

GSJ: Volume 9, Issue 7, July 2021, Online: ISSN 2320-9186 www.globalscientificjournal.com

# GENDER IMPLICATIONS OF TEENAGE PARENTHOOD IN SELECTED COMMUNITIES IN ONDO TOWN, ONDO STATE.

By
Awosika Ayokunle E.
Akben2011@gmail.com
Gender studies,
Institute of Africa Studies
University of Ibadan

Akeju Daniel danielakeju@gmail.com Department of Political science Adekunle Ajasin University Akungba-Akoko

> Segun Odunayo damzy.odunayo@gmail.com Department of Sociology University of ibadan

#### **Abstract**

This study adopted the mixed-methods research paradigm. This permits that qualitative and quantitative data be collected in order to ensure adequate descriptive report. Descriptive survey research design would be adopted quantitatively while the phenomenological approach would be adopted qualitatively for this research. A total number of two hundred teenagers (boys and girls) in Yaba community of Ondo West Local Government were selected using simple random sampling technique. Parent, teachers, religious leaders and victims of teenage parenthood were interviewed. There was also a Focus Group Discussion (FDG) with teenagers and victims of teenage parenthood. A self-developed questionnaires consisting of demographic variables and thirty one items was used to collect data. Hypothesis developed for the study were tested using descriptive statistic tool. The hypotheses were tested at 0.05 level of significance.

The result revealed that teenage parenthood has negative impact on educational attainment through lower academic performance and achievement of overall academic goal (t= 2.708; P<0.05). Furthermore, result shows that teenage parenthood has negative``e impact on socioeconomic, psychological and physical wellness of teenagers through increased HIV/STIs risks, confliction of family values and confrontation with parents(t= .063; P>0.05). This study also recommended that effective sex education, encouraging of abstinence practice, sex-related

information were all suggested as possible way of curbing teenage parenthood. Schools should employ more Health Educators and Counselors and post them to schools to effectively and efficiently intensify counseling and teaching the teenagers sex education. Government and stakeholders should establish rehabilitation centres in Ondo West LGA to rehabilitate the teenager that fall victim of pregnancy parenthood and should intensify sensitization programmes.

#### INTRODUCTION

Teenage-hood is certainly a one in life-time experience, crammed with energy, excitement and new experiences. The teenage years are training period for adulthood; a transitional period of childhood into adulthood. This era is characterized by the will for independence, teenagers want to be more autonomous and emphasizes on their own ability to form decisions and right to privacy. At this stage, there will be change altogether in all aspect of their life; physically, emotionally, cognitive, social and even career.

At this stage, the teenagers' brain also experience growth and development, leading to the power for more abstract reasoning. There'll be changes within the language domain, with improved abilities to use speech to precise one and understand sarcasm and irony. It means teenagers will naturally become better at arguing and questioning what they're told by parents, teachers, elderly and peers. During this era, teenagers experience increased moodiness as they look to find their identity, which is usually driven by peer pressure and therefore the strong need for conformity and acceptance within coevals.

Also at this stage, there is increased interest in sexual experimentation, thus, dating relationships become more intimate because teens are more likely to be sexually active during this stage of life. Teens begin to challenge status quo by questioning who they're and what they ought to do with their lives. In attempts to answer these questions they start to explore careers, religion, philosophical and political issues, and social causes. This might cause some to feel overwhelmed by the chances of their future with reference to college and career.

More also, teenage period is accompanied with challenges like ignorance which has led to, substance abuse, gang violence, and pregnancy among others, with all these having negative impact on the teenagers' life even later in future. While there is no doubt that some do abort these pregnancies other are left with no option to carry and as well be delivered of their babies, thereby becoming parent at that early stage of their life of which psychologically, the mind of a teenager isn't yet matured to handle the challenges accompanied by parenting. Teenage parenthood has become a serious societal issue in majority of countries of the planet today. Teenage pregnancy leading to teenage fatherhood and teenage motherhood, are cause for concern worldwide in this 21<sup>st</sup> century. This problem affects both the industrialized and developing countries.

The risk factors related to teen fatherhood are almost like those related to teen motherhood (Paschal 2011). Yet the lives of teenage fathers and mothers are complicated and crammed with a mess of harsh realities, and their challenges are multi-factorial (Kiselica 2014). Large numbers of teenage age mothers are a cause for social concern in many countries due to the adverse impact of teenage childbearing on the health and education of teen mothers and their children (Karra and Lee, 2012).

Most teenagers find themselves becoming school dropout. Research shows that teenager's years are the foremost stressful and confusing times of life. During this era, teenagers are expected to accumulate education and skills needed for the longer term. On the contrary, many teenage girls engage in premarital sex, which expose them to the risks of Sexually Transmitted Infections (STIs) and teenage pregnancies (Umeano 2003). Briggs (2001) noted that the educational system doesn't supply teenagers with adequate information and education about sex and sexuality. As a result, many find themselves in uncertainty and misconceptions on sexual matters. This lack of information exposes young person including teenagers to pre-marital sexual activities. Melgosa (2001) observed that the physiological changes, which occur during the teenage years, seem to contribute to increased sex, which this increase in concupiscence may be a response to biological, psychological and also as social changes, which adolescents experience. These characteristics might be contributory to the high incidence of teenage pregnancies within the society. Gallagher and Gallagher (2000) believed that the inclination towards early initiation of sexual intercourse is thanks to a vehement desire for affection and acceptance. They also attributed it to an indication of the maturity, which teenagers believe they need attained. This belief, they noted make the teenagers susceptible to teenage unwanted pregnancies and therefore the associated complications.

In Nigeria today, teenage parenthood is a major concern, yet it evades simple solutions due to the multi-dimensionality of the problem. Not only are the teens' lives affected, but so are the lives of their children. Lower educational, unemployment, marital instability, increasing population, stigmatization, poverty that are often accompanied with security challenges are characteristics associated with teen parenthood. Becoming a parent at any age generates a life altering experience. Irrespective of race, education and socio-economic status, motherhood places high demands on one's life that were not there before the birth of a child. Indeed, being a parent is saddled with several responsibilities, and when a teenager (between ages 12-19) becomes parent, the new responsibilities can be very overwhelming, daunting and appalling. And for teenage parents that lack the support of their own parent, this experience can be more challenging and horrifying as they suddenly find themselves in adult oriented systems in which they did not prepare for.

Untamed sexual activities and sexual abuse among teenagers have led to increase of unplanned children, abortion and death. Herman & Giddens, (2000) reported that females who were sexually abused as children were three times more likely to become pregnant during their adolescent years and usually became pregnant at a younger age. Excess freedom on the part of the girls may be misused. It creates opportunities for sexual relationship and changing life styles. Abuse and misuse of freedom by adolescent girl often leads them to an early pregnancy (Olamide, 2006). Briggs (2009), added that teenager without proper supervision by their parents in early dating behavior may likely result to pregnancy. This could also occur as a result of improper monitoring of the activities of children on the part of the parents; pornography which is the depiction of erotic activities through motion or still pictures or literature with the intention to arouse sexual excitement. It is a major contributing factor to adolescent pregnancy as adolescents being highly impressionable to practice what they have seen and read (Rice, 2000).

Many health problems are particularly associated with negative outcomes of teenage pregnancy. These include anaemia, HIV/AIDS and other sexually transmitted infections, postpartum haemorrhage, stress, obstetric fistula and mental disorders, such as depression.

A woman must be physically and medically matured before procreating. Some teenagers died or lose their babies in the process of giving birth because the body of a teenage girl is not always mature enough to handle pregnancy and the stress involved. Psychologically the mind of a teen mother is not yet matured to handle the challenges of parenting and motherhood and this is why

majority of teen mothers live with relatives who help them to cater for their babies. While teenage pregnancy is seen as aberration in some society it is highly celebrated in some other societies as it is in line with their culture and societal norms (Alabi& Oni 2017).

Teenage pregnancy has attracted a great deal of concern and attention from religious leaders, the general public, policymakers, and social scientists, particularly in the developed and less developed countries especially in Nigeria (Alabi 2017). Teenage pregnancy has increase the trend of baby mama in Nigeria today. A baby mama (baby mother) is normally a young mother who is not married to or has been abandoned by her child's father. Most teenage pregnancies are being abandoned. As this trend continues unabated, the society would soon be filled with kids from single homes which are at the risk of developing behavioural patterns inimical to the larger society.

Most victims of teenage pregnancy drop out of school due to stigmatization, isolation from their peers and lack of the necessary support from their family, friends, schools, social service agencies and other organizations. These factors emerge because of the cultural and normative values that teenage pregnancy tends to breach. Some parents whose teenage daughter gets pregnant ensure that they continue with their education after delivery. While other parents help to arrange abortions.

