

**PREVALENCE AND CORRELATES OF TEENAGE
PREGNANCY IN OYE EKITI, NIGERIA**

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DSS/14/1804**

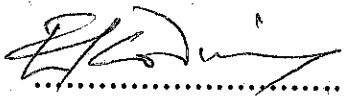
**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF
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AWARD OF BACHELOR OF SCIENCE (B.Sc) HONS IN DEMOGRAPHY
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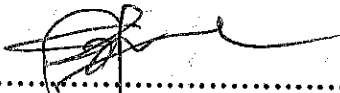
CERTIFICATION

This is to certify that (AWOYOMI OLUWABUKUNMI ABRAHAM) of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out a Research on the Topic "PREVALENCE AND CORRELATES OF TEENAGE PREGNANCY IN OYE EKITI" in partial fulfillment of the award of Bachelor of Science (B.Sc) in Federal University Oye-Ekiti, Nigeria under my Supervision



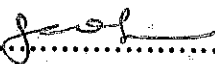
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DEDICATION

This project is dedicated to Almighty God for his grace that he bestowed upon me from the beginning of my programme to the end.

ACKNOWLEDGEMENT

My first appreciation specially goes to Almighty God for his grace and mercy he bestowed upon my life.

Also my appreciation goes to my father, Apostle I.O Awoyomi for the support, love and his prayer for me to be who I am today. And also to my mother, Rev. Mrs R.I Awoyomi for the courage, advice and support she gave me.

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ABSTRACT

The study examined Prevalence and Correlates of Teenage Pregnancy in Oye Ekiti using self administered questionnaire to collect data. Analyses were done with the use of frequency table, chi square and binary logistic model. The results of the analyses showed that 76% of the got their first pregnancy at their teen age. None (0%) of the teen mothers were currently using any contraceptive method. Uses of contraceptive methods were found among those who got their first pregnancy after their teen age. Findings showed that marital status ($X^2= 8.3235$, $Pr= 0.004$), Level of Education ($X^2= 12.5835$, $Pr= 0.006$), maternal educational level ($X^2= 14.1663$, $Pr= 0.003$), paternal educational level ($X^2= 9.3727$, $Pr= 0.025$), peer influence ($OR= 0.16$, $P<0.005$) and current using of any contraceptives ($OR= 0.14$, $P<0.05$) were significant influence incidence of teenage pregnancy in the study. The study therefore concludes that the prevalence of teenage pregnancy in Oye Ekiti is very high and factors contributing to the high level of teenage pregnancy in Oye Ekiti are marital status, the level of education, paternal educational level, maternal educational level, peer influence and current using of any contraceptives.

CHAPTER ONE

Introduction

1.0 BACKGROUND OF THE STUDY.

Teenage pregnancy is a major public health and social problem in Nigeria and its incidence is on the increase. Teenage pregnancy constitutes a health hazard both to the mothers and the fetus. The mother is at increased risk of pregnancy-induced hypertension, anemia and obstructed labour. They are also more likely to die as a result of the complications of pregnancy and delivery than those aged 20 and above. The fetus is prone to be delivered preterm, small for gestational age and has an increased risk of perinatal death. The main issues that have strongly influenced the pattern of teenage pregnancy include the declining age at menarche and the increase in the number of years spent in school. Teenager who have finished at least 7 years of schooling are more likely to delay marriage until after the age of 18 years. This increases the length of time that they are exposed to the risk of teenage pregnancy. Babies of teen mothers are 50% more likely to be stillborn, die early, or develop acute and long-term health problems. Young girls who become pregnant are at high risk of abridged education and thus limited economic prospects. Unintended intercourse is the primary cause of unwanted pregnancies among Nigeria teenage girls. The prevalence of teenage pregnancy in Nigeria is high. More so, the fact that most parents pay less attention to their children, coupled with the fact that teenagers today are growing up in a culture in which peers, television and motion pictures, music and magazine often transmit either covert or overt message that unmarried sexual relationship (specifically those involving teenager) are commonly accepted and at times expected behaviour have contributed immensely to the moral decadence rampant among our teenager. However, to be pregnant is a right that is supposed to be shared with one's life partners, but unfortunately, due to various reasons; it has been abused by our teenager today.

The intention and timing of a pregnancy play major roles on its outcome. It has been found that, compared to intended pregnancies, unintended pregnancies have higher rates of adverse health outcomes including complications from unsafe. Unmarried young women who are sexually active are often in relationships where they lack power due to having older and/or wealthier male partners. Being in such relationships decreases their probability of having protected sex, thereby increasing their risk of unintended pregnancy and sexually transmitted infections (STIs) including HIV (Luke, 2003)..

Early childbearing is associated with higher risk of adverse reproductive outcomes and among the youngest mothers and their newborns, increased maternal and infant mortality. Teenage pregnancy contributes to the perpetuation of the poverty cycle by placing these girls at higher risk for low educational and occupational attainment and low socioeconomic status. And children born to teen mothers experience more risk of abuse and neglect and have more behavioral problems. However, early pregnancy is also perceived as a rite of passage pathway to adulthood that might bring positive consequences.

1.1 STATEMENT OF THE PROBLEM

The problem of teenage pregnancy is cyclical in nature because children born to teen mothers are more likely to become teen mothers themselves and this trend always cause the victims to have educational problem because out of the teenagers that do complete their secondary level of education, only few of them are more likely to get to the tertiary level of education. Also, it is noted that almost half of the teenage women who became pregnant choose to take the risk of terminating their pregnancy with a very low and quack medical application that can cost them their lives or having a negative effect on their health in return.

Then another one is that most of the teen mothers are still dependent to their parents when they got pregnant in which it will lead to high dependency ratio in the economy and such will make their economic value to be very low in standard.

Another problem is that the children born to teen mothers have a larger risk for health problems such as lower birth weight and reaching the development milestone lower. And lastly, the children born to teen mothers do have many learning problems more than children born to older mothers (learning in all areas of life including home training and academics).

And also many factors have been observed by the researcher to be the causes of teenage pregnancy among female teenagers today, notable among them are lack of sexual information, source of sexuality education, lack of parental monitoring, peer pressure, poor parenting style etc. The emotional and psychological effects of teenage pregnancy to the teenage female teenagers has jeopardize the academic opportunity of many of the female teenagers, increase the high rate of school dropout, maternal and infant mortality, frustration, depression, undue extended time of school completion and above all, poor care of the new born baby.

Teenage pregnancy has become a public health issues because of its observed negative effects and cause on perinatal outcomes and long term morbidity. The association of young maternal age is usually confounded however, by the high prevalence of poverty, low level of education, which is our major and single marital status among teen mothers. Data supporting teenage pregnancy as a social issue in Nigeria includes low educational level, higher rates of poverty and other poorer life outcomes. Being a young mother in a developing country like ours can affect ones education. Teen mothers are more likely to drop out of school in prior to becoming pregnant. Factors that determine which mother is likely to have a closely spaced reported birth includes, marriage and education, the likelihood decreases with the level of education of the young woman or her parents and increases if she gets married. These

circumstances also contribute to the likelihood of teenage pregnancy for example; recent studies suggested that most teen mothers have already dropped out of school before they became pregnant. In conclusion, knowledge is power so let us salvage our future by being wise and seek to obtain and achieve success through education.

1.2 RESEARCH QUESTIONS

- What is the prevalence level of teenage pregnancy in Oye Ekiti, Nigeria?
- What percentage of the teen mothers knows about contraceptive methods?
- Are religion, peer pressure and parents' status correlates of teenage pregnancy in the study area?

1.3 OBJECTIVES OF THE STUDY

- To ascertain the prevalence level of teenage pregnancy in Oye Ekiti, Nigeria
- To identify the proportion of teenage mothers who are currently using contraceptives in the study area
- To determine if religion, peer pressure and parents' status are the correlates of teenage pregnancy in the study area.

1.4 SIGNIFICANCE OF THE STUDY

This study will help us to determine the reasons for the prevalence of the pregnancy in Oye Ekiti.

1.5 DEFINITION OF TERMS

Contraceptive: Natural method and artificial method of preventing pregnancy.

Peers: Persons who are equal to one another in rank, age, status, or merit.

Peer pressure: A strong feeling that you must do the same things as other people of young age if you want them to like you.

Perinatal: Natal care that occurs during or pertaining to the phase surrounding the time of birth, from the twentieth week of gestation to the twenty-eighth day newborn life.

Pregnancy: State or period of being pregnant (having baby developing in the womb).

Teen mother: Someone who give birth between the age of 13-19 or a girl who gives birth at her teenage.

