

Adolescents' Knowledge of Teenage Pregnancy in Ilejemeje Local Government Area, Ekiti State

AUTHOR(S): ALO Taiwo Precious Olayemi (RN, RM, RPHN, BNSc, M.Sc),
Prof. (Mrs.) OJO E.F (RN, RM, PhD Education, PhD Nursing)

Abstract

Adolescent is a period between 13 and 19 years with peculiar social, physical, psychology and health reproductive characteristics. Globally, approximately 11% of all births are traced to women younger than 20 years. In developing country, almost 21million of teenagers get pregnant yearly and 12million give birth out of which 777,000 are within the age of 15years below. The aim of this study is to investigate adolescents' knowledge of teenage pregnancy in Ilejemeje Local Government Area of Ekiti State. A non-experimental, cross sectional descriptive research design was used for this study. The population comprised of all female teenagers in both JSS and SSS classes in six secondary schools in the LGA. Multistage sampling procedure which consists of simple random sampling, purposive sampling and stratified sampling techniques was used to select 331 students that formed the sample. A closed structured questionnaire was adapted tagged Questionnaire on Knowledge of Teenage Pregnancy QKTP. Test-retest was used to ascertain the stability using Pearson Product Moment Correlation. The findings showed that the adolescents were knowledgeable about teenage pregnancy with 273 (89.5%) students scored above 50. It was also revealed that lack of knowledge about sex, poverty, media infiltration by sexual messages, family breakdown and sexual harassment were highly responsible for teenage pregnancy. It was recommended among others that Nurses and Midwives should embark on school health talk that will stressed abstinence from premarital sex and where this is not possible, use of contraceptives should be encouraged among the adolescent after counselling.

IJARBAS

Accepted 25 December 2021
Published 25 January 2022
DOI: 10.5281/zenodo.5996865

Keywords: Knowledge, Adolescent, Teenage Pregnancy, Perceived Causes,

About Author

Author(s):

ALO Taiwo Precious Olayemi (RN, RM, RPHN, BNSc, M.Sc)
Department of Nursing Science,
College of Medicine and Health Sciences,
Afe Babalola University, Ado-Ekiti, Ekiti State, Nigeria.

And

Prof. (Mrs.) OJO E.F (RN, RM, PhD Education, PhD Nursing)
Department of Nursing Science,
College of Medicine and Health Sciences,
Afe Babalola University, Ado-Ekiti, Ekiti State, Nigeria.



Introduction

Teenage pregnancy is a social problem, a disturbing situation that could result into unfavorable consequences which might have adverse effects on general populace in any given society. Interestingly, some social protagonists posed a question of when is a social issue an issue? A social issue is a difficult situation that has negative impact on many people in a society which calls for immediate solution. Social problems are categorized into those associated with social organization (such as communalism, casteism, regionalism, poverty, and gender discrimination) and those associated with behavioral deviance which includes various forms of bigamy, prostitution, sexuality just to mention a few. Akpor and Thupayagale-Tshweneagae, (2019) stated that, teenage pregnancy has been regarded as a negative occurrence in recent times due to its various negatives consequences on the overall wellbeing of the teenage mother and her child.

According to Onwubuariri and Kasso (2020), any pregnancy occurring in a young woman who has not reached her 20th birthday is considered as a Teenage Pregnancy. World Health Organization (2017) defined adolescent pregnancy as a pregnancy that surface when a child is between the age of 10 and 19years. Kassa et al. (2018) gave a comprehensive and meta-analysis of teenage pregnancies in Africa as socio-demographic factors like locations, age, educational status and the rest. WHO (2017) refers to teenagers as individual in the 10-19years age group. It is a unique stage of human development and a crucial period for laying the foundation of good health. Teenage pregnancy could be traced to bad parenting, poverty or low socio-economic status, lack of self-control, sexual curiosity among adolescents, peer pressure, sexual abuse among others (Akpor & Thupayagale-Tshweneagae, 2019).

The child development is associated with changes in biological and other processes as witnessed in a youngster's physical attribute, cognitive attributes, socio-economic, cultural, emotional and moral orientations. They are faced with many challenges including behavioral issues, early exposure to sex, use of contraception, adolescent pregnancies, and drug addiction among others. Some opined that it is a period that starts at age 14 and ends at age 25 in a male child, commences at age of 12 and ends at age of 21 in a girl child. However, Society for Adolescent Medicine in U.S (SAM) declared age 10 to 25 as adolescence stage, while American Academy of Pediatrics (AAP) (2015), posited that age 11-21 should be regarded as adolescence period. The United State Department of Health and Human Service (USDHHS) submitted that adolescence period is a period between 10-19 years, this is in agreement with World Health Organization (WHO, 2017) declaration that adolescence period lies between age 10 and 19.