A lot of studies have highlighted the disadvantages of teenage motherhood on children. These include delayed cognitive development, lower levels of language skills, academic failure, poor social outcomes, risk of becoming the next generation teen mothers and the high possibility of ending up in foster care (Chiazor&Ozoya 2017). Some researchers have also identified the educational level of parents or guardians as a factor that lead to teenage pregnancies, because some parent are unable or shy to teach their children about sex education. Some researchers posit that the parents, for example the mother, may have an influence on the adolescent towards teenage pregnancy as she acts as a role model which may be a preventive factor of early pregnancy. However, there is a paucity of literatures on teen fathers compare to research on teenage mothers because main focus of teenage parenthood has been on the girl child with exclusion of the boy child. Little is known about teenage fatherhood which is likely to be underreported because unlike teenage mothers; they can deny being responsible making them less in numbers. It is against this backdrop that this research work tends to look into teenage parenthood focusing on both teenage boys and girls involved. That is, trying to know if possibly, there are risk factors associated with fathering and mothering a child during their teenage years. Through this discussion, four of the research questions identified in the introduction are addressed; (1). Are there any different effects of teenage pregnancy and parenthood on educational attainment of the boy child and the girl child? (2). What is the disposition of fathers and mothers of the boy and girl child on teenage pregnancy and teenage parenthood? (3). What are the socioeconomic, psychological and health implications of teenage pregnancy and parenthood on the boy child and the girl child? (4).In what possible ways can the increasing wave of teenage pregnancy be curbed? This work will be of great benefits to researchers, individuals and it will enlighten the society on the dangerous effects of teenage pregnancy on both the boy child and girl child.

#### **Review of Related Literatures**

Teenagers are neither children nor adults, but are in transition to adulthood. Teenage parenthood is described as underage girl (usually within the ages of 13-19) becoming pregnant or already raising a child or children. The term in everyday speech usually refers to women who have not

reached adulthood which varies across the world, who become pregnant or already a parent (Ajala, 2015). Teenage-hood has been described as a stage among human beings where a lot of physiological as well as anatomical changes take place resulting in reproductive maturity in the adolescents (Kirby 1999). Many teenagers manage this transformation successfully while others experience major stress and find themselves engaging in behaviours (e.g. sexual experimentation, exploration and promiscuity etc.) that place their well-being at risk (Adegoke, 2003).

Duncan, Edwards and Alexander 2010 argue that teenage parenthood disrupts the prevailing dichotomous distinction between childhood and adulthood.

In Koffman 2012, Charles MacCormack, Save the Children's CEO, argued that;

"if there is one common denominator that enables children to survive and thrive against seemingly impossible odds, it is a healthy and caring mother ... But when mothers are children themselves – when they begin to have children before they are physically and emotionally ready for parenthood – too often everyone suffers: the mother, the child and the community in which they live (MacCormack, 2004:2).

MacCormack's argumens relies on several truth claims. He argues that teenage girls are physiologically and emotionally immature; that a mother's health has a significant impact on her child's health; and that communities are adversely affected by the ill health of mothers and children. Bongaart and Cohen (1998) described the teen years as a period of transition from childhood to adulthood, characterized by heightened social awareness and accelerated physical growth. This period, they opined, marks the onset of puberty and biological maturity. It is a crucial period in the life of an individual because many key social, economic and demographic events occur that set the stage for adult life, While Ukekwe (2001) described it as the most important period in human life, which if not properly handled, could lead to the most disastrous consequences in later life, especially among females.

According to Egbule (2000), teenage pregnancy refers to pregnancies which occur when the girl child is below the age of eighteen years. Shuabi, (2005) asserted that adults frown at the situation because of its implications. Pregnancy and childbirth complications are the second cause of death among 15 to 19 year olds globally. Negative outcomes associated with teenage pregnancy include anaemia, malaria, HIV and other sexually transmitted infections, postpartum haemorrhage, obstetric fistula and postpartum depression. A retrospective study conducted assessing the outcomes of teenage pregnancies in the Niger Delta region of Nigeria found that teenage mothers had significantly more preterm labor and Caesarean sections (Ayuba, Gani; 2012).

Several scholars highlight the role of class dynamics in the problematization of teenage parenthood, pointing out that teenage motherhood is prevalent among women from disadvantaged socio-economic background. Privileged and middle class women tend to pursue higher education and then proceed to build a professional career, postponing childbearing into their third or fourth decade of life (Luttrell 2003; Rudoe and Thomson, 2009).

For many teenagers, sex has become morally equivalent to other casual, free time activities that they enjoy together. 60 percent of girls have their first sexual intercourse before their 13th birthday (Guttmacher Institute, 2005). All pregnancies are the result of sexual intercourse with the opposite sex, whether voluntary or involuntary.

According to Onuzulike (2003) female teenagers face a wide range of issues everyday relating to their psychological, physiological, emotional and socio-cultural concerns. Turner and Helms (1993) reported that the teen years fall between the ages of 13 and 19 years. Onuzuilike (2002) described the teen years as a bridge between life as a child, and life as an adult, which gives the individual the opportunity to drop childhood behaviors and learn the adult life-style. According to Collingwood (2018) Interviews carried out with teenage fathers before the birth showed that

rates of anxiety and depression were significantly higher than for older fathers. A high anxiety and depression score among these teenage boys was linked to exposure to domestic violence as a child that teenage fathers tended to have experienced parental separation or divorce in early childhood, and have a higher rate of illicit drug use. The experts say these fathers may lack a positive role model for parenting and fatherhood. Denga, (2009) opined that the family is traditionally meant to procreate, socialize and support its members and build the society. Family is considered as a major factor contributing to adolescent pregnancy and motherhood.

Susan, et all (2010) opined that Teenage pregnancy has been a matter of great concern in Nigeria because of the added risk of STD and HIV/AIDs infections, to the underage mother. According to Esere (2008) teenagers display sexual behaviours and developmental characteristics that place them at risk for Sexually Transmitted Diseases (STDs). Because young people experiment sexually and because of the consequences of indiscriminate sexual activities on the youth, there is the need to mount sex education programmes that are geared towards enlightenment and appropriate education about sex and sexuality. A primary source of risk of HIV/AIDS for instance is unprotected sexual activity.

Udochi (2017) concluded that the prevalence of teenage pregnancy and parenthood was found to be very in Nigeria as a result of contemporary issues of baby factory phenomenon and demand for pregnancy before marriage. Multiple factors contributing to teenage parenthood in Nigeria have been identified to include socio-demographic characteristic of teenagers such as age, marital status, educational level, employment status; awareness of protective measures against pregnancy; parental factors; teenage life style and societal factors.

According to Alice (2012), in societies where girls in their early teens are given by their parents to be married to older men, teen pregnancy is not considered a problem. However, often, these girls have too early pregnancies that result in severe damage to sexual and internal organs. Researchers like Chiazor, Ozoya, Idowu, Udume and Osagide (2017) conclude that Teenage pregnancy constitute a major socio-medical and socio-economic problems and is becoming more prevalent in Nigeria. The emergence of this problem has been attributed to various factors including early exposure to causal sexual activity, peer pressure, lack of sex education and others. Socioeconomic status or background is a strong predictor of teenage parenthood. While teenage pregnancy is seen as aberration in some society it is highly celebrated in some other societies as it is in line with their culture and societal norms.

According to Collingwood (2018) Interviews carried out with teenage fathers before the birth showed that rates of anxiety and depression were significantly higher than for older fathers. A high anxiety and depression score among these teenage boys was linked to exposure to domestic violence as a child that teenage fathers tended to have experienced parental separation or divorce in early childhood, and have a higher rate of illicit drug use. The experts say these fathers may lack a positive role model for parenting and fatherhood. A study conducted by Parekh and De la Rey (1997) found that most teenagers started by denying the pregnancy at first, before they could inform their parents who, in most cases received the news with anger and disappointment.

Research by Briggs (2001), and Onuzulike (2003) and others revealed that teenagers become sexually active at an early age with corresponding high fertility. Teenage sexual activities in Nigeria also tend to be on the increase (Nwosu, 2005, Okafor, 1997). Researchers like Adejumo, Ogunbiyi, Adejumo, Ngwu (2013), concluded that friends were the first source of information about contraceptives and that even though teenagers were aware of teenage pregnancy, lack of parental guidance was the major reason perceived as predisposing to teenage pregnancy.

(Okonofua 2000). Teenage pregnancy is a major medical and socio economic burden in both the developed and developing countries and is becoming prevalent in recent times.

According to Aboyeji (1997), the increasing trend of teenage parenthood is attributed to early marriage and social permissiveness favouring early exposure to casual sexual activity, unmet need for contraceptives, maternal deprivation and preexisting psychosocial problems in the family. Naong (2011) concludes that peer pressure plays a huge role in teenage pregnancy as teenagers are eager to please their friends or even engage in sexual activities to gain access to certain social groups. Samuel et all (2017) stated that, there is also likelihood of peers mounting pressure on their innocent friends or young ones; friends who have carelessly become pregnant and gave birth to babies in the past may put pressure on their friends to do the same thing by giving them false advantages attached to it.