Teens: Year of a person's age from 13-19

CHAPTER TWO

Literature Review

2.0 INTRODUCTION

The purpose of this section of the study is to provide a review of relevant literature that focuses on questions related to teenage pregnancy. The introduction to this study offered an overview of the extent of the problem, its effects and outcomes, and a conceptual framework in which it was asserted that peer pressure to begin sexual activity coupled with low self-esteem may very well be instrumental in placing some young girls at risk for pregnancy during adolescence.

2.1. REVIEW OF RELATED LITERATURE

Literature on teenage pregnancy was reviewed. Studies indicated that the incidence of teenage pregnancy in Ekiti state was high and that it was continually increasing. Recent medical studies revealed that teenage pregnancy was associated with a high rate of complications only if prenatal care and maternal diet were inadequate and if the mother was less than 15 years of age. Approximately 1/3 of all teenage pregnancies were terminated by abortion. Teenagers who had abortions tended to have higher educational and career goals and came from higher socioeconomic classes than teenagers who choose to continue their pregnancies. Teenagers who continued their pregnancies tended to come from less supportive families. Many teenagers failed to use contraception because they thought it would appear as if they were planning to engage in sexual behavior. A large proportion of teenage males displayed little interest in providing pregnancy protection for their girlfriends and assumed it was the girl's problem if she became pregnant. Early child bearing tended to reduce educational and job opportunities for most girls.

Teenage girls were less likely to give up their babies for adoption than in the past. Children raised by teenage mothers, compared to those raised by adults, tended;

- 1) To have a higher risk of child abuse and
- 2) To develop at a slower rate both mentally and physically.

Program and policy implications of these findings were

- 1) Sex education should be introduced at an earlier grade level;
- 2) Small discussion group teaching techniques should be used;
- 3) Parenting techniques should be taught in sex education programs;
- 4) Contraceptives should be made more readily available to teenagers;
- 5) Male teenagers should be encouraged to play a more active role in contraception; and
- 6) Funding of preventive and intervention programs must be increased.

Teenage pregnancy is not like any other issue there in the whole world although it seems to be a common concern, it does not seem to bother people that much. Not until they are personally affected by the issue or until they finally realized that it had been increasing in number of affected people that it slowly reached an abnormal stage or the point that it affected too many lives already and too many aspects of living. Teenage pregnancy is mostly unplanned, and as a result, people react to the experience differently. The teenager has to come to terms with the unexpected demands of being an adult, and in some cases, she may also have to deal with disapproval and dissatisfaction shown by significant others like parents and relatives.

In developed and developing countries teenage pregnancy continued to receive increased attention because of early age at which adolescents engage in sexual activity and the result of unplanned and unintended pregnancies associated with the risk and problems of early motherhood, lack of adequate information, education and communication on reproductive health services and the perennial concern parts of the world revealed that adolescence becomes sexually active at an early age with responding high number of teenage pregnancy in the world today. In addition, in 17th century the case of teenage pregnancy was increasing in number every month, the researchers view teenage pregnancy and define it as the female who get pregnant at the age of fourteen to sixteen years of life which led her into different problems such as poor education.

Furthermore, in many developing countries about half the population is under 15 years. These age groups have exposed themselves into sexual habit which have lead many of them into teenage pregnancy in their area and at the same time cost the adolescent their educational backward. Out of wedlock pregnancy and motherhood is a taboo to the society. When pregnancy is allowed to continue, it may place the mother's health in danger. After birth the health risk to the mother and her child will be low to compare with the health risk of the adolescent mother and the baby, is likely to receive adequate parental care. Those circumstances may be responsible for increase in infanticide, baby abandonment and child abuse for his reasons pregnancies among teenagers are creating concern for many industrialized countries even though, overall teenager rates are very high WHO (1989):

Teenage pregnancy is regarded to as undesirable phenomenon. Sexually among educationally and economically under privileged females whose health is below normal as a result of poor medical care. There is also a psychological implication of unplanned pregnancy among adolescents and it may not only have adverse effect on the mother but also the babies as

well as the adolescent mother. All the basic things needed for quality life sometimes tend to be inadequately attainable: housing, food, education, health and recreation are always problematic. Added to the risk of being born by teenage mother, there also existed other associated risk for babies born into an already and unequally environment lacking lives basic needs, baby and mother usually stand disadvantaged and handicapped in day to day living.

Teenage mothers are typically depicted as inadequate parents (BuchHoiz, 1993) then children are thought to be a significant risk for maltreatments. However the degree of risk to children teenage parents may be well determine by the financial, social and emotional stresses these families face. The critical factor being the availability of resources, which offer support and encouragement.

In recognition of the identified problems of teenage pregnancy and early motherhood, there are many welfare programmes and services available to pregnant adolescent in most of the developed countries, family welfare programmes are considered as a set of measures formulated at the executive level to provide concrete support and services for the advancement of groups and individuals in order to bring about social change family programmes concern social security, social assistance, health family planning, education welfare services food and nutrition etc.

The form and content of a programme as well as its organization and administration depends on the culture and history of a given country including its values, customs and social structure as well as its resources and awareness and specific programme should be organized to the parents and guidance about the prevention of teenage pregnancy in the country.

The concept of social health emanated from the multifaceted view of health which according to world health organization is a state of complete physical, social and mental well-being of an individual and not merely the absence of disease or infirmities.

According to Chijioke (1990) man is well known to be a social animal and therefore lives by interacting with his fellow human beings. Similarly, Oguguo (1996) observes that man's nature, which cannot be effectively fulfilled without inter and intra relationship has equally created some social problems ranging from hatred to others, bred and natured by the so called jet age. These problems according to Oguguo (1996) are the evil effects of man's social consciousness which health educators have designated social health. Some of these problems emanating from social health according to Asogwa (1997) are called social health problems. This is because according to him their solution require community effort, professional know how co-operation of other disciplines and greater effort and time. Nwachukwu (1997) identified teenage pregnancy alcoholism, drug addiction, and sexual promiscuity among others as social health problems which are usually associated with the adolescents. Chauhan (1983) asserted that development is a continuous process, which begins from time of conception in the womb of the mother and continues till death. However, that period of life that lies between the end of childhood and the beginning of adulthood is termed adolescence.

Njoku (1985) pointed that adolescent is that span of years during which boys and girls move from childhood to adulthood, mentally, emotionally, socially and physically. The period varies in length from culture to culture. During the adolescent years which spans between the ages of twelve and twenty years in Nigeria (Ene and Nnamani (1997), most teenage experience a period of very rapid growth the adolescent growth spurt. This growth is accompanied by the development of reproductive organs and such secondary sex characteristics as breast

enlargement in girls, beards in boys and appearance of pubic hairs generally. These changes culminated in puberty marked by the development of sperm cells in boys' ovum and subsequent menstruation in girls. The bodily changes that accompany sexual maturity are a source of both pride and embarrassment in the adolescent.

Ajiboye (1982) remarked that adolescent is a period when the youngsters to develop heterosexual feelings. This sort of feeling many lead the youngsters to develop passionate affection for others.

This may be attributed to why adolescents want to go out, engage in social activities, attend church services and carryout all sorts of personal exhibitions of themselves such teenage social interactions tend to create an atmosphere for personal affection, love which may even result in sexual intercourse.

CONCEPT OF TEENAGE PREGNANCY

Oguguo (1996), posited that teenage pregnancy is usually frowned at by members of the society and that it normally results into indifferent attitude from the society to the pregnancy person in question but also makes pregnancy an unhappy thing for unmarried girls.

Globally, people regard teenage pregnancy as a social and moral problem which often results in shame, and distress to the teenager, discrimination against her illegitimate child, and added responsibility and expenses to the teenager's family and society in general. Indeed teenage pregnancies result from accidents and therefore, is seen as a social problem (Oguguo 1996).

Teenage pregnancy is one which in the present paper occurs within the age bracket of (12-19 years). Teenage pregnancy is the pregnancy of young immature girls of secondary school

age, usually ranging from thirteen to nineteen years of age (Oguguo 1996). It is usually that pregnancy which occurs between the onset of puberty and late adolescence. This is a period characterized by great sexual drive in both boys and girls. It is also described as an out of wedlock pregnancy.

Maxwell (1969) and Jessor (1982) agreed that engaging in socially inappropriate and undesirable behaviour is one aspect of developmental transitions of adolescents. This explains why adolescents or teenagers become overwhelmingly infatuated in love with the opposite sex. Teenage pregnancy is an important public health problem as it often occurs in the context of poor social support and material wellbeing.

