

Teenage Pregnancy in Nigeria: An Offshoot of the Social Structure

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ABSTRACT

This research employed both quantitative and qualitative methods to investigate the susceptibility of adolescents to teenage pregnancies. A total of 291 copies of questionnaires were administered and oral interviews were also conducted with some of the respondents to corroborate the quantitative findings. Of the 291 copies of questionnaires, 253 copies were retrieved back and used for the analysis. Findings reveal that teenage pregnancy is still a persistent phenomenon especially among teenage girls from poor families. When compared with earlier researches, there was high correlation between results and this corroborates the investigation that adolescents from poor families are more vulnerable to teenage pregnancy.

(Keywords: adolescent, teenage pregnancy, prevalence, puberty, sexual health, sexuality)

INTRODUCTION

Teenage pregnancy refers to pregnancy in an adolescent girl who is yet to complete her secondary education and is not skilled in any trade that could make her live a sustainable lifestyle. It is conception by girls at the onset of puberty or any age when they are still under their parents' tutelage and total care and when they cannot in any way fend for themselves yet. The above definition does not define a specific age range because puberty or the onset of menarche among adolescents varies.

Adolescent pregnancy as defined by Maduforo and Oyeboode (2011) is pregnancy in a young woman who has not reached her 20th birthday when the pregnancy ends, regardless of whether the woman is married or is legally an adult.

Akella and Jordan (2015) defined teenage pregnancy as a teenage girl, usually within the ages of 13-19, becoming pregnant. The term in everyday speech usually refers to girls who have not reached legal adulthood, which varies across the world, who become pregnant.

Pregnancy of an adult married woman is expectedly a blessing and a traditionally considered as a source of joy; it can however be very traumatic for teenagers, most times resulting in adverse and unpleasant situations for them. Adolescent pregnancy can also be life threatening because such adolescent girls may be immature and physically unable to handle the rigors of child labor and delivery.

Adolescent sexual health is abysmally affected when they become pregnant because they may not be physically, emotionally, mentally or socio-economically prepared for motherhood which usually comes with high levels of responsibilities. It is also important to note that the sexual relationship that leads to adolescents' pregnancies may also involve coerced, violent, or discriminatory relationships that do not respect the rights of the teenagers. The challenge of teenage pregnancy is therefore an enormous one that has grave consequences worldwide.

Sociologically, adolescent pregnancy is a social problem because humans are social beings. In other words, our social background shapes our attitudes and behaviors to a very high extent. As opined by Barkan (2012) our social backgrounds affect important part of our lives, and that of our life chances, whether we have a good chance or little chance of being healthy, wealthy, and well educated, or more generally, of living a good and a happy life. This has also been argued by an astute scholar, C. Wright Mill (1959) in his book titled *Sociological Imagination* where he posited that an individual can only understand his own

experience and gauge his own fate only by locating himself within his period. He can know his own chances in life only by becoming aware of those of individuals in his circumstances. All of such personal troubles are offshoots of social structure. This really is what defines a social problem from individual ones and such is the case of teenage pregnancy being a persistent social phenomenon. The individual teenager is helpless in fighting this social menace, an effective solution therefore lies more on the social structure not the individual. This position of teenage pregnancy been more of a society problem is also supported by scholars the world over (Falana, Ayodele and Fasina, 2016; Nnodim and Albert, 2016; Adebola and Adebola, 2015).

The WHO (2014) factsheet report that adolescent pregnancy remains a major contributor to maternal and child mortality, and to the cycle of ill-health and poverty. According to the report, many adolescent girls between age 15 and 19 get pregnant yearly. About 16 million women 15–19 years old give birth each year, which is about 11% of all births worldwide. Ninety-five percent of these births occur in low- and middle-income countries. The average adolescent birth rate in middle income countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high. The proportion of births that take place during adolescence is about 2% in China, 18% in Latin America and the Caribbean, and more than 50% in sub-Saharan Africa. Half of all adolescent births occur in just seven countries: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria, and the United States.

Many health problems are particularly associated with negative outcomes of pregnancy during adolescence. These include anemia, malaria susceptibility, HIV and other sexually transmitted infections, postpartum hemorrhage, and mental disorders, such as depression. Up to 65% of women with obstetric fistula develop this as adolescents, with dire consequences for their lives, physically and socially.