Albert (2007) states that there are social pressures that push the teens towards falling pregnant, for instance peer pressure which has been identified as a factor that is promoting teenage pregnancies in the rural communities. The teenager girls in the rural community might want to live in a similar fashion with the urban teenagers, yet they may not have the money for the upkeep, for instance to have their hair done. This may cause the rural teenagers to engage in prostitution, or unprotected sex. Carrera (2012) also observes that unrestricted interaction with the opposite sex ignite the sparks of lust in teenagers very easily, especially when alcohol and drugs are involved.

Teenage parenthood places numerous demands not only on the teenagers themselves but also on the wider community as a whole. Society continues to struggle to find ways to manage the ever increasing teenage pregnancy rates despite the fact that fertility rates have dropped over recent years. Teenagers on the other struggle with their sexuality because of lack of adequate information and youth friendly communication avenues.

Teenage pregnancy can be viewed from many angles such as the utilitarian angle which focuses on the individual and the choices they make or fail to make thereof.

However, Holly (2017) believes Sex education is a topic of sociological interest as it has long been believed that with adequate knowledge on sexuality, sexual health, and resources to contraceptives, teenagers are less likely to engage in risky behaviors.

Solomon and Card, (2004) also stated that lack of parental control can make the young girls have opportunity for conception. Surd (2000) who states that educating family's about sex and contraception can affect the adolescent likelihood of becoming pregnant, but Erick Erickson in his eight stages of development states that the adolescent period is identity versus role confusion, that this period is coherent sense of self plans to actualize one's abilities and negative resolution, indecisiveness and possible anti-social behaviour. Some researchers have also identified the level of education among the parents or guardians as a factor that lead to teenage pregnancies. For instance, Vundule et al (2001) posits that the parents, for example the mother, may have an influence on the adolescent towards teenage pregnancy as she acts as a role model which may be a preventive factor of early teenage parenthood.

Low self-esteem is another factor that has been associated with teenage pregnancies. Jack (2010) observes that low self-esteem is among the causes of teenage pregnancies, because children who are not shown love and affection from parents will seek it out with their peer group, who normally are composed of male partners. To this end, teenagers in the rural communities end up engaging in sexual intercourse which will lead to teenage pregnancy.

Research studies have shown that sexuality education is important as expounded by Wyneken (2007). Slowiski (2001) has shown that sex education programmes are most effective, if they

provide accurate information, and include decision making, assertiveness and negotiations as well as life skills. He highlights that a review around the world indicated that only teaching abstinence is less effective as compared to other teachings which promote abstinence, delay in sexual debut as well as improving sexual knowledge amongst those who are sexually active. Ngonidzashe and Godfrey (2015) concluded that youth development programmes can assist in preventing teen marriages in rural communities. These youth programmes include; counselling, group activities, reactional activities, employment among some other things. The researchers also noted that teenagers should pre-occupied so that they do not think of engaging in sexual activities.

# **Theory**

#### **Structural Functionalism theory**

Functionalism, also called structural-functional theory, sees society as a structure with interrelated parts designed to meet the biological and social needs of the individuals in that society. Functionalism grew out of the writings of English philosopher and biologist, Hebert Spencer (1820–1903), who saw similarities between society and the human body; he argued that just as the various organs of the body work together to keep the body functioning, the various parts of society work together to keep society functioning (Spencer 1898). The parts of society that Spencer referred to were the social institutions, or patterns of beliefs and behaviors focused on meeting social needs, such as government, education, family, healthcare, religion, and the economy.

Émile Durkheim, another early sociologist, applied Spencer's theory to explain how societies change and survive over time. Durkheim believed that society is a complex system of interrelated and interdependent parts that work together to maintain stability (Durkheim 1893), and that society is held together by shared values, languages, and symbols. He believed that to study society, a sociologist must look beyond individuals to social facts such as laws, morals, values, religious beliefs, customs, fashion, and rituals, which all serve to govern social life. Durkheim believed that individuals may make up society, but in order to study society, sociologists have to look beyond individuals to social facts. **Social facts** are the laws, morals, values, religious beliefs, customs, fashions, rituals, and all of the cultural rules that govern social life (Durkheim 1895). Each of these social facts serves one or more functions within a society. For example, one function of a society's laws may be to protect society from violence, while another is to punish criminal behavior, while another is to preserve public health.

The structural-functional approach is a perspective in sociology that sees society as a complex system whose parts work together to promote solidarity and stability. It asserts that our lives are guided by social structures, which are relatively stable patterns of social behavior. Social structures give shape to our lives - for example, in families, the community, and through religious organizations. And certain rituals, such as a handshake or complex religious ceremonies, give structure to our everyday lives. Each social structure has social functions, or consequences for the operation of society as a whole. Education, for example, has several important functions in a society, such as socialization, learning, and social placement.

Talcott Parsons believe that order, stability and cooperation in society are based on value consensus that is a general agreement by members of society concerning what is good and worthwhile. Those who perform successfully in terms of society's values will be ranked highly

and they will be likely to receive a variety of rewards and will be accorded high prestige since they exemplify and personify common values.

According to this theory, the society is viewed to be a system, which is interconnected together so that equilibrium can be attained. An example is that each of the institutions plays some role in bringing equilibrium. The family institution is responsible, for example, with reproducing, nurturing and instilling the social and communication skills to children, the economics provides for the distributions and consumption of goods, and politics gives a way for governing society members (Giddens, 1988). From this perspective, it can be said that teenage parenthood has affected the other components of the system. It is common, for example, to see that there is an increase in single mothers and single parenting due to this. This social issue has caused some imbalance and people are not able to make families because of teenage pregnancy.

The society structure is that parents should look after, trained and socialized them into the society by aligning them into the norms and value. However, things has change over the course of time as many parents choose career over their parental cum societal responsibility and thus lives such functions into the hand of the house-help or relatives. For morality, it can also be said that as many victims of teenage pregnancy are young and poor children still in school, most of them turn to prostitution in order to fend for their kids. The prostitution is therefore affected in this. There is no longer a sense of balance in the society.

Also from the structural-functionalist perspective, teenage pregnancy and parenthood has increased poverty in the society; this, in essence, is affecting the economy. Due to single parenting, the children that are born out of wedlock will end up being poor because most single parents, especially women, are overwhelmed with care. This is the reason as to why the economy is affected by the teenage problem social issue. Another problem that is experienced with teenage pregnancy is that the education component is affected. This attributed to the fact that with single parents, the children do not get the required and the necessary guidance as regarding their careers. Most of them, therefore, end up being abandoned to work on their own way in their careers; most of them fail (Mooney, Knox, & Schacht, 2010).

# The Social Ecology Model

The Model not only assumes multi-levels of influence, but also that these levels are interactive and reinforcing (Stokols, 1992 and 1996). In addition, the Model divides the environment into five spheres that influence and in turn are influenced by health behaviour (McLeroy et al., 1988). The five levels are: (1) the individual (2) the interpersonal; (3) the institutional or organisational; (4) the community; and (5) the policy level. The Model assumes that changes at the appropriate levels will result in changes in the individual, and as individuals change, the level characteristics also change, and this is reciprocal causation that Sheafor et al. (2009) and Bandura (1986) refer. The social, physical and cultural aspects of environment have a collective effect on health (Stokols, 1992; 1996). The Social Ecology Model shows how each level is interdependent on the other, and how each level can have an effect on health behaviours including sexual behaviour. A teenage boy or girl who is sexually active may not be using condom contraceptives, probably because at the individual level he or she has attitudes, beliefs and knowledge issues towards contraceptive use. It may be that he or she does not have enough information on how to use condom and contraceptives or may have negative perceptions towards condoms and contraceptives. At the interpersonal level, his girlfriend may not be happy with her using condom because it affects pleasure, and may also label it as a trust issue that he is choosing to use condom. Also, his family may have not discussed condom with him, and his peers may think that condom is really not important. At the institutional level she may not be able to access

contraceptives from the local clinics because of the attitudes of the staff members towards teenage pregnancy. Her poor economic background may also affect the decisions she makes at the structural level, she may have no opportunities for social upward mobility and view having a sexual relationship as one such avenue to attain social mobility. At **the policy level**, the absence of youth-friendly clinics and initiatives by the government and policies that are vague on teenage pregnancy may affect her as an individual. By using the Social Ecology Model, this study seeks to present the relationship between the different levels of influence on the individual.

