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PERCEPTION OF URBAN GIRLS SECONDARY SCHOOL ONITSHA STUDENTS ON THE FACTORS RESPONSIBLE FOR TEENAGE PREGNANCY AND ITS IMPLICATION ON ADOLESCENTS HEALTH AND EDUCATION

by

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Abstract

The study was undertaken to investigate the perception of urban girl's secondary school students, Onitsha on factors responsible for teenage pregnancy and implications on adolescent's growth and development and assessing the perceptions of students would be a panacea to improving their knowledge base. Descriptive survey research design was adopted. The accessible population for the study consisted of three hundred (300) female students of Urban Girl's secondary school, Onitsha. Simple random sampling technique was adopted in selecting the population for the study. Data were gathered by means of structured questionnaire. Data obtained were analyzed using descriptive statistic frequency. The findings among others showed that lack of parenting care was responsible for teenage pregnancy. Based on the findings, recommendations were made pertinent among them is lack of self-control and sex-education were responsible factors for teenage pregnancy among the adolescents.

Key word: Perception, Students, Teenage, Pregnancy, Adolescent's Health, Education

Introduction

The World Health Organization (WHO) defines adolescence as a period covering ages between 10 and 19 years. This is a period of transition from childhood to adulthood and a distinct and important biological and social stage of development. Pregnancy in a girl between ages 10 and 19 years is termed adolescent or teenage pregnancy. Most of these pregnancies are unplanned and/or unwanted and the girls are immature both physically and psychologically. The most worrying scenario is the large number of teenagers who having terminated their pregnancies or given birth becomes pregnant again in the next 12 months. Understanding the perception of adolescents about issues surrounding teenage pregnancy is very important in planning efficient health education interventions in the future. Baral (2004), submitted that pregnancy continues to be a complex and challenging issue for families, health workers, educators, societies, governments and adolescent (teenagers). Teenagers constitute a high risk group that requires a high priority services. Adolescent child bearing is heavily concentrated among the poor and low income teenagers most of whom are unmarried. Teenage mothers seemed to be at high maternal and prenatal risks, therefore; it should be discouraged in order to improve adolescent reproductive health. Bradley (2001), pointed out that teenage pregnancies occur in rural areas where girls marry early when they are immature either physically and psychologically. Teenage pregnancy and sexual permissiveness seems to be increasing in many countries, thus the responsibility and result of becoming teenage parents need to be discussed with boys and girls because many teenage pregnancies result in abortion with physiologic and emotional complications. Some life circumstances places girls at high risk of becoming teen mothers. The main factors responsible for teenage pregnancy are poverty, poor parenting and the effect of mass media. Poverty is strongly correlated with adolescents' mother or having a sister who has become pregnant are critical life events for becoming a teen mother. Other factors associated with teenage pregnancy include low social values and low self-esteem of girls, assault and low level of contraceptive use. In addition, Bradley (2001), pointed out that early pubertal development, lack of attentive and nurturing parents, culture and patterns of early sexual experience, lack of school performance were predictors of early sexual intercourse. Forest (2009), also posited the potential risk factors for a teenage girl to have early sexual behavior to include having multiple sexual partners, early use of alcohol or substance abuse, and lack of academic achievement. United Nations identified adolescent pregnancy to be associated with higher rates of morbidity and mortality for mother and infant, and asserted that teenage mothers are at risk of socio-economic disadvantage in their life time than those who delay child bearing until they are above twenty years of age; the younger the mother, the greater the likelihood that she and her baby will experience health complications. The vulnerability of adolescent female heightens due to biological and social reasons and they are prone to pregnancy and childbearing complications such as obstructed labour, retardation of fetal growth, premature birth and vesico-vaginal fistula. They are also prone to abortion, sexually transmitted infections and other social vices such as substance abuse. Baral (2004), also submitted that teenage mothers seem to be at higher risk of prenatal complications with child bearing. They have a higher incidence of low birth weight babies, and these babies are usually associated with birth injuries, serious

childhood illnesses and mental/physical disabilities. Teenage pregnancy affects the academic performance of adolescents as it could lead to lack of involvement at school and/or drop out of school, and the children of teenage mothers are likely to be at greater risk of low intellectual mothers and academic achievement. It also hampers the further education of female adolescents and consequently earning capacity and over all well-being. It threatens the adolescent girls' educational career and their future economic prospects as well. Psychological and social problems implicated in adolescents' pregnancy include school interruption, persistent poverty, unmarried opportunity, separation from the child's father, divorce and repeat pregnancy. WHO stated that an approach for prevention of teenage pregnancy would be to create an awareness and encourage abstinence through educational program, clinic focused program to bring about behavioural change in the teens and effective contraceptive use. Forest (2009), posit that adolescent sex education to prevent teenage pregnancy has recently gained importance for risk of sexually transmitted infections, premarital sex and pregnancy. Selective and successful sex education program can decrease sexual activity and increase contraceptive use in sexually active youths.

Methods

Descriptive Survey research design was used for the study. This design was considered appropriate for the study because it involved a fraction of the population that has the same characteristics. The appropriateness of this research design could be adduced from the use in similar studies by previous researchers including Alline & Johnson (2002), Barkson (2002) and Ben (1990).

