

PEER INFLUENCE ON TEENAGE PREGNANCY AS MANIFESTATION OF IMMORAL CHARACTER AMONG HEALTH EDUCATORS IN RURAL COMMUNITIES

by

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Abstract

The study investigated peer influence on teenage pregnancy as manifestation of immoral character among Health Education students. However, to guide the researcher in the study, two research questions and one null hypothesis were formulated and relevant literature was reviewed. Description survey research was used with the population of 255 health educators in all the secondary schools in Anambra state under the management of Anambra state school services commission (PPSSC). The researcher used structured questionnaire as an instrument for data collection. A purposive survey was used. The questionnaire adopted five points likert scale. The researcher used arithmetic mean with decision point of 3.00 to answer research questions. The null hypothesis was tested using t-test at .05 level of significant. From the result of the data analyzed, it was found that all the seven items investigated are ways by which peer group orientation as a factor influences teenage pregnancy in rural communities. Significant difference exists in the mean perception of the teenage girls of the two statuses. Teenage girls from monogamous and polygamous home significantly differ in their mean perception of the factors of teenage pregnancy in Awka education zone. Results were discussed and recommendation offered. It was concluded that Health Education students should be effectively counseled for development of moral character, requisite for prevarication of the factors of teenage pregnancy and have the avoidance of teenage pregnancy which could mar their fortunes for self and societal emancipation.

Keywords: Peer Influence, Teenage Pregnancy, Immoral Character, Health Educators and Rural Communities.

Introduction

Pregnancy is a biological phenomenon. It provides birth of babies which is a

reproductive process. Reproduction is one of the life processes which is commonly known and referred to as characteristic of

living things (Chikeobi 2006). It is the process by which living things, plants, animals and protozoa give rise to young ones of their own kind (species) for continuation of their lineages on earth (Akintgba, 2012).

Teenage pregnancy is the pregnancy that occurs in female children of age bracket of 10years and above but below 20. They are the teenagers or adolescents who are in their “teens”. Oguaju (2006), Observed that it is the pregnancy that occurs in teenagers at the age of 10-19years. As reported by Khan (2000), “the Unity States continues to have one of the highest rates of teenage mothers in the western industrialized world”. Two-third of American high school seniors has had sex.

In the study of teenage motherhood Kirby (2007), states “in the United States of America, there are approximately 103 pregnancies result in birth, each year a higher birth rate is observed in black adolescents than in white adolescents, suggesting significant racial differences”.

The incidence of teenage motherhood in Nigeria had been recorded in literature. However, several factors are attributes to this ugly phenomenon. Why do they become teenage mothers? What are their needs and problems and how could they be assisted? Are questions that have until recent years received little attention which are of many possible factors that contribute to teenage motherhood. The home relationship may be especially influential. There are several mechanisms of processes by which parental involvement or parent child relationships

more generally might be related to adolescent sexual behaviour.

The home plays an interesting role in sexual socialization because it is within the social context of the home that one’s earliest socialization, sexuality and other wise occur. The home thus, conditions the cognitive and perceptual filters through which later information about sexuality is processed. Some writers also opined that if adolescent female feels little intimacy or attachment with her own mother would hold her, cares and emotionally love her. There are several ways, which unfavorable home environment could be blamed for the incidence of teenage motherhood.

In many broken homes, proper and adequate training which should have been giving to the children by both parents are now half-hazardly done. Children in such homes are exposed to precocious knowledge of sex. According to Akinboye (2010), an early knowledge of sex behaviour is often implicitly imported to children by the parents in the following ways:

- a. Lack of facilities for wholesome recreation induces some parents to indulge in sex matters even at odd hours.
- b. Some parents with low culture level hardly any importance to the proper sex training of their children. The children then resort to training themselves and practice it in many ways.
- c. Daily talks of parents as in alcoholic families are generally impregnated

with threats and abuses bearing sexual implications.

- d. In immoral homes, a home where issues about God are lacking, the children are bound to behave anyhow which may give rise to experiences in matters relating to sex.

It is quite obvious that teenage motherhood will be found among girls who are found under any of the institutions. It has been stated too that a home atmosphere that is full of stress, gloom and dislike, malice, boredom and unhappiness leads to delinquency in the school. Teenage motherhood is among these delinquencies. Also projecting the idea that one of the causes of teenage motherhood can be attributed to some home settings, Akutu (2013), stated that out of wedlock motherhood occurs as a result of particular combination of psychological and social factors brought about by interaction of individual's family upbringing, personality and social situations. He mentioned broken homes as being among those situations, but stated that few expectations of children from such homes develop into successful well-adjusted women.