# Methodology

This study adopted the mixed-methods research paradigm. This permits that qualitative and quantitative data be collected in order to ensure adequate descriptive report. Descriptive survey research design would be adopted quantitatively while the phenomenological approach would be adopted qualitatively for this research. The Primary and secondary sources of data collection was utilized in this study. For the primary source, both the quantitative and qualitative methods were adopted. The primary data for the quantitative method was generated through the administration of 200 copies of questionnaires, 150 copies was administered to teenage girls between ages 12 -19 years who are in the secondary school (girls" only secondary school, boys" only secondary school and mixed secondary school) and 20 copies of questionnaires to victims of teenage parenthood between ages 12-19 and 30 copies of questionnaires for teenage boys and girls between the ages 12-19 who are not in schools and were purposively selected in the study area. For the qualitative method, data was collected through key Informant interview (KII), In-depth Interview (IDI) from victims (boys and girls), parents, teachers and religious leader. Focus group discussion was used to obtain data from teenagers (boys and girls) in secondary schools. Secondary data was collected from books, articles, academic journals from the library and internet.

# Limitation of the Study

The study also focuses on urban teenagers, living in the city and excludes the teenagers from the rural areas. As a result of their geographical locations, teenagers' information needs maybe different and thus their knowledge, attitudes and perception towards teenage parenthood may also be different. The same goes for the factors that influence and affect their knowledge, attitudes and perceptions on teenage parenthood.

Furthermore, most literatures focus on the female child, very few literatures talked about the boy child. This became a limitation to this study.

#### **Data Analysis and Discussion of Findings**

The characteristics of the respondents were examined under different categories that include: Gender; Age of respondents; Family-type, and Religion. Below is the table summarizing the information of the respondents.

TABLE 1: Background Information of the respondents

	VARIABLE	Frequency	Percentage (%)
Gender			
	Male	96	48.0
	Female	104	52.0
Age of			
respondents	10 – 13 years	39	19.5

	14-16 years	107	53.5
	17-19 years	54	27.0
Family Type			
	Monogamy	157	78.5
	Polygamy	38	19.0
	Polyandry	5	2.5
Religion			
	Christianity	180	90.0
	Islam	17	8.5
	African Traditional Religion	3	1.5

Source: Field Survey, 2021.

Table 1 displays the information of the respondents. Of the total respondents, 96 (48%) are male, 104 (52%). Respondents with the age ranging between 14 to 16 years were the most represented, 107 (53.5%); then 17 to 19 years, 54 (27%); and 10 - 13 years, 39 (19.5%). Majority of the respondents are from monogamous family, 157 (78.5%); followed by polygamous family, 38 (19%); and polyandry, 5 (2.5%). Majority of the respondents were Christianity faith adherents, 180 (90%), then Islam 17 (8.5%), while 2 (1.5%) respondents claimed to be practicing traditional religion.

On What is the impact of teenage parenthood on educational attainment of the boy child and the girl child?

The perceived consequences of teenage parenthood among respondents were obtained with twelve (12) statements. The descriptive statistics of respondents' opinion are presented below:

Table 2: Frequency and Descriptive Statistics for the impact of teenage parenthood on

educational attainmentamong respondents

Items Temporal actanimentation of temporal actanimentation actanim	SD	D	A	SA	$\overline{x}$	SD
Teenage parenthood acts as a barrier to achieving	46	13	55	86	1.90	1.19
education goals	23.0	6.5	27.5	43.0	1.,,	1,17
Low education level results in a vulnerability to	42	54	53	51	1.57	1.09
becoming pregnant at a young age	21.0	27.0	26.5	25.5	1.57	1.09
If I had a baby as a teen I would be more likely to	65	48	47	40	1.31	1.13
graduate from secondary school.	32.5	24.0	23.5	20.0	1.51	1.13
If I had a baby as a teen I would easily juggle	89	60	32	19	0.1	00
(balance) school and being a parent.	44.5	30.0	16.0	9.5	.91	.99
If I had a baby as a teen I would drop out of school.	58	36	39	67	1 57	1.22
	29.0	18.0	19.5	33.5	1.57	1.23
If I had a baby as a teen I would do better in school.	105	46	18	31	.87	1.11
-	52.5	23.0	9.0	15.5		1.11
I would still be able to reach my dreams and goals	63	33	54	50	1.45	1.18
if I become parent as a teenager	31.5	16.5	27.0	25.0	1.43	1.18
Becoming parent at teen would make me not	37	38	47	78	1.02	1.14
achieve much in my academic career.	18.5	19.0	23.5	39.0	1.83	1.14
Having a baby as a teen brings boyfriends and	97	51	28	24	00	1.04
girlfriends closer.	48.5	25.5	14.0	12.0	.90	1.04
I would feel bad about myself if I become parent as	31	10	32	127	2.20	1 11
a teenager	15.5	5.0	16.0	63.5	2.28	1.11
I would feel better about my life if I become parent	135	44	10	11	.48	.83
as a teenager	67.5	22.0	5.0	5.5	.+0	.03

If I become parent as a teenager it would have a	99	37	27	37	1.01	1 17
positive effect on my life.	49.5	18.5	13.5	18.5	1.01	1.1/

Source: Field Survey, 2021.

#### Min. =0; Max. =3

Responses to the impact of *impact of teenage parenthood on educational attainment* are as shown in table 2. In the table, respondents rejected positive statements on the impact of teenage parenthood. The most defining items are: 'I would feel better about my life if I become parent as a teenager' (mean = .48; SD = .83). 'If I had a baby as a teen I would do better in school', (Mean = .87 SD = 1.11), having a baby as a teen brings boyfriends and girlfriends closer (mean = .90, SD = 1.04). On the hand, respondents accepted negative statements about the impact of teenage parenthood. The defining items include: If I had a baby as a teen I would drop out of school (mean = 1.57; SD = 1.23); Becoming parent at teen would make me not achieve much in my academic career (mean = 1.83; SD = 1.14); I would feel bad about myself if I become parent as a teenager (mean = 2.28; SD = 1.11).

In sum, the analysis on the *impact of teenage parenthood on educational attainment* shows that many think teenage parenthood has negative impact on educational attainment through lower academic performance and achievement of overall academic goal.

On what are the socioeconomic, psychological and health implications of teenage parenthood on the boy child and the girl child?

Table 3: Frequency and Descriptive Statistics for perceived impact of socioeconomic,

psychological and health implications of respondents

Items	SD	D	A	SA	$\overline{x}$	SD
Teenage parenthood is a problem	16 8.0	9 4.5	59 29.5	116 58.0	2.38	.90
The media influence and promote teenage sexual activity	18 9.0	18 9.0	73 36.5	91 45.5	2.18	.94
Teenage parenthood is caused by low expectations, ignorance and mixed messages	25 12.5	15 7.5	74 37.0	86 43.0	2.10	.99
If I had a baby as a teen it would conflict with my family's values.	21 10.5	13 6.5	71 35.5	95 47.5	2.20	.96
My parents/guardians would be angry if I had a baby as a teen	10 5.0	0	50 25.0	140 70.0	2.60	.74
Sex at teen might make me to be at risk of catching a sexually transmitted infection such HIV/AIDS, STI	16 8.0	5 2.5	48 24.0	131 65.5	2.47	.89
I believe there is nothing wrong with unmarried boys and girls having sexual intercourse if they love each other	134 67.0	26 13.0	12 6.0	28 14.0	.67	1.09
Ignorance regarding contraceptives leads to pregnancy	27 13.5	18 9.0	73 36.5	82 41.0	2.05	1.02
My boyfriend will leave me if I don't sleep with him (girls only)	110 55.0	50 25.0	17 8.5	23 11.5	.76	1.02
Being a teenage parent makes one more popular	99 49.5	41 20.5	35 17.5	25 12.5	.93	1.08
Impregnating my girlfriend will make her love me more (boys only)	107 53.5	60 30.0	20 10.0	13 6.5	.70	.89
Having a baby as a teen makes boys feel more like	87	49	29	35	1.06	1.13

men. 43.5 24.5 14.5 17.5

Responses to the impact of *impact of teenage parenthood on* **of socioeconomic, psychological and health of respondents** are as shown in table 3. In the table, respondents accepted negative statements on teenage parenthood. The most defining items are: 'My parents/guardians would be angry if I had a baby as a teen' (mean = 2.60; SD = .74). Sex at teen might make me to be at risk of catching a sexually transmitted infection such HIV/AIDS, STI' (mean = 2.47, SD = .87). 'Teenage parenthood is a problem', (Mean =2.38; SD = .90). However, majority of respondents rejected positive statements regarding teenage parenthood. The defining items include: I believe there is nothing wrong with unmarried boys and girls having sexual intercourse if they love each other (mean = .67; SD = 1.09); Being a teenage parent makes one more popular (mean = .93; SD = 1.14).

In sum, the analysis on the *impact of teenage parenthood on* socioeconomic, psychological and physical shows that many think parenthood has negative impact on socioeconomic, psychological and physical wellness of teenagers through increased HIV/STIs risks, confliction of family values and confrontation with parents.

On what are the possible ways can the increasing wave of teenage parenthood be curbed?