Some studies have suggested that first teenage pregnancies have a higher frequency of adverse prenatal outcomes.

However, there is argument about whether this is an independent association or explained by confounding factors in general, the risk of adverse outcomes is lower in second pregnancies. However, longitudinal studies comparing outcomes in first and second pregnancies in teenagers have produced inconsistent results. Cross sectional studies comparing the outcome of second births in teenagers and older women have observed increase rates of preterm birth, low birth weight, and prenatal death but have failed to adjust for potential confounding factors such as smoking and socioeconomic deprivation.

2.2. THEORETICAL FRAMEWORK

According to Muaksh (1981), knowledge is essential to determine both the extend and quality of information that persons have about a particular issue or behaviour before a change

can be effectively initiated. The relationship between knowledge and behaviour is that one can be knowledgeable about something positive or negative action.

In fifteen-century age, observation was carried out about the study of the cause of teenage pregnancy in the countries and study to determine an alternative approach to teenage pregnancy from the conventional, emphasis on contraception was carried out by Gold Furis (1977).

The study revealed that adolescents from larger families are not so bright in school and received sex education late and from friends are more likely to become pregnant than adolescents from smaller families, who did well in school and received sex education from their parents and the researchers contended that the age at which sex education is received and from whom as a predictive bearing on teenage pregnancy in the society.

Health education and information are promoted but little is done to give adolescents access to reproductive health services which at the end result to teenage pregnancy in the society. In other words, the educational programmes are inadequate but services are available to the teenagers. A programme Adversary note from the United Nations Population Fund (NFPA) identified issues such as reproductive health information and planning services for sustainable youth (UNFPA, 1991).

Kare (1993) report, presented results which showed that premarital sexual activity was common at a early age (14years and above), lack of knowledge and limited access to modern contraceptives were obstacles to the use of family planning which finally causes teenage pregnancy in the world today.

The second relationship between knowledge and behaviour is that one may think he or she knows, however, this assumption may result in the positive or negative actions. Education is

generally regarded as one of the best indicators of individual modernity and literacy (Nazzar, 1995). George (1993), postulated that the girls lack of knowledge about reproduction, their ambitious motivation, the conflicting messages or ideas received, influence teenage pregnancies, George continued by adding that lack of knowledge is primarily a problem of younger students. According to him, the school girls in the first two classes of secondary school are insufficiently or not at all informed about how their bodies function, the risk of pregnancy and about ways to avoid pregnancy. In addition, Okeke (1990), in his studies found out that girl who become pregnant at the age of fifteen and sixteen all reported that they had been surprised to find themselves pregnant, not realizing beforehand that they could be impregnated with a single act of intercourse. Undoubtedly, absence of sex education of the teenagers is another prominent cause of teenage pregnancy. This absence of sex education throws them into actions which result in pregnancies. Some parents and teachers are reluctant to discuss sexual matters with their children thereby making the teenagers completely ignorant of the consequences of sex. Most of the teenage girls do not know their menstrual cycle, safe and unsafe period. Some do not know and have never used any contraceptives. Besides, they engage in sexual affairs for the mere fun of it without knowing the implications. They end up in mistakes which results in pregnancies. Majority of adolescent girls, as shown by studies carried out by Oguama (1992), shows that adolescent girls who became pregnant in Nigeria often display ignorance and innocence on the circumstances that forced them into it. Furthermore, most teenagers however believe that drugs and contraceptives can always do the magic of preventing unwanted pregnancy. This implicit trust on the contraceptive makes the teenagers engage in indiscriminate sexual affairs that often lead into unwanted pregnancy. Disproving the belief that contraceptive pill is nearly 100% into effective in preventing pregnancy.

Mac Sweeny (1985) stressed that even when taken in the prescribed way, it is three to four times less effective in the teens and early twenties than the older women. According to him medical experts have observed that these young girls know little or nothing about conception, which is so complicated for a layman to understand. Parenting styles, where there is extreme permissiveness-where adolescents are allowed to do what they like without control, there is more like close of deviant sexual behaviour and teenage pregnancy can result since parental control is low or absent moral factors associated with teenage pregnancy are concerned with the principles of right and wrong behaviour. The family is the primary agent of socialization where the correct moral standards should be given to children. The home plays an interesting and domineering role in sexual socialization because it is within the context of the home that one's sexual and otherwise activities occurs (Akinboye 1987). In many broken homes, the proper and adequate training which should have been given to the children by both parents are now haphazardly done. Furthermore, children in such homes are exposed to promiscuous knowledge. Moreover, Onwuamanam (1982), disclosed that a home atmosphere that is full of stress, dislike, malice, boredom and unhappiness leads to delinquency in school. Teenage pregnancy is among the delinquencies. Single parents most of whom are women, find it increasingly difficult to cope with the stress of raising their children alone. Basey, a divorcee told Igiebor (1987) in an Interview on teenage pregnancy that sometimes you get so fed up with a child's naughtiness and just fold your arms. She added that the emotional stress is too much for one parents to bear. Ogunade (1957) concurred that a broken home is more likely to produce a teenage mother. Most of the single parents keep boyfriends and so openly to the knowledge of their children especially daughters. Children (1986) posited that peer group is a factor in stimulating sexual permissiveness and providing information about contraceptive. The peer group provides the

teenage girls conducive atmosphere for sexual promiscuity. They lure one another to sneak out of the school or homes to attend disco parties, watch and read pornographic films and books: Adolescents can watch those in cinemas and sometimes in their homes in the absence of their parents and humiliate how positive women behaviour can lead young girls to teenage pregnant. A girl may want to get pregnant because her friends or peer group are all pregnant and perhaps are better off, she wants to belong in that group. The influence of pornography is great. This implies the display of sexy pictures in newspapers, magazines, video and stage shows for the purpose of sexual stimulation, or to make money. This act reduces sex to the animalistic level. Thus type of exhibition encourages teenage girls and boys to try out what they have seen or heard and the results are pregnancies and births for which the society and the young teenage are unprepared for.

Fajobi (1985) asserted that teenagers of poor economic status are mostly involved in this social problem of teenage pregnancy. According to him, their parents cannot afford the financial involvement for, their maintenance at home or school.

Another widely acclaimed factor of teenage pregnancy is inadequate parental care consequent upon the hard economic situation in the country has left many homes without normal cares and affection for their children.

Delegadeye (1978) stated as he advised that parents should try to provide sufficiently for the needs and requirements of their children. He said that special attention should be paid to their clothing, feeding, lodging and education. Fajobi (1985) further stressed that the increasing number of school dropout which has strong correlation to teenage pregnancy could be attributed to poverty. This shows that many girls are forced to fend for themselves early in life and take up

jobs as waitresses in hotels, attendants in petrol stations, roadside engine oil sellers, hawkers and receptionists in business centers etc. This exposes them to men constantly.

Ifechi (1983) observed that a visit to the five star hotels all over the country in recent times will produce shocks in an individual. This is because the road leading to them are heavily infected with teenage girls soliciting for love and money. They are literally desperate for patronage. Any motor car that comes along is invaded with promises and assurances of total sexual satisfaction. The teenagers find alternative means of providing for themselves by moving and receiving gifts from older men who in turn have sexual relations with which may result to pregnancy.

Poverty leads to teenage pregnancy sometimes, young girls are forced to engage sex with as a means of paying debts which parents are borrow from and promise to pay back or give their daughters which under thirteen to fourteen years to marriage, in most cases this is done without the consent of the child and some parents are so poor that they cannot afford to pay for the education of their children. In such cases, where financial is limited the boys are given preference since they will inherit their parent and keep the family name and the girls are married out early to provide money for the education of the boys. Moreover, teenage girls are slaves to material value. They sleep around with men to earn money to meet up their material needs; particularly the fashion wears in tune with the time. Olanika (1991) advised that ladies should not forget that they have ignity and reputation to maintain. That as future mothers, they should start to cultivate decency right from their teenage years.