Discussing the social consequences of divorce Card (2006), stated that many juvenile delinquents are found among children from broken homes and that the risk of young girls having illegitimate babies is great in such homes.

A one parent home is also likely to produce a teenage mother. When there is lack of joint control, you cannot but juvenile delinquency. Single parents, most of whom are women do make

attempts to cope with the stress of raising their children alone. Okey (2001), a female divorcee told Newswatch magazine in an interview on the effects of single parenting on teenage motherhood that "sometimes you just fold your arms" she further added that "the emotional stress is too much for one parent to bear". Chikeobi (2012), blamed sexual promiscuity in youths on the economic situation in their children. Such children become normally bankrupt and could be possible raw materials for early mothers.

Among seven factors noted by Oguaju (2006), the influence of peer group is very catchy. These particularly so considering the potentialities of peer groups and more so in the current jet era of information technology (ICT). In the opinion of Klerman (2011), the peer group provides norms of standard of thought and behaviour to be pursued by its members. This assertion is trying to portray that unhealthy peer group could influence members to adopt unhealthy young girls. Adolescents in their membership in the peer group usually question the cultural definitions of sexual standards and resist societal sexual restrictions.

According to Ellis (2012), the peer group is a factor in stimulating sexual permissiveness and providing information about contraceptives. The peer groups provides the adolescence girls conducive atmosphere for sexual promiscuity. Many of them learn how to respond to love advances from the opposite sex in the peer group. They also learn about various types of

contraceptives and preventive devices adopted by some members of the group who had such problems in the past. In the words of Chinyere (2003), who was a victim, "all my friends were doing the same thing and I joined them. It resulted my becoming a mother and added much agony to my life. Mary who was another victim said, "if I had not got bad company, I would not have entered into such a mess. It is evil company that corrupted my good morals". ' .

Teenage pregnancy, especially outside wedlock as it often is, is still in society as manifestation of immoral character and it has implication for health educators particularly in contest of family and population education in the health education curriculum. In Nigeria, maternal deaths from high-risk teenage pregnancies contribute significantly to the high maternal mortality rates. These occur either as a result of complications of delivery like eclampsia hemorrhage, Anaemia and obstructed labour or from unsafe abortion complications. Out of 50,000 maternal deaths estimated to occur in the country annually 20,000 were contributed to complications of induced abortion, especially in teenage and young women.

A lot of risk factors were found to be responsible for the large number of pregnancies among Nigerian teenagers, they include early marriage, early initiation of sexual activity, completion of primary/secondary education at an early age by girls, deterioration in the traditional lack of knowledge of

reproductive health, low and ineffective use of contraceptives at early age, menace among females and polygamy. Teenage pregnancy is generally undesirable. It is this undesirability that basically informed the conception of the study.

Research Questions

1. To what extent does peer group influence teenage pregnancy as perceived by female health educators from monogamous homes in rural communities?
2. To what extent does peer group influence teenage pregnancy as perceived by female health educators from polygamous homes in rural communities?

Null Hypothesis

Female health educators from monogamous and polygamous rural communities do not significantly differ in their mean perception regarding peer influence on teenage pregnancy manifestation.

Method

The study was a descriptive survey carried out in Awka educational zone of Anambra State of Nigeria. It has a population of about 255 health educators in all the secondary schools of Anambra State under the management of Anambra State school services commission (PPSSC) The Schools are one in number, a sample of 58 health educators (40 health educators from monogamous homes and 18 health educators from polygamous homes). Instrument for data collection was questionnaire of bio data in sections

A and peer influence of teenage pregnancy in section B, sections. A had two items & section B had 7 items. Sections B was constructed on five point likert scale of likert point as followed: Strongly Agree 5 points, Agree 4 points, Undecided 3 points, Disagree 2 points, and Strongly Disagree 1 point. The questionnaire was validated by three veteran researchers in education. It was pilot state for reliability in Aguata Education Zone using respondents of equivalent to the sample. A value of 0.88 was obtained for the Cronbach Alfa for which the researcher took the instrument as reliable for the investigation. The researcher administered the questionnaire by hand. A total of 58 copies were distributed, duly completed and returned. The research questions were answered using arithmetic mean with decision point of 3.00. The null hypothesis was tested using t-test at .05 level of significant

Hence items with mean of 3.00 and above were accepted. Items of mean value of less than 3.00 were rejected. A purposive sample of 58 health educators from monogamous and polygamous homes was used for the study.

