sexual behaviour of the teenagers and their pregnancy were presented using frequency distribution and verbatim quotes. Perceptions on factors responsible for teenage pregnancy were described using verbatim quotes.

3.7 ETHICAL CONSIDERATION

Each respondent was duely informed about the research and their consent was obtained before the interview and questionnaire administration. The respondents were also informed that any information they gave would remain confidential and that they were free not to answer any question they did not want to answer.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND RESEARCH FINDINGS

4.0 INTRODUCTION

This chapter presents results of interviews conducted with 25 women who were currently or ever experienced teenage pregnancy, and 50 adults who were old enough to be parents. The first section presents socio-demographic characteristics of the study population, and subsequent sections present views from victims and non-victims on factors associated with teenage pregnancy in the study area.

4.1 Research Analysis

4.1.1 *Socio-Demographic Characteristics of The Respondents*

In this section the socio- demographic characteristics of the respondents such as sex, age, religion, occupation, highest education qualification, family structure, marital status and ethnic group were presented. This gives a plain picture of the respondents for this study. This is presented below in Table 1

Table 1: Background Characteristics of study population: currently and ever experienced teenage pregnancy

Characteristic	Frequency (n=25)	Percentage
Age(grouped)		
15-19	22	88
20-24	3	12
Level of education		
Primary	2	8
Incomplete secondary	3	68
Complete Secondary	17	12
Post-secondary	3	12

Ethnic origin		
Yoruba	23	92
Igbo	2	8
Religion		
Christian	24	96
Islam	1	4
Traditionalist	0	0
Current occupation		
Student	12	48
Apprenticeship	5	20
Trader	4	16
Nothing	4	16
Future ambition		
Civil servants	6	24
Entrepreneur	10	40
Medical professionals	5	20
Indecisive	4	16

Source: Author, 2016

Among the twenty-five women who were either currently pregnant or ever been pregnant as teenagers, the majority (88%) were aged 15-19 years old. All of them were single and most of them have attained secondary education. Higher percentage of them were Christians and mostly Yoruba which was understandable because of the study location. With respect to current occupation, 48% were able to continue with their education while others went into apprenticeship, trading and virtually nothing.

Despite their experience of teenage pregnancy, they all had noble ambitions. Most of them want to be entrepreneurs (own a business) while others civil servants and the rest medical practitioners, but a few percentage of them were still indecisive with their future ambitions.

Table 2: Background Characteristics of the study population (Other adults)

Characteristic	Frequency (n=50)	Percentage (%)
Age (grouped)		
20-24	6	12
25-29	15	30
30-34	11	22
35-39	6	12
40-44	8	16
45-49	3	6
50-54	1	2
Mean age (33 years) Total	50	100
Marital Status		
Single	27	54
Married	23	46
Separated	0	0
Widowed	0	0
Divorced	0	0
Religion		
Catholic	4	8
Other Christian	43	86
Islam	2	4

Traditionalist	1	2
Ethnic Group		
Yoruba	42	84
Igbo	7	14
Level of education		
Primary	1	2
Secondary	4	8
Post-secondary	45	90
Residence		
Oye	24	48
Ilepuju	12	24
Ayegbaju	14	28

Source: Author, 2016

Table 2 presents background characteristics of other respondents, adults who were never victims of teenage pregnancy. The age distribution of the respondents shows that 30% of them were between the ages of 25-29 while others fell into the rest of the age bracket. Their marital status shows that 54% of them were single while 46% were married.

Percentage distribution by religion indicated that 4 out of 50 respondents were Catholic while 86% of respondents were other Christians and only 2 respondents were practicing Islamic religion and just one respondent was a traditionalist. Distribution by ethnic origin showed that 84% of the respondents were from Yoruba ethnic group while the rest were Igbo.

Regarding the highest level of education, 90% of the respondents attained post-secondary, 4 respondents were SSCE holders and one respondent had the lowest level of

education which was primary. On community of residence, 48% of the respondents lived in Oye, while 28% and 26% were for Ilepuju and Ayegbaju, respectively.