CONSEQUENCES OF TEENAGE PREGNANCY

The consequences are discussed under the following sub-headings:

1. Early marriage (medical implications)

2. Educational implications

3. Socio-economic implications

4. Psychological consequences

Early Marriage

Marrying before physical and mental maturity has a lot of debilitating effect on the part of the spouses and the women in particular. Fletcher (1967) pointed out the effects of early marriage stems from lack of understanding and attack of self-esteem by the mates. Fuisternberge (1976) opined that early marriage can result to couples lacking acquisition of complex knowledge and skills. Lack of substantial investment of materials resources of the teenage girls, and lack of overall knowledge of managing a home are also effects early marriage. Besides early marriage and the resultant pregnancy may expose the women to medical, educational and socio-economic consequences. Nzeako (1994) summarized the health and social risk of teenage pregnancy includes. Anemic Premature labour, Eclipses or fit in pregnancy, High-blood pressure; obstructed labour, Higher risk of sexually transmitted infections, Depression, Psychosis why on the part of the child there may be Fetal lose, Low birth weight, Malnutrition, Infection, Poor care; due to physical and mental immaturity of the mother. The child may grow up to become battered; this is because the mother may vent her anger and frustration of unfulfilled dreams on the child. The child may become delinquent later in life due to poor care and lack of disciplinary control.

A researcher reported that pregnancy is dangerous to early or young adolescent mothers because their pelvic growth is not yet complete to allow for safe child delivery, (Ihejiamaizv (1995). Such underage mothers may develop prolonged or obstructed labour. An obvious medical implication of this phenomenon is that it may lead to Vesico vaginal Fistula (V VF) and Rect Vagina Fistula (RVF). These condition arise as a result of prolonged and or obstructed labour emanating from the under developed nature of the mother's pelvis, the baby in an attempts to force its way out of the womb ruptures that their layer of the skin separating the anus and the uterus, resulting to continual draining of urine such teenager of VVF victims are psychologically unstable, and unable to relate well with the immediate families and the outsiders. She may become a social outcast the repulsive odors emanating from their body is obnoxious enough to cause a separation from friends and even family members.

Another medical problem associated with early marriage and adolescent pregnancy is a condition known as puerperal psychosis, which occurs after child birth. Two types of puerperal psychosis are toxemic sepsis and pyrexia. Peace's, (1980) described toxemic sepsis as a state of confusion excrement or delusion in which restlessness and disturbed perception make it impossible for the mother to nurse her baby, while pyrexia refers to as a serve depression which develops some days after the birth of the child fellow's pyrexia, the mother developed feeling of general inadequacy and may reject the child.

Educational Implications

The life of adolescent girls is put at risk by pregnancy and child birth whether within or outside marriage. For instance, adolescence pregnancy places a serious limitation on the

educational pursuit of the teenager. Due to the cultural orientation of most ethnic groups, parents usually show a lukewarm attitude towards an unmarried teenager that becomes pregnant.

The father of the teenager is usually disappointed while the mother is disillusioned because of the assumption that the girls had brought shame to the family. Arising from this, the chances will be that the educational pursuit of such teenage girls will stop abruptly. She now becomes a drop out and victim of early marriage; as the parents may be willing to give her out to any needy man under the guise of marriage. This scenario contributes to the educational backwardness of girls in our society. Consequently, this has given rise to the high incidence of illiteracy among girls. It has also brought about lack of skilled women in specialized sector of the economy. This is because a teenage pregnant woman will lose opportunity for advancement in education and meet up with their peers.

Socio-Economic Implications

Teenage pregnancy disrupts the normal life course of the mother unscheduled parenthood propels the young mother into a role for which she is only casually prepared and often feels unready to assume pregnant. This situation often leads to divorce, separation and child abandonment. High divorce rate is experienced later in life due to change of values and wanting to catch up with that they missed as teenagers do not appreciate the demands and scarifies needed in marriage because of immaturity. There may be wife battering and family conflict following such premature relationship. In addition precipitate entry parenthood preempts the social and vocational experiences adolescent would otherwise acquire to prepare her for the adult roles including motherhood.

Further, compared with a woman who delays child bearing until her 21 years and above, the woman who has first child below age 20 is more likely to obtain less education, have limited job opportunities and lower income; most likely, to be separated or divorced, live in poverty, have health problems and become socially dependent (Rahini and Ram 1993). Even so a woman social status is considered improve in certain cultures of the developing world as a result of early child bearing in wedlock, culture may expect females to improve their virginity so that they will not get unwanted pregnancy. (Likwa, 1993) in many developing countries where unfavourable economic circumstances have subjected most of the population to abject poverty formal education for children becomes a luxury, not to talk of education, consequently, teenage pregnancy are usually encourage motherhood even out of wedlock may be seen as a major fulfillment for the female (Berganza 1987) However may societies command and discourage earlier child birth out of wedlock (Palma 1995). This may partly be as a result of what such situation may add to the financial strain of families out a living.

There are confined attempted instances of succeed Lama (1991). When unmarried pregnant young female find the prospect of social and family sanctions too much to bear such as been drive from home or sent away by parents.

According to Castle (1990), a disproportionate number of suicides are committed by pregnant teenagers all over the world. Added to this are instances of violence and neglect suffered by teenager forced to marry because of pregnancy in societies where divorce is unacceptable (OgutuOhwayo, 1995). The educational, economic, social cost, psychosocial and physiological consequences of teenage pregnancy. The issue raised here may defer from each society, culture, developed and developing countries is more disadvantageous than their counterparts in develop countries. Moreover, school girls who became pregnant in developing

countries rarely go back to school, whether married or unmarried (Gorgen, 1993) As a result compete less schooling than their counterpart who delay childbearing until their 20 years and above. This was observed by Lunderg (1995) reported that in Kenya alone, among other developing countries, nearly 10,000 school girls are expelled from school every year because of unintended pregnancy. Even when pregnant school girls are not forced to leave school mockery from peers and shame may make it unbearable for them to continue schooling, as usual action is rarely taken against their female partners responsible for the pregnancy unfortunately, early mother hood with its attended and child care would not allow those adolescent mothers, who may want to return to school after child birth (Moirer, 1993). Outreach programmes are fewer in developing countries than developed ones, such programmes designed to assist pregnant school girls to return to school after childbirth have recorded some success. Furthermore in inadequate or insufficient homes, food means of transport are usually problematic in adolescent immigrants from rural areas to urban counters end up living in the periphery of cities in shanty and to urban counters lacking potable drinking water, sanitary and health care facilities. It seems a teenage mother either in developed or developing country living in urban centers needs skill for a good paying job. Furthermore, educations have been out short as a result of unintended/unplanned pregnancy suffers set back in economic advancement (Foster 1993). Pregnancy among the very poor adolescents connotes a vicious circle of poverty, in that the poorest females we the most likely to have children in adolescence and likely to remain in that poverty, it has also been observed that poverty has driven teenage mothers to sell sex for survival of self and child.

Psychological Consequences

In examining the psychological implications of adolescent early child bearing especially out of wedlock Alvarez (1978). Stated that childbirth and teenage pregnancy may not only have advance effect on the mother but the baby as well for the aspects of living sometime tend to be inadequately attainable, housing food, education, and health care are always problematic to teenage mother and other associated risky for babies take for instance, a child which born into crowned out unhealthy environment lack life basic need in the society and the teenage mothers are usually have disadvantaged and handicapped in day today living in the community in fact teenage mother are typically despite as inadequate parents together with significant risk formal treatment of the teenage pregnancy which attach with social, mental and emotional stress in the country.

Adolescent Sexual Behaviour

Many events occur in the life of adolescents that have implication for their sexual behaviour. Some of these events include: puberty, schooling, age at first intercourse and age at marriage. The trend in recent times is that adolescents are attaining puberty much earlier than older generations of adolescents. In recent years, there is decline in age of menarche. Studies have documented decline in age menarche in western world at a rate of 3 to 4 months per decade since the 19th century, resulting in an overall decline of 3 years. In sub Saharan African the age of puberty has dropped from 15 to approximately 12 to 14 years in most areas and in some, it is still declining (Gyep-Garbrah, 1985a and 1985b).The decline in pubertal age seems to have relationship with early onset or initiation into sexual activity among adolescents.

Defo (1997) observed that there is connection between sexual onset or age at first birth and puberty. Thus, decline in pubertal age tends to increase sexual activity among adolescents particularly in the area of early onset into sexual activity. Zabin and Keragy (1998) stated that a declining age at puberty puts young people at risk of early premarital exposure to sexual activity even in societies with a tradition of early marriage.

