

Original Research Report



Relationship of Body Image, Self Esteem, Socio-economic Status and Peer Influence with Teenage Pregnancy in Ibadan, Oyo State, Nigeria

Habeeb Omoponle Adewuyi ^{1*}

¹Department of Educational Psychology, University of Johannesburg, Auckland Park, 2006, South Africa

***Correspondence:** Habeeb Omoponle Adewuyi, Department of Educational Psychology, University of Johannesburg, Auckland Park, 2006, South Africa (Email: ahabeeb@uj.ac.za).

Abstract: Teenage pregnancy has been identified as a social issue that requires attention. Given the negative impact on teenage mothers, the people who care for them, and the children they give birth to. This study examined the pattern of relationship between body image, self-esteem, socio-economic status, peer influence, and teenage pregnancy. This study employed a correlational design, and a multistage sampling procedure was utilized. Adolescents in Ibadan constitutes the population (N = 150; 12.0% below 14 years, 58.7% 14 – 16 years, while 29.3% were 17 – 19 years). Participants completed standardized instruments: (Body Image Acceptance Survey $\alpha = 0.85$; Rosenberg Self-Esteem Scale $\alpha = 0.78$; Socio-economic Status Scale $\alpha = 0.79$; Peer Influence Scale $\alpha = 0.81$; and Teenage Pregnancy Scale $\alpha = 0.87$). The results showed that body image ($r = 0.327$; $p < 0.05$), self-esteem ($r = 0.376$; $p < 0.05$), socio-economic status ($r = 0.306$; $p < 0.05$), and peer influence ($r = 0.201$, $p < 0.05$) all had a significant relationship with teenage pregnancy. A multiple regression coefficient ($R = 0.484$) and multiple regression adjusted ($R^2 = 0.234$) were obtained. Also, self-esteem recorded the most effective relative contribution to teenage pregnancy, followed by body image, parental socio-economic status, and peer influence, respectively. This emphasizes the necessity of broad and all-encompassing strategies to stop teenage pregnancy because it is unlikely that a single element will be adequate to deal with the problem successfully.

Keywords: Body Image, Teenage Pregnancy, Self-Esteem, Socio-Economic Status, Peer Influence

1. Introduction

Concerns about teenage pregnancy are widespread in both developed and developing nations. Teenage pregnancy is defined as any pregnancy before the age of 20, according to WHO (2023). A teenager is defined as a person between the ages of 10 and 19. During this time, the individual evolves from the earliest signs of secondary sexual features to full sexual maturation and, as a result of psychological and emotional events, develops from the qualities of childhood to the state of an adult. Teenage pregnancy is defined by Sully et al. (2020) as the fertilization of the egg cells (in girls) by the reproductive cells of males who have reached puberty. Teenage pregnancy is referred to as unplanned or unwanted pregnancy, especially if it happens outside of wedlock, according to the United Nations Department of Economic and Social Affairs (UNDESA, 2020). Teenage pregnancy is defined as being pregnant by a girl child under the age of nineteen.

Globally 529, 000 women die each year from complications resulting from conception and delivery, and 15 million women under the age of 20 give birth, accounting for up to one-fifth of all births (Darroch et al., 2016). Communities around the world are very concerned about teenage pregnancy, with the US leading the way with nearly 1,000,000 teenage pregnancies annually (Crooks, Bedwell & Lavender, 2022). According to Osterman et al. (2022), the United States of America has the highest incidences of teen pregnancy and births among similar industrialized nations—double that of the United Kingdom and over ten times that of the Netherlands. According to Maddow-Zimet and Kost (2021), there are almost 90,000 teenage pregnancies in England each year; approximately 7,700 take place among girls under the age of 16, and 2,200 occur among girls under the age of 14. Approximately 16 million girls between the ages of 15 and 19 give birth annually, accounting for 11% of all births globally (WHO, 2023), and this figure does not include births from girls younger than 15. 14.2 million girls will marry too young each year, many of whom will be below the age of 15 if the current rates of child marriage around the world continue (UNDESA, 2020).