Table 4: Frequency and Descriptive Statistics on perceived solutions to curb teenage

parenthood among **respondents** 

Items	SD	D	A	SA	$\overline{x}$	SD
I think sex education should be included in the school curriculum effectively taught in every schools	22 11.0	5 2.5	33 16.5	140 70.0	2.46	.98
Encourage abstinence practice to avoid pregnancy, STI, HIV/AIDS	15 7.5	20 10.0	39 19.5	126 63.0	2.38	.94
Teaching teenagers to discuss sexual issue with parent.	27 13.5	45 22.5	51 25.5	77 38.5	1.89	1.07
Schools have to inculcate in teaching the teenagers sex education.	24 12.0	40 20.0	68 34.0	68 34.0	1.90	1.01
information and advice on sex related Issues should be made available to school teenager	12 6.0	17 8.5	78 39.0	93 46.5	2.26	.85
Teenage should discuss and take sexual advice from friends.	100 50.0	60 30.0	27 13.5	13 6.5	.77	.92
My teachers will mock me if I discuss sex related issues with them.	68 34.0	46 23.0	35 17.5	51 25.5	1.35	1.19

Source: Field Survey, 2021.

Responses to the impact of **perceived solutions** to curb teenage parenthood among **respondents** are as shown in table 4. In the table, respondents accepted positive statements on solutions to teenage parenthood. The most defining items are: '**sex education should be included in the school curriculum effectively taught in every schools' (mean = 2.46; SD = .98). Encouragement of abstinence practice to avoid parenthood, STI, HIV/AIDS (mean = 2.38, SD = .94); <b>information and advice on sex related Issues should be made available to school teenager**, (Mean =2.26; SD = .85). However, majority of respondents rejected some solution

statement, i.e. Teenage should discuss and take sexual advice from friends (mean = .77; SD = .92).

In sum, the analysis on the sex education, teaching of abstinence practice, sex-related information were all suggested as possible way of curbing teenage parenthood.

**Research Hypothesis One:** There will be no significant difference in the perceived impact of teenage pregnancy on educational attainment outcomes based on gender

**Table 5: The summary table showing significant difference in the perceived** impact of teenage parenthood on educational attainment outcomes **based on gender** 

Variable	N	Mean	SD	Std. Error	DF	t-cal	P	Remark
Male	96	16.9375	4.50219	.45950				
Female	104	15.2981	4.05755	.39788	198	2.708	.007	Significant

Source: Field Survey, 2021.

The table 3 above showed that therewas significant difference in the l**perceived** impact of teenage parenthood on educational attainment outcomes of male and female (t=2.708; P<0.05). The mean value of the table further revealed that the male students scored (16.94) better than their female (15.29) counterpart in perception outcome. This further means that gender of the students has significant influence on perception of impact of teenage parenthood.

**Research Hypothesis Two:** There will be no significant difference in the perceived solution to teenage parenthood outcomes based on gender

Table 6: The summary table showing significant difference in the perceived solution to teenage parenthood outcomes based on gender

Variable	N	Mean	SD	Std. Error	DF	t-cal	P	Remark
Male	96	13.0104	3.37325	.34428				
Female	104	12.9808	3.27385	.32103	198	.063	.950	Not Sig

**Source:** Field Survey, 2021.

The table 6 above showed that therewas no significant difference in the **perceived** solution to teenage parenthood outcomes of male and female (t= .063; P>0.05). The mean value of the table further revealed that the male students scored (3.37) did not perform better than their female (3.27) counterpart in perception outcome. This further means that both male and female are equal on the thought possible way to reduce teenage pregnancy.

# The disposition of the parent on teenage parenthood

Findings from this work shows that parents frowned at this social problem. There are some parent who decided to give the teenage child another chance by helping taking care of the child, according to a teenage victim,

"My dad cried when he found out I was pregnant but after much begging he forgive me and took custody of the child. It did not in any way affect my academic career, am still in school and am doing well"

For some other parents, due to their economic status, they could not cater for the teenage victim and the child. For the girls, they were sent to live with the person that impregnated them and for the boys, they were to fend for the girl and the child.

"Feeding her and the child was a very big problem. I have to go out to get menial jobs to feed her and the child, I was mentally derailed".

As against the popular view that the problem of teenage parenthood only affect the poor, some parents who are economic buoyant still find a way of frowning at the teenage child who find themselves in such situation. For kolade, whose parents that are financial stable, it was another story.

"I impregnated my girlfriend who was also my classmate when I was 17. We were both in 100level, my monthly upkeep was 50,000naira. When my parent found out about the pregnancy, they was no reaction, only for me to find out my monthly allowance is being sent to my girlfriend monthly. Surviving was really tough for me. I wish I never made such mistake"

However, large part of this problem is caused by parents. Kinanee, (1996), the family is the first external world, which shapes the personality development of the adolescent. Family being one of the agents of socialization has major influence on the growth and development of a child. This research found out that most parents failed in shaping the personality of the teenagers. Most teenagers cannot discuss sex related issue with their parent rather they seek advice from their friends who equally did not know just like them, advice from peers has led many into problems. In an interview with a teenage girl, she said.

"I dare not discuss any sex issue with my parent because their reaction will be so terrible. I seek advice from my friends most of they are now pregnant and they are really suffering". Another teenager boy said, "I can only discuss with my daddy not mummy, she over reacts to such".

Despite knowing they have failed in their responsibilities, parents still believe that it their sole responsibilities in teaching the teenager sex education as they this will help curb the menace of teenage parenthood. In an interview with a mother, she said, "Sex education should start from the home. It is the sole responsibilities of parents to teach sex education. Letting them know that sex is for adults who are legally married and not for boys and girls. Tell them about their biological features and make them understand that at a particular stage of their life, their body may be demanding for sex due to hormonal changes and peer pressure. What teenager need are food shelter and good education not sex. Parent should not be shy in teaching them sex education or to discuss sex related issues. Parent should be there for their children both physical, psychologically and emotionally. They should monitor their activities"

The findings from this work correspond with the work of (Chen et all 2008), Parental monitoring includes knowing one's child's friends and daily activities, as well as where they are spending their time after school. Alyssa (2014) opined that parents and other family members still play a critical role in the promotion of adolescents' well-being, by providing a positive support system within which youth can explore their changing identity. Researchers such as (Ackerman et all 2014) concluded that the role of the family context in adolescent well-being goes beyond the importance of the direct relationship between a parent and a child. In this research work, another parent said there is need for parent to create friendly environment with the teenagers.

"It is the responsibilities of parents to teach sex education. I as a parent create the chance to be very close to my children both the boy and girl, we are friends, so we discuss anything. Sometimes, I teased them about sexual issues. We talk about it and share idea. I don't shout on them when it comes to sexual related issues, we discuss and I advise them. Sex education it is the sole responsibilities of parents and elders around them".

The findings from this work correspond with Collingwood (2018) in his research Interviews carried out with teenage fathers before the birth showed that rates of anxiety and depression were significantly higher than for older fathers. Edzisani (2009) believes that teenage pregnancy

is associated with distressing psychological symptoms like loneliness, feeling stressed and inadequate support. Young fathers are also affected by pregnancy, albeit differently. Impending fatherhood, cultural and societal expectations may force the young father to leave school and seek employment. This is conditional as it depends on whether the boy accepts responsibility or not (Shefer& Morrell, 2012; Swartz &Bhana, 2009).

In an interview with a victim of teenage parenthood, he said,

"I really suffered when I impregnated my girlfriend, it affected every aspect of my life. If only had a knowledge of contraceptives, I wouldn't find myself in such mess. I bitterly regret my action when the problem was too much for me, there was no significant support from my family. Feeding her and the child was a very big problem. I have to go out to get menial jobs to feed her and the child, I was mentally derailed. I became free when the child died, I immediately ended the relationship and now starting a new life. I learnt my lesson in a very hard way"

The findings from this study show that the effect of teenage parenthood depends largely on parents, their socio economic status and ideology. For teenagers who are from a poor home, it is the end of their career as many dropped out of school. In an interview with a teenage girl, she noted that,

"When I was 14, I had a boyfriend. He kept threatening me about sex, when the threat was too much, I gave in because I love him. It was unprotected sex, I don't even know if I can get pregnant or contract sexual disease. I was naïve then. We later broke up. I was lucky not to have gotten pregnant because that will be the end of my beautiful career because my parents are poor"

However on the contrary, another victim of teenage parenthood said,

"I was in 100level when I was impregnated by my boyfriend who is also in 100level, we were both naïve about contraceptives. Though my parent was so disappointed, my dad cried when he found out I was pregnant but after much begging he forgive me and took custody of the child. It did not in any way affect my academic career, am still in school and am doing well. I thank God my parent for forgave me"

On the possible ways to curbing teenage parenthood, findings on this work show that although there are different views and opinions by parents on sex education as a major way of curbing teenage parenthood. These findings correspond with the work scholars like Wyneken (2007) according to them, Research studies have shown that sexuality education is important as expounded. Slowiski (2001) has shown that sex education programmes are most effective, if they provide accurate information, and include decision making, assertiveness and negotiations as well as life skills. Some parents believes that talking to teenagers about sex is a snare to lure them into such act as most of them will be curious to have such experience and thus they may become a victim. For parents in this category, they believe that effective religious teaching is the way out. However, majority of the parent believes that it is the sole responsibilities of the parent to teach their teenagers sex education. Although there were diverse opinion on the teaching of sex education as some believes no stone should be left unturned during this teaching while others suggested that parents make it `raw` rather should be polite in their approach.