2.3 CONCEPTUAL FRAMEWORK

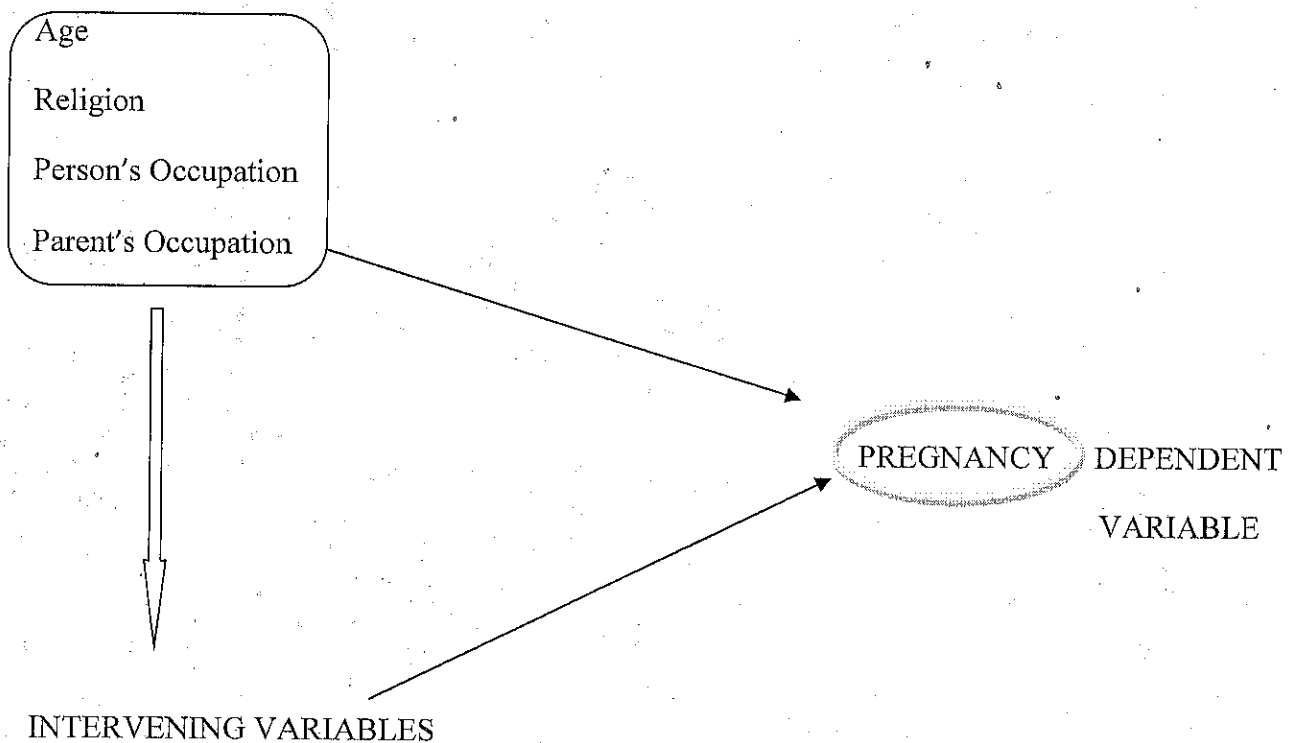
In an attempt to explain pregnant behavior, the proximate determinant conceptual framework not only explained specifically how proximate determinants influenced pregnancy but also contemplates the factors that influenced them. The role of age at first sex and peer pressure in this model is apparent.

2.3 Figure 1: Conceptual Framework for the Factors Associated With the Prevalence of Teenage Pregnancy

SOCIO-DEMOGRAPHIC

CHARACTERISTICS

INDEPENDENT VARIABLES



INTERVENING VARIABLES

- Age at first sex
- Peer Pressure

CHAPTER THREE

RESEACH METHODOLOGY

3.0 Introduction

This chapter presents the research design, research locale and the respondents, sampling procedure, data gathering tool and statistical treatment in the foregoing study.

3.1 Research Design

Basically, this study employed a descriptive-quantitative research design. Certain questions were designed to draw out responses on specific information regarding the future plans of the respondents despite the condition they are in.

3.2 Study Location

This study will be conducted at Oye Ekiti, a town and headquarter of oye Local Government Area in Ekiti State, Nigeria. Oye Local Government Area was carved out from the defunct Ekiti North Local Government on 17 May 1989. Oye Local Government is bounded by Ilejemeje Local Government to the North, Irepodun/Ifelodun Local Government to the South, Ikole Local Government to the East and Ido/Osi Local Government to the West. It comprises the following towns and villages: Oye Ekiti, Ilupeju Ekiti, Ayegbaju Ekiti, Ire Ekiti, Itapa Ekiti, Osin Ekiti, Ayede Ekiti, Itaji Ekiti, Imojo Ekiti, Ilafon Ekiti, Isan Ekiti, Ilemeso Ekiti, Omu Ekiti, Ijelu Ekiti, Oloje Ekiti and a host of others.

3.3 Study Population

The respondents of this study selected are women of reproductive age range from 13 to 49 years old and teen mothers in Oye Ekiti, Ekiti State. They were chosen to provide information about the correlates of teenage pregnancy.

3.4 Sampling Procedure and Sample Size

The method that was used in choosing the respondents was selected random sampling, picking all the cases that meet the criterion. All women of reproductive age whose age ranges from 15-49 and teen mothers will be involved and prioritized. The researcher hoped to gather not less than 220 respondents all throughout the municipality of Oye Ekiti.

3.5 Data Collection Method

A self-made questionnaire was employed to gather data of the present study. This self-made questionnaire is having three sections (Section A, Section B and Section C) in which the Section A is the socio-demographic profile of the respondent the Section B part is the parental characteristics of the respondent and the Section C are the sexual behaviour of the respondent. The researcher will move around the municipality (Oye Ekiti) on the decided day of the field canvas looking for a qualified respondent (women of reproductive age whose age ranges from 15 to 49 and teen mothers). Once the researcher has identified a qualified respondent, he will personally approach the target respondent and explain to her the study that the researcher is presently doing, explain to her to that her cooperation means a lot for the success of the study as stated in the questionnaire and also assure her the confidentiality of her data she will provide. And note that the research-made questionnaire will be administered personally by the researcher in the municipality.

Variable Identification

Dependent Variable

The dependent variable used in this study is the question **Have you ever been pregnant before**. And the variable is based on two criteria and coded as Yes=0 and No=1.

Independent Variables

The independent variables are level of education of the respondent, father and mother coded as (0) for no formal education, (1) for primary, (2) for secondary and (3) for post-secondary. Marital status of the respondent and the parent coded as (0) for single, (1) for married and (2) for divorced. Employment status of the respondent, father and mother coded as (0) for working and (1) for not working. Religion of the respondent coded as (0) for Christianity and (1) for Islam. Ethnicity of the respondent coded as (0) for Igbo, (1) for Yoruba and (2) for Hausa/Fulani. Place of residence coded as (0) for rural and (1) for urban and lastly peer influence coded as (0) for yes and (1) for no.

3.6 Methods of Data Analysis

Uni-variate analysis will be carried out using tables of frequency distribution to determine the counts and percentage of the cases treated in accordance with their respective demographic profile.

Another uni-variate will be carried out on the age at first pregnancy using tables of frequency distribution to determine the prevalence of teenage pregnancy in the Oye Ekiti.

A cross tabulation will be done between the age at first pregnancy and those who are currently using contraceptive method to determine the proportion of teen mothers who are currently using contraceptive method.

A bivariate analysis will be done using chi-square(x^2) test to show the relationship between the respondents ever been pregnant before and its background characteristics.

A multivariate analysis will be done using binary logistic regression to show the relationship between the respondents ever been pregnant before, its background characteristics and its sexual behaviour.

3.7. Field Experience

In the first instance, the study was randomly collected from the women of reproductive age in Oye Ekiti. Most of the respondents were asking for reimbursement before they can provide their data and some of them could read themselves that I have to be reading it for them by myself before they provide their data. And the economic active respondents who were interviewed at their place of work delayed me for a very long time before they could give attention by providing their data.

CHAPTER FOUR

Results and Discussion of Findings

4.0. Introduction

This chapter presents the findings, analysis and interpretation of data gathered. Presentation of data follows the sequence in the statement of problem found in the study.