4.1.2 Family Background Characteristics of Respondents Who Experienced Teenage Pregnancy and Relationship with Parents

Table 3: Respondent's family characteristics

Characteristic	Frequency (n=50)	Percentage (%)
Father's occupation		
Farmer	10	40
Trader	5	20
Civil servants	6	24
Artisans	3	12
Retiree	1	4
Mother's occupation		
Farmer	4	16
Trader	13	52
Civil servants	6	24
Artisans	1	4
Retiree	1	4
Type of family		
Monogamy	14	56
Polygyny	11	44
Father alive		
Yes	20	80

No	5	20
Mother alive		
Yes	22	88
No	3	12
Parents living together		
Yes	15	60
No	10	40
Upbringing		
Two parents	16	64
Daddy and step-mother	2	8
Mummy alone	5	20
Grand parents	2	8
Number of sibling		
1-5	15	60
6-10	7	28
11-15	3	12
Birth order		
1-5	22	88
6-10	3	12
11-15	0	0
Relationship with parents		
Cordial	15	60
Don't like mummy	3	12
Don't like daddy	2	8
Don't like both parents	3	12

Both parents hate me	1	4
Mummy hate me	1	4
Daddy hate me	0	0

Source: Author, 2016

The responses from the respondents who were currently pregnant or has ever been pregnant before the age of 20 indicated that their father's occupation was mostly farming (40%), others were trading (20%), civil servants (24%), three of the respondents said that their fathers were artisans and one retiree.

The percentage distribution of respondents by their mother's occupation disclosed that 55% of their mothers were traders, followed by civil servants (24%),four of the respondents also mentioned that their mothers were farmers, one was an artisan and another a retiree. More than half of the respondents (56%) said that they were from monogamous families while the rest (44%) were from polygnous homes. Among the twenty-five respondents, there was a huge gap between whether parents were still alive or not, 80% of their fathers were still alive and 20% deceased while 88% of their mothers were still alive and 22% deceased. With respect to co-residence by parents, 60% of them responded that their parents still live together while 40% of them said otherwise. The percentage distribution of the respondents who grew up with both parents was 64% while 20% of them grew up with only their mothers, two of the respondents grew up with their fathers and step-mother, and another two grew up their grandparents.

The majority (60%) of the respondents reported cordial relationship with their parents. Three respondents indicated that they don't like their mothers; another three noted that they do not like both parents. One of the respondents indicated that both parents hate her while another one noted that her mother do not like her.

Table 4: Sexual Relationships And Pregnancy (Teenage Respondents)

Characteristic	Frequency (n=50)	Percentage (%)
Sex of friends		
Female	4	16
Male	6	24
Both	15	60
Freedom with men		
Very free	16	64
Averagely free	8	32
Not free	1	4
Age at first non-sexual relationship		
10-15	18	72
16-19	7	28
Age at first sex		
12-15	18	72
16-19	7	28
Number of sexual partners		
1	14	56
2	5	20
3	5	20
4	0	0
5	1	4

Pregnancy as mistake or not		
Mistake	19	76
Deliberate	3	12
Don't know	3	12
Attempted abortion		
Yes	10	40
No	15	60
Age of sexual partner		
15-20	5	20
21-25	12	48
26-30	6	24
31-35	0	0
36-40	1	4
41-45	1	4
Occupation of sexual partner		
Artisans	5	20
Civil servant	6	24
Entrepreneur	3	12
Student	9	36
Nothing	2	8
Acceptance of paternity		
Yes	19	76
No	6	24

Source: Author, 2016

The sexual relationship and pregnancy table above signifies that the twenty-five respondents had 60% of both sex as friends while 24% had male friends and 4 of them indicated that they had female as friends. Their comfortability with the opposite sex was also measured and it showed that 64% of them were very free with the opposite sex while 34% noted they were averagely free with the male. One of the respondents indicated that she was not so free with the opposite sex. The percentage distribution of respondent's age at first non-sexual relationship with the opposite sex indicated that 72% initiated such relationship between ages 10-15 years. Also, 72% had their first sexual intercourse between ages 12-15 years. The table also indicated the number of sexual partners they had, 56% noted that they have one sexual partner while 20% each indicated they had two and three sexual partners. One of the respondents noted that she had five sexual partners.

A higher percentage (76%) indicated that their pregnancy was a mistake. Three of the respondents noted that they deliberately got pregnant while the other three didn't know how they got pregnant. More than half of them (60%) attempted abortion which failed due some factors like ineffective drugs. The other 40% never attempted abortion due to some reasons too like fear of death. With regard to characteristics of their sexual partners, a higher percentage of their sexual partners fell between ages 21-25 which was 48%. Others fell into 26-30 and 15-20 age brackets which were 26% and 20% respectively. One respondent indicated that her sexual partner fell between the age bracket of 36-40 and another between ages 41-45.

