



PREDISPOSING FACTORS AND PSYCHOSOCIAL EFFECTS OF TEENAGE PREGNANCY ON TEEN MOTHERS IN UMUAGU-INYI, OJI-RIVER L.G.A OF ENUGU STATE

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Abstract: Background: Teenage pregnancy is now a global tragedy however, the tragic proportions of this problem is best seen when the impact of pregnancy upon a frightened teenage girl is considered. It is estimated that each year, over 15 million women between the ages of 15 and 20 give birth worldwide. This figure does not include girls younger than fifteen years, nor does it accounts for abortions or miscarriages. In Africa alone, about twenty-five percent of all women give birth before their 18th birthday.

Objectives: To determine the predisposing factors and psychosocial effects of teenage pregnancy among teen mothers in Umuagu-Inyi ward, Oji-River Local Government Area of Enugu state.

Methods: A descriptive cross- sectional design was used. The target population comprises teenage mothers in Umuagu-Inyi. The sample size consists of 100 teenage mothers from Umuagu-Inyi, who were selected using a purposive sampling technique. Data was collected through the use of self structured and validated questionnaire which was administered to the teenage mothers. Frequency distribution table was used for data analysis while inferential statistics of Chi-square was used to test the hypothesis at 5% level of significance.

Results: Findings revealed that the major predisposing factors to teenage pregnancy are ignorance, poor socio-economic status of parents/guardian and lack of proper sex education at home and in schools. Findings also revealed that school dropout is the major psychosocial impacts of teenage pregnancy on teen mothers. Test of hypothesis however showed a significant association between sex education and school dropout among teen mothers.

Conclusion: The study suggests a rising need for parents to put serious effort towards adequate education of their children on healthy relationships as it concerns the opposite sex, encouraging them to ask questions where necessary

Key words: Predisposing factors, psychosocial impact, teenage pregnancy, teen mothers.

Introduction: Adolescence is a stage where teenagers adjust in their physical and emotional changes in life¹. Teenagers prefer to go with their peers rather than with their parents due to strong peer pressure. Early adolescence also represent the period of sexual maturation². One of the issues that they may encounter is teenage pregnancy which causes drop outs among females³. This scenario is conspicuous for educators, policy makers and the public, hence posed a major problem to the society⁴.

Teenage pregnancy refers to pregnancy occurring among unmarried girls within the age of 13-19 years who have not reached legal adulthood⁵. Teen pregnancy is now a global tragedy however, the tragic proportions of this problem are best seen when the impact of a pregnancy upon one frightened teenager is considered^{6,7}. At the very least, she will experience drastic changes in her life that will deeply affect not only herself but also her family and loved ones. According to Oboegbulam⁸ the major problem surrounding teen pregnancy is that during teenage stage, teenagers' lacks knowledge of pregnancy and motherhood. They have little knowledge about what is involved in motherhood. At this period, their reproductive organs are not mature and functional enough to undergo the process of pregnancy, labour and delivery, especially their bony pelvis. Sequel to in-mature pelvis, most of them always develop complications during child birth which may lead to emotional, social, physical and economic handicap⁹. It is paramount to state that teenagers under 16 years of age have an underdeveloped pelvic which

may be responsible for higher rates of cephalopelvic disproportion, that results in obstructed labor and an increased rate of caesarean section interventions¹⁰. Populi, a magazine of the United Nations Population Fund cited in² estimates that each year, over 15 million women between the ages of 15 and 20 give birth worldwide. This figure does not include girls younger than fifteen years, nor does it accounts for abortions or miscarriages. In Africa alone, about twenty-five percent of all women give birth before their 18th birthday. According to Grant and Hallman⁹, there is competing risk of adolescent who drop- out of school for other reason than teenage pregnancy. Grant et al ⁹ provided evidence in their arguments that low economic status has a strong association with school drop outs and teenage pregnancy. Furthermore, Stewart¹¹ theorized that adolescents with high educational aspirations are less likely to engage in teenage pregnancy while enrolled in school. This is because they are highly motivated by their studies and have the impetus to pursue to college. Turner¹² stated that students with low self -esteem and poor school performance have no realistic expectations about education. Prostitution serves as their path to economic independence and adult status. The factors which influenced adolescents to engage in early pregnancy are unsafe sex, deprivation, substance misuse, school drop outs, poor academic performance in school and low family income¹³. Some researchers viewed that teenage mothers are prone to depressing future characterized with unpleasant challenges^{14,10}. After pregnancy, most teenage mother lacks academic qualification which means that they have low pay and often unsatisfying jobs, but some young mothers worked out of necessity because they had no choice. A big challenge for a teenage mother is how to give a bright future to the child.¹⁵

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The Nigerian situation as reported by United Nations in Voice of America News, on Line says “53,000 women in Nigeria die annually of pregnancy related illnesses, most of whom are teenage mothers¹⁶. This is one of the highest maternal mortality rates in the world.”