Results

Research Question One

To what extent influence teenage pregnancy as perceived by female health educators from monogamous homes in rural communities?

Data obtained in respect of RQ1, were analyzed in the table below.

Table 1: Influence of teenage pregnancy as perceived by female health educators
N=58

S/N	ITEMS	X	SD
1	Members of the peer group establish relationship with the opposite sex	3.01	1.72
2	Members of the peer group are involved in social problems (such as heterosexual interest peer group cult, delinquency etc)	4.18	1.99
3	Members of the peer group engage in drug abuse	3.00	1.78
4	Members of the peer wants to be independent of family control	3.47	2.45
5	Members of the peer have sex and sex related problems.	3.62	1.92
6	Members of the peer group find it difficult to adjust to the family.	3.74	1.77
7	Members of the peer group seek for self-identity.	4.00	2.01

Key

N-Number of Respondents

S/N-Serial Number

X-Arithmetic Mean

SD-Standard Deviation

The table shows that all the items have X values of 2.50 and above. Accordingly, all the seven items investigated are ways by which peer group orientation, as a factor, influence teenage pregnancy in Awka education zone.

Research Question Two (2)

To what extent does peer group influence teenage pregnancy as perceived by female health educators from polygamous homes in rural communities?

Data obtained in respect of RQ2, were analyzed in the table below.

Table 2: Peer group influence teenage pregnancy as perceived by female health educators from polygamous homes in rural communities. N=58

S/N	ITEMS	X	SD
1	Members of the peer group establish relationship with the opposite sex	3.02	1.68
2	Members of the peer group are involved in social problems (such as heterosexual interest peer group cult, delinquency etc)	4.16	1.89
3	Members of the peer group engage in drug abuse	3.00	1.78
4	Members of the peer wants to be	3.37	7.40

	independent of family control		
5	Members of the peer have sex and sex related problems.	3.59	1.84
6	Members of the peer group find it difficult to adjust to the family.	3.68	1.70
7	Members of the peer group seek for self-identity.	3.08	2.00

The table shows that all the items have x value of 2.50 and above. Accordingly, all the seven items investigated are ways by which peer group orientation as a factor, influence teenage pregnancy in Awka education zone.

Table 3: The t-test summary examines differences in mean perception of health educators from monogamous and polygamous homes.

Status	No Of Case	Mean rating	Standard error	t-cal	t-crit	Degree of freedom	P
Monogamous	258	3.77	0.01	2.00	1.98	736	.05
Polygamous homes	101	3.81	0.01				

$P < 0.05$, t-calculated (2.00) > t-critical 1.98.

From table 2, it is observed that probability (P) of difference being due to error is less than 0.05. At 0.05 level of significances the calculated value is 2.67,

which is greater than the critical t-value, which is 1.98.

Following the above therefore, significant difference exists in the mean perception of the teenage girls of the two statuses. The null hypothesis (H_0^1) is, hence, rejected. Accordingly, teenage girls from monogamous and polygamous homes significantly differ in their mean perception of the factors of teenage pregnancy in Awka education zone.

Discussion

In Nigeria, maternal deaths from high-risk teenage pregnancies contribute significantly to the high maternal mortality rates. These occur either as a result of complications of delivery like eclampsia, hemorrhage, Anaemia and obstructed labour, or from unsafe abortion complications. Out of 50,000 maternal deaths estimated to occur in the country annually, 20,000 were contributed to complications of induced abortion, especially in teenage and young women.

A lot of risk factors were found to be responsible for the large number of pregnancies among Nigerian teenagers, they include early marriage, early initiation of sexual activity, completion of primary/secondary education at an early age by girls, deterioration in the traditional lack of knowledge of reproductive health, low and ineffective use of contraceptives at early age, Menarch among females and polygamy.

Summary

The study investigated the perception of health educators from monogamous and polygamous homes regarding factor of teenage pregnancy as manifestation of immoral character. Seven possible factors were studied and both groups of health educators accepted all of them as true factors. The two groups of health educators did not differ substantially in their opinions for all the seven items investigated they were close to one another in their responses.

Conclusion

From the data analyzed, it was shown that peer groups have a large influence on the adolescents. Proper orientation by the family and the school should be encouraged. Health educators can be effectively counseled for development of moral character, requisite for prevarication of the factors of teenage pregnancy and hence the avoidance of teenage pregnancy which could mar their fortunes for self and societal emancipation.

Recommendations

The following was recommended.

1. Population and family education in health education curriculum should be strengthened with sexual education.
2. Guidance & counseling in secondary school should be intensified

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