Percentage distribution of the occupation of their sexual partners showed that 36% were students, 24% civil servants, 20% of the respondents indicated that their sexual partners were artisans, three of them noted that they were entrepreneurs and two indicated they were

doing virtually nothing. Responses on whether their partners accepted responsibility for the pregnancy showed that 76% accepted paternity while the other 34% rejected.

4.1.3 Factors Associated with Teenage Pregnancy

Responses on reasons why teenagers become pregnant were obtained from the respondents who were currently or ever been pregnant as teenagers, and other adults old enough to be parents.

4.1.3.1 Views From Victims

The respondents who experienced teenage pregnancy gave several reasons why they got into sexual relationships that led to the pregnancy. The reasons fell into three categories of emotional, material, and societal and peer influence. Most of the respondents (12) gave emotional reasons, such as need for love, companionship, and sexual pleasure. A respondent whose mother was late and her father was a farmer said her first sexual intercourse was at age 12 years and that she fell into the relationship that led to her pregnancy "because he shows me love more than my Daddy"(Pregnant Teenager, 15 years old). Another respondents said "because of pleasure"(Pregnant Teenager, 19 years old). Another respondent also said "I do have fun mostly when or every time I am with my boyfriends" (Pregnant Teenager, 18 years old).

Many others gave material reasons, particularly financial gifts from men. For instance, a respondent said: "I am having a boyfriend because he gives me money" (Pregnant Teenager, 19 years old). Another one submitted that "because I need money to buy things like clothes and shoes" (Pregnant Teenager, 19 years old). Other associated sexual relationships that resulted in their pregnancy to reasons around societal and peer influence. For instance, a respondent said "because I think I should have one" (Pregnant Teenager, 18 years old), like it is a norm to have sexual partner at a teen age. Another respondent said

"because my friends have" (Pregnant Teenager, 16 years old) which was basically peer influence.

The respondents were also asked their opinion about what leads girls into sexual relationships that may result into teenage pregnancy. Their responses could be categorized into material needs, emotional needs, parental poverty, peer and societal influence. One of the respondents said "the reason why young girls have boyfriends is a situation where the parents are not able to cater for their young girls"(Pregnant Teenager, 18 years old). Another respondent said "to feel among" (Pregnant Teenager, 16 years old). Another respondent said "because of their needs" (Pregnant Teenager, 18 years old).

The respondents were asked to mention specific things they actually have gained from their sexual partners. Most of them mentioned material things like clothes, shoes, new phone, etc. A few others mentioned emotional needs like companionship, love, pleasures, etc. One of the respondents said "I feel so high when am with my boyfriends" (Pregnant Teenager, 18 years old). The respondents were also asked the responsibility of parents as relating to preventing their children from teenage pregnancy. One of the respondents who is not currently pregnant but was once pregnant before the age 20 said "they should provide for their children" (18 years old). Another respondent said "they should take good care of their children and provide what they need at the right time in order to prevent them from loving boyfriends at teen ages". Another respondent said "teach them about sex at home and they should always provide their needs. (Pregnant Teenager, 18 years old).

The respondents were asked their feelings about their present (those who are currently pregnant) and past (those who has been pregnant before the age of 20) situations. One of the respondents said: *"I almost went to hell when the doctor confirmed that I was pregnant, my present condition is not comparable with that of my age mates because they are doing good with their parents and also doing great academically".(Pregnant Teenager, 18 years)*

4.3.1.2 Views From Non-Victims

Adults who were old enough to be parents provided several factors responsible for teenage pregnancy in the study area. One of the respondents said "lack of care and monitoring of the child" (Married adult, 27 years, from Ilepuju) while another respondent said "parent's strictness (Married adult, 38 years old, from Ayegbaju). Another respondent said "pre-marital sex due to 'I want to belong syndrome," (Married adult, 32 years old, from Oye).

