DETERMINANTS OF TEENAGE PREGNANCY EXPERIENCE IN OYE-EKITI LOCAL GOVERNMENT, EKITI STATE, NIGERIA

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A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF DEMOGRAPHY AND SOCIAL STATISTICS, FACULTY OF HUMANITIES AND SOCIAL SCIENCES FEDERAL UNIVERSITY OYE-EKITI, EKITI STATE.

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CERTIFICATION

This is to certify AIYEJURO ESTHER FEYIKEMI of the Department of Demography and Social Statistics, Faculty of Humanities and Social Sciences, Federal University Oye-Ekiti, carried out a research on the topic "DETERMINANTS OF TEENAGE PREGNANCY EXPERIENCE IN OYE-EKITI LOCAL GOVERNMENT, EKITI STATE, NIGERIA" in partial fulfillment of the award of Bachelor of Science (B. Sc) in Federal University Oye-Ekiti under my Supervision.

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DEDICATION

I wish to dedicate this project to my parent Mr. and Mrs. Aiyejuro who bestowed on me infinite mercy during the course of my study in this institution.

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I praise the Almighty God for His mercy, loving, kindness and grace which accompanied me during the entire research project.

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TABLE OF CONTENT

LIST OF FIGURE

LISTS OF TABLES

LISTS OF ACRONYM

AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
EBP	EVER BECOME PREGNANT
HIV	HUMANE IMMUNE VIRUS
PIH	PREGNANCY-INDUCED HYPERTENSION
STD	SEXUALLY TRANMITTED DISEASE
TIB	THEORY OF INTERPERSONAL BEHAVIOUR
TPB	THEORY OF PLANNED BEHAVIOUR
TSRH	TEENAGE SEXUAL AND REPRODUCTIVE HEALTH
UBE	UNIVERSAL BASIC EDUCATION
UNICEF	UNITED NATION CHILDREN FUND
VVF	VESICO-VAGINAL FISTULA
WHO	WORLD HEALTH ORGANIZATION

ABSTRACT

Sub-Saharan Africa has one of the highest levels of teenage pregnancies in the world. It is often debated in literature as reasons of health concern and social problems (World Health Organization, 2008). This study hypothesizes that demographic factors do not significantly influence teenage pregnancy experience in Oye-Ekiti.

Data was collected via self-administered structured questionnaire to assess young girls' on Determinants of Teenage Pregnancy experience in Oye-Ekiti.

Convenience sampling technique was used doing the study. Three information selected for this study are Ayegbaju, Ilupeju, Oye located government. A minimum of 80 participants were selected from the three study areas, making a total of 250 participants.

Pregnancy experience (68%), bi-variate analysis shows that some of the socio-demographic variable are significant at p-value less than 0.05 while multivariate analysis at p-value<0.05, schooling status of adolescents are put into consideration, those who are still schooling are less likely but mother education such as secondary education are more likely to influence teenage pregnancy experience in Oye-Ekiti Local Government, Ekiti State, Nigeria.

The study therefore concludes that there was high rate of teenage pregnancy among the respondents and thus recommends that emphasis should be laid on the promotions of sexual education among the sexually active female adolescents in the study area.

CHAPTER ONE

GENERAL INTRODUCTION

1.0 INTRODUCTION

This chapter presents an introductory background to the research. It provides an avenue through which the content of the work and the overall procedure for the completion of the project can be observed. It progresses through the background to present study, the research problem that necessitated the work, the aim and objectives and to the expected contributions to knowledge, among other things.

1.1. BACKGROUND TO THE STUDY

Aikoye (2013) noted that the health, social and economic implication of teenage pregnancies is enormous, as it is the greatest killer of teenage girls worldwide (Channels Television, 2013). This is in tandem with a 2012 report from Girl effect which stated that pregnancy, abortion etc. are the number one killers of girls between 15-19 years old. The World Health Organization defines teenagers as individuals who are within the age group of 10-19 years. During this age most teenagers are curious about their body features and consequently start exploring sexuality. Some young teenagers may start sexual relationships (Oringanje, 2010). Teenagers, who are not well informed, may not have access to appropriate reproductive health services, which open them to greater risk of contracting Sexually Transmitted Infections (STIs). Teenagers are more likely to become pregnant as a result of lack of knowledge about appropriate contraceptives.

The National Population Commission (NPC) in Nigeria revealed that teenage pregnancy has turned a threat to the society as 'about 16 million girls aged between 15 and 19 years and two million girls under the age of 15 give birth every year, worldwide' (This Day Newspaper, 2013). In addition, about 50,000 teenage girls die in Nigeria every year as a result of pregnancy

complications. Some Nigeria cultures allow young women to begin childbearing in their teens. However, pregnancy at young age can be problematic due to physical health, mental health and socioeconomic consequences (Voeten, 1995). Many teenagers expose themselves to deadly and risky behaviors such as unprotected sexual activities resulting in teenage pregnancy, unsafe abortion, early childbirth, Sexual Transmitted Infections, etc. With a reproductive system not yet ready for the severity of pregnancy and childbirth, pregnant teenagers are liable to death in the labor room and, sometimes a life of pain and anguish in the clutches of vesico-vaginal fistula (VVF) which causes urine to leak uncontrollably through the vagina (The Union Newspaper, 2014). The issues of teenage pregnancy not only affect young mothers, but also have negative effects that lead to low educational attainment, economic loss and social problems in the country as a result of unemployment, high dependency ratio and family poverty etc.

Complications of pregnancy result in the deaths of an estimated 70,000 teen girls in developing countries each year. Young mothers and their babies are also at greater risk of contracting STDS, HIV/AIDS and other deadly diseases (Uzo, 2013). The incidence, socio-cultural aspects and health consequences of teenage pregnancy have been described in the literature from a global view point. It was noted in 2008 that 20% of women in Nigeria were sexually active by age 15, and the median age for first sex stood at 17.7 years for young women and 20.6 years for young men. An estimated 14 million young women aged 15-19 years gave birth each year between 1995 and 2000, with 12.8 million births occurring to teenagers in the developing countries. The rate of very early childbearing (i.e. before the age of 15 years) is not as common, but is substantial in several countries; 8-15% of girls in Bangladesh, Cameroon, Liberia, Malawi, Mali, Niger and Nigeria have had a child by the age of 15. A substantial proportion of unmarried teenagers gave birth in most countries of sub-Saharan Africa. The

proportion is low (6-10%) in Burkina Faso, Mali, Niger and Nigeria, but exceeds 50% in Kenya and is up to 75% in Botswana and 87% in Namibia. The National Teenagers Health Policy in Nigeria defines teenagers as individuals between the ages of 10 and 19 years. This age group makes up one third of Nigeria's total population of 148.1 million. Sexual and reproductive health issues lead the health challenges of teenagers in Nigeria and globally and this results from the sexual risk taking behavior prevalent among teenagers (Oringanje, 2010). Early sexual initiation lengthens the period of exposure to unwanted pregnancies, abortion, HIV, and other sexually transmitted infections (Coffey, 2008).

This project discusses the determinants that contribute to teenage pregnancy and its effects on national development. Recommendations will be provided for policy makers in Government and Non government Organization, teenager reproductive health, health workers, service providers and community organization. Suggestions, strategies for targeting parents/teachers to start sex education early, offer moral support for their girl child and find a way to reduce teenage pregnancy in society and the world at large. Effective use and accessibility to reproductive health services should also be developed (Acharya, 2009).

1.2 STATEMENT OF THE PROBLEM

Teenage pregnancy is a worldwide phenomenon affecting both developed and developing countries; it is a universal problem (Kyei 2012, Mersal etal. 2013). Sub-Saharan Africa has one of the highest levels of teenage pregnancies in the world. According to Nigerian Federal Ministry of Health (NFMH), 'one of the most important commitments a country can make for future economic, political, social, progress, stability and sustainable development is to address the health and development needs of its young population'. The Nigeria Demographic Health

Surveys (2008) stated that 23% of women age 15–19 are already mothers or are pregnant with their first child. Teenage pregnancy and childbearing is highest in the North-West zone (45%), North-East (39%), North-Central (22%), South-South (12%), and lower in the South West zone (9%), South-East (8%).

In Ekiti, 69% of teenage girls get married between the ages of 10 and 19. This is because early marriage and childbirth is promoted in the belief that it serves as a family income in terms of using their wives and children to work on the farm land to increase wealth from their agricultural produces. (Ayodele, Bimbola, etal 2007). Early pregnancy and marriage was as result of low income of parents. Early marriages however have negative effects on teenage reproductive health, education, social problems, risk of STI/HIV infection, deadly diseases etc. Statistics show that 6 out of 100 married girls in Ekiti die due to pregnancy complications. Also infants of teenage mothers are more likely to die before they reach 1year old thus contributing to high infant mortality rates. Furthermore, teenagers are exposed to obstructed labor and studies show that obstructed labor is responsible for 9 out of 10 vesico vaginal fistulae cases in Ekiti state (Ayodele, 2007). The aforementioned problems associated with teenage pregnancy stimulate the present study, which is an examination of factors that determine teenage pregnancy in Oye-Ekiti, Ekiti State Nigeria.

1.3 RESEARCH QUESTIONS

- What is the level of teenage pregnancy experience in Oye-Ekiti?
- Do socio-demographic factors (age, education, occupation, religion) influence teenage pregnancy experience in the study area?