However, Sub-Saharan Africa has the most significant incidences of teenage pregnancy, which are frequently linked to early marriage, with one in every four girls giving birth by the time they reach the age of eighteen (Yakubu & Salisu, 2018). In Ethiopia's Amhara region, fifty percent of girls get married before the age of fifteen. Many get married at younger ages and are taken in to reside with the immediate family of their future partner (Gunawardena, Fantaye & Yaya, 2019). Teenage pregnancies in Nigeria are occurring at an increasing rate. According to Nigeria's Demographic and Health Survey, 25.2% of women between the ages of 15 and 19 have started having children, 4.3% are expecting their first child, and 21% have become mothers (Kemi et al., 2015).

Teenage pregnancy is now considered a social issue that requires attention. Due to the effects it has on teenage mothers, their children, and the people who care for them, it is a significant social issue on a global scale (Chung, Kim & Lee, 2018). Any woman facing motherhood faces enormous obstacles, but the situation is made worse by the fact that an adolescent mother is a child who is not yet mature enough or financially stable to raise a child. Numerous studies have emphasized the negative effects that teenage motherhood has on her offspring. These include the potential to become the next crop of adolescent mothers, disadvantaged social consequences, lower communication skills, delayed

intellectual growth, dropout from school, and a higher likelihood of being raised in foster care (Garcia-Hombrados, 2022). According to a study by Bankole et al. (2020), adolescent mothers frequently experience poverty, have lower educational attainment, and have fewer career opportunities than teenagers who are not parents. In addition to being the root cause of some psychosocial and academic issues in adolescents, teenage pregnancy is one of the leading causes of poverty (Harrison et al., 2019). Page | 3

Governments and other interested parties have been urged to take immediate action to address this unappealing phenomenon. Studies have been carried out on teenage pregnancy, but none has examined the nexus between body image, self-esteem, socio-economic status, peer influence, and teenage pregnancy. More so, these previous studies (Odimegwu & Mkwanzani, 2016; Usman et al., 2018; Yakubu & Salisu, 2018) are focused on either in-school adolescents outside the present sociocultural environment or fail to investigate the combined influence of the identified factors, especially on adolescents in Nigeria. Thus, this research was carried out to close the existing gap in the relationship between body image, self-esteem, socio-economic status, peer influence, and teenage pregnancy in Ibadan, Nigeria.

1.1. Literature Review

1.1.1. Body Image and Teenage Pregnancy

According to Bergmeier et al. (2020), body image is a multifaceted construct that reflects how people feel, think, and act about their physical characteristics. A person's mental assessment of their physical outlook is known as their body image. It also includes other people's perceptions of that person's physical appearance and how they respond to it. The idea of body image usually starts in infancy and gradually grows over time (Adewuyi, 2021; Umanholen et al., 2023). People's perceptions of their bodies range broadly from negative to positive. The extent to which an individual is concerned about their body image can also differ greatly based on age and other variables. A person with a poor view of their body believes that other people find their body ugly, whereas a person with a positive body image believes that other people find their body attractive. A woman's decision to engage in sexual activity can be influenced by a wide range of factors related to body image, sexual activity, and the female gender (Ajani et al., 2024). It has been demonstrated that women who have a positive body image are more likely to participate in sexual activities (Anatale & Kelly, 2015).

Adolescent females who are naturally growing into pubescent bodies sometimes experience extreme anxiety and body dissatisfaction (Adewuyi et al., 2023; Kirk & Preston, 2019). As a result, a person's perception of their body image may or may not align with how others perceive it. For example, a person who is being judged by others that they are attractive, but they may think they have an ugly body image. According to some research, girls who feel good about their bodies are more likely to be sexually active and have safe relationships, while girls who are a little overweight and feel negatively about themselves are less likely to do so. Additionally, it has been discovered that having an increasingly poor self-image is directly linked to engaging in more unprotected sexual activity (Adewuyi & Yusuf, 2019; Anatole & Kelly, 2015).