They were asked who they think was responsible for the circumstances that lead teenagers to pregnancy. One of the respondent said "all the parties involved, the boy, girl and the parents. (Married adult, 32 years old, from Oye). While two respondents said "non-challant from their parents"(Single adult, 25 years old, from Oye:, Married adult,35 years old, from Oye). The consequences of teenage pregnancy on the victims and the society were expressed by these respondents. One of them said "They will become school dropout and that it may hinder better opportunities in the future. (Married adult, 35 years old, from Oye). Another respondent said "they will become illiterate parents and cause nuisance to the society. (Single adult, 25 years old, from Oye). Another respondent also said "It may cause damage to some parts of the body and also insufficient social amenities and over-population". (Single adult, 30 years old, from Oye). The respondents were asked to suggest ways of preventing teenagers from getting pregnant. One of the respondent stated "provision of adequate social amenities, proper health education and also provision of free education. (Married adult,41 years old, from Ayegbaju). Another respondent stated "good enlightenment from government, church awareness, use of contraceptives, etc. (Single adult, 45 years old, from Ilepuju).

A lot of agencies were suggested by the respondents that will help in preventing teenagers from getting pregnant. Agencies like World health organization (WHO), The United Nations International Children's Emergency Fund (UNICEF), National agency for food and drug administration and control (NAFDAC), United nations organisation (UNO), Non-governmental organizations (NGO's), etc.

4.2 Further Observations

The rate at which female teenagers of the age bracket of 13 to 19 are becoming pregnant thereby becoming teen mothers is a source of concern. This chapter has described and analyzed the results of the questionnaires and the interview schedule that was distributed within three towns in Oye L.G.A. It is quite noticeable that, teenage pregnancy is very high in the study area because of early sexuality of teenagers and the fact that most of their parents were majorly farmers who couldn't afford what they need and so many factors being listed by adults that attended to the questionnaires.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary of the study findings, conclusions and recommendations. The study is divided into five chapters, background to the study, literature review, research methodology, findings and interpretations chapter, and conclusion and recommendation chapter. All these chapters had specific roles to play in the completion of study. Chapter one was based on the background of the study, as it presented the objective of the study, statement of the study and research questions which guided this study. Furthermore, this chapter defines the concepts that would be dealt with in the study. These concepts are teenagers and teenage pregnancy. The chapter two is an important chapter of study. It provides the historical overview of teenage pregnancy, the effects of pregnancy in teenagers and the factors that contributes towards teenage pregnancy. This chapter provided alternative paradigms to the study by reflecting what other scholars have said in relation to the topic. Amongst other important things, this chapter provided the possible causes of teenage pregnancy and their effects on teenager's lives. The objectives of this study were to know the family characteristics of women who experienced teenage pregnancy in the study area, their sexual behaviour and the perception of teenagers and other adults on factors responsible for teenage pregnancy in Oye Local Government Area of Ekiti state, Nigeria. The study is divided into four chapters, In pursuing the objectives of the study, twenty five interviews were conducted in the selected location among teenagers who were currently pregnant or has ever being pregnant before age 20. Fifty questionnaires were administered to adults who are old enough to be parents in order to get their opinion about factors associated with teenage pregnancy in the study population. Oye, Ilepuju, Ayegbaju communities were purposively selected as the study location because of time and financial constraints. The data

were obtained through the use of questionnaires and interviews. The field data were presented using frequency tables while the study adopted content and thematic analysis method of data analysis which included categorization of the data thematically following the study objectives.

5.1 Summary of Findings

5.1.1 Socio-Demographic Characteristics of The Teenagers (Currently Pregnant or Ever Being Pregnant Before Age 20)

The majority (88%) of the teenager were between the ages of 15-19 years. All of them were single and have attained secondary education except one. A higher proportion of the teenagers were Christians and Yoruba . The analyses also indicated that 48% of them were still able to continue with their education while others ventured into trading, and apprenticeship.

5.1.2 Parental Characteristics of Teenagers (Currently Pregnant or Pregnant Before Age 20)

Another important feature of these teenagers was their family characteristics. This study showed that most of their parents were farmers, an occupation that attracts very low income in Nigeria. The majority of them claimed that both parents were still alive. Most of them were from monogamous families and grew up with both parents. Finally, about 60% of the respondents reported that they had cordial relationship with their parents.

5.1.3 Sexual Relationships And Pregnancy

A higher percentage (72%) of the respondents who experienced teenage pregnancy engaged in early sexual relationship between the ages 12-15. About 72% of them had their first non-sexual relationships between ages 10-15, which is quite

early; 64% of them reported being very free with the opposite sex. About 76% of them indicated that their pregnancy was by mistake while three of them noted that it was deliberate, another three did not know how they got pregnant. More than half of them (60%) attempted abortion which failed due to factors like ineffective drugs. The other 40% did not attempt abortion due to reasons too like fear of death. Characteristics of their sexual partners indicated that the majority were students, aged 21-25 and accepted paternity of the child.