1.4.1 GENERAL OBJECTIVE AND SPECIFIC OBJECTIVES

The main objective of this research is to examine determinants of teenage pregnancy experiences in the study area.

The specific objectives are:

- To reveal the level of teenage pregnancy experience in the study area.
- To examine the socio-demographic factors (age, education, occupation, religion etc) associated with teenage pregnancy experience in the study area.

1.5 JUSTIFICATION OF THE STUDY

According to the World Health Organization (WHO, 2008b), 16 million teenagers globally get pregnant and 95% of these births occur in low and middle income countries. Data from 51 countries indicated that 10% of girls were already mothers by the age of 16. This figure is higher in sub-Saharan Africa. The countries with the most prevalent teenage pregnancy rate and high birthrate are Brazil, Bangladesh, Congo, Ethiopia, India, Nigeria and the United States (WHO, ibid.). Many teenage girls lose their virginity by 15 years with 52% of these girls having unprotected sex. 24% of them with STIs reported still having unprotected sex (Coffey, 2008).

The menace of teenage pregnancy continues to be a major challenge to educators, government organizations, policy makers, academic scholars, health care providers, etc. Policies on Teenage Sexual and Reproductive Health (TSRH) in Nigeria have shown an increasing commitment to the development and health of young people. However, this commitment has been selective and has not fully addressed teenagers' needs. An example is the Federal Government's decision to leave the Child Rights Act implementation to the interpretation of individual states. Consequently, most states have not passed the Child Rights Act into law

(Adeyemo Falola, and Osiki, 2001; Ugoji, 2004). Ignorance of the Act is primarily responsible for the rejection of the dictates of the law. Besides, there are no programs addressing teenage pregnancy, sexual and reproductive health needs of teenagers in marriage. Government and non-governmental agencies should make reproductive health and services available and accessible to teenagers who are sexually active and strengthen existing programs and design new strategies. This study focuses attention is on teenage pregnancy based on the belief that if the behavioral pattern of the new generation of teenagers can be changed, the negative consequences resulting from teenagers' behavior and early pregnancy may be curtailed.

1.6 DEFINITIONS OF KEY TERMS

An operational definition of terms assists a researcher to express what is to be studied and how it will be investigated (Burns and Grove 2001:133). In this study, the following terms are integral to the research on teenage pregnancy.

Teenage

The World Health Organization (1996a: 4) defines teenage as 'a period of life extending from age of 10 to 19 years of age.' In this study, a teenage any male or female person within the ages of 10 to 19 years who is in a secondary school, either in junior class or senior class.

Teenage Mother

A teenage mother is "any young mother who are in aged 19 or younger at the time of the delivery of her baby, irrespective of the pregnancy outcome, and her marital status" (Jaqananen 1999:75).

Teenage Pregnancy

Teenage pregnancy refers to conception involving a girl of 19 years or younger.

Unintended or Unplanned Teenage Pregnancy

Refer to 'a pregnancy that is not planned for. It is unintentional or unwanted by the pregnant teenagers.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 INTRODUCTION

Globally, 16 million teenagers give birth each year accounting for 11% of births worldwide. 95% of these births occur in low and middle income countries (WHO, 2008b). The annual births per 1,000 women aged 15-19 years are as high as 165 in Angola, 177 in Liberia and 123 in Nigeria as compared to 1 in Democratic People's Republic of Korea, 4 in Netherlands and 6 in Sweden and Switzerland (UNICEF, 2008). Several factors – related to individual behavior, family and community situations, and cultural pressures – contribute to teen pregnancy. Giving teens the skills and motivation to make informed decisions about sexuality can reduce sexual risk-taking. Helping teens avoid other risk-taking behaviors may also help teens avoid a pregnancy (Ainsworth, 1984). Simultaneously, the negative effects of teenage pregnancy and birth are very obvious, rampant, and serious for the affected teenage girl, her child and the entire society in the area.

2.1 TEENAGE PREGNANCY

Teenage pregnancy and birth are considered a high risk the world over. The situation is however more life threatening in sub-Saharan African countries. As many sub-Saharan societies are characterized by ceaseless civil wars and inter-communal clashes, inadequate nutrition, insufficient medical care, poverty, poor living conditions and general poor health infrastructures are widespread (UNICEF, 2003). The social issues affecting teenage pregnancy can be identified in five distinct categories (National Campaign to Prevent Teenage Pregnancy, 2002).

These are development, out of wedlock births, poverty, workforce, positive child development and the role of the father in responsible child rearing.

From an international perspective, the determinants of teenage pregnancy in Nigeria are impactful on sub-Saharan Africa, as a third of African youths live in Nigeria. Early sexual initiation lengthens the period of exposure to unwanted pregnancies, abortion, HIV\AIDS, and other sexually transmitted diseases.

Reducing teenage pregnancy requires attention to gendered features of sexuality and the terms and conditions under which they have sex (Jewkes, Morrell and Christofides, 2009:685).Teenage pregnancy occurs in all societies, with considerable variation in magnitude and consequences among different countries and regions. In each case, a variety of complex socio-demographic and economic factors are involved. Some societies force teenage girls into early marriage. In the United Kingdom, the number of pregnancies in girls less than 16 years of age was estimated to be 9.4 per 1000 girls.

2.1.1 TEENAGE PREGNANCY AND SOCIO-ECONOMIC FACTORS

In many parts of the world especially in the developing countries like Nigeria parents encourage teenage marriage in hopes that there will be financial and social benefits to the family. Some other families use their young women as source of economic survival irrespective of where the young girl gets the money from (UNICEF, 2005). A school of thought sees teenage pregnancy as a form of deviance on the part of the pregnant teenager (Breheny and Stephens, 2010; Cherrington and Breheny, 2005; Luker, 1996). Another school of thought justifies the need to study and understand the issues relating to teenage pregnancy due to the likelihood of the pregnant teenager becoming economically deprived (Wilson and Huntington, 2005). Several

studies have documented the socio-demographic and socioeconomic characteristics of teenagers in the world. According to Kiraguet al. (1998), teenager's reproductive health has become a greater priority at policy level, as attested to by the recent conference papers on AIDS as well as the national Information, Education, Communication and Advocacy Strategy.

Teenage pregnancy is higher in economically poor households (Ayele, 2013; Lee, 2002). Teenagers from poor households are more likely to become pregnant or give birth than those from the wealthy or comfortable households. According to the Population Reference Bureau (2013), more than a quarter of teens aged between 15 and 19 from the poorest 20 percent of households have begun childbearing. The Population Reference Bureau (2013) observes that young girls from a low-income family are particularly likely to become pregnant as teenagers and to experience unintended pregnancy (Sonfield, et al 2013, Marcen and Bellido, 2013). The major assumption of the study is that unmarried teenage mothers tend to be from poor homes, and that they were thrown into their present predicament by their desire to gain monetary rewards from sexual relationships. Consequently, the teen age's child would be raised in a poorer state and the vicious cycle of poverty is extended.

2.1.2 TEENAGE PREGNANCY AND SCHOOL ATTENDANCE

Today, education has become the contemporary creed and about the surest way to attain self-reliance and economic growth and development. This was why the federal Government of Nigeria established the Universal Basic Education (UBE) Program in 1999. This has reaped identifiable fruits in the Southern part of Nigeria (Action Health Incorporated, 2011). Age at first marriage has however risen in the core north. Teenage pregnancy limits the young women the opportunities to advance in educational attainment or to develop meaningful livelihood skills

(Adamu et al., 2011 & Adebusoye-Makinwa 2006). In Zambia, 2,230 girls had been forced to drop out of school because of pregnancies. Natalie-Rico (2011:10) found that dropping out of high school has harmful results in incidents of teenage pregnancy all over the world. Teenage pregnancy is commonly related with school non-attendance and dropout. Pregnancy and its complications often prejudice teenagers to permanently leave school. In addition, gradual frequent absenteeism may be a signal of pregnancy symptoms.

Of the 42 million children who do not attend schools in Africa, about 60 % are girls (Chang"ach, 2012:4). The Australian Bureau of Statistics (2009) identified that one of the most long term implications on pregnant teenage mothers is not completing their education. According (Grant & Hallman, 2006), the effects of teenage pregnancy lead many young women in sub-Saharan Africa to stop schooling at the primary, junior or senior secondary class well past early teens and into their late teenage years, thus increasing their risk of pregnancy-related school disruptions. It is supported by Williams (2010:1) that "teenage mothers usually never complete senior school, let alone enter a university, so that the lower level of education doesn't allow them to get a better job or be ready for the parenting that is ahead of them".

Chigona and Chetty (2008) looked at teen mothers" views on the effects of teenage pregnancy on school attendance. The study conducted by Sodi (2009:21) reveal that in many cases, teenage mothers are not in a position to go back to school after delivery as they are forced to look after their children and others are threatened by their physical health conditions which do not make it conducive for them to go back to school. Mensch et al. (2001:289) and Eloundou-Enyégué (2004) maintain that although the literature addressing teenage pregnancy and childbearing in the developing world is large, few studies focus on the occurrence of schoolgirl pregnancy and its relationship to prior school experiences and subsequent educational

attainment. Varga (2003:162) contends that "even though girls are legally allowed to attend school during and after pregnancy in South Africa, they are often confronted by the stigma of teachers and peers in the school environment". Teenage mothers are 20% more likely to have no qualification at the age of 30 than a mother giving birth aged 24 and over (Lemos, 2009:14).