Stillbirths and death in the first week of life are 50% higher among babies born to mothers younger than 20 years than among babies born to mothers 20–29 years old. Deaths during the first month of life are 50–100% more frequent if the mother is an adolescent versus older, and the younger the mother, the higher the risk. The rate of preterm birth, low birth weight and asphyxia are

higher among the children of adolescents, all of which increase the chance of death and of future health problems for the baby. Pregnant adolescents are more likely to smoke and use alcohol than are older women, which can cause many problems for the child and after birth. Many girls who become pregnant must also leave school. This has long-term implications for them as individuals, their families and communities.

THE NIGERIAN SITUATION

According to WHO (2014) fact sheet report, Africa has the highest rate of adolescent pregnancy in the world, a factor that affects the health, education and earning potential of millions of African girls. As reported by UNFPA (2012) although there has been a slight decline in adolescents' birth rates in developing countries over the last two decades, sub-Saharan Africa continues to have some of the highest rates of adolescent fertility in the world, showing almost no decline since 1990.

The United Nations Population Fund (2013) reported that there are 580 million adolescent girls in the world; four out of five of them live in developing countries. As reported by the British Council Nigeria (2012), it is important to pay attention to the situation of women and girls particularly in a nation like Nigeria because it has the highest population in Africa (162.5 million people), of this magnitude, 49% are females (i.e. 80.2 million are girls and women). More importantly, 47% of Nigerian women are mothers before they reach 20.

Scholars like Alabi (2017); Famutimi and Oyetunde (2014); Adebola (2013); Ogori, Shitu and Yinusa (2013); Amoran (2012); Aderibigbe, Araoye, Akande, Musa, Monehin and Babatunde (2011); Maduforo and Ojebade (2011); and Ozoemena (2008) and the survey report from NDHS (2008 and 2013), respectively, have all carried out in depth researches and reported the prevalence of teenage pregnancy in Nigeria and its implication for the girl child, her family and society at large. UNFPA (2013) reported that pregnancies among girls less than 18 years of age have irreparable consequences. It violates the rights of girls, with life-threatening consequences in terms of sexual and reproductive health, and poses high development costs for communities, particularly in perpetuating the cycle of poverty. As reported in NDHS (2008

and 2014), teenage pregnancy is a major health concern in Nigeria because of its association with higher morbidity and mortality for both the mother and child.

Additionally, childbearing during the teenage years frequently has adverse social consequences, particularly regarding educational attainment, because women who become mothers in their teens are more likely to curtail their education. Comparing between the Nigeria Demographic and Health Survey (NDHS) of 2008 and 2014 (which is a health survey result of Nigerians between 5 years), it is discovered that there is no significant reduction in teenage pregnancy rate in Nigeria. For instance, overall for both researches, 23% of women age 15-19 have begun childbearing; while 18% have had a child in the NDHS report of 2008, in 2014; it has only dropped by 1% as 17% were reported to have had a child.

For both 2008 and 2014, 5% were pregnant with their first child. From the report also, the rate of rural teenage pregnancy increased between year 2008 and 201, while 29% were pregnant in 2008, one would have expected a drop not an increase, but on the contrary in 2014, it has increased to 32%. However, for those in the urban areas, the proportion of teenagers that have begun childbearing was 12% in 2008 and reduced to 10% in 2014.

It was also observed that the percentage of teenagers who have started childbearing decreases with increasing level of education. Teenagers with no education are more than twice as likely to start childbearing early as those with primary education (55% and 27%, respectively), and only 3% of teenagers with more than secondary education have begun childbearing. Teenagers in the lowest wealth quintile are more than twice as likely to have started childbearing as those in the middle wealth quintile (46% and 21%, respectively) and almost 10 times as likely as those in the highest wealth quintile.

OBJECTIVE OF THE STUDY

The main objective of this study is to validate the fact that teenage pregnancy as a universal social menace is still on the rise in the developing countries particularly in Nigeria. The specific objectives however include:

1. To examine the prevalence of teenage pregnancy as a persistent social phenomenon in Nigeria.
2. To validate the fact that it is most common among the poor and have not and most times out of the school teenagers.
3. To ascertain the fact that not much has been achieved in curbing the menace of teenage pregnancy as a societal challenge in Nigeria.