5.1.4 Factors Associated with Teenage Pregnancy

From the perspective of the victims, teenage pregnancy in the study area, is related to material needs, emotional needs and peer and societal influence. Material needs mentioned included money, clothes. Emotional needs included love, companionship, pleasures of sexual intercourse. Also, some of them indicated that having a sexual partner was a normal thing while others have because their friends have. On how they feel about their current or past situation, most of them felt that the world has come to an end for them, others indicated that they have missed better opportunities that would have come from their families and the larger society, missed being a young girl .

From the perspective of non-victims, teenage pregnancy in the study area is associated with lack of parent care and support, parents who were too strict to be approached by their children when in need and "I want to belong syndrome". On the consequences of teenage pregnancy to the victims and the society at large, a higher percentage of these adults indicated that it will make the victim to have incomplete education and limit her to certain privileges that could come with being enlightened. Some of the respondents noted that it will prompt over-population and poverty to the society at large.

On ways by which teenage pregnancy could be prevented in the study area, some of the respondents indicated the use of contraceptives while the others indicated the government

intervention in making some facilities for human development available for the rural dwellers. It was also notable that the women should be encouraged to go to school and erase the mentality that they can never be of any good to the society. The respondents also suggested agencies that could intervene in the high increase of teenage pregnancy in the study area. Most of them indicated WHO, UNICEF. NGO's, UNO, etc.

5.2 Conclusion

The present study demonstrates those factors associated with teenage pregnancy in Oye Local Government of Ekiti state, Nigeria. The study indicates that material and emotional needs of teenagers, early sexual debut, parent-child relationship, parental poverty and peer influence were among the factors that contribute to teenage pregnancy in the study area.

5.3 Recommendations

1. All teenagers need encouragement to postpone sexual involvement and information on pregnancy prevention before and when they become sexually active. Therefore, programs to prevent teenage pregnancy must be responsive to adolescents' developmental needs and life contexts. Teaching abstinence and provision of information and access to contraceptives need to be intensified. For teenagers who are at high risk because of their life circumstances, such as parental poverty , programs that include comprehensive, developmentally oriented services, medical care and contraceptives services, social services, family and educational support, and school-linked parenting education will be most effective.

Peer groups can be established in schools where teen mothers may talk to their peers in order to provide information as well as the impact that teenage pregnancy has on their lives and the responsibilities that parenthood brings.

2. The nature and quality of relationships shared between adolescent and their parents can have a major influence on the decision that they make about sex. Teenagers whose parents

provided a warm, loving and nurturing environment are less likely to engage in sex (Cox, 2007). To decrease the high rate of pregnancy in teenagers, parents need to show support, closeness and parental warmth to their teenagers.

3. There is need for further research on how parents characteristics, parent-child relationship influence teenage pregnancy particularly in the study area.

This study has highlighted some of the factors associated with teenage pregnancy, one of challenging social problems in Nigeria, from the perspectives of victims and other adults. It is hoped that this study will be of a big value to teenagers, parents and educators in Oye Local Government Area, and to the Department of Sociology, Federal University Oye-Ekiti. It is also hoped that the recommendations will be implemented to minimize the occurrence of teenage pregnancy

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APPENDIX I

QUESTIONNAIRE

FACTORS ASSOCIATED WITH TEENAGE PREGNANCY IN OYE LOCAL GOVERNMENT, EKITI STATE, NIGERIA.

INTRODUCTION AND CONSENT

My name is Mbah NkemakonamVivian. I am a final year student in the Department of Sociology, Faculty of the Social Sciences, Federal University Oye-Ekiti. I am conducting a survey that intends to seek information on the factors that are associated with teenage pregnancy in Oye Local Government. The questionnaire will only take you few minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Thanks.

Signature of interviewer..... Date.....

Respondent agrees to be interviewed.....

Respondent does not agree to be interviewed.....