2.1.3 TEENAGE PREGNANCY AND EMOTIONAL BEHAVIOUR

Teenagers do not usually plan to get pregnant when they engage in sexual behavior. Teenage pregnancies are usually unplanned and have life-long impact on teenagers' lives (Wirkus & Maxwell, 2012). Their inability to foresee consequences of their behavior as well as psychological immaturity puts them at risk (Mokwena, 2003:49). Teenagers who have suffered the death of a loved one, separation or divorce of their parents or a major change such as moving or changing schools may have depression and a subsequent increased vulnerability to teen pregnancy (Varga, 2003). Early sexual activity, teenage pregnancy and multiple partners are also associated with pain and suffering from broken relationships, a sense of betrayal and abandonment, confusion about romantic feelings, altered self-esteem, depression, and impaired ability to form a healthy long-term relationship (Malhotra, 2008:89). Abe and Zane (1990:37) aver that the combination of poverty and existing distress is a good predictor of teenage pregnancy, and the stigma during or after pregnancy can lead to depression, social exclusion, low self-esteem and poor academic performance.

Depression and anxiety in pregnant teenagers can be linked to struggles such as school problems, relationships with peers, and difficulties at home (Hong, 2009:5). The negative impact of teenage pregnancy on the teenage mother is clearly revealed when she tends to face psychological, economic, and social problems which may lead to the interruption of the

developmental stage of self-identity formation, depressive symptoms, overdependence on parents, high levels of frustration, and problems with forming and maintaining personal relationships (Thompson, 2004:6). Québec (2011) maintains that teenage mothers often face consequences such as social isolation, poor life habits, low education level, maltreatment, stress, and depression. Acharya, Bhattarai, Poobalan, Van Teijlingen and Chapman (2010:6) maintain that pre-delivery, still birth, foetal distress, birth asphyxia, anemia, low birth weight, and pregnancy-induced hypertension (PIH) are encountered as consequences of teenage pregnancy.

Apart from medical consequences of teenage pregnancy such as pregnancy-induced hypertension (PIH), there are many adverse social consequences such as lower access to higher education, weak and unhealthy children and emotional effects of single motherhood (Dev Raj, Rabi, Amudha, Van Teijlingen & Glyn, 2010:7).The shock of an unwanted pregnancy can be emotionally traumatic and in situations where there is no emotional support, some teenagers may experience increased anxiety and frustration, depression, emotionally reject the existence of an unborn baby, become alienated from life, break communication with family and friends, and may eventually commit suicide (Bezuidenhout, 2009:38-39; Yampolskaya, Brown & Greenbaum, 2002:65). Bettsnirvana (2009) in Science-Daily (July 28, 2009) postulates that health, social and emotional problems are common among teenage mothers.

Teenage pregnancy leads to worry and emotional distress, painful symptoms emanating from STIs, and trips to doctor or clinic for treatment – all of which impact negatively on the emotions and the general behavior of a pregnant teenager (Bridges & Alford, 2010:2).A teenage mother generally lacks parenting skills, fails to understand what her child needs and does not realize the importance of smiling, touching or verbally communicating with her child – anger against society is taken out on the child and physical abuse is possible (Agarwal, 2006:8).

On the contrary, Seamark (2004:6) postulates that previous research has been preoccupied with demonstrating that early child-bearing creates serious disadvantages and overlooked the fact that young mothers are able to overcome obstacles and even derive psychological benefit from child-bearing and rearing.

2.1.4 TEENAGE PREGNANCY AND SCHOOL PERFORMANCE

Falling pregnant while still at school or at an educational institution generates a set of problems for which the teenager has to find a solution (Bezuidenhout, 2004:40). The first is where to leave the pregnancy or to have an abortion. Deciding to carry the unborn baby to full term means her education is interrupted at best and truncated in the very worst (Bezuidenhout, 2004:40). Poor academic performance leads to poor employment and financial prospects, which in turn have detrimental effects on the life of the mother and her baby (Enderbe, 2000:16). Thompson (2009) observed that "teenage pregnancy is associated with poor high school performance and decreased earnings later on in life". Mpaza (2006:25) maintains that once the baby is born, the teenage mother needs more time parenting the baby and much of the responsibility is carried out during the night, which leaves the teenager with less time to study and do homework. According to Ashcraft and Lang (2006), teenage pregnancy can have a profound impact on young mothers and their children by placing limits on their educational achievements and economic stability, and predisposing them to single parenthood and marital instability in the future.

Studies have shown that early motherhood is associated with low educational achievement, long-term benefit receipt, low or no income, low occupational status, or unemployment and this can affect teenage girl's well-being (Tsai & Wong, 2003:351). Bridges and Alford (2010:21) maintain that though students who are involved in teenage pregnancy

experience difficulties or challenges such as STIs or HIV as major obstacles to their academic success, schools can help students avoid these barriers to success particularly through comprehensive sex education (McManis & Sorensen, 2000:3).Agarwal (2006) supports this statement when he states that after giving birth, the young mother finds it difficult to keep up with her peers where academic performance is concerned and she is forced to repeat classes and exhibit poor scoring in standardized tests. The present study wished to establish whether or not educators in Nigeria area and other Africa countries believe that teenagers who fall pregnant in rural secondary schools do perform adequately in the classroom situation as compared to their peers.

Saunders (2005) provides a background of theoretical frameworks which have been used over the years to design effective sex education programs. There are four broad categories of theoretical frameworks (1) developmental theories, (2) perceived control theories, (3) attitude/intention theories, and (4) social learning theories. Developmental theories analyze individuals as they progress through distinct stages of growth. Students are separated according to their grade level which makes it easier to administer age appropriate sex information (Somers & Surmann, 2005). As teenagers progress through the different stages, they develop cognitively and acquire better decision-making skills which make it easier to set goals. Sex education programs that consider developmental stages are more effective in the long term. Many state laws on teenagers and sex education to be age appropriate. Research by Somers and Surmann (2005) shows that sex education programs that are administered at early ages are a predictor of desired teenage sexual behavior such as less risk -taking and less frequent sexual activity. Perceived Control Theory is used in developing effective education programs. The core component of Perceived Control Theory is that individuals who perceive themselves to be in

control of any given situation will act differently and more positively than someone who believes they are not in control (Bandura, 1977). Self-efficacy is defined by Bandura (1977) as one's belief in their ability to accomplish a task, and is critical in Perceived Control Theory. The following models (Theory of Planned Behavior, Theory of Interpersonal Behavior, and Health Belief Model) all influence teenagers' intentions and goals for sex. The main component of each model is whether or not someone intends to perform a behavior which is the best indicator of whether or not a person will actually perform that behavior. The Theory of Planned Behavior (TPB) is one of the simplest to implement in sex education programs and suggests that an individual's intention to perform a behavior is based on three variables: attitudes, social norms and perceived control (Saunders, 2005). Sex education programs that strive to increase contraceptive use have a basis in the TPB and consist of activities and assignments that strengthen positive attitudes towards contraceptive use. In addition, these sex education programs help participants learn what their peers believe about sexual behavior and pregnancy (Saunders, 2005).

Results from a study by Caron, Godwin, Otis, and Lambert (2004), in which a sex education intervention program was administered to high school students by other high school students found that both sets of students showed positive change such as decreasing sexual activity and increasing condom use. Knowing what their peers believe about sexual behavior may help reinforce positive social norms about contraception use. Another aspect of a sex education program modeled after the TPB is that it helps students figure out what barriers exists to practicing safe sex and help them overcome those barriers (Saunders, 2005).Similar to the TPB, the Theory of Interpersonal Behavior (TIB) is based on seven components that influence an individual's intention to perform a behavior: cognitive, affective, social, normative beliefs,

personal normative beliefs, role beliefs, and habit (Saunders, 2005). Of these components four are commonly addressed in sex education programs.

2.2 THEORETICAL FRAMEWORK

2.2.1 Social Disorganization Theory

The social disorganization theory is concerned with the failure of society members to attain shared morals or to solve jointly experienced challenges and manifests in the household and community (Bursik, 1988). The theory was proposed by Shaw and McKay in 1942 and is classically used to explain the levels of crime in different contexts (Kubrin, 2009; Shaw and McKay, 1942). The theory explains that crime is a function of neighborhood changes rather than a function of the individuals thereby occurring more often in 'bad' society as opposed to 'good' society (Shaw and McKay, 1942). The theory has adapted to the study of child abuse, crime rate, educational behavior of teenagers, violence and sexual abuse (Bowen et al., 2002; McNulty and Bellair, 2003; Tolan et al., 2003; Yahaya et al., 2013).