In Nigeria, the prevalence of teenage pregnancy is 18.7%. Six out of every ten girls have been observed to have experienced sexual intercourse either with fellow teenager or older partner before 16th birthday (Chiazor.et.al. 2017). Nigeria ranked third in global adolescent fertility rate after Niger Republic and Angola, this implies that there would be more teenage pregnancies and consequently unsafe abortions. Each year, fifty-three million pregnancies are terminated worldwide (Gebremedhin, et.al; 2018).

The issue of sex education has been handled with levity. The parents failed to teach their children about sex, the school curriculum also neglect some vital information about sex, hence the teenagers relied on information from friends and media as major source of knowledge. Lack of knowledge about sex education often leads to sexual harassment which turns to emotional and psychological trauma. Sexual harassment is unwelcome attention of a sexual nature, occurring through verbal and physical interaction which includes unwanted request for social or sexual activity, making sexual jokes, gestures or remarks, inappropriate

touching, spreading sexual rumors about someone, making comments about a person's body, clothing, sexual orientation just to mention a few. The knowledge of teenagers on sex and sexuality are self-discovery (Aldred et al 2019, Reiss, 2019, Achema et al 2018).

According to Macutkiewicz and Macbeth (2019), the teenagers have diverse opinion and understanding of teenage pregnancy. Osakinle et al. (2019) found that teenagers have low knowledge of contraceptive usage, although they are aware of it but wrongly used where it is applied. Osakinle opined that all teenagers required correct and valid information about sexuality and sexual reproductive health. Failure to access good information, teenagers are usually misinformed and this could lead to teenage pregnancy. Teenagers require ability to negotiate and maneuver their ways when dealing with opposite sex.

Ekiti state located in the southwest of Nigeria is the poorest among other states in the region and has 2.48% of incidence of teenage pregnancy which is higher than the incidence of 1.67% found in Enugu but lower than the incidence of 13.1% reported in Ilorin (Adegboyega, et al., 2018). The factors associated with teenage pregnancy in Ekiti State are highly correlated with poverty and low standard of living (Owoseni, 2020). The researcher discovered that, 70% of antenatal clients in Ilejemeje Local Government are teenagers. They drop out of school as a result of this and they opt for menial job that bring them below poverty level. Most of them depend on the social welfare which is as little as five thousand naira per month and very irregular. Despite all these, teenagers keep on getting pregnant day in day out, this prompted the researchers to investigate adolescents' knowledge of teenage pregnancy in Ilejemeje Local Government Area of Ekiti State. The study specifically examined:

1. the knowledge level of adolescents on teenage pregnancy in Ilejemeje Local Government Area of Ekiti State;
2. the perceived causes for teenage pregnancy in Ilejemeje Local Government Area of Ekiti State;
3. the relationship between socio demographic characteristics (class, age and religion) of adolescents in Ilejemeje Local Government and their knowledge of teenage pregnancy.

Research Questions

The following research questions were raised for this study:

1. What is the knowledge level of adolescents on teenage pregnancy in Ilejemeje Local Government Area of Ekiti State?
2. What are the perceived causes of teenage pregnancy in Ilejemeje Local Government Area of Ekiti State?

Hypothesis

Ho1: There is no significant relationship between socio demographic characteristics (class, age and religion) of adolescents in Ilejemeje Local Government and their knowledge of teenage pregnancy.

Methodology

A non-experimental, cross sectional descriptive research design was used to investigate the problem. The target population or sample frame for this study comprises of all female adolescents in six secondary schools of Ilejemeje Local Government Area. Taro Yamane (Yamane, 1973) was used to determine the sample size for this study. This equation is used when the total population (N) is known.

$$N = \frac{N}{1 + Ne^2}$$

Where,

$$n = \frac{N}{1 + Ne^2}$$

N = number of people in the population

n = sample size

e= allowable error (0.05)

$$= \frac{1,220}{1 + 1,220 (0.05 \times 0.05)}$$

$$= \frac{1,220}{1 + 1,220 \times 0.0025}$$

$$= \frac{1,220}{1 + 3.05}$$

$$= \frac{1,220}{4.05}$$

$$= 301$$

The 10% of non -response rate was 30; hence 331 female secondary school teenagers were envisaged.