It is paramount to state that, the joy of every parent is to train her daughter into full maturity and be married out to start a new family; however this joy is seldom short-lived by a lot of factors that predispose the teenagers to unwanted pregnancies and its inherent consequences as reported by World health Organization¹⁷

Anecdotal observation showed that teenage pregnancy in Umuagu-Inyi, Oji-River L.G.A is on the increase; almost one out of every four families has a teenage mother or a pregnant teenager. This study was designed to assess the predisposing factors, psychosocial effects of teenage pregnancy and attitude of teenage mothers towards teenage pregnancy in the community.

Hypothesis: The null hypothesis for the study was stated as follows;

H₀: There is no significant association between sex education and number of school drop-out among teenagers.

Methods: A descriptive cross-sectional survey design was adopted to determine the predisposing factors and effects of teenage pregnancy in Umuagu-Inyi, Oji River L.G.A of Enugu state. The study was conducted at Umuagu-Inyi ward of Oji River Local Government Area in Enugu state. Oji-River is in the southern part of Enugu State, bounded to the west by Anambra state, Udi local government of Enugu state to the east and Ngwo L.G.A of Enugu state to the north.

Umuagu-Inyi ward comprises five villages; Gbaragu, Obiagu, Umugwa, Umulobe and Abor. Umuagu-Inyi ward has three primary schools and a secondary school. The community

is dominantly inhabited by Igbo speaking citizens who earn their living basically through farming and petty trading. The target population consists of teenage mothers between the ages of 13-19 years in Umuagu-Inyi, Oji River L.G.A of Enugu state. 25 teenage mothers were purposively selected from each of the 5 villages in Umuagu-Inyi to make a total of 125.

Instrument for data collection was a structured and validated questionnaire designed in line with the objective of the study to elicit information from the respondents. Section “A” of the questionnaire dealt with the socio-demographic data of the respondents. Section “B” was designed to elicit information on the predisposing factors of teenage pregnancy among unmarried girls, section C assessed the attitude of the teenage mothers towards teenage pregnancy; while section D and E elicited information on psychosocial impacts of teenage pregnancy on teen mothers and perceived solution to teenage pregnancy respectively. Ten copies of the questionnaire were pre-tested using test retest method in a neighboring ward of Obule-inyi which has similar characteristics with the study area and a reliability coefficient (r) of 0.86 was found.

125 copies of the questionnaire were distributed to teenage mothers who were selected from the five villages in Umuagu-Inyi. Copies of the questionnaire were given to the respondents at their homes and respondents who could not read nor write the questions were interpreted to them in igbo language to respond appropriately.

125 copies of the questionnaire were distributed however, only 110 were returned out of which 100 were fit for analysis. The data obtained from the distributed and retrieved questionnaire was analyzed using frequency and percentages to answer research questions. Inferential statistics of Fisher’s exact test was used to test the hypothesis at 5% level of significance.

Result

Table 1: Socio-demographic Data

S/N	Items	frequency	Percentage (%)
1	Age (years)		
	12-14	38	38
	15-17	42	42
	18-20	20	20
2	Marital status		
	Single	100	100
	Married	0	0
	Divorce	0	0
3	Religious Affiliation		
	Christianity	100	100
	Islam	0	0
	Traditional	0	0
4	Educational qualification		
	No formal education	12	12
	Primary certificate	74	74
	Secondary certificate	14	14
	Tertiary institution	0	0
5	School Dropout		
	Yes	41	41
	No	69	69
6	Level of Dropout(n=41)		
	Primary	9	22
	Secondary	32	78
	Higher institution	0	0
7	Do you have children?		
	Yes	100	100
	No	0	0
8	How many children?		
	1-2	92	92
	3-4	8	8
	5-6	0	0
9	Sex education before pregnancy		
	Yes	38	38
	No	62	62
10	Means of sex education		
	Parents/guardian	6	16
	Media	3	8
	School	4	10
	Religious leaders	8	21
	Friends	17	45
11	Alcohol intake		
	Yes	11	11
	No	89	89
12	Who were you staying with when you became pregnant?		
	Parents	48	48
	Sister	24	24
	Brother	14	14
	Uncle	6	6
	Non relative	8	8
	Alone	0	0

From table 1, 42% of the respondents were between the ages 15 and 17, 38% between the ages of 12 and 14 while 20% were within the age of 18 and 19. The table also shows that 100% of the respondents were single and were all Christians. Assessing the educational qualification, 74% had primary school certificate, 14% secondary school certificate, while 12% had no formal education. Table 1 also shows that 69% of the respondents were not school dropout while 41% were school dropout. 78% of those who drop out of school dropped at secondary school level, while 22% at primary level. The table further shows that 100% of the respondents had children out of

which 92% had 1-2 children, while 8% 3-4 children. The response on sex education shows that 62% of the respondents were not given sex education before becoming pregnant, while 38% said they had sex education. Out of those who had sex education 45% were through friends, 21% through religious leaders 16% through parents/guardian, 10% from school, and 8% through media organizations. 89% of the respondents do not take alcohol/hard drugs while 11% admitted that they given to alcohol and hard drugs. 48% of the respondents stayed with the parents, 24% with sisters, 14% with brothers, 8% with non relatives, while 6% were staying with uncles.