Most of the teenagers in this Local Government believe that there has not been effective teaching on sex education, to some parents are shy to discuss anything that has to do with sex. To some even for the fact the their parent are educated they cannot freely discuss sex related issues because of their own upbringing and the nature Nigerian societies as suggested in the work of

Esere (2006) who posited that many Nigerians are reluctant to discuss sexuality and sexual health openly, even in most African countries, Nigeria in particular, matters relating to sex and sexuality are usually shrouded in secrecy. Only very few of them are lucky to have parent who they can free discuss sex related issue with them. Leaving majority in the hand of friends (who doesn't know too) for advice of sex and this has landed most in trouble. In a Focus Group Discussion FDG with some of the teenagers in this local Government, for Agnes,

"I dare not discuss any sex issue with my parent because their reaction will be so terrible. I seek advice from my friends most of they are now pregnant and they are really suffering. They never got their life together in school. i have a boyfriend just to feel among too but we barely see, we only talk on phone. in future, I will be friendly with my children. My parents are just too tough"

#### For Feranmi,

"I dare not discuss sex related issue with my parent, though I haven't done that before because I don't know what their reaction will be".

Fikayo"I can only discuss with my daddy not mummy, she over reacts to such".

#### Bose

"I do get advice from my friends. My parent won't see it the I see it, they will escalate the whole issue if I dare discuss sex with them".

On the other hand, kolade said,

"I do freely discuss sex related issue with my mummy and daddy because we are very close and also I don't hide anything from my parent. I respect their decision on any issue because they can't lead me astray".

Not many of these teenagers are in the category of Kolade. They however believe that sex education should be included in their school curricula as noted in the research work of Esu (1999), who concluded that In Nigeria today, sex education is yet to be incorporated into the curricula of secondary school education. As shown in table 4, in responses to the impact of perceived solutions to curb teenage parenthood among respondents. All the respondents believe thatsex education should be included in the school curriculum and effectively taught in every schools, information and advice on sex related Issues should be made available to school teenager.

The findings in this research shows that this suggestion made by these teenagers resulted in diverse opinion amongst the teachers. To some, sex education should be included in the school curriculum. In an interview with the a teacher, she said,

"Sex education it is the sole responsibilities of parents and elders around them. Parents and teachers should be very close to children and create a friendly environment which will help the teenagers to open up or discuss with them. I also think it should be included in the school curriculum".

Other believe that it is not necessary needed to be added in the school curriculum as It will lead to duplication of duties since the school already have counselors.

"School has a major role to play, though I don't think it should be included in the school curriculum because it will be an essence subject. It will also lead to duplication of

responsibilities since we have a school counselors and science teachers like biology and integrated science who know more about biological structure of the body can chip in bit of sex education while teaching"

Findings also show that religious institutions also have major roles to play in curbing the menace of teenage parenthood. They suggested that the religious institutions ought to lay down good foundation to help any decaying character in the society. They must be open to tell the people the truth and give the right teaching. Special programs such as forum and symposia should be organized for the teenagers. They should also be properly mentored.

# **Conclusion**

Teenage parenthood has damaging effect on the education, career and future plans of teenagers (Boys and Girls). Teenage parenthood is a social as well as an economic issue as it result in low education and employment, high rate of poverty and the psycho-social stigma. The correlation between earlier childbearing and failure to complete high elementary school reduces career opportunities for many teenagers.

Teenage parenthood present problems that is difficult to understood at a surface level, but requires analysis via a multi-level approach that links human behaviour and the environment, as well as an individual level approach that focuses on the individual's knowledge, attitudes and perception. Teenage parenthood places numerous demands not only on the teenagers themselves but also on the wider community as a whole. Societies continue to struggle to find ways to curbthe ever increasing teenage parenthood. Teenage parenthood in its multidimensional nature, affect both male and female.

# Recommendation

The results of this research necessitated that certain measures should be taken in order to prevent teenage parenthood. The researcher therefore offers the following recommendations which can be of tremendous use if adhered to;

- 1. Parents should effectively teach their teenagers sex education without living any stone unturned. Shyness or cultural background should not be an excuse for not discussing sex related issues with the teenagers. Also parent should be watchful on the type of companies their children keep and encourage them to bring their friends home.
- 2. Parents should be educated through seminars on the importance of discussing sexuality and the dangers of premarital sex with their teen children (both male and female).
- 3. Since many of the teenagers indicated ignorance of sex education as a factor in teenage pregnancy, programmes aimed at educating youths on sexuality and sex education should be introduced into the school curricula. Schools should employ more Health Educators and Counselors and post them to schools to effectively and efficiently intensify counseling and teaching the teenagers sex education.
- 4. Government and stakeholders should establish rehabilitation centres in Ondo West LGAto rehabilitate the teenager that fall victim of pregnancy parenthood.
- 5. Parents should be educated through seminars on the importance of discussing sexuality and the dangers of premarital sex with their children especially the females.
- 6. Religious leaders and institutions should help tackle the problem of teenage parenthood through moral instructions in religious houses.
- 7. Since majority of the affected teenagers dropped out of school, school heads should accommodate those who are still interested in continuing with their educational pursuit after having their babies to complete their education by accepting them back. And for

- those who cannot continue, skills acquisition centres should be established in the LGA to help them acquire skills that will make them useful to themselves and their society
- 8. Planned Parenthood Federation of Nigeria and social welfare homes, NGOs should create awareness and sensitize both the male and female students in the schools as this would provide increase knowledge about sex education, contraceptives and prevent the risk of early pregnancy.

# **REFERENCES**

- Ayoade CA. Relationships among leisure, social self-image, peer pressure andat-risk behaviour of adolescents in Nigeria. Nigeria: University of Ilorin; 2006. An unpublished Ph.D thesis.
- Abogunrin AJ. Sexual behaviour, condom use and attitude towards HIV/AIDS among adolescents in Nigeria. Nigeria: University of Ilorin; 2003. An Unpublished Ph.D thesis.
- Aboyeji AF 1997. Obstetric performance of Teenage primigravidae in Ilorin Nigeria. Nigeria Med j,;33(3):56-59.
- Ackerman, R.A., Kashy, D.A., Donnellan, M.B., Neppl, T., Lorenz, F.O., & Conger, R.D. (2013). The Interpersonal Legacy of a Positive Family Climate in Adolescence. Psychological Science, 24(3): 243-250.
- Adebayo O,(2104). Factors associated with teenage pregnancy and fertility in Nigeria. Journal of Economics and Sustainable Development, Vol.5, No.2, 2014
- Adebayo O. A. (2014). Factors associated with teenage pregnancy and fertility in Nigeria; Journal of Economics and Sustainable Development, Vol.5, No.2,
- Adegoke AA. Adolescents in Africa: Revealing the problems of teenagers in contemporary African society. Ibadan: Hadassah Publishing; 2003.
- Adejumo O.A, Ogunbiyi P.A, Adejumo E. N, Ngwu R 2013 Perception Of In-school Teenagers On Teenage Pregnancy. The Nigerian Journal of Clinical Medicine, Volume 5. adolescents prevention Rresearchers, 10(3), 9 13.
- Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl& J. Ajzen, I. (1991). The theory of planned behavior. Organizational and Human Decision
- Ajzen, I. (2002). Perceived behavioral control, self-efficacy, locus of control, and the theory of Ajzen, I. (2011). The theory of planned behaviour: Reactions and reflections. Psychology and Ajzen, I., &Fishbein, M. (1980). Understanding attitudes and predicting social behavior.
- Alabi O,Oni, I.(2017)Teenage Pregnancy in Nigeria: Causes, Effect and Control; International Journal of Academic Research in Business and Social Sciences; Vol. 7, No. 2.
- Albert W. (2007). The President's Child in

- Alyssa S. (2014)The Family Environment and Adolescent Well-Being.