4.1. Results

Descriptive Statistics of the Respondents

Table 1. Background Characteristics of the Respondents and its Average Weighted Mean

Background Characteristics	Frequency	Percent (%)
Age Group		
10-14	0	0
15-19	78	35.5
20-24	117	53.2
25-29	11	5
30-34	5	2.3
35-39	4	11.8
40-44	5	2.3
Level of Education		
No Formal Education	5	2.3
Primary	5	2.3
Secondary	129	58.6
Post-Secondary	81	36.8

Marital Status		
Single	194	88.2
Married	26	11.8
Divorced	0	0
Religion		
Christianity	191	86.8
Islam	29	13.2
Ethnicity		
Igbo	29	13.2
Yoruba	182	82.7
Hausa/Fulani	9	4.1
Employment Status		
Working	32	14.5
Not Working	188	85.5
Place of Residence		
Rural	47	22.17
Urban	165	77.83

SOURCE: AWOYOMI, 2018

From the table 1 above, out of the 220 (100%) respondents, 78 (35.5%) of the respondents are between the age 15 to 19 years, 117 (53.2%) of them are between the age 20 to 24 years, 11 (5%) of them are between the age 25 to 29 years, 5 (2.3%) of them are between the age 30 to 34 years, 4 (1.8%) are between the age 35 to 39 years and 5 (2.3%) of the respondents are between the age 40 to 44 years. 2.3 % of the respondents have no formal education and another 2.3% of the respondents have primary level of education while 58.6% of the respondents have secondary level of education and 36.8% of the respondents are having post-secondary level of education. This means that their averages level of education is secondary level

of education and some of them tend to further their education but 2 of 100 cases have no formal education or primary level of education. 88.2% of the respondents are single while 11.8% of them are married and living together with their partner, i.e., majority of the respondents are still singles. 86.8% of them practices Christianity religion while 13.2% of them practices Islam religion. 13.4% of the respondents are Igbo and 82.7% of the respondents are Yoruba and 4.1% of them are Hausa/Fulani. i.e., majority of the respondents are Yoruba. 14.5% of the respondents are working while 87% of the respondents are not working. This means that most of the respondents are not working, only few of them are working.

Table 2. Parental Characteristics of the Respondents and its Average Weighted Mean

Parental Characteristics	Frequency	Percent (%)
Marital Status of the Parent		
Single Parent	40	18.69
Married	166	77.57
Separated	8	3.74
Level of Education of the Father		
No Formal Education	17	8.25
Primary	15	7.28
Secondary	59	28.64
Post-Secondary	115	55.83
Employment Status of the Father		
Working	194	96.04
Not Working	8	3.96
Level of Education of the Mother		

No Formal Education		
Primary	12	5.80
Secondary	17	8.21
Post-Secondary	74	35.75
	104	50.24
Employment Status of the Mother		
Working	193	94.15
Not Working	12	5.85

SOURCE: AWOYOMI, 2018

From the table 2 above, 18.69% of the respondents are having parent, while 77.57% of the respondent's parent are married and still living together and 3.74% of the respondent's parents are separated. 8.25% of the respondents father are having no formal education, while 7.28% of their fathers are having only primary level of education and 28.64% of their father are having up to secondary level of education and 55.83% of the fathers are having post-secondary level of education. 96.04% of those fathers are economically active while 3.96% are not economically active. 5.80% of the respondents mother are having no formal education, 8.21% of the respondents mother are only having primary education, 35.75% of the respondents mother are having secondary level of education and 50.24% of the respondents mother are having up to post-secondary level education. 94.15% of the respondents' mothers are working economically while the remaining 5.85% are not working economically.

Table 3. Sexual Behaviour of the Respondents and its Average Weighted Mean

Sexual Behaviour	Frequency	Percent (%)
Have you ever Engaged in		

Sexual Intercourse Before		
Yes	114	55.88
No	90	44.12
Age at First Sex		
10-14	10	9
15-19	89	78
20-24	10	9
25+	5	4
Were You Influenced by Peers		
Yes	69	61.06
No	44	38.94
Have You Been Pregnant Before		
Yes	80	70.18
No	34	29.82
Age at First Pregnancy		
10-14	5	6
15-19	55	70
20-24	18	20
25+	2	4
Have you ever heard about Contraceptive Method Before		
Yes	134	67
No	66	33

Contraceptive Methods Known		
Condoms	116	86.57
Pills	11	8.21
Injectibles	4	2.99
Implants	3	2.24
Have you ever used Contraceptive Method Before		
Yes		
No	51	39.84
	77	60.16
Contraceptive Methods ever Used Before		
Condoms	39	76.47
Pills	10	19.61
Injectibles	2	3.92
Are you currently using any Contraceptive Method		
Yes	38	77.55
No	11	22.45
Contraceptive Methods currently using		
Condoms	23	60.53
Pills	10	26.32
Injectibles	2	5.26
Implants	3	7.89

SOURCE: AWOYOMI, 2018

From table 3 below, 51.8% of the respondents have engaged in sexual intercourse before while 48.2% of them have not engaged in sexual intercourse before. 9% of the respondent engaged in their first sexual intercourse between the age range of 10 to 14 years, 78% of them engaged in their first sexual intercourse between the age range of 15 to 19 years, 9% of them engaged in their first sexual intercourse between the age range of 20 to 24 years and 4% of them engaged in their first sexual intercourse above the age of 25 years. 61.06% of the respondents who have engaged in sexual intercourse before were influenced by peers while the remaining 38.94% of them were not influenced by peer. 70.18% of the respondents have been pregnant before while 29.82% of not been pregnant before. 76% of the respondents who have ever been pregnant before got their first pregnancy at their teen age while the remaining 24% of the got their first pregnancy at age 20 and above. This means that majority of the respondents who have been pregnant before got their first pregnancy at their teen age i.e., the prevalence of teenage pregnancy in Oye Ekiti is 76 per 100 pregnant women are teenagers. 67% of the respondents have heard about contraceptive method before while 33% of them have never heard about any contraceptive method before. 86.57% of the respondents heard about condoms, 8.21% of them heard about pills, 2.99% of them heard about injectibles and 2.24% of them heard about implants method before. 39.84% of the respondents have ever used contraceptive method before while 60.16% of them have never used any contraceptive method before. 76.47% of the respondents have used condom before while 19.61% of them have used pills before and 39.2% of them have used injectibles before. 77.55% of the respondents are currently using contraceptive method while 22.45% of them are not currently using any contraceptive method. 60.53% of the respondents are currently using condom while 26.32% of them are currently using pills, 5.26% of them are currently using injectibles and 7.89% of the respondents are currently using implants.

4.2. Discussion of Findings.

Table 4. Age at First Pregnancy

Age Group	Frequency	Percent (%)
10-14	5	6
15-19	55	70
20-24	18	20
25+	2	4
Total	80	100

SOURCE: AWOYOMI, 2018

From the frequency of respondents who have ever been pregnant, table 4 above shows 76% of the respondents who have ever been pregnant before got their first pregnancy at their teen age while the remaining 24% of the got their first pregnancy at age 20 and above.

This means that majority of the respondents who have been pregnant before got their first pregnancy at their teen age i.e., the prevalence of teenage pregnancy in Oye Ekiti is 76 per 100 pregnant women are teenagers

Table 5. Cross Tabulation of Age at First Pregnancy and Those who are currently using contraceptive method among them

Age at First Pregnancy	Are you currently using contraceptive		Total
	Yes	No	
10-14	0 0%	0 0%	0 0%
15-19	0 0%	4 20%	0 0%
20-24	6	3	4

	30%	15%	20%
25+	7	3	6
	35%	15%	30%
Total	13	7	20
	65%	35%	100%

SOURCE: AWOYOMI, 2018

From the table 10 above, none (0%) of the teen mothers are currently using any contraceptive method. It's only those who have their first pregnancy above age 19 are the ones who currently using contraceptive method.

Table 6. Distribution of Respondents by Background Characteristics and Ever Been Pregnant Before.

Background Characteristics	Have You Ever Been Pregnant Before		Statistics
	Yes	No	
Level of Education of the Respondent			
No Formal Education	0	5.88	$X^2= 12.5835$ $Pr= 0.006$
Primary	6.25	0.00	
Secondary	58.75	35.29	
Post-Secondary	35	58.82	
Marital Status of the Respondent			
Single	73.75	97.06	$X^2= 8.3235$ $Pr= 0.004$
Married	26.25	2.94	
Religion			

Christianity	77.5	91.18	$X^2= 2.9697$
Islam	22.5	8.82	$Pr= 0.085$
Ethnicity of the Respondent			
Igbo	6.41	14.71	
Yoruba	89.74	85.29	$X^2= 3.1858$
Hausa/Fulani	3.85	0	$Pr= 0.203$
Marital Status of the Respondent's Parent			
Single Parent	18.75	11.76	
Married	77.5	79.41	$X^2= 1.8766$
Divorced	3.75	8.82	$Pr= 0.391$
Place of Residence			
Rural	31.25	35.29	$X^2= 0.1780$
Urban	68.75	64.71	$Pr= 0.673$
Employment Status of the Respondent			
Working	15	5.88	$X^2= 1.8412$
Not Working	85	95.12	$Pr= 0.175$
Level of Education of the Father of the Respondent			
No Formal Education	7.5	12.5	
Primary	18.75	0	
Secondary	30	21.88	$X^2= 9.3727$
Post-Secondary	43.75	65.63	$Pr= 0.025$
Employment Status of the Father of the Respondent			
Working	93.59	100	$X^2= 2.1490$