METHODS

Questionnaires and in-depth interviews were both employed for this research work which was carried out among workers of Federal College of Education, Okene, Nigeria. The workers' population is about 1,200, using the researcher's advisors table (2006) therefore at 0.05 degree of accuracy/margin of error, 291 copies of questionnaires was randomly administered. Both simple random and proportional stratified sample methods were used to administer the copies of questionnaire because there is discrepancy between the low cadre and senior cadre workers (SCW), respectively. The low cadre workers (LCW) being more in number were having more subgroup in their strata than the senior cadre worker.

The low cadre workers totaled 781 while the senior cadre workers were 419. Using the proportional stratified sample method, the low cadre workers were stratified into 12 strata with about 65 people in each stratum while the senior cadre workers had 8 strata with about 52 people in each stratum. Sixteen respondents were randomly picked from each of the 12 strata for LCW while 12 respondents were randomly picked from the 8 strata of SCW. 2 respondents were then interviewed from each of the stratum to corroborate the finding from the questionnaire. Altogether, 40 respondents were engaged in the in-depth interview. The data was analyzed using SPSS package. The percentages were determined alongside chart representation of respondents' findings.

RESULTS AND DISCUSSION

Figures 1-6 represent respondents' answers to the copies of questionnaires in which they have options 1-4 in the ascending order as: Strongly

Agree (SA); Agree (A); Strongly Disagree (SD) and Disagree (D). respectively.

Represented in Figure 1 is the analysis of respondents' opinion on the prevalence of teenage pregnancy in Nigeria as observed in their environment. While 82 (32.4%) respondents strongly agreed to the prevalence in the society, a higher percentage of 54.9% (139) respondents agreed. However, 20 (7.9%) respondents disagreed and 12 (4.7%) of them strongly disagreed.

The in-depth interview captured 92% of the respondents attesting to the rampancy of teenage pregnancy which has become a serious problem in the society. The prevalence of teenage pregnancies is a major social problem as attested to by the respondents in this research work. During the in depth interview a middle-aged man told us that *'in this age and time, every parent is afraid of what might happen to their adolescent girls. The rate at which girls drop out of schooling roaming the street with big belly is quite absurd.*

Government is also not helping at all to allay the situation. So many parents who even work are not paid so there is so much hunger and suffering, therefore with little gift such girls are lured and deceived'.

A lot of previous research was also found to support the prevalence of teenage pregnancy among adolescents from poor families in Nigeria. Both 2008 and 2014 Nigerian Demographic and Health survey reported high rate of teenage pregnancy with its entire attendant problem especially that of morbidity and mortality of both mother and child. It is therefore pertinent to say that teenage pregnancy remains a scourge that has not been properly dealt with in Nigeria.

Figure 2 is the respondents' result on the general outcome of teenage pregnancy. While 78 (30.8%) respondents strongly agreed that teenage pregnancy leads to economic hardship and poverty, 121 (47.9%) strongly affirmed it. However, 12 (4.7%) strongly disagreed and 42 (16.6%) disagreed.

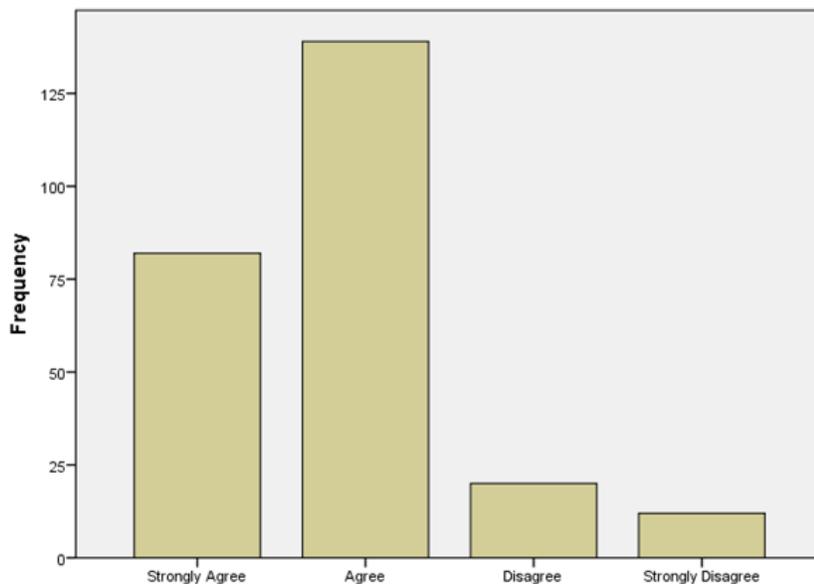


Figure 1: "Teenage Pregnancy is a Common Phenomenon in My Community"
Source: Researcher's field work, 2017.