  <a href="https://www.childtrends.org/publications/the-family-environment-and-adolescent-well-being-2">https://www.childtrends.org/publications/the-family-environment-and-adolescent-well-being-2</a> RETRIEVED ON 1-09-2019
- Amy M. 2019 Risk Factors for Teen Pregnancy. <a href="https://www.verywellfamily.com/teen-pregnancy-risk-factors-2611269">https://www.verywellfamily.com/teen-pregnancy-risk-factors-2611269</a> retrieved 01-09-2019
- Ayuba, Ibrahim, and OwoeyeGani. "Outcome Of Teenage Pregnancy In The Niger Delta Of Nigeria". Ethiopian Journal of Health Science 22.1 (2012): 45-50.
- Bandura, A. (1997). Self-efficacy: The exercise of control. New York, Freeman.
- Barth, R.P., Schinke, S.P. & Maxwell, J.S. (1983). Psychological correlates of teenage motherhood. Journal of Youth and Adolescence, 12 (6), 471 487.Beckman (Eds.), Action-control: From cognition to behavior (pp. 11-39). Heidelberg, Germany: Springer.
- Berger (1999). Adolescent Sexuality. New York. Happer and Row
- Bissell, M. (2000). Socio-Economic Outcomes Of Teen Pregnancy And Parenthood: A Review Of The Literature. Canadian Journal of Human Sexuality.
- Bojana, P.(2018)countries with the highest teenage pregnancy rate in developed world; <a href="https://www.insidermonkey.com/blog/13-countries-with-the-highest-teenage-pregnancy-rates-in-developed-world-657178/">https://www.insidermonkey.com/blog/13-countries-with-the-highest-teenage-pregnancy-rates-in-developed-world-657178/</a> retrieved 10-02-2019
- Briggs, L.A. (1994). Parents view points on reproductive health and contraceptive practice among sexually active adolescents in Port Harcourt LGA, Rivers State. Journal of Advanced Nursing 27, 261-26.
- Briggs, L.A. (1994). Parents view points on reproductive health and contraceptive practice among sexually active adolescents in Port Harcourt LGA, Rivers State. Journal of Advanced Nursing 27, 261-26.
- Briggs, L.A. (2001). Adolescent pregnancy: A World- wide concern. Lagos: Timi Hyacinth Enterprises.
- Briggs, L.A. (2009). Adolescent Pregnancy. A Worldwide Concern. Port Harcourt: Timi press Brindis, C. &Philliber, S. (2003). Improving Services for Pregnant and Parenting.
- Carrera, M.A. (2012). Sign of Times. The Guardian, Sunday, October 20, p.37.
- Champion, V. L. & Skinner, C. S. (2008). The Health Belief Model. In: Glanz, K., Rimer B. K., &Viswanath K.V., (Eds). Health Behaviour and Health Education: Theory, Research and Practice. 4th ed. San Francisco: Jossey-Bass, Inc.
- Chau-Kuang, C., Ward, C. Willians, K and A. Abdullah (2013) Investigating Risk Factors Affecting Teenage
- Chen, M. J., Grube, J. W., Nygaard, P. & Miller, B. A. (2008). Identifying social mechanisms for the prevention of adolescent drinking and driving. Accident Analysis and Prevention, 40, 576-585.

- Chiazor I, Ozoya M, Idowu A, Udume M &Osagide M.(2017). Teenage Pregnancy: The Female Adolescent Dilemma. International Journal of Science Commerce and Humanities Volume No 5 No 1
- Chiazor, I. A. PhD, Ozoya, M. I. PhD, Idowu A.E, Udume M. &Osagide M. (2017), children. Journal of interpersonal violence, 13, 504 513.
- Collingwood, J. (2018). Depression and Teenage Pregnancy. *Psych Central*. Retrieved on August 5, 2019, from <a href="https://psychcentral.com/lib/depression-and-teenage-pregnancy">https://psychcentral.com/lib/depression-and-teenage-pregnancy</a>
- Communities of Zimbabwe: A Case of Hurungwe District, Zimbabwe, Journal of Health, Medicine and Nursing ISSN 2422-8419
- Denga, G. (2009). Early Marriage and Teenage Pregnancy. India: Dorling Kindersely PVT Duncan, R. Edwards and C. Alexander (eds) Teenage Parenthood: What's the problem with teenage parents? And what's the problem with policy? *Critical Social Policy*, 27 (25), 307-33
- Edzisani E. S. 2009 Psychological Impact of Teenage Pregnancy On Pregnant Teenagers.Research dissertation at the university of Limpopo effective teenage pregnancy prevention programs, Washington DC: National Campaign to Prevent Adolescent Pregnancy.
- Egbule, J.F. &Ugoji, F. N. (2000)."Understanding Adolescent Psychology" Ibadan: End Time Publisher
- Elizabeth S. (2013) A look at teen pregnancy around the world.GlobalPost; <a href="https://www.pri.org/stories/2013-07-12/look-teen-pregnancy-around-world-retrieved">https://www.pri.org/stories/2013-07-12/look-teen-pregnancy-around-world-retrieved</a> 22nd June 2019
- Englewood Cliffs, NJ: Prentice-Hall.
- Esere MO. HIV/AIDS awareness of in-school adolescents in Nigeria: Implications for adolescence sexuality. Journal of Psychology in Africa. 2006;16(2):255–258.
- Esu A. 1999, Sex education in Nigerian schools: Issues facing adolescents and Nigerian educators. In: Nwachukwu IDN, editor. Cotemporary Issues in Nigerian Education and Development. Enugu: Sam Star & Company; pp. 291–301.
- Gallgher, J., & Gallagher, A. (2000). Young woman: A Young woman's guide to teenage sexuality. England: Autumn House publications.
- Glanz, K., Rimer, B. K., &Viswanath, K. (2008). Health behaviour and health education theory, research, and practice. 4th Edition. San Francisco: Jossey Bass.
- Guttmacher Institute. (2005). "Facts In Brief: Teen Sex and Pregnancy". Retrieved on 20/09/2019
- Hall, K. S., White, K. O., Reame, N. & Westhoff, C. (2010). Studying use of oral contraception: a systematic review of measurement approaches. Journal of Women's Health. 19(12), 2203-2210.
  - Health, 26 (1), 1113-1127.
- Herman, Giddens, ME., Kotch, J.B. Browne, D.C., Ruina, E., Winsor, J.R., Jung, J. Stewart,

Holly D. C. (2017), Examining the Effects Of Sex Education On Young Adults' Sexual Behaviors And Health. Master's Thesis, Texas State University.

http//www.un.com.

- Hyacinth Interprise.
  - in H. Graham (ed) Understanding Health Inequalities, 2nd edn, Maidenhead: Open International Journal of Academic Research in Business and Social Sciences, Vol. 7, No. 2
- Karra, M and Lee M.(2012) Human Capital Consequences of teenage childbearing in South Africa. PRB Research Brief, March 2012
- Kirby D. School-based programmes to reduce sexual risk-taking behavious. Journal of School Health. 1999;62:559–563.
- Kiselica MS, Kiselica AM.(2014) The complicated worlds of adolescent fathers: Implications for clinical practice, public policy, and research. Psychology of Men & Masculinity; 15: 260.
- Koffman, O. 2012 Children Having Children?: Religion, Psychology and Birth of the Teenage Pregnancy Problem. University of London.
- Kost, K., S. Henshaw and L. Carlin, 2010. US teenage pregnancies, births and abortions: Washington DC: Island Press. pp: 16-22.

Ltd.

- Luttrell, W. (2003) Pregnant Bodies, Fertile Minds: Gender, Race, and the Schooling of MacCormack, C. (2004) 'Letter from the President', in Children Having Children: State Macleod, C. (1999). Teenage pregnancy and its 'negative' consequences: Review of South African research Part 1. South African Journal of Psychology. 29 (1), 1-7.
- Macleod, C. (2006). The management of risk: adolescent sexual and reproductive health in South Africa. International Journal of Critical Psychology. 17, 77-97.
- Maduakonam A. Sex education in schools: A panacea for adolescent sexuality Problems. In: Okonkwo RUN, OkoyeRomy, editors. The Nigerian Adolescent In Perspective. Awka: Theo Onwuka and Sons Publishers; 2001. pp. 74–82.
- Manzini, N. (2001). Sexual initiation and childbearing among adolescent girls in KwaZulu-Natal, South Africa. Reproductive Health Matters: By and For Women and Men. 9(17), 44–5.
- Maxwell K. A. 2017. Causes, Effects, And Prevention And Control Of Teenage Pregnancy, <a href="https://www.linkedin.com/pulse/causes-effects-prevention-control-teenage-pregnancy-acquah">https://www.linkedin.com/pulse/causes-effects-prevention-control-teenage-pregnancy-acquah</a> RETRIEVED 17-09-2019
- McLeroy, K. R., Bibeau, D., Steckler, A. &Glanz, K.(1988). An ecological perspective on health promotion programs. Health Education Quarterly. 15:351–377.
- Melgosa, J. (2001). To adolescents and parents. Spain; MarpaArtesGraficas.
- Mersal, F.A., Esmat, O.M and G.M. Khalil (2013) Effect of prenatal counselling on compliance and outcomes of teenage pregnancy. Eastern Mediterranean Health Journal Vol 19 No 1 Pp 10-17
- Mooney, Knox, & Schacht, 2010 Understanding Social Problems. Cengage Learning, Family