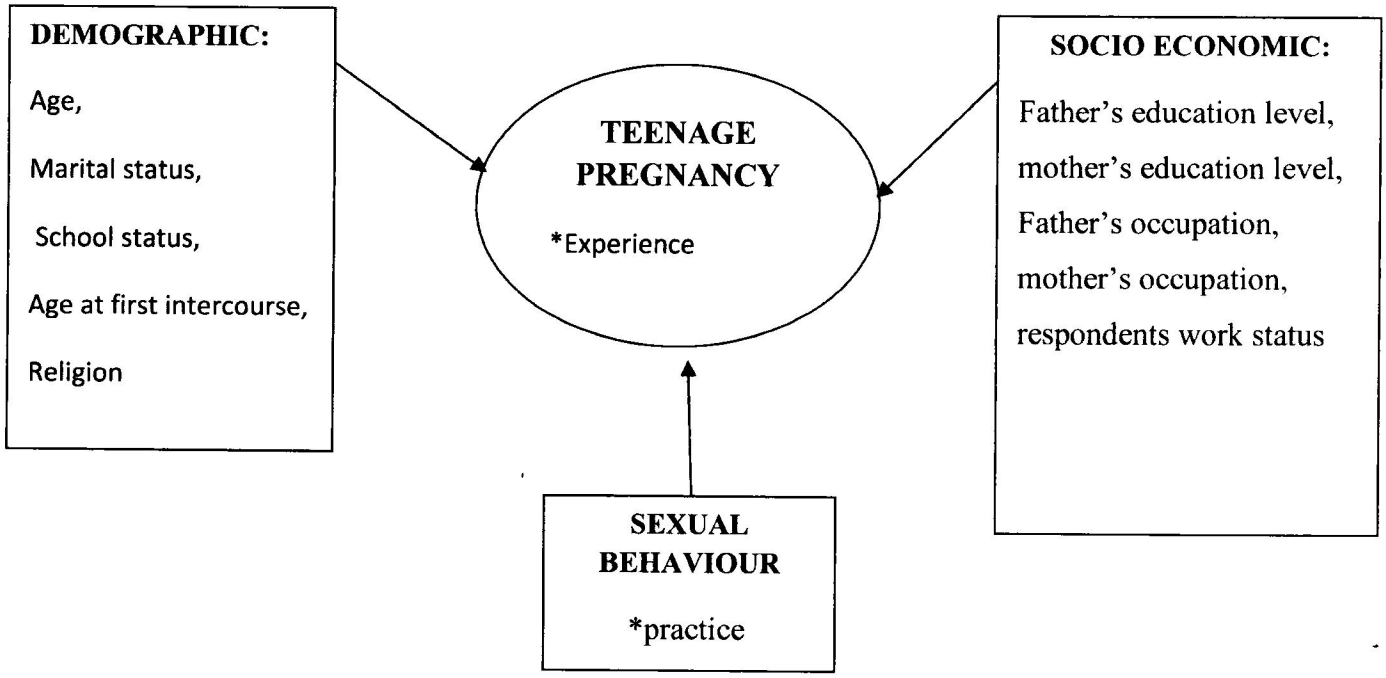
At household level, Nigeria shows high levels of social inadequacy precursors. This is displayed with high levels of gender-based violence and unemployment. The unemployment rate ranges from 20% to 30% depending on location in the country (Kingdon and Knight, 2004; Klasen and Woolard, 2009). Nigeria and some African countries have one of the highest levels of gender-based violence (Durojaye, 2011). Jewkes et al. (2010b) found that 23% of women aged 15 to 28 years old had experienced more than one episode of physical or sexual violence in Nigeria. Wilson (2012) reported that 15% of teenagers have been forced to have sex while Swart et al. (2002) found that half of all teenagers in passionate relationships had encountered gender based violence. Therefore, it is likely that social disorganization/inadequacy may increase

teenage pregnancy. This study is targeted at identifying the determinants of teenage pregnancy in Oye-Ekiti.

2.3 CONCEPTUAL FRAMEWORK

Studies have identified Nigeria as one of the countries with the highest prevalence of teenage pregnancies. The conceptual framework is presented in Figure 1. Independent variables which point out the major causes of teenage pregnancy such as family, community, peers pressure, and religious group are identified. The dependent variables which will indicate the effects of teenage pregnancy to the educational development of students and out of school youth are also examined. Independent variables in the form of family, friends, peer group, and community are identified too.

FIGURE 1.0



SOURCE: AUTHOR'S CONSTRUCT

In this framework, a conceptual structure has been constructed which will give a clear insights into the project. The framework shows the effects of background personality of teenagers on their pregnancy. Early pregnancy among teenage women results in a number of health complications of young mothers and crises with their fetuses. In fact, a number of complications arise during delivery.

2.4 HYPOTHESIS

- Socio-demographic factors (age, education, occupations) may highly influence teenage pregnancy experience in Oye Local Government

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

The present chapter is preoccupied with the provision of the details of the data for the research, how the data are to be gathered and the methodological strategies to be employed in the sorting, categorization and eventual analysis of the data for this research.

3.1 STUDY AREA

This study focused on the determinants of teenage pregnancy in Oye-Ekiti and environs. Oye-Ekiti Local Government Area was carved out of Ekiti North Local Government in 1989. The local government is bounded by Ido-Osi to the West, Ikole Local Government to the East, Irepodun/Ifelodun to the South, and Ilejemeje to the North. Respondents were selected from the following towns, community and villages which include Oye- Ekiti, Ayegbaju, Ayede, Ilupeju, Ire, Itapa, Itaji, Isan, Imojo, Ilafon, Ijelu, Ilemeso, Omu, Oloje, Osin, etc. The population of Oye-Ekiti was 136,800 (NPC, 2006; www.ekitistate .gov.ng). The inhabitants are Yoruba.

3.2 STUDY DESIGN AND SETTING

A quantitative descriptive cross-sectional study was conducted in Oye Local Government Area. Primary data was collected with the aid of a self-administered structured questionnaire. This assesses young girls' and the determinants of teenage pregnancy. In this study, all young girls in the study area (N= 250) were considered as a source population and the required sample size was drawn from this population. Systematic sampling method was used to guide the selection process in the community.

3.3 SAMPLING TECHNIQUES AND SAMPLE SIZE

To make the sample size representative, we employed a convenience sampling technique. Three informal settlements are selected. These are Ayegbaju, Ilupeju, and Oye all within Oye Local Government. A total of 250 participants were selected, a minimum of 80 participants from each study area.

- 250 sample size using ($Z^2pq/d^{2)}$ (non-response was removed bringing down the study population to 145)
- Z=1.96.....critical value
- P=0.205.....success rate
- Q=0.795.....failure rate
- D=0.05.....significant level

3.4 SAMPLE DESIGN

Data were collected using a structured self-administered questionnaire. Relevant literature constituted the secondary data source. In addition, Population Reference Bureau (PRB) and from instruments in similar studies. The questionnaire was pre-tested with 10 young girls in Itapa-Ekiti. Some questions were rephrased and amended based on pre-test feedback and suggestions. After this, the final questionnaire was generated.

3.5 DATA ANALYSIS

250 presently pregnant, ever pregnant and never pregnant young girls between the ages of 10 and 19 in Oye Local Government were selected. Frequency distribution and percentage were used to describe the characteristics of the target population. Cross tabulation with chi-square test was

carried out to test the association between the dependent and independent variables. Binary logistic regression was also used to analyze the data. The data from the questionnaires were analyzed using SPSS for Windows, version 16.0. Descriptive statistics were elicited for each of the questions.

BACKGROUND VARIABLE	DEFINITION OF TERMS	MEASUREMENT
Age	Age of respondents	15-19years
Current school status	Current educational level of respondents	Drop out (1) Still schooling (2)
Religion	Respondents religion	Christian (1) Islam(2) Traditional(3) Other(4)
Father Occupation	Respondents father's occupation	Civil/servant(1)Bus/trader(2)Clergy(3)Artisan/ self employed (4)Farmer(5)Not working(6)
Mother Occupation	Respondents mother's occupation	Civil/servant(1)Bus/trader(2)Clergy(3)Artisan/ self employed (4)Farmer(5)Not working(6)
Marital status	Respondents marital status	Single (1) Married (2) Other specify (3)
Family wealth status	Respondents wealth status	Poor (1) Average (2) Rich (3)
Parent's education level	Parent's educational level of the Respondents	No schooling (1) Primary (2) Secondary (3) Post- Secondary (4)
Sexual experience	Ever had sexual intercourse	No (1) Yes (2)
Pregnancy experience	Ever become pregnant	No (1) Yes (2)

3.6 DATA COLLECTION PROCESS

The questionnaire was administered in three towns which are Ayegbaju, Oye and Ilupeju. There were three data collectors attending to each town. Students of Community High School Ayegbaju Ekiti in Senior Secondary 1& 2 were given questionnaires. The young girls given

detailed information about the purpose, objectives and procedures of the research. They were also assured utmost confidentiality of their information. The interactive presentation of the study overview allowed potential participants opportunities to seek clarification. The purpose of this was to reduce the non-response rate.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 INTRODUCTION

This chapter involves the presentation and analysis of the data for the study. The chapter further provides information on the interpretation of findings.