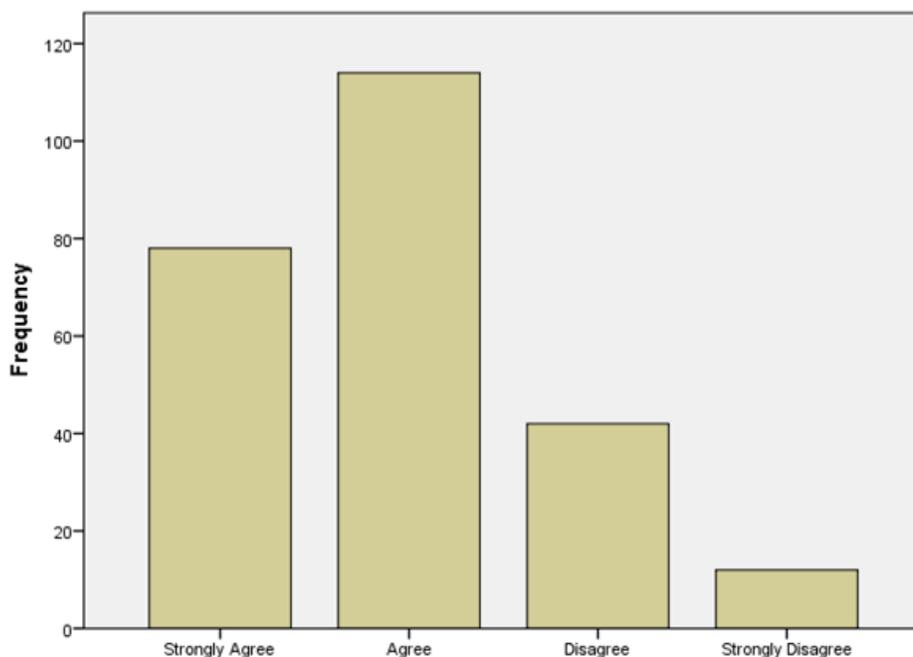


Figure 2: "Teenage Pregnancy Causes Economic Hardship and Poverty".
Source: Researcher's field work, 2017

More than half of the in-depth interview respondents opined that poverty is always the outcome of teenage pregnancy as such teenage girls only add burden to their parents' that may just be managing to survive. One of the negative effects of teenage pregnancy is the overall effect of economic hardship and increased poverty level especially at the family level. Adolescents themselves are still under care and parental tutelage, getting pregnant therefore is an added responsibility to their parents who may just be managing to feed them. In cases of complications, it becomes even more traumatic for such parents and may affect their health.

A woman reporting during the in-depth interview gave the example of her neighbor in the house who is barely managing, and their young daughter was impregnated by another young adolescent boy in the neighborhood whose parents couldn't even afford to feed themselves well. According to her narration, the 14-year-old girl delivered the baby on the cooperation of everyone in the neighborhood but got pregnant again for this same boy barely a year after the first delivery. This second pregnancy however turned negative and she almost lost her life. It is been two full

years now, and the girl has dropped out of school, she added.

Ogori, Ajiya and Yinusa (2013) reported that a great consequence of adolescents' pregnancy is economic hardship not only for the family but the nation. Akella and Jordan (2015); Ozoemena (2008); and Famutimi and Oyetunde (2014), all affirmed to teenage pregnancy as a serious factor in poverty. Also scholars like Alabi and Oni (2017); Adebola and Adebola (2015); Amoran (2012); and Maduforo and Ojebade have all carried out scientific studies that established the prevalence of teenage pregnancy in Nigeria.

Respondents were also asked if abortion is common among teenage girls and to this (Figure 3) 79 (30.9%) strongly agree, 122 (48.2%) agree while 45 (17.8%) disagree and 8 (3.2%) strongly disagree. All interviewees affirmed several incidences of teenage abortions and even eventual death because in most cases, it is poorly managed. It is no gain saying that most teenage girls attempt abortions when they see that they are pregnant.