A multistage sampling procedure was used to select the sample needed for the study (Purposive, Simple Random and Stratified Proportional Sampling Technique). Six towns in Ilejemeje Local Government Area were purposively selected in first stage, all the six towns have government secondary schools except the seventh town (Ijaro Ekiti) that has no secondary school. In stage two, stratified proportional sampling technique was used to select one arm in each class i.e. JSS1-111 and SSS1-111 while simple random sampling technique via balloting was used to select at least 40 female students from each school at the third stage.

The questionnaire used for data collection consisted of three sections in agreement with objectives of the study. The questionnaire was tagged Questionnaire on Knowledge of Teenage Pregnancy (QKTP). Sections A sought for information on the socio-demographic data of the respondents, section B consisted of items on knowledge of the respondent concerning teenage pregnancy while section C consisted of items on the perceived causes of teenage pregnancy in Ilejemeje LGA. The instrument's face and content validity was ensured by requesting seasoned, versatile and well-grounded research lecturers in the departments of Nursing and Sociology of both Afe Babalola University Ado Ekiti (ABUAD) and Ekiti State University Ado Ekiti (EKSU) to assess the superficial appearance and content of the instrument. The stability of the instrument was achieved using test-retest method, the instrument was administered twice on twenty female teenagers in Anglican High School in Ado Ekiti who are not part of the target population within an interval of two weeks. The correlation co-efficient was determined using Pearson Product Moment Correlation formula, the co-efficient value was 0.88 which attested to reliability of the QKTP.

The researcher with the help of two research assistants visited six schools in Ilejemeje LGA at about 11.00 in the morning for four weeks to administer and collect copies of the questionnaire. The assistance of counsellors and class teachers were sought in administrating the questionnaires in each school. After the permission has been obtained from the principals of the schools, informed consent and assent were taking from the parents and participants respectively. The data collected were analysed using descriptive and inferential analyses Chi square (χ^2) was used to test the only hypothesis formulated at 0.05 level of significance.

Results

Research Question 1: What is the knowledge level of adolescents on teenage pregnancy in Ilejemeje Local Government Area of Ekiti State?

Table 4.2: Knowledge level of adolescents on teenage pregnancy

Scores	Frequency	Percent	Knowledge level	Mean	S.D	Minimum	Maximum
0.00	1	.3	Poor Knowledge (10.5%)	8.0918	1.51682	0.00	13.00
3.00	1	.3					
4.00	4	1.3					
5.00	8	2.6					
6.00	18	5.9					
7.00	61	20.0	Good Knowledge (89.5%)				
8.00	96	31.5					
9.00	70	23.0					
10.00	34	11.1					
11.00	9	3.0					
12.00	2	.7					
13.00	1	.3					
Total	305	100.0					

N=305

Table 1 showed that out of 14 questions, 273 (89.5%) students scored above 50% while 32(10.5%) scored below 50%. The mean score was 8.0918 with standard deviation (S.D) of 1.51682. The highest and lowest scores were 13 and 0 respectively. The table revealed that the students were highly knowledgeable about the subject matter. It is also observed that the distribution neither skewed to right nor to left, hence it is normally distributed.

Research Question 2: What are the perceived causes of teenage pregnancy in Ilejemeje Local Government Area of Ekiti State?

Table 2: Perceived Factors Responsible for Teenage Pregnancy in Ilejemeje LGA

Items	Agree	Disagree	Total	Mean	SD	Remark
Lack of knowledge about sex	220	83	303	1.73	0.446	Agreed
Low knowledge about contraceptive usage	170	133	303	1.56	0.497	Agreed
Failure of contraceptives	205	88	303	1.68	0.469	Agreed
Peer pressure	197	106	303	1.65	0.477	Agreed
Self-esteem	183	117	300	1.61	0.489	Agreed
Poverty	218	85	303	1.75	0.450	Agreed
Family breakdown	246	59	305	1.81	0.396	Agreed
Media infiltration by sexual messages	232	73	305	1.76	0.427	Agreed
Sexual harassment	248	57	305	1.81	0.390	Agreed

Mean Cut-off: 1.50

Table 2 revealed that all the nine items on perceived factors responsible for teenage pregnancies among female secondary schools students in Ilejemeje Local Government Area were actually responsible for teenage pregnancy since the mean values were all above benchmark of 1.5. Items like lack of knowledge about sex, poverty, media infiltration by sexual messages, family breakdown and sexual harassment were highly responsible for

teenage pregnancy with mean value between 1.73 and 1.81. Items like self-esteem, peer pressure and failure of contraceptives have mean values of 1.61, 1.65 and 1.68 respectively were moderately responsible. While 'low knowledge about contraceptive usage' has mean value 1.56; it was fairly responsible for teenage pregnancy.