4.1 PRESENTATION AND ANALYSIS OF DATA

TABLE 4.1.1: PERCENTAGE DISTRIBUTION OF TEENAGERS BY SOCIO-DEMOGRAPHIC BACKGROUND

VARIABLES	FREQUENCY (N=215)	PERCENTAGE (100%)
AGE		
10-14	8	3.72
15-19	207	96.28
MARITAL STATUS		
Single	155	72.09
Married	60	27.91
FAMILY TYPE		
Monogamy	130	60.47
Polygamy	85	39.53
RELIGION		
Christian	162	75.35
Islam	49	22.79
Traditional	4	1.86
SCHOOL STATUS		
Dropout	67	31.16
Still schooling	148	68.84

EDUCATION LEVEL		
Primary	5	2.33
Junior sec cert exam	28	13.02
Senior sec cert exam	112	52.09
Post-secondary	70	32.56
FATHER'S OCCUPATION		
Civil servant	65	30.23
Bus/trader/self	148	68.84
Unemployed	2	0.93
MOTHER'S OCCUPATION		
Civil servant	55	25.70
Bus/trader/self	155	72.43
Unemployed	4	1.87
FAMILY'S WEALTH STATUS		
Poor	51	23.72
Average	133	61.86
Rich	31	14.42
FATHER'S EDU LEVEL		
No school	18	12.36
Primary	44	35.96
Secondary	59	51.69
Post-secondary	94	43.72
MOTHER'S EDU LEVEL		
No school	28	13.02
Primary	27	12.56
Secondary	72	33.49
Post-secondary	88	40.93
PRESENTLY STAYING WITH		
Father	16	12.36
Mother	48	29.21

Both	85	32.58
Relative	9	6.74
Boyfriend	13	11.24
Alone	22	7.87
Other specify	22	10.23

SOURCE: (FIELD SURVEY JUNE, 2015)

Table 4.1.1 shows the information of the socio-demographic profile of the respondents. Teenagers in school and out of school were represented in the survey. 96.28% (207) of the respondents were between the ages of 15-19 years and the least age of the respondents, eight (8) of them representing 3.72%, was between 10-14 years. The table shows that majority of the respondents (155), representing 72.09%, are single, while 27.91%, that is 60, are in union. However, few of these unions were within the proper and formal marriage. Majority of the married teenagers moved in with the man when they found out that they were pregnant. As regards the family type, 60.47% (130) had parents in monogamous relationships while 39.53% (85) were from polygamous families. The table revealed that 75.35% (162) of the teenagers were Christian with only 22.79% (49) being Muslim and 1.86% (4) were traditional worshippers.

Also, 31.16% (67) of the student were junior secondary school drop-outs while 68.84% (148) were still schooling. The table revealed that majority of the teenagers had senior secondary certificate examination (SSCE) 52.09% (112) while 32.56% (70) have post-secondary education. 13.02% were in junior secondary school while 2.33% (5) had primary education. The table showed that 68.84% (148) of the respondents had fathers who were businessmen, 30.23% (60) were civil servants while 0.93% (2) were not working. The dominant occupation of the mothers was trader/businesswoman with 72.43% (155) while 25.70% (55) were civil servants and 1.87% (4) was unemployed.

It was further revealed that 61.86% (133) belong to the average home, 23.72% (51) are from the poor home and 14.42% (31) indicated that they are from rich home. The table indicated that 43.72% (94) of the teen's fathers were with post-secondary education, while 27.44% (59) had secondary school education. 20.47% (44) had primary education and 8.37% (18) of the fathers had no school education. It further shows that 40.93% (88) of the teen's mothers had post-university education, 33.49% (72) had secondary education, 12.56% (27) had primary education, and 13.02% (28) were with no education.

Furthermore, the table shows that 14.88% (85) of the teenagers were living with both parents. 22.33% (48) were living with their mothers, 5.12% (22) were living with their boyfriend, while 3.26% (22) were staying alone. 7.44% (16) stay with their fathers, and 2.79% (9) stay with relatives.

TABLE 4.1.2: SEXUAL BEHAVIOR AND PRACTICE

RESPONDENTS	**FREQUENCY**	**PERCENTAGE (%)**
EVER HAD SEXUAL INTERCOURSE		
No	50	23.26
Yes	165	76.74
TOTAL	**215**	**100%**
DID YOUR FIRST SEXUAL INTERCOURSE LEAD TO PREGNANCY		
No	120	64.17
Yes	67	35.83
TOTAL	**187**	**100%**

HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE		
10-14	25	14.97
15-19	142	85.03
TOTAL	**167**	**100%**
WITH WHO		
Boyfriend	129	77.25
Relative	16	9.58
Casual friend	16	9.58
Other	6	3.59
TOTAL	**167**	**100%**
WAS THE PERSON		
Younger	16	9.64
Same age	41	24.70
Older	109	65.66
TOTAL	**166**	**100%**
WHAT PROMPTED YOU INTO AN EARLY SEXUAL INTERCOURSE		
Love	64	29.77
Ignorant	35	16.28
Parental guide/peer pressure	11	5.12
Benefits	44	20.47
Other	61	28.37
TOTAL	**215**	**100%**
HAVE YOU EVER HEARD OF ANY METHOD OF CONTRACEPTION		
NO	61	31.12
YES	135	68.88
TOTAL	**196**	**100%**

HAVE YOU EVER USE OF ANY METHOD OF CONTRACEPTION		
No	136	69.74
Yes	59	30.26
TOTAL	**195**	**100%**
HAVE YOU HAD SEXUAL INTERCOURSE WITH ANYONE IN THE LAST 6 MONTHS OTHER THAN YOUR SPOUSE?		
No	123	67.21
Yes	51	27.87
Don't know	9	4.92
TOTAL	**183**	**100%**
HAVE YOU EVER BECOME PREGNANT?		
No	85	41.46
Yes	120	58.54
TOTAL	**205**	**100%**
HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST PREGNANCY?		
10-14	8	6.90
15-19	108	93.10
TOTAL	**116**	**100%**
HOW DID YOU HANDLE THE SITUATION WHEN YOU FIND OUT THAT YOU WERE PREGNANT?		
Plan to keep it	69	60.00
Plan to terminate it	46	40.00
TOTAL	**115**	**100%**
WHERE DID YOU STAY DURING THE PERIOD OF PREGNANCY?		
Parents house	62	53.45
Stay with spouse	36	31.03

Stay with spouse parent	8	6.90
Others	10	8.62
TOTAL	**116**	**100%**
DO YOU ATTEND/RECEIVE ANTE-NATAL CARE DURING PREGNANCY?		
No	37	33.33
Yes	74	66.67
TOTAL	**111**	**100%**
DID YOU EXPERIENCE ANY COMPLICATIONS DURING PREGNANCY		
No	64	59.81
Yes	43	40.19
TOTAL	**107**	**100%**

SOURCE: (FIELD SURVEY JUNE, 2015)

Table 4.1.2 shows that 76.74% (165) of the teenagers have had sexual intercourse while 23.26% (50) indicated that they have not had sexual intercourse. Also shows that 64.17% of the teenagers had first sexual intercourses that did not lead to pregnancy while for 35.83%, the first sexual intercourse led to a pregnancy. In addition, 14.97% of teenagers experienced their first sexual intercourse between ages 10-14 while 85.03% of them had their first sexual intercourse in aged between 15-19years. 77.25% of the teenagers had first sexual intercourse with their boyfriend, 9.58% had sexual intercourse with their relative, and 9.58% had sex with their casual acquaintance, while 3.59% said other. The table shows that 9.64% of the teenagers said that their sex partner were younger, 24.70% of them indicate that they are of the same age while majority 65.66% said the person was older than them.

The table further shows that 29.77% of the teenagers said that it was love that prompted them into an early sexual intercourse. 16.28% indicated that ignorance prompted them and 5.12% of them said it was lack of parental guide/peer pressure that prompted them into early sexual intercourse. In addition, 20.47% said benefits from their spouse prompted them while 28.37% indicated other was the reason why they engage in their first sexual intercourse.

68.88% of the respondents stated that they have heard of a method of contraception whereas 31.12% of them have not heard of any. Teenagers who have used a method of contraception were about 30.26% while about 69.74% of them had not used. The table also showed that 27.87% of teenagers have had sexual intercourse with other partner apart from their spouse in the last 6 months, while 67.21% of them have not. 4.92% stated that they did not know.

58.54% of teenagers had been pregnant while 41.46% of them have not. 8 out of 116 (6.90%) who had experienced pregnancy had got pregnant were between ages 10-14 while 93.10% of respondents were between ages 15 and 19. Furthermore, 60.00% of the teenagers kept the pregnancy as a way of handling the situation when they found out that they were pregnant while 40.00% planned to terminate the pregnancy. The table shows that teenagers who stayed in their parents' house during pregnancy were 53.45% and those who stayed with their spouse were 31.03%. In addition, 6.90% stayed with their spouse's parent, while 8.62% stayed in other places. 66.67% of the teenagers attended/received ante-natal care during pregnancy while 33.33% of them did not. The table also showed that 40.19% of the respondents experienced complication during pregnancy while 59.81% of them did not.

TABLE 4.2.1: RESPONDENTS' OPINION ABOUT DETERMINANTS OF TEENAGE PREGNANCY IN OYE-EKITI LOCAL GOVERNMENT

RESPONDENTS	STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
CONTRACEPTIVE AVAILABILITY ENCOURAGES TEENAGE PREGNANCY	31 (14.42%)	41 (19.07%)	52 (24.19%)	44 (20.47%)	47 (21.86%)
BENEFIT TO FAMILY ENCOURAGES TEENAGE PREGNANCY	61 (28.37%)	47 (21.86%)	28(13.02%)	33(15.35%)	46 (21.40%)
POVERTY ENCOURAGES TEENAGE PREGNANCY	66 (30.70%)	81 (37.67%)	14 (6.51%)	27(12.56%)	27 (12.56%)
LOW FAMILY EDUCATION ENCOURAGES TEENAGE PREGNANCY	78 (36.28%)	61(28.37%)	10 (4.65%)	27 (12.56%)	39 (18.14%)
DIVORCE OF PARENTS ENCOURAGES TEENAGE PREGNANCY	83 (38.60%)	70(32.56%)	10 (4.65%)	23 (10.70%)	29 (13.49%)

LARGER FAMILY SIZE AND INCREASED RELIANCE ON PUBLIC ASSISTANCE ENCOURAGES TEENAGE PREGNANCY	57 (26.51%)	75 (34.88%)	28 (13.02%)	26 (12.09%)	29 (13.49%)

SOURCE: (FIELD SURVEY JUNE, 2015)

Table 4.2.1 revealed that 31 (14.42%) of the respondents strongly agreed while 41 (19.07%) agreed that contraceptive availability encourages teenage pregnancy in the study area. 52 (24.19%) said no opinion while 44 (20.47%) disagreed and 47 (21.86%) strongly disagree.