SECTION A; Socio- demographic characteristics			
1	Age at last birthday?	.....	
2	Marital Status	Single ( )	1
		Married ( )	2
		Separated ( )	3
		Widow ( )	4
		Divorced ( )	5
3	Religion	Islam ( )	1

		Other Christian ( ) Traditionalist ( ) Catholic ( )	2 3 4
4	Ethnic group	Yoruba ( ) Igbo ( ) Hausa/Fulani ( ) Other Specify ( )	1 2 3 4
5	Level of Education	Primary ( ) Secondary ( ) Post-Secondary ( )	1 2 3
6	Place of residence	Oye Ilupeju Ayegbaju	

SECTION B: PERCEPTION OF TEENAGE PREGNANCY

7. What do you think is responsible for teenage pregnancy? ----------

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8. Who do you think is/are responsible for teenage pregnancy? ----------

9. What in your opinion are the effects of teenage pregnancy?

a. To the victim

(i)----------

(ii) ----------

(iii) ----------

(iv)----------

b. To the society

(i) ----------

(ii) ----------

(iii) ----------

(iv) ----------

10. Kindly suggest ways of preventing teenage pregnancy

i. ----------

ii. ----------

iii ----------

iv ----------

11. Do you think some selective abortions should be legalized? (A) Yes (B) No

12. Please give reasons for your answer ----------

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13. Please suggest some agencies that can help in the prevention of teenage pregnancy

i. ----------

ii. ----------

iii. ----------

iv. ----------

v. ----------

APPENDIX II

INTERVIEW SCHEDULE

FACTORS ASSOCIATED WITH TEENAGE PREGNANCY IN OYE LOCAL GOVERNMENT,EKITI STATE,NIGERIA.

INTRODUCTION AND CONSENT

My name is Mbah NkemakonamVivian. I am a final year student in the Department of Sociology, Faculty of the Social Sciences, Federal University Oye-Ekiti. I am conducting a survey that intends to seek information on the factors that are associated with teenage pregnancy in Oye Local Government. The questionnaire will only take you few minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Thanks.

Signature of interviewer..... Date.....

Respondent agrees to be interviewed.....

Respondent does not agree to be interviewed.....

BIO-DATA

1. Age at last birthday ----------
2. Highest educational qualification? ----------

FAMILY BACKGROUND

3. Father's occupation ----------
4. Mother's occupation ----------
5. How many wives does your father have? ----------
6. Is your father still alive? (i) Yes (ii) No

7. Is your mother still alive? (i) Yes (ii) No
8. Are your parents still staying together? (i) Yes (ii) No
9. With whom did you grow up with? (i) My two parents (ii) My mummy alone (iii) My daddy and step-mother (iv) My grandfather/mother (v) A relative (vi) Others (specify) ----------
10. How many brothers ---------- and sisters ---------- do you have?
11. What is your position among the children of your parents? ----------
12. What is your family religion? ----------
13. What language or ethnic group do you belong to? ----------
14. Describe your relationship with your parents (A) Cordial (B) I don't like (i). Mummy (ii) Daddy (iii) Both of them (C) i. Mummy ii. Daddy iii. Both parents hate me

SEXUAL RELATIONSHIP AND PREGNANCY

15. What types of friends do you have most? (i) Male (ii) Female (iii) Both
16. How free are you with the opposite sex? ----------
17. Since when did you start having boyfriends? ----------
18. How many boyfriends do you have? ----------
19. Why do you have boyfriend(s)? ----------
    ----
20. Why do you think young girls have boyfriend(s)? ----------
    ----
    ----
21. When did you have your first sexual experience? ----------
22. What have you gained from having boyfriends?
    (i) ----------
    (ii) ----------

(iii) ----------

(iv) ----------

23. What were your parent(s)' reaction to having boyfriends? ----------

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24. How did you become pregnant? (i) By mistake (ii) Deliberately (iii) I don't know

25. Did you attempt aborting the pregnancy? (i) Yes (B) No

26. If yes, what happened? ---------- ----------

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27. If no, why? ----------

28. What was the reaction of your parents when they discovered that you were pregnant?

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29. What were the reactions of your peers to your present/past situation? ----------

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30. Are you still schooling? (i) Yes (ii) No

31. If no, what are you doing now? ----------

32. What do you want to do in the future? ----------

33. Did the person that impregnated own up? (i) Yes (ii) No

34. What is his age? ----------

35. Occupation? ----------

36. What is the responsibility of parents as relating to preventing their children from teenage pregnancy? ----------

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37. Do you have any other thing you want to say about your present/past condition?-------

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Thank you for your time