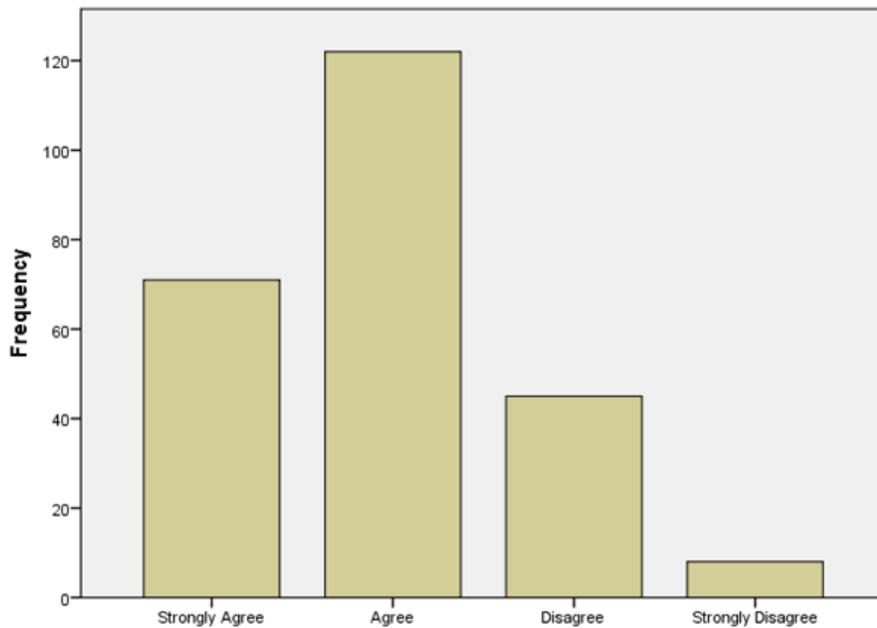


Figure 3: “Abortions are Common among Teenage Girls in my Locality”.
Source: Researcher’s field work, 2017

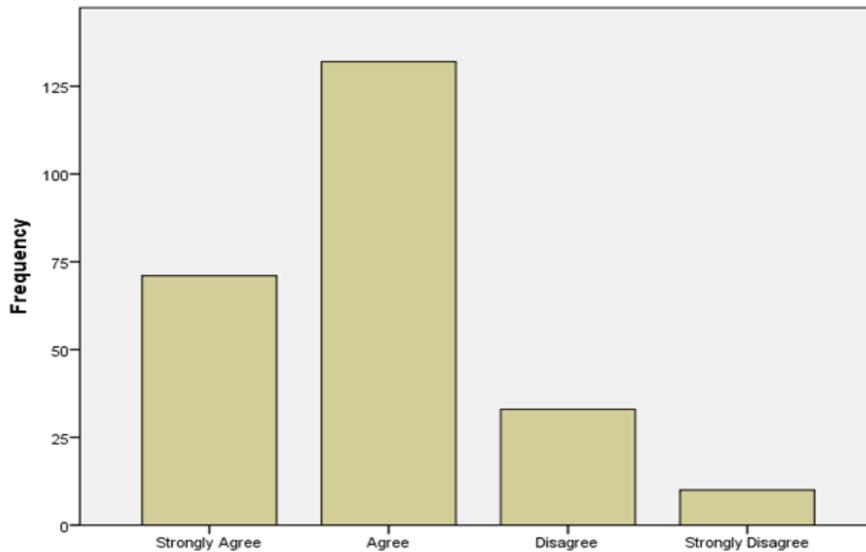


Figure 4: “Most Teenage Girls Don't Know the Consequences of Premarital Sex”.
Source: Researcher’s field work, 2017

Alabi and Oni (2017); Adebola (2014); Gyan (2013); Falana et al. (2016); and Aderibigbe et al. are few examples among researchers who reported a high incidence of abortions among sexually active adolescents. It is also noteworthy most of such abortions were induced and done by unqualified personnel.