Not Working	6.41	0	Pr= 0.143
Level of Education of the Mother of the Respondent			
No Formal Education	3.80	17.65	
Primary	18.99	0	
Secondary	36.71	26.47	X²= 14.1663
Post-Secondary	40.51	55.88	Pr= 0.003
Employment Status of the Mother of the Respondent			
Working	92.41	94.12	X²= 0.1060
Not Working	7.59	5.88	Pr= 0.745
Were You Influenced By Peers			
Yes	61.25	59.38	X²= 0.0337
No	38.75	40.63	Pr= 0.854

SOURCE: AWOYOMI, 2018

Result from table 6 above revealed that there is a significant relationship between socio-demographic characteristics, background characteristics and ever been pregnant before ($P < 0.05$). There is significant relationship between the levels of education of the respondent and ever been pregnant ($X^2 = 12.5835$, $P = 0.006$) whereby none of those who are having no formal education have ever being pregnant before, those with primary level of education by 6.25%, secondary level of education and post-secondary by 58.75% and 35% respectively compare to those who have never being pregnant before. There is significant relationship between the marital status of the respondent and ever been pregnant before ($X^2 = 8.3235$, $P = 0.004$) whereby the singles have

ever been pregnant before by 73.75% and married by 26.25% compare to those who has never been pregnant before.

There is no significant relationship between the religion of the respondent and ever been pregnant before ($X^2 = 2.9697$, $P = 0.085$), respondents who practices Christianity religion have never been pregnant before by 91.18% and Islam by 8.82% compare to those who have ever been pregnant before. There is no significant relationship between Ethnicity and ever been pregnant before ($X^2 = 3.1858$, $P = 0.203$) Igbo have never been pregnant before by 14.71% Yoruba by 85.29% and Hausa/Fulani by 0% compare to those ever been pregnant before. There is no significance between the marital status of the respondent's parent and ever been pregnant before ($X^2 = 1.8766$, $P = 0.673$) whereby the single parent of the respondents have never been pregnant before by 11.76%, married by 79.41% and divorced by 8.82% compare to those who ever been pregnant before. There is no significant relationship between place of residence and ever been pregnant before ($X^2 = 0.178$, $P = 0.673$) where those who reside in the rural area have never been pregnant before by 35.29% and urban area by 64.71% compare those who ever been pregnant before. There is no significant relationship between the employment status and ever been pregnant before ($X^2 = 1.8412$, $P = 0.175$) where the working respondents have never been pregnant before by 5.88% and the not working respondents by 95.12% compare to those who have ever been pregnant before.

There is strong significant relationship between the level of education of the father of the respondent and ever been pregnant ($X^2 = 9.3727$, $P = 0.025$) where the respondent whose father have no formal education have ever been pregnant before by 7.5%, primary by 18.75%, secondary by 30% and post-secondary by 43.75% compare to those who have never been pregnant before. There is no significant relationship between the employment status of father of

the respondents and ever been pregnant before ($X^2= 2.1490$, $P= 0.143$) where the working have never been pregnant by 100% and not working by 0% compare to those who ever been pregnant before.

There is a strong significant relationship between the level of education of the mother of the respondents and ever been pregnant before ($X^2= 14.1663$, $P= 0.003$) where the respondent whose mother have no formal education have ever been pregnant before by 3.80%, primary by 18.99%, secondary by 36.71% and post-secondary by 40.51% compare to those who have never been pregnant before. There is no significant relationship between the employment status of mother of the respondents and ever been pregnant before ($X^2= 0.1060$, $P= 0.745$) where the working have never been pregnant by 94.12% and not working by 5.88% compare to those who have ever been pregnant before.

And lastly, there is no significant relationship between peer influence and ever been pregnant ($X^2= 0.0337$, $P= 0.854$) where those who were influenced by peer have never been pregnant by 59.38% and not influenced by peer by 40.63% compare to those who have ever been pregnant.

Table 7: Odds Ratio Based on Binary Logistic Regression Analysis of Background Characteristics and Ever Been Pregnant Before

Background Characteristics	Odds Ratio	Lower confidence interval	Upper confidence interval
Age at last birthday			
15-19 RC	1.00		
20-24	0.105422	0.008588	1.294087
25-29	1		
30-34	1		
35-39	1		
40-44	1		
Level of Education			
No formal Education RC	1.00		
Primary	1	0	
Secondary	0.620866		
Post-Secondary	11.60791	0	
Marital status			
Single RC	1.00		
Married	0.143192	0.004187	4.89704
Religion			
Christianity RC	1.00		
Islam	0.490923	0.083898	2.872612
Ethnicity			
Igbo RC	1.00		

Yoruba	0.448632	0.047358	4.249966
Hausa/Fulani	1		
Employment status of respondent			
Working RC	1.00		
Not-Working	1		
Marital status of respondents parents			
Single parents RC	1.00		
Married	1.964753	0.050972	75.73312
Divorced/Separated	1		
Place of residence of the respondents			
Rural RC	1.00		
Urban	1.223732	0.259512	5.770525
Level of education of the respondents father			
No Formal RC	1.00		
Primary	1		
Secondary	7.48	0	
Post-Secondary	1.23	0	
Employment status of respondents father			
Working RC	1.00		
Not-Working	1		
Level of education of the respondents			

mother			
No Formal RC	1.00		
Primary	1		
Secondary	0.216372	0.033204	1.409988
Post-Secondary	1		
Employment status of respondents mother			
Working RC	1.00		
Not-Working	1		

SOURCE: AWOYOMI, 2018

RC means the Reference Categories *P<0.05 **P<0.01 *P<0.001**

From the table 7 above, respondents of age 20 to 24 years were 0.11 times less likely to have ever been pregnant before than respondents of age 15 to 19 years (RC), respondents of age 25 to 29 years were 1 time less likely to have ever been pregnant before than respondents of age 15 to 19 years (RC), respondents of age 30 to 34 years were 1 time less likely to have ever been pregnant before than respondents of age 15 to 19 years (RC), respondents of age 35 to 39 years were 1 time less likely to have ever been pregnant before than respondents of age 15 to 19 years (RC), respondents of age 40 to 44 years were 1 time less likely to have ever been pregnant before than respondents of age 15 to 19 years (RC). Respondents with primary level of education were 1 less likely to have ever been pregnant before than respondents with no formal education (RC), respondents with secondary level of education were 0.62 times less likely to have ever been pregnant before than respondents with no formal education (RC), respondents with postsecondary level of education were 11.61 times less likely to have ever been pregnant before than respondents with no formal education (RC). Respondents who are married were 0.14 times

less likely to have ever been pregnant before than respondents who are still single (RC). Respondents who practices Islam were 0.49 times less likely to have ever been pregnant before than respondents who practices Christianity religion (RC). Respondents whose ethnicity are Yoruba were 0.49 times less likely to have ever been pregnant before than respondents whose ethnicity are Igbo (RC), respondents whose ethnicity are Hausa/Fulani were 1 times less likely to have ever been pregnant before than respondents whose ethnicity are Igbo (RC). Respondents who are not economically active were 1 time less likely to have ever been pregnant before than respondents who are economically active (RC). Respondents whose parents are married were 1 time less likely to have ever been pregnant before than respondents whose parents still single (RC), respondents whose parents are divorced were 1 time less likely, to have ever been pregnant before than respondents whose parents are still single (RC). Respondents who resides in the urban area were 1.22 times less likely to have ever been pregnant before than respondent who resides in the rural area (RC). Respondents whose fathers are with primary level of education were 1 time less likely to have ever been pregnant before than respondents whose fathers are with no formal education (RC), respondents whose fathers are with secondary level of education were 7.48 times less likely to have ever been pregnant before than respondents whose fathers are with no formal education (RC), respondents whose fathers with postsecondary level of education were 1.23 times less likely to have ever been pregnant before than respondents whose fathers are with no formal education (RC). Respondents whose fathers are not economically active were 1 time less likely to have ever been pregnant before than respondents whose fathers are economically active (RC). Respondents whose fathers are with primary level of education were 1 time less likely to have ever been pregnant before than respondents whose fathers are with no formal education (RC), respondents whose fathers are with secondary level of education were

0.22 times less likely to have ever been pregnant before than respondents whose fathers are with no formal education (RC), respondents whose fathers with postsecondary level of education were 1 time less likely to have ever been pregnant before than respondents whose fathers are with no formal education (RC). Respondents whose mothers are not economically active were 1 time less likely to have ever been pregnant before than respondents whose mothers are economically active (RC).