Table II: Predisposing factors to teenage pregnancy

<i>S/N</i>	<i>Items</i>	<i>Responses</i>	<i>Percentage (%)</i>
1	<i>Poor socio economic status of parents/guardian</i>	23	23
2	<i>Ignorance and lack of proper sex education at home and in school</i>	41	41
3	<i>Influence of friends</i>	8	8
4	<i>Love for money and material things</i>	5	5
5	<i>To prove that one is capable of bearing children</i>	5	5
6	<i>Effect of alcohol or drug intake</i>	10	10
7	<i>Coercion/Rape</i>	8	8
	Total	100	100

From table II, 41% of the respondents said that predisposing factor to teenage pregnancy is ignorance and lack of proper sex education at home and in school, 23% blame it is poor socio-economic status of parents/guardian, 10% said it

is the effect of alcohol or drug intake, 8% said it is the influence of friends, 8% said it is coercion/Rape, 5% said it is love for money and material things, another 5% said it is to prove that one is capable of bearing children.

Table III: Attitude of the teenage mothers towards teenage pregnancy

<i>S/N</i>	<i>Variables</i>	<i>Frequency</i>	<i>Percentage (%)</i>
1	<i>Happy and proud</i>	5	5
2	<i>Shocked and angered</i>	21	21
3	<i>Guilty and fear</i>	38	38
4	<i>Depressed</i>	7	7
5	<i>Ashamed and rejected</i>	20	20
6	<i>Stigmatized by the people</i>	9	9
	Total	100	100

From the above table III, 38% of the respondents said they felt guilty and feared, 21% felt shocked and angered, 20% felt ashamed and

rejected, 9% felt stigmatized by the people, 7% felt depressed, while 5% of the respondents felt happy and proud.

Table IV: Psychosocial impacts of teenage pregnancy on the teen mothers

S/N	Variables	Frequency	Percentage (%)
1	Rejected by the family and friends	28	28
2	Rejected by the suitor	8	8
3	Drop out of school	41	41
4	Enter into poverty state since after delivery	23	23
	Total	100	100

From the above table IV, 41% of the respondents said they are dropout of school, 28% were rejected by their family and friend,

and 23% enter into poverty state since after their delivery, while 8% were rejected by their suitor.

Table V: Perceived solutions to the problems

S/N	Variables	Frequency	Percentage (%)
1	Proper parental care	12	12
2	Keeping of good friends	8	8
3	Proper sex education at home and in school	40	40
4	Adequate moral teaching in religious places	7	7
5	Provision of youth empowerment centers	10	10
6	Making poverty alleviation programme accessible to all	23	23
	Total	100	100

From table IV, 40% of the respondents perceived that solution to the problem is provision of proper sex education at home and in school, 23% said making poverty alleviation programme accessible to all will solve the problem of teenage pregnancy, 12% opined proper parental care will bring a lasting solution, 10% claimed provision of youth empowerment centers is the remedy, 8% said

the problem can be curbed when teenage girls keep good friends and 7% said the problem can be tackled by adequate moral teaching in religious places.

Test of Hypothesis

Hypothesis: *There is no significant association between sex education and school drop-out among teenage mothers.*

Cross Tabulation of Teenage Mothers Sex Education and School drop-out

Sex Education	School drop out		Total	Statistics	Remarks
	Yes	No			
Had Sex Education	41(31.6)		62	FET=13.75 DF=1 Tab value=3.38	significant
No Sex Education	21(38.4)		38		
TOTAL	10(19.4)		100		
	28(18.6)				
	51	49			

Since Fisher’s exalt test (calculated), 13.75 is greater than the FET (Tab) = 3.841. There is therefore no statistical evidence to accept the

null hypothesis (Ho). This means there is association between sex education and school dropout among teen mothers”.

Discussion of Findings

Majority of the respondent fall between ages 15 and 17 with about 74% of them having primary education as the highest qualification, and for those that manage to proceed beyond primary school; 78% were drop-out before completing secondary education. This is a clear indication that majority of the respondents were adolescence, under-educated and out of school, faced with challenges of their age bracket hence they stand the higher risk of being predisposed to teenage pregnancy and its attendant consequences.