Figure 4 represented respondents’ opinion on teenage girls’ knowledge of premarital sex. 71(28.1) agrees that most girls do not know the weight of premarital sex and 139 (55%) strongly agreed. On the contrary however, 33 (13%) disagree while 10 (4%) strongly disagree.

As discussed during the in-depth interview session, interviewees generally believe there a lack of proper information that an average girl needs to know about sex. There is also a vacuum on sex education as noted in the research work. Ignorance on the working of the body is also an issue in teenage pregnancy as observed from the study.

Researchers like Adebola (2014), Adepoju (2005), and Ajuwon (2005) reported in their research the paucity of sexuality education both by Nigerian society and even the school system. So many adolescents do not understand puberty and how to attend to relationships. A case was reported by one of interviewee of a 15-year-old girl who got pregnant and all she could explain was how a neighbor would call her in and she doesn't understand that could lead to pregnancy.

When asked about most factors responsible for teenage pregnancy, more than 90% of the respondents opined that poverty and lack of education is. 117 (46.3%) strongly agree while 132 (52.2%) agrees. A very few respondents however disagreed. 3 (1.2%) strongly disagree and 16 (6.3%) disagree. Interviewees all agreed that it is so obvious that poverty and illiteracy are

factors. All researchers, whose works were consulted in the course of this study, confirmed that lack of formal education and poverty are responsible for increased persistence of teenage pregnancy. UNPFA (2013) and NDHS (2008, 2013) also affirmed that teenage girls from the family of low socio-economic quintile are most likely to be out of school and be pregnant.

Lack of political will was seen as a serious challenge to surmounting teenage pregnancy in Nigeria as depicted in Figure 6. While 136 (53.8%) agree, 89 (35.2%) respondents strongly agree. 15 (5.9%) respondents however disagree while 13 (5.1%) strongly disagree. Past researches have all attested to lack of political will as responsible for teenage pregnancy. As observed by UNFPA (2013) access to good quality education is one of the most effective interventions to empower adolescents with the most basic skills to function and contribute to society. This is of greater relevance for girls to obtain comprehensive sexual education; to know and recognize options; to be able to negotiate reproductive health. All of these faculties could be easily denied to adolescent girls who are out of school and unable to complete their secondary education as a minimum.

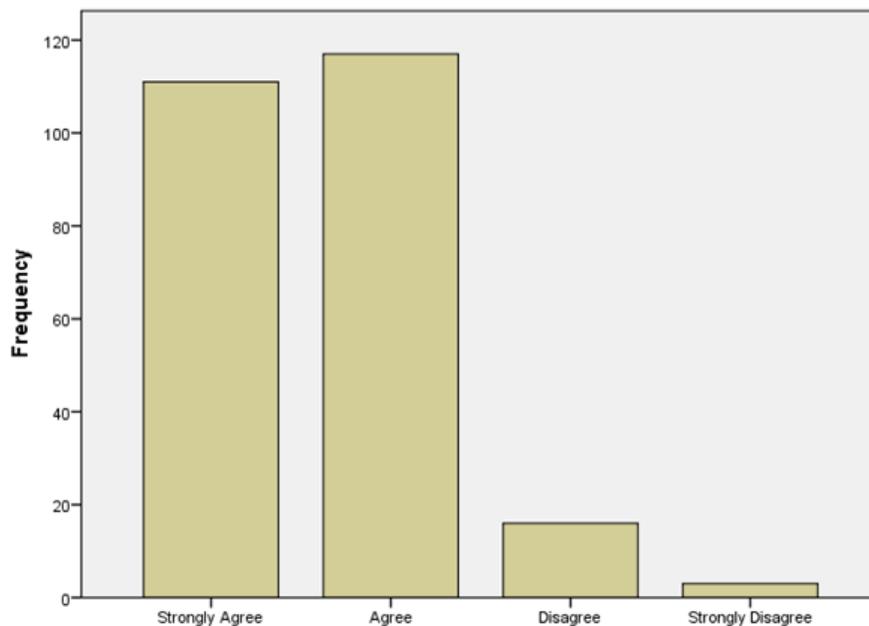


Figure 5: “Poverty and Lack of Education is Responsible for Most Teenage Pregnancy”
Source: Researcher’s field work, 2017