Table 8: Odds Ratio Based on Binary Logistic Regression Analysis of Sexual Behaviour and Ever Been Pregnant Before

Sexual Behaviour	Odds Ratio	Lower confidence interval	Upper confidence interval
Are you currently using contraceptive			
Yes RC	1.00		
No	0.14*	0.026689	0.778629
Were you influenced by peers			
Yes RC	1.00		
No	0.16*	0.026689	0.684648

SOURCE: AWOYOMI, 2018

RC means the Reference Categories *P<0.05 **P<0.01 *P<0.001**

From the table 8 above, taking currently using contraceptive as the reference category (1.00), respondents who are not currently using contraceptive were 0.14 times more likely to have ever been pregnant before than respondents who currently using contraceptives (RC).

Respondents who were not influenced by peers were 0.16 more likely to have ever been pregnant before than respondents who were influenced by peers (RC).

CHAPTER FIVE

Summary of Findings, Conclusions and Recommendations

5.0. Introduction

This study attempted to answer the question related to the prevalence and correlates of teenage pregnancy in Oye-Ekiti. Firstly, this study endeavored to identify the prevalence of teenage pregnancy in the Oye-Ekiti and then the correlates of teenage pregnancy in Oye-Ekiti. A self-made questionnaire was employed to gather data of the study. A descriptive statistics was made to know the percentage of the respondents who had their first pregnancy between the ages of 13 years to 19 years. A cross tabulation table between age at first pregnancy and those who are currently using contraceptive method was made to know the percentage of teen mothers who are currently using contraceptive. Chi-Square test analysis is used to analyze different factors that could influence the age at first pregnancy. And lastly, A Binary Logistic Regression Test was used to analyze different factors that could be the correlates of teenage pregnancy in the study area.

5.1. Summary of Findings

- The age level of the majority of the respondents is between 15 to 24 years old and this constitutes 70.4% of the respondents. The educational attainments of the respondents were mostly secondary level with 58.6% and 36.8% of them make it up to the post-secondary level. Majority of the respondents are still singles while 11.8% of them are married and living together with their partner. Majority of the respondents practices Christianity religion while 13.2% of them practices Islam religion. Also,

majority of the respondents are not working, only few of them are working and majority of the respondents are from Yoruba ethnicity.

- Majority of the respondents engaged in their first sexual intercourse between the ages of 14 to 19 years.
- It is shown from the descriptive analysis that 76% of the respondents had their first pregnancy at their teen age while the remaining 24% of them had their first pregnancy above 19 years. This means that most of the respondents are teen mothers.
- None of the teen mothers are currently using contraceptive method. It's only those who are not teen mothers are the one currently using contraceptive method.
- The Chi-Square Test analysis on religion and ever been pregnant showed that religion of the respondents has nothing to do with ever been pregnant.
- The Chi-Square Test analysis on peer influence and ever been pregnant showed that there is no relationship between peer influence and ever been pregnant.
- The Chi-Square Test analysis on the level of education of the respondent and ever been pregnant showed that the levels of education of the respondent have relationship with ever been pregnant. But the employment status of the respondent has nothing to do with ever been pregnant according to the Chi-Square Test analysis on the employment status and ever been pregnant.
- The Chi-Square Test analysis on marital status and ever been pregnant showed that there is a relationship between marital status and ever been pregnant.
- The Chi-Square Test analysis on the level of education of the father of the respondent and ever been pregnant showed that the levels of education of the father of the respondent have relationship with ever been pregnant. But the employment status of the father of the

respondent has nothing to do with ever been pregnant according to the Chi-Square Test analysis on the father's employment status and ever been pregnant.

- The Chi-Square Test analysis on the level of education of the mother of the respondent and ever been pregnant showed that the level of education of the mother of the respondent have relationship with ever been pregnant. Also, the Chi-Square Test analysis on the employment status of the mother of the respondent and ever been pregnant showed that the employment status of the mother of the respondent has nothing to do with ever been pregnant.
- The Binary Logistic Regression Analysis on the background characteristic and ever been pregnant before showed that there is no significant relationship between the background characteristics and ever been pregnant. But, the same Binary Logistic Regression Analysis on currently using contraceptive and ever been pregnant before showed that there is a significant relationship between the currently using contraceptive and ever been pregnant. And lastly, the Binary Logistic Regression Analysis on the peer influence and ever been pregnant before showed that that there is a significant relationship between peer influence and ever been pregnant before.

5.2 Conclusion

Based on the findings, it is clearly shown that the prevalence of teenage pregnancy in Oye Ekiti is very high and factors contributing to the high level of teenage pregnancy in Oye Ekiti are marital status, the level of education, paternal educational level, maternal educational level, peer influence and current using of any contraceptives.

5.3 Recommendation

Having identified the factors affecting the age at first pregnancy, the following recommendations are put upward;

- Empowering the teenagers by giving them the adequate level of education they deserve in order to delay their age at marriage since their marital also determines their ever been pregnant before.
- Education programs should be designed to address pressing and urgent concerns regarding teenage pregnancy and collaborate with other agencies like Health Care Units to help teenagers avoid premarital sex and live a healthy lifestyle. Education programs that will enlighten the teenagers about the importance of contraceptive method.
- Provision of valid and effective contraceptives at affordable prices.

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APPENDIX

DEPARTMENT OF DEMOGRAPHY AND SOCIAL STATISTICS

FACULTY OF SOCIAL SCIENCES FEDERAL UNIVERSITY OYE EKITI, OYE EKITI,
NIGERIA

Prevalence and Correlates of Teenage Pregnancy in Oye Ekiti, Nigeria.

To Whom It May Concern

Dear Ma,

This is a student's research project aimed at studying the above topic. It is purely an academic exercise for the award of a degree, and it has nothing to do with you as a person. As such, information given by you will be treated confidentially.

I plead that you respond to these questions honestly as much as you can. Your cooperation is highly needed. Thank you.

Awoyomi Oluwabukunmi Abraham

SECTION A: SOCIOECONOMIC AND DEMOGRAPHIC DATA

- 1). What is your age as at last birthday.....?
- 2). What is your level of education? No Formal Education () Primary Education () Secondary Education () Post-Secondary () Others Specify
- 3). What is your marital status? Single () Married/Living Together () Separated/Divorced () Others Specified

4). What is your religion? Christianity () Islam () Others Specify

5). Ethnicity: Igbo () Yoruba () Hausa/Fulani ()

6). What is your employment status? Working () Not Working ()

7). What is your total monthly allowance/income?

SECTION B: PARENTAL BACKGROUND CHARACTERISTICS

8). Marital Status of the Parents: Single Parent () Married/Living Together ()
Separated/Divorced () Others Specified

9). Place of Residence of your Parents: Rural () Urban ()

10). Level of Education of your Father: No Formal Education () Primary Education ()
Secondary Education () Post-Secondary () Others Specify

11). What is your father's employment status? Working () Not working ()

12). What is your father's total monthly income?

13). Level of Education of your Mother: No Formal Education () Primary Education ()
Secondary Education () Post-Secondary () Others Specify

14). What is your mother's employment status? Working () Not working ()

15). What is your mother's total monthly income?

SECTION C: SEXUAL AND REPRODUCTIVE HISTORY

16). Have you ever engaged in sexual intercourse? Yes () No () If no, move to question 22

- 17). If yes, at what age did you have your first sexual intercourse?
- 18). Why did you engage in your first sexual intercourse?
- 19). Have you ever been pregnant? Yes () No () If no, move to question 22
- 20). If yes, at what age did you have first pregnancy?
- 21). What do you think is the reason(s) for your first pregnancy?
- 22). Have ever heard about contraceptive methods Yes () No () If no, drop the questionnaire
- 23). If yes, tick the method(s) you know: Condoms () Pills () Injections () IUD ()
Diaphragm () Sterilization () Implants () Others Specified
- 24). Have you ever used contraceptive method? Yes () No () If no, drop the questionnaire
- 25). If yes, which method have you ever used? Condoms () Pills () Injections () IUD ()
Diaphragm () Sterilization () Implants () Others Specified
- 26). Are you currently using any contraceptive method? Yes () No () If no, drop the
questionnaire
- 27). If yes, which method are you currently using? Condoms () Pills () Injections () IUD ()
) Diaphragm () Sterilization () Implants () Others Specified

Thank you.