The table illustrated that 61 (28.37%) respondents strongly agree, 47 (21.86%) agree and 28 (13.02%) were of no opinion on whether family encourages teenage pregnancy. 33 (15.35%) disagree and 46 (21.40%) strongly disagree. It further shows that about 66 (30.70%) of the respondents' strongly agree that poverty encourages teenage pregnancy (37.67%). 81 agree while 14 (6.51%) said they had no opinion. 27 (12.56%) of the respondents disagree while approximately 27 (12.56%) strongly disagree to it. The table further illustrated that about 78 (36.28%) respondents strongly agree that low family education encourages teenage pregnancy in the study area. 61 (28.37%) agree; 10 (4.65%) were of no opinion; 27 (12.56%) disagree and 39 (18.14%) strongly disagree.

Also, 83 (38.60%) respondents strongly agree and 70 (32.56%) agree that the divorce of the parents is a determinant of teenage pregnancy in the study area. 10 (4.65%) had no opinion, while 23 (10.70%) disagree. 29 (13.49%) strongly disagree.

TABLE 4.2.2: RESPONDENTS' OPINION ABOUT DETERMINANTS OF TEENAGE PREGNANCY IN OYE-EKITI LOCAL GOVERNMENT

PLACE OF RESIDENCE ENCOURAGES TEENAGE PREGNANCY	57 (26.51%)	75 (34.88%)	28(13.02%)	26 (12.09%)	29 (13.49%)
GETTING PREGNANT AS SECONDARY SCHOOL GIRL IS OKAY	8 (3.72%)	12 (5.58%)	12 (5.58%)	112(54.42%)	66 (30.70%)
GETTING PREGNANT AS A SECONDARY SCHOOL GIRL TO SOMEONE THAT PROMISED TO MARRY ME IS OKAY	14(6.51%)	33 (15.35%)	9 (4.19%)	80 (37.21%)	79(36.74%)
GETTING PREGNANT AS A SECONDARY SCHOOL GIRL TO SOMEONE WHO IS WORKING IS OKAY	18 (8.37%)	45 (20.93%)	9 (4.19%)	65 (30.23%)	79 (36.28%)

GETTING PREGNANT AS A SECONDARY SCHOOL GIRL TO SOMEONE WHO CAN TAKE CARE OF ME IS OKAY	25 (11.63%)	40 (18.60%)	9 (4.19%)	61 (28.37%)	80 (37.21%)
TEENAGE PREGNANCY IS ASSOCIATED WITH DISCRIMINATION	66 (30.70%)	71 (33.02%)	26 (13.09%)	19 (8.84%)	33 (15.35%)
TEENAGE PREGNANCY LEADS TO COMPLICATIONS	69 (32.09%)	88 (40.93%)	24 (11.16%)	12 (5.58%)	22 (10.23%)
TEENAGE PREGNANCY LEADS TO DROPPING OUT FROM SCHOOL	102 (47.66%)	61(28.50%)	11 (5.14%)	16 (7.48%)	24 (11.21%)

SOURCE: (FIELD SURVEY JUNE, 2015)

Table 4.2.2 was indicated that about 57 (26.51%) of the respondents strongly support and 75 (34.88%) also supports that larger family size and increased reliance on public assistance encourages teenage pregnancy. 28 (13.02%) had no opinion and 26 (12.09%) disagree while 29 (13.49%) strongly disagree. The table also shows that about 45 (20.93%) of the respondents strongly support and 77 (35.81%) agree that residency encourages teenage pregnancy. 35 (16.28%) had no opinion while 21 (9.77%) disagree and (16.74%) 36 strongly disagree.

The table revealed that 117 (54.42%) strongly disagrees and 66 (30.70%) also disagree that getting pregnant as a secondary school girl to someone is okay. 8 (3.72%) strongly agree, 12 (5.58%) agree while only 12 (5.58%) had no opinion. The respondents stated that young

the idea while (4.19%) 9 say no opinion. Majority of the respondents were of the opinion that teenage girls should be allow to complete their education, in other not to deny them academically, socially, economically.

Still, the table shows that 69 (32.09%) of the respondents strongly concurred and about 88 (40.93%) also agree; 24 (11.16%) say no opinion and 12 (5.58%) strongly disagree and 22 (10.23%) of them disagree that teenage pregnancy leads to complications in terms of medical problems such as bleeding, low baby weight, fainting, shortage of blood etc, due to the fact that the young girl is not physically mature to pregnant, it leads to high rate of teenage mortality, fetus losses, underweight of infants etc. Lastly, the table also displayed that 102 (47.66%) of the interviewers strongly consent to and 61 (28.50%) of them agree that teenage pregnancy leads to dropping out from school. 11 (5.14%) stated that they had no opinion and 16 (7.48%) strongly disagree while 24 (11.21%) disagree to it. Secondary schools prohibit students from getting pregnant and maintaining school attendance. This usually signals a stop to secondary school education for such young mothers.

TABLE 4.3: BIVARIATE ANALYSIS REVEALING THE SIGNIFICANT RELATIONSHIP BETWEEN OTHER SOCIO-DEMOGRAPHIC VARIABLES AND PREGNANT EXPERIENCE

		PREGNANCY EXPERIENCE			
S/N	**VARIABLES**	**NEVER EXPERIENCE**	**EVER EXPERIENCE**	**TOTAL**	**$\chi 2$ (P VALUE)**
1	**AGE**				
	10-14	4 (66.67%)	2 (33.33%)	6 (100%)	

	15-19	81 (40.70%)	118 (59.30%)	199(100%)	$\chi2$=1.6176
	TOTAL	**85 (100%)**	**120 (100%)**	**205 (100%)**	p-value =0 .203
2	**MARITAL STATUS**				
	SINGLE	73 (50.34%)	72 (49.66%)	145 (100%)	
	MARRIED	12 (20.00%)	48 (80.00%)	60 (100%)	$\chi2$=16.100 p-value
	TOTAL	**85 (41.56%)**	**120 (58.54%)**	**205 (100%)**	=0 .000
3	**FAMILY TYPE**				
	MONOGAMY	54 (43.90%)	69 (56.10%)	123 (100%)	$\chi2$= 0.753
	POLYGAMY	31 (37.80%)	51 (62.20%)	82 (100%)	p-value = 0.385
	TOTAL	**85 (41.46%)**	**120 (58.54%)**	**205 (100%)**	
4	**RELIGION**				
	CHRISTIAN	62 (40.52%)	91 (59.48%)	153 (100%)	
	ISLAM	23 (47.92%)	25 (52.08%)	48 (100%)	$\chi2$=3.7127 p-value
	TRADITIONAL	0 (0.00%)	4 (100%)	4 (100%)	=0.156
	TOTAL	**85 (41.46%)**	**120 (58.54%)**	**205(100%)**	
5	**SCHOOL STATUS**				
	DROP OUT	7 (10.61%)	59 (89.39%)	66 (100%)	
	STILL SCHOOLING	78 (56.12%)	61 (43.88%)	139 (100%)	$\chi2$=38.186 p-value
	TOTAL	**85 (41.46%)**	**120 (58.54%)**	**205 (100%)**	= 0.000
6	**EDUCATIONAL LEVEL**				
	PRIMARY	1 (25.00%)	3 (75.00%)	4 (100%)	
	JUNIOR SEC CERT EXAM	10 (35.71%)	18 (64.29%)	28 (100%)	$\chi2$=15.118 p-value

	SENIOR SEC CERT EXAM	33 (31.43%)	72(68.57%)	105(100%)	=0.002
	OTHER SPECIFY	41 (60.29%)	27 (39.71%)	68 (100%)	
	TOTAL	**85 (41.46%)**	**120 (58.54%)**	**205 (100%)**	
7	**FAMILY WEALTH STATUS**				
	POOR	14 (28.00%)	36 (72.00%)	50 (100%)	$\chi2$=5.4769
	AVERAGE	55 (44.35%)	69 (55.65%)	124 (100%)	p-value
	RICH	16 (51.61%)	15 (48.39%)	31 (100%)	=0.065
	TOTAL	**85 (41.46%)**	**120 (58.54%)**	**205 (100%)**	
8	**FATHER'S EDU LEVEL**				
	NO SCHOOL	6 (33.33%)	12 (66.67%)	18 (100%)	
	PRIMARY	12 (29.27%)	29 (70.73%)	41 (100%)	$\chi2$=0.5205
	SECONDARY	15 (57.78%)	38 (42.22%)	56 (100%)	p-value
	POST-UNIVERSITY	52 (57.78%)	38 (42.22%)	90 (100%)	=0.771
	TOTAL	**85 (41.46%)**	**120 (58.54%)**	**205 (100%)**	
9	**MOTHER'S EDU LEVEL**				
	NO SCHOOL	12 (42.86%)	16 (57.14%)	28 (100%)	
	PRIMARY	6 (24.00%)	19 (76.00%)	25 (100%)	
	SECONDARY	19 (27.94%)	49 (72.06%)	68 (100%)	$\chi2$=16.795
	POST-UNI	48 (54.14%)	36 (42.86%)	84 (100%)	p-value
	TOTAL	**85 (41.46%)**	**120 (58.54%)**	**205 (100%)**	=0.001
10	**PRESENTLY STAYING**				