Furthermore, these poor self-image attitudes have been linked to sexually risky acts and unwanted pregnancies. According to Zaltzman, Falcon and Harrison (2015), girls who have a positive body

image show confidence in using condoms more frequently than girls who have a negative body image, and this is directly related to adolescent pregnancy. Hearing a romantic partner make a negative remark about one's appearance increases the sexual risk behaviors of those with smaller body sizes. Still, it decreased the sexual activity of those with larger body sizes (Overstreet, 2013). Girls who are underweight or believe they are overweight may be more likely to engage in sexual risk behaviors, such as having many sexual partners, not using protection, and not getting screened for STIs, which can result in unintended pregnancies (Adewuyi, 2023; de Oliveira, de Carvalho & Veiga, 2022).

1.1.2. Self-esteem and Teenage Pregnancy

Rosenberg and Pearlin (1978), two pioneers in this field, defined self-esteem as an individual's overall positive assessment of oneself. They went on to say that having a high sense of self-worth is about a person appreciating and respecting themselves. Similarly, Gunawardena, Fantaye and Yaya (2019) defined self-esteem as an individual's subjective evaluation of their own value, their degree of optimism and self-respect, and their positive or negative self-perceptions. Personal convictions about one's skills, abilities, and social relationships are linked to one's self-worth. The importance of self-esteem is frequently overstated, resulting in low self-esteem being the root of all evil and high self-esteem being the root of every good (Granados, Moyano & Sierra, 2020). Accepting accountability for one's actions, being self-motivated, being ready to take appropriate risks, and taking charge of one's own life, including health-related behaviors, are all indicators of high self-esteem (Mruk, 2013). When adolescents engage in risky sexual behavior that results in an unwanted pregnancy, people with low self-esteem tend to concentrate on attempting to prove themselves to other people. They also lack the self-confidence to refuse unwanted advances and frequently question their credibility and worth. Instead of accepting accountability for their sexual misconduct, they often place the blame elsewhere (Adewuyi, 2023).

Studies examining the association between high self-esteem and less risky sexual behavior in adolescents have found a positive relationship between the two. High self-esteem was found to be closely linked to a lower frequency of anal sex (lower anal risk) in female adolescents, according to Ramiro et al. (2013). Lower self-esteem has been shown to be associated with earlier initiation of sexual activity, a history of risky sexual partners, unprotected sexual relations, and teenage pregnancies (Martín-Albo et al., 2007). They discovered a link between high risk of pregnancy in late adolescence and early adulthood and low self-esteem. Sangowawa and Adebisi (2013) realized that among female out-of-school adolescents, high self-esteem was a significant predictor of abstinence in the only study carried out in Nigeria. According to Liang et al. (2019), one of the reasons teenage pregnancies occur is low self-esteem, as children who experience parental tenderness and affection are more likely to look for it among their circle of peers, which is typically made up of male partners. As a result, they eventually have sex, which results in teenage pregnancy.

1.1.3. Socio-economic Factors and Teenage Pregnancy

Despite the fact that socioeconomic status is frequently seen as a universal concept, it has been proposed that individual components, such as income, occupation, or education, can represent distinct aspects of socioeconomic status. Marchetta and Sahn (2016) state that a family's socioeconomic status

is typically correlated with the family's income, parental educational attainment, the parents employment, and social standing within the family as well as on a worldwide scale in most African and Western countries. When analyzed as a continuous variable, it reveals disparities in resource distribution and access. It is pertinent to behavioral and social science research methods, instruction, and other areas. Studies on the relationship between socioeconomic status (SES) and antisocial behavior in children and adolescents, such as disinterest in education, have yielded inconsistent results with varying degrees of association (Onyemah & Adewuyi, 2022; Piotrowska et al., 2015).