Test of Hypothesis

Research Hypothesis 1: There is no significant relationship between socio demographic characteristic (class, age and religion) of adolescents in Ilejemeje Local Government Area of Ekiti State and their knowledge on teenage pregnancy.

Table 3: Relationship between socio-demographic (class, age and religion) and Knowledge on teenage pregnancy

		Knowledge		Total	df	P	χ^2	Remark
		Poor knowledge	good knowledge					
Class	JSS1-3	42	56	98	1	0.001	11.276	Sig
	SSS1-3	48	153	201				
	Total	90	209	299				
Religion	Christianity	74	199	273	2	0.039	6.488	Sig
	Islam	12	11	23				
	Traditional	1	2	3				
	Total	87	212	299				
Age	13 only	19	21	40	3	0.074	6.944	Not sig
	14-15	49	118	167				
	16-17	23	69	92				
	18-19	1	3	4				
	Total	92	211	303				

The result presented in Table 3 revealed that there was a significant relationship between class and knowledge level of the adolescents towards teenage pregnancy, since the significant level of 0.05 is greater than P value of 0.001. Therefore, the null hypothesis stated above was rejected. Likewise, there was a significant relationship between religion of teenagers and knowledge level with significant level of 0.05 and P value of 0.039 hence, the null hypothesis was also rejected. However, there was no significant relationship between age and knowledge level of the respondents since the significance level is 0.05 while the p value is 0.074. Therefore, the null hypothesis stated above was not rejected.

Discussion

The findings showed that the adolescents were knowledgeable about teenage pregnancy. This finding contradicted the studies of Aldred et al (2019); Reiss (2016) and Achema et al (2018) that emphasized that teenagers' knowledge on teenage pregnancy was self-discovery and low. Govender et al (2019) also agreed that teenagers have low knowledge of teenage pregnancy.

Many factors were also pointed to be the causes of teenage pregnancy. All the perceived causes were found to be responsible for teenage pregnancy. The findings were in agreement with findings of Adegboyega, et al (2018) who emphasized lack of knowledge about sex, family breakdown and poverty. This is in support of the findings of this study that also highlighted lack of knowledge about sex, peer group pressure, and low usage of contraceptive among others.

The class of the students significantly associated with knowledge they have on teenage pregnancy. The findings agreed with the study carried out in Ikere Ekiti on students by Olofintoye and Olabisi in 2018 titled sexual behavior of college of education: implications for social workers. The result of this study on relationship between religion and knowledge of the students on teenage pregnancy, revealed that religion does not significantly affect the knowledge about teenage pregnancy of the adolescents studied. This result aligned with Krull et al (2021) who concluded that Biblical/Quran literalism, church or mosque attendant and personal religion do not affect what the ladies know about sex.

Conclusion

In line with the findings of this study, it could be concluded that the female teenagers in Ilejemeje Local Government Area have knowledge on teenage pregnancy. It is also concluded that lack of knowledge about sex, poverty, media infiltration by sexual messages, family breakdown and sexual harassment were highly responsible for teenage pregnancy.

Recommendations

Based on the findings from this study, the following are recommended:

1. Nurses and Midwives should embark on school health talk that will stressed abstinence from premarital sex and where this is not possible, use of contraceptives should be encouraged among the adolescent after counselling.
2. The marriage counsellors should be encouraged to intensify their campaign against family breakdown which could expose the adolescents to teenage pregnancy.
3. The parents and guardians should protect their adolescents/wards from sexual and romantic messages from the television, radio, and hand phones.
4. Female teenagers should not be seen as naïve about sex and teenage pregnancy hence their knowledge should be verified and necessary correction should be done. The source of their information should be determined.
5. Government should safe our adolescents by ensuring that films and movies are well censored to avoid infiltration of sexual messages that affect the psyche of the Adolescents
6. Government should empower women and young girls to reduce poverty which is one of the factors responsible for teenage pregnancy.

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Cite this article:

Author(s), ALO Taiwo Precious Olayemi (RN, RM, RPHN, BNSc, M.Sc), Prof. (Mrs.) OJO E.F (RN, RM, PhD Education, PhD Nursing), (2022). “Adolescents’ Knowledge of Teenage Pregnancy in Ilejemeje Local Government Area, Ekiti State”. **Name of the Journal:** International Journal of Academic Research in Business, Arts and Science, (IJARBAS.COM), P, 1- 9, DOI: <http://doi.org/10.5281/zenodo.5996865> , Issue: 1, Vol.: 4, Article: 1, Month: January, Year: 2022. Retrieved from <https://www.ijarbas.com/all-issues/>

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