	WITH				
	FATHER	1 (9.09%)	10 (90.91%)	11 (100%)	$\chi2$=25.668
	MOTHER	4 (15.38%)	22 (84.62%)	26 (100%)	p-value
	BOTH	8 (27.59%)	21(72.41%)	29 (100%)	=.000
	RELATIVE	1 (16.67%)	5 (83.33%)	6(100%)	
	BOYFRIEND	0 (0.00%)	10 (100%)	10 (100%)	
	ALONE	0 (0.00%)	7(100%)	7 (100%)	
	TOTAL	**14 (100.00%)**	**75 (100.00%)**	**89**	
11	**EVER HAD SEXUAL INTERCOURSE**				
	NO	41 (95.35%)	2 (4.65%)	43 (100%)	$\chi2$=65.096
	YES	44 (27.16%)	118 (72.84%)	162 (100%)	p-value
	TOTAL	**85 (41.46%)**	**120 (58.54%)**	**205 (100%)**	=0.000

SOURCE: (FIELD SURVEY JUNE, 2015)

Table 4.3 revealed that age of the respondents and Ever Become Pregnant (EBP) are significant predictors among teenagers in the study area. From the table above, there is a significant relationship between Age and Ever Become Pregnant (EBP) ($\chi2$=17.7807 p-value=0.000) it revealed that Martial status and Ever Become Pregnant (EBP) are significant predictors among teenagers in the study area. From the table above, there is a significant relationship between marital status and Ever Become Pregnant (EBP) ($\chi2$=9.3268 p-value=0.002) indicating that teenagers who are single are 55%, while approximately 40% of them are married; only 5% of the teenagers did not respond to the question. This statistics shows that teenagers who have Become

Pregnant and not staying with their spouse or father of their child are higher than those who indicate that they are married. In the survey, 5% of the teenagers did not indicate whether married or single.

The table shows that school status and Ever Become Pregnant (EBP) are important factors of school status among the teenagers in the survey area. It implies that there is a significant relationship between school status and ever become pregnant ($\chi 2$=54.648 p-value .000) reveal that teenager dropouts as a result of pregnancy are 52%, while 48% indicate that they are still in school. Teenagers who are still schooling are those who have given birth after being pregnant went back to school, or those who have terminated the pregnant in other not to put an end to their education. Some of the pregnancy was not intentionally induced, spontaneous abortion also contributed to it such as physical, social, economic, mental incompetent of the teenagers resulting in miscarriage, fetal loss, complications etc.

The table also shows that educational level of the teenagers in the study area and Ever Become Pregnant are crucial. There is a significant association between educational level and ever become pregnant ($\chi 2$=30.170 p-value .000) meaning that teenagers who are in their SSCE have become pregnant with 61% than those in other education and junior level. It also shows that most of the teenagers who had ever become pregnant experience it SSCE level, while 17% had pregnant in higher education 18% experienced pregnancy in junior secondary level and only 4% in their primary become pregnant. The table revealed that there is a positive relationship between family wealth status and Ever Become Pregnant ($\chi 2$=10.992 p-value.004). Family wealth is an important drive of teenage pregnancies in the study area. This is indicated in that 57% of the teenagers from an average family had become pregnant before the age of 18years, approximately

32% from a poor family had become pregnant while almost 12% from the rich home are being pregnant.

Furthermore, the table shows that there is a significant relationship between the father's occupation and Ever Become Pregnant ($\chi2$=26.283 p-value.000) meaning that almost 12% teenagers who their father had no school had been pregnant in their teenage years. 25% of the respondents had fathers with primary education while the fathers of 33.3% of the teenagers had secondary school education. 30.5% of them had fathers with post secondary education. The table further shows that there is a significant relationship between mother's occupation and Ever Become Pregnant ($\chi2$=25.843 p-value.000) indicating that almost 16% teenagers who their mother had no school had been pregnant in their teen age, 18.8% of them who their mother had primary education, 38.4% of teenagers who their mother had secondary school education had been pregnant, 26.8% of them that their mother had post secondary education have being pregnant before the age of 18years.

The table showed a significant relationship between who the teenagers are presently staying with and Ever Become Pregnant ($\chi2$=25.668 p-value.000) showing that about 9% teenagers living with their fathers had been pregnant; 13% were staying with mothers, 28% were staying with both parents; 21% were staying with relatives while about 9% were staying with their lovers. Lastly, the table showed a positive significant relationship between ever had sexual intercourse and Ever Become Pregnant ($\chi2$=84.217 p-value.000) showing that 38% of teenagers who had had sexual intercourse have also experienced pregnancy before the age of 18 years.

TABLE 4.4: LOGISTIC REGRESSION OF PREGNANCY AND SOCIO-DEMOGRAPHIC VARIABLES

Q22a	Odd Ratio	P>|z|	95% conf. Interval	
Age (RC=10-14)				
15-19	0.57	**0.732**	**0.22**	**14.45**
Marital Status (RC=single)				
Married	1.42	0.464	0.56	3.61
Family type (RC=Polygamous)				
Polygamous	0.72	0.421	0.32	1.61
School status (RC=dropout)				
Still schooling	0.15	0.002	0.05	0.49
Educational level (RC=NO Education)				
Primary	1.29	0.856	0.08	20.28
Secondary	2.55	0.478	0.19	33.70
Tertiary	1.09	0.947	0.07	15.11
Father's Education (RC=No Education)				
Primary	3.13	0.223	0.11	1.59
Secondary	1.75	0.557	0.50	19.62
Tertiary	2.28	0.390	0.35	15.01
Mother's Education(RC=No Education)				
Primary	2.41	0313	0.44	13.34
Secondary	4.82	0.060	0.93	24.91
Tertiary	3.37	0.157	0.62	18.07
Ever experience sexual intercourse (RC=No)				
Yes	42.34	0.000	8.62	207.83
Mother's Occupation (RC=Unemployed)				
Civil servant	0.70	0.947	0.08	10.54
Personal Business	0.88	0.797	0.05	11.1
Family wealth index (RC=poor)				
Average	0.41	0.108	0.14	1.21

Rich	0.41	0.198	0.11	1.59

* At p-<0.05

SOURCE: (FIELD SURVEY JUNE, 2015)

Table 4.4 gives the odds ratio for the logistic regression model to examine the effect of ever become pregnant with the demographic variables, given that the confidence interval is at 95% confidence interval and has been analyzed at 5% significant level. Marital status is not significantly related to ever become pregnant. Teenagers who are married are 1.42 more times likely to become pregnant at 95% confidence interval 0.22-14.45. Another predictor of ever become pregnant is school status. The odd of ever become pregnant and school status of young girls is that teenagers who are still schooling are 0.15 times less likely to experience teenage pregnancy than those who have dropped out at 95% confidence interval at 0.05-0.49.

The odd of ever become pregnant and educational level of teenagers is 1.29 times more likely among primary school teenagers (95% C I 0.08-20.28), 2.55 times higher among young girls in secondary school (95% C I 0.19-33.70), and 1.09 times higher among teenagers in tertiary institution (95% CI, 0.07-15.11). The probability of pregnant teenagers whose fathers had primary education is 1.75 times (3.13 OR, 95% CI 0.11-1.59) higher among teenager whose father had secondary education (95% CI 0.50-19.62) and 2.28 among teenager whose father had tertiary education (95% CI 0.35-15.01). The odd of ever become pregnant and mother's education is 2.41 times higher among teenager whose mother had primary education (95% CI 0.44-13.34), 4.82 times higher among teenagers whose mothers had secondary education (95% CI 0.93-24.91) and 3.37 times higher among teenagers whose mothers had tertiary education (95% CI 0.62-18.07). The odd of ever had pregnant and occupation of mother is 0.70 times less likely among teenager whose mothers were civil servant at 95% confidence interval at 0.05-

10.54 while teenager whose mothers were traders/artisans are 0.55 times less than the teenager whose mothers were not working.

Family wealth status is a predictor of ever become pregnant. The tables show that teenagers from the middle class are 0.41 times less than the poor at (95% CI 0.14-1.21) and those who are rich are also 0.41 time less likely at (95% CI 0.11-1.59).

4.6 DISCUSSION

These analyses examined the socio-demographic factors (age, education, occupation, religion) associated with teenage pregnancy experience. With regard to the first research question, we established that there is a high prevalence of teenage pregnancy (58%) in the study area. This is in tandem with Ibrahim et al (2012) who noted that the prevalence of teenage pregnancy in Africa is high. The second research question was the association between socio-demographic variables and teenage pregnancy experience. The age of respondents did not influence teenage pregnancy. Full maturity among female teenagers starts from ages 15-19, when the body is fully prepared for conception. That was why much of teenage pregnancy fell within the age group. Another predictor of pregnancy experience among teenagers is marital status. This study found that majority of the students was single. Bimbola and Ayodele (2007) lamented the increase in teenage pregnancy and motherhood in Ekiti State where teenagers were sent to their husband's house after gestation without proper planning for them and the unborn child.