In 2008, adolescents between the ages of 15 and 19 gave birth to 11% of all babies worldwide, with 95% occurring in low- and middle-income nations (Adewuyi & Olanrewaju, 2019; Usman et al., 2018). It demonstrates that a significant contributing factor to most of these adolescent pregnancies is their family's socioeconomic status. This result is consistent with observations made by Nang-Bayi et al. (2021), who noted that because families are compelled to live in small homes with a pronounced lack of privacy for the parents, people who remain in poverty are frequently subjected to more "live" sexual activity. When they reach puberty, children raised in such circumstances can readily participate in sexual activities. According to Toska et al. (2015), girls from low-income families who menarche early will join in early sexual behavior. According to the Institute for Development Studies (2017), low socioeconomic level is a more significant likelihood factor for teenage girls who become pregnant. This data suggests that children's early sexual conduct is influenced by their socioeconomic background, which may contribute to adolescent pregnancies and child marriages.

Sama et al. (2017) also point out that low birth control use and other factors that are linked to high rates of teenage pregnancy include low income, low education, and unfavorable childhood environments. Financial hardships and societal norms drive girls in primarily rural communities to skip school and engage in early sexual relationships, the majority of which are exploitative. Kassa, Belay and Ayele (2021) discovered that 54.1% of females who have started sexual activity very early come from large households with a poor socioeconomic background, according to a study on the prevalence of sexual activity and its outcomes among female secondary school girls in Nigeria. Teens who reside in areas with higher levels of social disarray and lower socioeconomic status are more likely to start having sex when they are younger, which frequently leads to pregnancy. Teenage sexual behavior is correlated with adult income, joblessness, and educational attainment in a community, according to Kabiru and Salami (2014). According to Adewuyi and Olanrewaju (2019), teenage girls from low-income families have a higher probability of becoming pregnant, and teenage pregnancy itself is mostly a consequence of poverty. They found that parents with low socioeconomic status are typically the majority of teenagers who become pregnant. Girls from low-income families will start having sex at a young age, which may eventually result in unintended pregnancies.

1.1.4. Peer Influence and Teenage Pregnancy

Adolescents join various peer groups and associate themselves with these groups by engaging in their activities in an effort to avoid rejection. During adolescence, peers can have a significant impact (Adewuyi, 2021). One important factor to consider when discussing teenage pregnancy is peer pressure. In addition, Kanmodi et al. (2020) observes that teenagers are ready "to be affirmed by their peers" as

they seek moral guidance. Many significant policy issues in our societies are centered on the possibility that peers could influence an individual's behavior (Sychareun et al., 2018). Peer groups vary in their ability to promote positive or negative behaviors in their members. The majority of teenage misbehavior takes place in groups. Cliques in the US are frequently identified from other peer groups by the pressure they put on their members to adhere to particular standards regarding drug use, sexual behavior, and school orientation (Maddow-Zimet & Kost, 2021). Adolescent pregnancy is a prevalent issue among teenagers across the globe. Every person's adolescence is a distinct stage in their life. It's a time when youth and maturity merge (Adewuyi & Dwarika, 2023). Adolescent pregnancy is a prevalent issue among teenagers across the globe. Gyan (2013) and Kanmodi et al. (2020) reported that teenagers in an Accra, Ghanaian suburb primarily engaged in sexual activity due to peer pressure, which may have put them at risk for HIV/AIDS infection and teenage pregnancy.