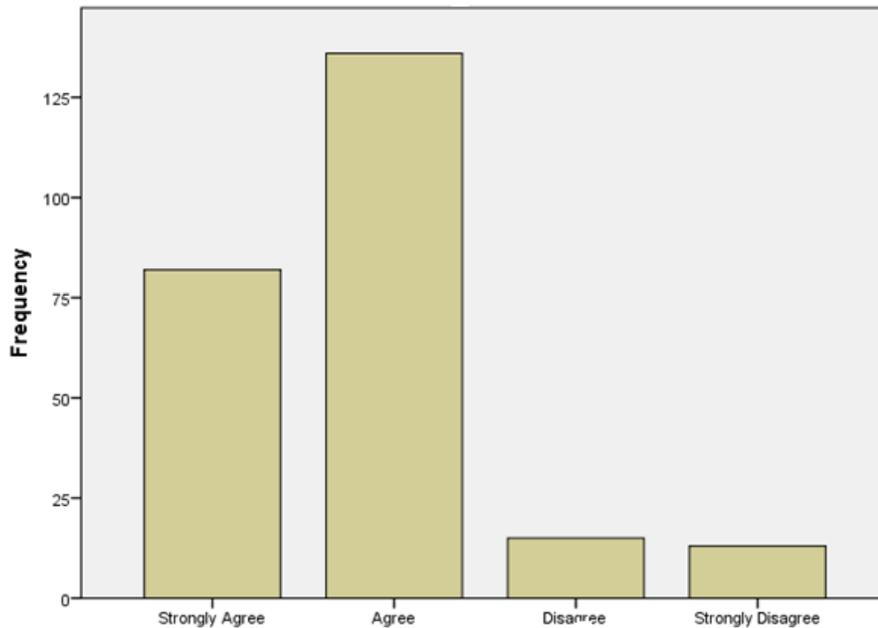


Figure 6: “Lack of Political Strong Will is Responsible for Teenage Pregnancy”
Source: Researcher’s field work, 2017

In sub-Saharan Africa, only 23% of adolescents of lower-secondary school age are attending at this level, with 38% out of school and 39% enrolled in primary education. Adolescents aged 10 to 19 are of school age, officially defined at the country level for secondary and tertiary education. Unfortunately, many are either out of school or are enrolled in or attending school at levels that do not correspond to their ages.

In 2007, the United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (2010) estimated that “approximately 71 million out-of-school adolescents of lower-secondary school age (are) excluded from any level of education. Almost two-thirds of them live in South and West Asia or in sub-Saharan Africa. In both cases, they represent an important proportion of the adolescents of lower-secondary school age (28% and 38%, respectively). Almost one in three adolescents of secondary school age in sub-Saharan Africa and South and West Asia are out of school.

CONCLUSION

In the course of this research work, we noted that the challenge of teenage pregnancy is a serious

social problem in Nigeria and that it has implication not only for the girl child but much more for her family and the society. It rotates the vicious cycle of poverty among already poor families making life more unbearable for them. There is high rate of school dropout which causes more poverty and economic hardship for the families and the society at large. Health complications including abortions and its associated health challenges are also common place. In some severe cases, it leads to death and this usually leaves the family in emotional trauma.

The gap created by lack of effective government intervention in curbing the problem of teenage pregnancy was also discovered as reports from NDHS 2008 and 2013 revealed no significant differences in teenage pregnancies over a period of five years interval. From the report, either the results maintained status quo or get worse in the rural areas. In all, we also noticed that teenage pregnancy is more prevalent among families in the lowest socio-economic quintile.

RECOMMENDATIONS

Having observed the above facts as summarized in the conclusion of this work, we thus recommended:

1. That adolescents generally be educated sexually from early childhood so as prepare them to be responsible members of the society
2. That the family as the cornerstone of the social structure be given more attention most importantly those on low socio-economic quintile who can hardly provide basic needs for their family members.
3. That parents' socio-economic conditions be enhanced to an appreciable level where they can properly fend for their wards
4. That the Nigerian government should do more than just policy making but ensuring compliance to such policies about human right as to education and decision making especially for the girl child
5. That the sexual and reproductive health of female children be taken more seriously and with respect to their will also
6. That female children should not in any case be treated as inferior to boys, but their education be given priority as has been done with boys
7. That the socialization of a female child should include skill acquisition as that will better their lot in living a responsible and sustainable life later in the future.

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