Ignorance of the teenagers as regards to sex education and poor socio- economic status (41% and 23%) respectively were found to be the leading predisposing factors to teenage pregnancy among inhabitants of Umuagu-Inyi ward of Oji-River local government area in Enugu State This report is supported by previous findings in Nigeria^{18,19,20} which synchronized that teenage pregnancy is much more among the ignorant population that lack adequate information concerning sex and family life education and involve themselves in sexual affairs without knowing the implication. The poor socio- economic background and lack of sex education (statistically significant) of the target population may possibly have contributed to high rate of school drop-outs living them with little or no option than street hawking which predispose them to the waiting arms of their male opportunists who take advantage of their ignorance and quest for money. Furthermore, ignorance of the teenagers as regards to sex education and contraceptive was similarly reported by Elenwo¹⁹ in Ile Ife, Western Nigeria where 64.4% claimed lack of knowledge about contraceptive measures as a means of preventing unwanted pregnancy. The study demonstrated the need for more available information about sexuality and contraception for the adolescent population as against the African traditional believes that sex should not be discussed with children or youths to avoid exposing them to it. This notion is indeed a

wrong assumption because many of the teenagers in their curiosity about sex end up sourcing information from their peers and the media who gives them wrong information that may hitherto pose more danger for the teenagers.

It is obvious from the result of the study that, 38% of the respondents felt guilty and afraid while 21% said they felt shocked and angered when they discovered they were pregnant outside wedlock. McKay *et al*⁶ also had a similar report in Europe and America where many pregnant girls were reported to have nobody to confide in or were too ashamed to talk about their situation, thus became overwhelmed by guilt and fear. It is paramount to state that in many African societies it is a common belief that; a girl with pregnancy while still unmarried is a disappointment to her family of orientation thus, the teenager will find it difficult to reveal such happening to her parents thereby being overwhelmed by guilt and fear.

Cardinal among the psychosocial effect of teenage pregnancy experienced in the study area is high rate of school dropout. 41% of the respondents said teenage pregnancy leads to school dropout while 25% said it leads to rejection by family and friends. This is however consistent with report from several other studies^{22,23,24}. The probable reason for this high school dropout may be that teenage school girls who become pregnant feel rejected by their families and friends hence run away from home due to shame and insult from siblings and parents. The rejection and high rate of school drop-out may also be due to the general believe that a teenager who become pregnant while in school should be withdrawn from school and married out to the man that impregnate her, this often end the educational pursuit of most ladies as only a few thereafter are allowed by their husbands to further their education.

Eliciting responses from the teenage mothers on perceived solution to the problem of teenage pregnancy in the area revealed that 40% claimed proper sex education at home and in

school can help to prevent teenage pregnancy, while 23% of the respondents said making poverty alleviation programme accessible to the common man can go a long way in helping to prevent teenage pregnancy. Similar observations were made by Oboegbulam and Ezine^{8,25}, both further suggested that sex education should be included in secondary school curriculum to enable pupils understand the relationship between sex and sexuality at teen age. In essence, assessing the perceived solution to the problem of teenage pregnancy from teenage mothers is significant because according to Aristotle, “*the interpretation of the perceived object(s) depend on the individual perceiving it*”²⁶ hence; perceived solution to the problem of teenage motherhood could serve as a guide in educational programmes during advocacy visits.

In conclusion, it is obvious that teenage pregnancy occurs mainly as a result of ignorance and lack of proper sex education at home and in school, also as a result of poor socio-economic status of parents/guardian. The study will help health personnel to see the need of joining hands in educating the teenagers on sex and sexuality.

This study is geared towards helping health workers especially those working in the community settings to plan health talks and counseling programme for parents on the best way and the need for them to educate their teenagers on sex and sexuality. The finding of the study will further help the health workers as advocates of their client, to encourage the government to put more effort in making poverty alleviation programme more accessible to all, thus reducing teen pregnancy.

Recommendations

Based on the findings of the study, the following recommendations are made;

1. Parents should put serious effort in adequately educating their children about healthy relationships as it concerns the opposite sex, encouraging them to ask questions where necessary. True sexual

education should be initiated in early childhood and that parents especially mothers should inculcate knowledge of menarche and its value as a sign of maturity and reproductive functions to their daughters. This will help to improve teen’s knowledge about sex education and sexuality, thereby preventing occurrence of unwanted pregnancy.

2. Government should make sex education a must in our primary, secondary and tertiary institutions. Similarly, adequate funds should be provided for the smooth running of the course.
3. Government should always provide employment and prompt payment of salaries so that parents can provide for their families.
4. Government should ban production and public selling of immoral/pornographic films.
5. Parents should not reject their daughters due to unwanted pregnancy as this can lead to more psychological problems, instead treat them with empathy and encourage them to have their babies.

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