Most of the respondents agreed that teenage pregnancy brings about stigmatization. Okunola et al (2012) confirmed the effects of teenage pregnancy on female teenagers. Most of

the respondents confirmed that female pregnancies led to low self esteem and self confidence, social stigma, emotional problem.

Parents' level of education was significant to teenage pregnancy. Parents' involvement in the life of their children is very crucial in children's life especially female child. Kabiru et al (2014) asserted that parental involvement is important. Huberman also observed that parent-child communication is an issue associated with sexuality that helps children shape their understanding and future.

In conclusion, poverty is the main contributing factor to teenage pregnancy in this study area. The respondents strongly agreed that poverty led them to teenage pregnancy. This rejects the null hypothesis and upholds the alternative hypothesis because some of the socio-demographic variables are still significant at p-value less than 0.05

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 INTRODUCTION

This chapter is a summary of the findings in the previous chapters. It also supplies the justification for these findings and gives recommendations for subsequent researches in related disciplines.

5.1 SUMMARY

Teenagers between ages 10-19 were interviewed. Majority of the respondents ranged between 15-19years and most were still schooling either in secondary schools or tertiary institutions. Majority were Christians while very few of them were Muslims. About a third of the respondents were in union either through formal marriage or informal union when they found out that they were pregnant. The parent occupation was also used to determine teenage pregnancy. Most of the respondents' parents were traders and civil servants. Their parents' level of education was examined too, particularly to identify whether the level of their education had influences on their daughters engaging in teenage pregnancy. Teenager whose parents had tertiary education had the highest frequency followed by teenagers' whose parent had secondary education.

This study revealed that most teenagers engage in sexual intercourse. Majority stated that their first intercourse did not lead to pregnancy while few of the said their first intercourse led to pregnancy. Most experienced their first intercourse between the ages of 15-19 especially with lovers who were usually older than them.

The attitude and perception of respondents towards teenage pregnancy was examined. Most of the respondents strongly agree that that benefits in terms of monetary, food stuff,

opportunity, general welfare etc. from the man seeking to have an affair with their daughters were encouraged because the parents of such teenagers see it as a present help to their long suffering. The perception also reinforced the belief that divorce of parent, large family size, reliance on public assistance, and place of residence encourage teenage pregnancy. The respondents found it improper to get pregnant as a secondary school girl to someone that promised to marry or take care of them. While most of the respondents believe teenage pregnancy leads to discrimination, complications and dropping out, factors such as marital status, school status, educational level, family wealth status, father's occupation, mother's occupation, and whom respondents is staying with are found to be influencing teenagers in negative ways.

5.2 CONCLUSION

The study observed that the incidents of teenage pregnancy were relatively high. It identified further that the associated socio-demographic variables as including teenager's educational status, family's financial status and prevailing family status (married/divorced) have an appreciable influence of teenage pregnancy. Some respondents opined that the divorce of parents was a major determinant of teenage pregnancy. Fathers and mothers are enjoined to nurture their children in a positive way in other to be a good representative of the family, society and to contribute their own quota to the world at large. If one of the parents is not there to fulfill his/her own role it exposes the young girl to peer influence and unhealthy sexual deeds.

The place of residence was also considered. Some environments foster teenage pregnancy and influence young people negatively. Most young mothers are ill-prepared for the physical, mental, moral, economic, and social demands of pregnancy and child rearing.

5.3 RECOMMENDATION

This study recommends that teenagers should be encouraged to stay in school. Teenage marriage should be discouraged by policy makers and programmers so as to reduce teenage pregnancy experience in the study area. Both teenagers and mothers in their reproductive age (15-49) should be sensitized on teenage pregnancy and its complications through mass media and other various means. The government should also provide adequate information and access to safe, effective, affordable and acceptable methods of family planning as well as access to proper health care services during pregnancy and child birth.

The government should also institute achievable policies on sexual and reproductive health. In addition, the education and sensitization of the public on sex should be made paramount by NGOs and civil societies. Sex should be free of coercion (no sex abuse, sex violence). Information of sexual diseases and infections (HIV/AIDS, STD, etc.) should be undertaken too.

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FEDERAL UNIVERSITY OYE-EKITI

QUESTIONNAIRE ON DETERMINANTS OF TEENAGE PREGNANCY EXPERIENCE IN OYE-EKITI LOCAL GOVERNMENT, EKITI STATE, NIGERIA

APPENDIX

Good morning/afternoon/evening. My name is..... (Research Assistant's name), I am here in this village/town to carry out a social research. As this survey is going on, I would be grateful if you could participate by answering some questions for us. All information supplied to us in this study would be treated with utmost confidentiality.

Kindly sign below to give us permission to proceed on the research

Location Identity_____

SECTION A: (SOCIO-DEMOGRAPHIC CHARACTERISTICS)

1. Age your last birthday?	2. Marital Status (1) Single (2) married (3) Other Specify	3. Parent's Family Type (1) Monogamy (2) Polygamy (3) Other Specify
4. Religion (1) Christian (2) Islam (3) Traditional (4) Other	5. Current school status (1) Drop out (2) Still schooling	6. Educational Level (1) Primary (2) Junior secondary certificate exam (3) senior secondary certificate exam (4) Other
7. Father's Occupation	8. Mother's Occupation	9. Family wealth status a. poor ( ) b. average ( ) c. rich ( )

10. Father's Education Level (1) No schooling (2) Primary (3) Secondary (4) Post-secondary	11. Mother's Education Level 1 No schooling ( ) 2. Primary (3) Secondary (4) Post-secondary	12. who are you presently staying with a. father ( ) b. mother ( ) c. both ( ) d. Aunt ( ) e. boy\girlfriend ( ) f. Alone g. others (specify).....

SECTION B: (SEXUAL BEHAVIOUR AND PRACTICE)

13. Have you ever had sexual intercourse? (1) Yes (2) No
14. How old were you when you first had sexual intercourse...
15. If yes, with who? (1) Boyfriend (2) Relative (3) Casual Acquaintance (4) Other specify
16. Was this man younger, about the same age or older than you? (1) Younger (2) Same age (3) Older (4)
17. What prompted you into an early sexual activities/intercourse?
18. Have you ever heard of any method of contraception? (1) Yes (2) No
19. Have you ever use any method of contraception? (1) Yes (2) No
20. Have you had sexual intercourse with anyone (else) in the last 6 months other than a spouse? (1) Yes (2) No (3) Don't know
21. With how many people have you had sexual intercourse within the last 12 months apart from spouse? Specify number.....

SECTION C: (PREGNANCY EXPERIENCE)

22. Have you ever become pregnant? (1) Yes (2) No

    If yes, answer the following questions, If No, jump to question 30
23. How did you handle the situation when you find out that you were pregnant? (1)Planned to keep the pregnancy (2) Terminated the pregnancy
24. Where did you stay during the period of pregnancy? (1) Parent's house (2) stay with spouse (3)Stay with spouse's parent (4) Others

25. Do you attend/receive ante-natal care during pregnancy? (1) Yes (2) No

26. Did you experience any complication during pregnancy? (1) Yes (2) No

27. If yes, who did you complain to?

I. Nobody
II. Spouse (1) Yes (2) No
III. Parent (1) Yes (2) No
IV. Friends (1) Yes (2) No
V. Health worker (1) Yes (2) No
VI. Other specify

28. How many children do you have?

1.( ) 2.( ) 3.( ) or, more ( )

29. Who are they with?

With Grandma ( ) with their father ( ) in foster care ( ) myself ( )

If No to question 21, answer the following questions

30. What are you currently doing? (1)Nothing (2) Training (3) Working (4) schooling

31. If working, specify

32. What is your main source of financial support? (1) Own job (2) Partner/spouse (3) Parent (4) Other relative.

33. What is your opinion about teenage pregnancy? 1. Good ( ) 2.Bad ( ) 3. Fair ( ) 4. Very bad ( )

SECTION D: (DETERMINANTS OF TEENAGE PREGNANCY)

	Strongly agree	Agree	No opinion	Strongly disagree	Disagree
34.Contraceptive availability encourages teenage pregnancy					
35. Benefit to family encourages teenage pregnancy					
36. Poverty encourages teenage pregnancy?					
37. Low family education encourages teenage pregnancy?					

38. Divorce of parents encourages teenage pregnancy?					
39. Larger family size and increased reliance on public assistance encourages teenage pregnancy?					
40. Place of residence encourages teenage pregnancy					

SECTION E: OPINION

41. Getting pregnant as a secondary school girl is okay					
42. getting pregnant as a secondary school girl to someone that promised to marry me is okay					
43 Getting pregnant as a secondary school girl to someone who is working is okay					
44. Getting pregnant as a secondary school girl to someone who can take care of me is Okay					
Section F; Effect Of Teenage Pregnancy					
45.Teenage pregnancy is associated with discrimination					
46. Teenage pregnancy leads to complications					
47. Teenage Pregnancy leads to dropping out from school					

48. What is the main reason for engaging in Teenage pregnancy? (1) Benefits (2) Carelessness (3) Mistake (4) Rape (5) to keep boyfriend (6) Wish to become a mum (7) Other reason specify