The accessible population for the study consisted of three hundred adolescent students in urban Girls Secondary School Onitsha, Anambra State. The main instrument used for data collection was structured questionnaire. The questionnaire was self-developed by the researcher following review of related literature.

The questionnaire was in two sections, section A contained Personal data on background information of the respondents while section B contained fifteen questions on teenage pregnancy. The instrument was submitted to health education experts in Nwafor orizu College of Education Nsugbe, Anambra State. All their corrections were adequately effected in restructuring the instrument.

Reliability of the instrument was established by exposing the structured questionnaire twice for reliability using test-retest method. Ten female students of Anglican Girls Secondary School Onitsha were used for test-re-test. After fourteen days, a retest with the same but fresh copies of the instrument were made. The results were subjected to reliability co-efficient (PPMCC) which yield high positive correction of 0.82. Three hundred (300) copies of the questionnaire administered were returned and used for data analysis. The responses to the structured questionnaire were fed into the computer by a statistician using computer based epidemiological information version 6.1 software.

Results

The response rate was 100% and data on socio-demographics were recorded reflecting the age, religion, marital status and ethnicity. Data were collected on the associated factors responsible for teenage pregnancy as well as on the type of parenting acting as a contributory factor of negligence. On the associated factors responsible for teenage pregnancy, the findings showed that 140 (46.7%) admitted lack of parenting as the

responsible factor, 110 (36.7%) attributed teenage pregnancy to lack of self-control, 40 (13.3%) reported lack of sex education and 10 (3.3%) believe teenage pregnancy to be attributed to poverty. The type of parenting that acted as a contributory factor was polygamous family size (60%), monogamous family (26.7%) and single parenting was reported by 40 (13.3%) as contributory factors. It shows that majority of the respondents reported that teenage pregnancy leads the adolescent to drop out of school, 180 (60%) and 60 (20%) among the respondents admitted that it could lead the adolescents to commit abortion, while 50 (16.7%) admitted that it could lead to sexually transmitted infections; only 10 (3.3%) reported infertility as a possibility. On the aftermath implication of teenage pregnancy, many of the students admitted that, malnutrition, anaemia, and bleeding are prevalent during pregnancy and delivery periods.

Discussion

In assessing the factors responsible for teenage pregnancy, majority (46.7%) posited that lack of parenting was responsible for teenage pregnancy. This corroborates the earlier findings of Bradley (2001), that lack of parenting was the major factor responsible for teenage pregnancy. Furthermore, respondents identified lack of self-control (36.7%) as a factor responsible for teenage pregnancy, while some (13.3%) believe lack of sex education was responsible. This supports the work of Forest (2009), which indicated lack of self-control and lack of sex education as responsible factors for the occurrence of teenage pregnancy. In addition, findings from this study also reveal the type of parenting that acts as a contributory factor of negligence responsible for teenage pregnancy. Majority of the respondents (60%) said polygamous family parenting acts more as a contributory factor. This study partially corroborates the work of Forest which says that lack of supportive environment, lack of involvement in the family or community activity or poor quality family relationships are the factors responsible for teenage pregnancies. These parameters are very imminent in polygamous family system in Nigeria. Further findings showed that school dropout was the most prevalent (60%) as the resultant effect (implications) of teenage pregnancy on adolescent health and education. WHO (2000), pointed out that, an approach for prevention of teenage pregnancy with awareness of sex education should be included in the school curriculum for youths, as this will invariably prevent school dropout from teenage pregnancy. Also a significant proportion of the respondents (36.7%) are aware of the implication of teenage pregnancy to include abortion and sexually transmitted infections. Mazur (2002) also posited that teenagers suffer from various pregnancy complications like obstructed labour, retardation of fetal growth, premature birth, vesico-vaginal fistula (VVF) and recourse to abortion.

Conclusion

Based on Findings, the following conclusions were drawn:

1. The study highlighted that urban girl's secondary school perceive teenage pregnancy as a potential barrier to their education and health.
2. They also identified most of the factors associated with teenage pregnancy. This could be an indication of the fact that they were well informed at home or school.
3. The adolescent must understand the physiological and psychosocial changes they are going through. This will help them to adopt and adjust to those changes and managing their identity to avoid crisis as it relates to their sex and sexuality.

Recommendations

Based on the Findings and conclusion, the following recommendations were made.

1. Health education and prevention interventions should be sustained and improved upon to ensure that adolescent are aware of the problem associated with teenage pregnancy and the need to avoid it.
2. Health care workers, teacher and parent of the adolescent should be educated appropriately on how to deal with adolescent sex and sexuality in order to prevent the occurrence and the complication of teenage pregnancy.
3. The adolescent must understand the physiological and psychosocial changes they are going through. This will help them to adopt adjust to those changes and managing their identity to avoid crisis as it relates their sex and sexuality.
4. The government in conjunction with non-governmental organisation should embark on enlightenment campaign to educate female students in various schools on dangers of teenage pregnancy.

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