- Mpanza, D. N. &Nzima, (2010). Attitudes of educators towards teenage pregnancy. http://www.sciencedirect.com/science/article/pii/S1877042810014928 [Accessed september 16 2019].
- Naong, M. M. (2011). The impact of matriculation results on management of school principals: A South African case study. African Journal of Business Management. 5(5), 1589-1597.
- Ngonidzashe M., Godfrey M. (2015), Preventive Strategies on Teenage Pregnancy in the Rural Njambatwa M.(2013) Teenage Fathers as Learners in a Butterworth Secondary School: Implications for Sex Education University of Fort Hare: University of Fort Hare.
- Nwabuisi EG. Support networks and adjustment needs of HIV/AIDS patients in the Zonal 'hotspots' in Nigeria. University of Ilorin; 2004. An unpublished Ph. D Thesis.
  - of the World's Mothers 2004 Connecticut: Save the Children, p. 2.
- Okafor, A. (1997). Sexual knowledge and sources of sexual information of secondary school students in Anambra State, Nigeria. Health and movement education Journal. 1(1), 9-15
- Okonofua F. 2000 Adolescent Reproductive Health in Africa. The future challenges. Africa Journal of reproductive health;4(1):7-9.
- Olamide, A. (2006). Youth and Teenage Pregnancy in Bayelsa State: Dugbe, Ibadan, Oyo Onuzulike, N.M. (2002). Issues in health. Owerri: McWilliams publishers.
- Onuzulike, N.M. (2003). Adolescent pregnancy: Issues and prevention strategies. Paper presented at the annual conference of the Nigeria Association of Health Education Teachers (NAHET) at Awka.
- P.W., (2000). Child bearing patterns in a cohort of women sexually abused as
- Parekh, A. & De la Rey, C. (1997). Intragroup accounts of teenage motherhood: A community based psychological perspective. South African Journal of Psychology, 27(4), 223 229.
  - Parenting Teens. Social Work in Healthcare, 35, 65 83.
- Paschal A, Lewis-Moss RK, Hsiao T.(2011)Perceived fatherhood roles and parenting behaviors among African American teen fathers. Journal of Adolescent Research; 26: 61-83 planned behavior. Journal of Applied Social Psychology, 32 (4), 665-683.
- Pregnancy Rates in the United States. European International Journal of Science and Technology Vol 2 No 2 pp 41-51
  - Pregnant Teens. New York; London: Routledge.
- Prestage M. 2103 Assessing teenagers' knowledge, attitudes and perceptions towards teenage pregnancy. The case of a Durban High School. M.Sc. Dissertation University of KwaZulu-Natal, Howard College, Durban, South Africa
- Problem?.London: Tufnell Press, pp.188-202.
- Problem?.London: Tufnell Press, pp.188-202.
  - Processes, 50, 179-211.
- Quinlivan, J. A. 2004 Teenagers who plan parenthood. Sexual Health, Vol. 1, pp. 201-8.
- Quinlivan, J. A. and Condon, J. Anxiety and depression in fathers in teenage pregnancy. *The Australian and New Zealand Journal of Psychiatry*, Vol. 39, October 2005, pp. 915-20.

#### Reference

- Rice, W. (2000). Teenage Pregnancy: A worldwide problem. Netherlands: Retrieved from Richter L, Desmond C, Hosegood V, et al. ID 322 Fathers and other men in the lives of children and families. Strategies to overcome poverty and inequality: Towards Carnegie III, Cape Town, 2012.
- Rothenberg, A., Weissman A. (2002). The Development of Programs for Pregnant and Rudoe, N., Thomson, R. (2009) 'Class Cultures and the Meaning of Young Motherhood', Sallis, J. F., & Owen, N. (1997). Ecological models. In: Glanz, K., Lewis, F. M. &Rimer, B. K. (Eds.) Health behaviour and health education: Theory, research, and practice (2nd Ed.) San Francisco: Jossey-Bass.
- Sallis, J.F., Owen, N., & Fisher, E.B. (2008). Ecological models of health behaviour. In: Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.), Health Behaviour and Health Education: Theory, Research, and Practice (4th edition.). San Francisco: Jossey-Bass.
- Samuel, Gentle K. & Kpe-Nobana, Christiana L. (2018), Prevalence of Adolescent Pregnancy among Secondary School Students in Ogbia Local Government Area of Bayelsa State, Nigeria, International Journal of Health and Pharmaceutical Research ISSN 2045-4673 Vol. 4 No. 1
- Santrock, J.W. (2014). Adolescence (15th Edition). New York, NY: McGraw-Hill Education. *Shaw, M., &Lawlor, D. (2007). Why we measure teenage pregnancy but do* not count teenage mothers? *Critical Public Health, 17* (4), 311-316.
- Shefer, T., Bhana, D., Morrell, R., Manzini, N and Masuku, N. (2012). 'It isn't easy': Young parents talk of their school experiences. In Morrell, R., Bhana, D and Shefer, T. (eds). Cape Town: HSRC Press.
- Shuaibu, F. B. (2005). "A Child Abuse And Personality, The Roles Of The Homes An Society". Faculty Of Education Department Of Counseling & Science Education. University of Abuja.
- Slowiski. K (2001). Unplanned Teenage Pregnancy and the Support Needs of Young Mothers. Department of Human Sciences, South Australia.
- Smedley, B. D. &Syme, S. L. (2000). Promoting Health: Intervention Strategies from Social and Behavioural Research. Washington, DC: National Academy Press.
- Solomon, J and Card, J. (2004). Making the list: Understanding, selecting, and replicating Sonfield, A, Hasstedt, K, Javanaugh, L and R Anderson (2013) The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children. New York, Guttmacher Institute Retrieved from wwww.guttmacher.org/pubs/social-economic-benefits.pdf on September 10
- Stanley, J.&Swierzewskii, M. D. (2011). Teen Pregnancy, Consequences Of Teenage Pregnancy. Retrieved 20/09/2019 fromwww.healthcommunities.com
- State: Emman Printing Press.

- Stockl H, Kaira N, Jacobi J and Watts C. 2013 Is early sexual debut a risk factor for HIV among women in sub- Saharan Africa? A systematic review. Am J ReprodImmunol; 69 (1):27-40
- Surd, T. (2000). Adolescent Pregnancy, A Global view, Retrieved 19-09-2019
  Susan DH, Robert FA, Shanta RD, Vincent JF, Polly AM, Maurizio M and James SM. The
  Protective Effects of Family Strength in Childhood against Adolescent Pregnancy
  and Its Long-Term Psychosocial Consequences. The Permarente Journal/Fall.
  14(3):18-27
- Swartz, S. &Bhana, A. (2009) Teenage tata: voices of young fathers in South Africa. Cape Town: HSRC Press.
- Tan, L. H. and Quinlivan, J. A. 2006 Domestic violence, single parenthood, and fathers in the setting of teenage pregnancy. *Journal of Adolescent Health*, Vol. 38, pp. 201-7.
- Tobler, A. L., &Komro, K. A. (2010). Trajectories or parental monitoring and communication and effects on drug use among urban young adolescents .Journal of Adolescent Health, 46(6), 560-568.
- Udochi M. N (2017) Contemporary factors of teenage pregnancy in rural communities of Abia state, Nigeria, International Journal of Community Medicine and Public Health;4(2):588-592
- Ukekwe, E.N. (2001). Strategies for the prevention of adolescent pregnancy among secondary school students in Abia State. Unpublished Master's thesis, University of Nigeria, Nsukka.
- Umeano, N.M. (2003). Patterns of heterosexual relationship among in-school adolescents in Njikoka LGA, Anambra State. Unpublished M.Ed. project, University of Nigeria, Nsukka.
- UNFPA. (2015)Girlhood, not motherhood: Preventing adolescent pregnancy. New York:
- UNICEF (2017) Ending child marriage and teenage pregnancy in Sierra Leone. <a href="https://www.unicef.org/infobycountry/sierraleone">https://www.unicef.org/infobycountry/sierraleone</a> 100861. <a href="https://www.unicef.org/infobycountry/sierraleone</a> 100861. <a href="https://wwww.unicef.org/infobycountry/sierraleone</a> 100861. <a href="https://www.unicef.or
- UNICEF( 2013) Ending child marriage: Progress and prospects. New York: UNICEF, University Press, pp. 162-78.
- Vundule, C et al, (2001). Risk Factors for Teenage Pregnancy among sexually Active Black Adolescents in Cape Town. South African Medical Journal, Volume 91, no.1 pp73-80.
- WHO. Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: WHO; 2016.
- World Population Fact July, 2013 <a href="https://www.worldatlas.com/articles/highest-teen-pregnancy-rates-worldwide.html">https://www.worldatlas.com/articles/highest-teen-pregnancy-rates-worldwide.html</a> retrieved 22nd June 2019

Wyneken, C. & Donnell, L. (2007). Strategies for Adolescent Pregnancy Prevention. The American College of Obstetricians and Gynaecologists. Washington. DC 200906920, 12345/10987.