Teenage pregnancy is influenced by negative peer pressure. According to Beguy, Ndugwa and Kabiru (2013), early conception among females aged 15–17 years old was linked to having unfavorable role models in their peer group. The study aimed to explore the patterns and determinants of entry into motherhood in two informal communities in Kenya. Similar results have been demonstrated in America, where a friend's pregnancy raises an individual's chance of becoming a parent even when the friends are not related (Allen et al., 2020; Attah, & Osadebe, 2022). These pregnancies are typically not anticipated due to the way the influence operates. According to Kabiru and Salami (2014), teens are more likely to become pregnant unintentionally when they do not receive disapproval from their peers for not having a boyfriend. Depending on the teen's other sources of information regarding reproductive and sexual health, influence from peers may have different effects. Peer norms had a significant impact on sexual behavior among young Hispanic and African American people who had not discussed condoms with their parents, according to a study (Ahorlu et al., 2015). Many times, they become pregnant purely to fit in with their friends who are already parents or pregnant rather than for their own satisfaction. They occasionally give each other terrible and erroneous advice, such as having sex with a loved one and having a child for him, in an attempt to maintain the relationship (Adewuyi et al., 2020). There is a lot of outside influence. Adolescents are weak and susceptible to manipulation. A fifteen-year-old girl who is single may be viewed as foolish by some of her friends. She then gets ready to show everyone that she is not a moron by finding a partner, getting pregnant, and suddenly having to take care of an unplanned child.

1.2. Theoretical Framework

The theoretical framework of a study is the blueprint underpinning the research one is embarking on (Adelana et al., 2023). This study was anchored on the bio-ecological systems theory as first proposed by Urie Bronfenbrenner, as adolescents are entirely dependent on the ecosystem into which they find themselves for their development and growth. The differential factor between other systems theories and Bronfenbrenner's theory is the emphasis placed on the interaction between the individual and the environments within the system rather than the context of the system (Bronfenbrenner, 2005). The complex and dynamic issues related to teenage pregnancies can be conceptualized using Bronfenbrenner's bio-ecological systems model of human development. The model comprises four

elements (person, process, context, and time) and showcases how the environment in itself does not affect human development, but the interaction between the environments and systems plays a significant role (Bronfenbrenner & Morris, 2006). The person presented in the bio-ecological model is the individual with characteristics that both influence development and are influenced by development (Bronfenbrenner & Morris, 2006). These interactions or proximal processes (Bronfenbrenner & Evans, 2000) are described as the most crucial element in the model explaining human development; the proximal process is the interaction between the person (pregnant teenager) and their immediate environment; the immediate environment comprises individuals, objects, and symbols (body image, self-esteem, socio-economic status, and peer influence).

1.3. Research Questions

The following research question guided the study:

1. What is the relationship between independent variables (body image, self-esteem, socio-economic status, and peer influence) and the dependent variable (teenage pregnancy)?
2. What is the joint contribution of body image, self-esteem, socio-economic status, and peer influence on teenage pregnancy?
3. What is the relative contribution of body image, self-esteem, socio-economic status, and peer influence on teenage pregnancy?

2. Materials and Methods

2.1.1 Ethics Statement

The University Research Ethics Committee gave ethical approval for the current study's conduct at the University of Ibadan, Nigeria (REC/CHDS/23/09/025). Additionally, all procedures involving human subjects in this study adhered to the National Research Committee's ethical guidelines. To participate in this study, each participant provided written, informed permission.

2.1 Research Design

For this study, the correlation-type descriptive research design was used. Since the researcher did not alter the variables, this design was chosen. Also, conclusions about the relationship between variables are drawn from concurrent variations in the independent and dependent variables without direct interaction.

2.2 Population and Sample

The population for this study consisted of all pregnant teenagers in the Ibadan Metropolis Area of Oyo state. Ibadan Metropolis consists of Eleven (11) Local government areas in Oyo state. A simple random sampling technique was adopted to select five Local Government Areas for this study. Three (3) Antenatal Clinics were randomly chosen in each Selected LGA. The purposive sampling method was employed to select ten (10) pregnant teenagers. Overall, a sample of one hundred and fifty pregnant teenagers was selected. This was used as a representative of the population. Pregnant teenagers between the ages of 13 to 19 years who attend various medical centers and health centers for Antenatal Clinics in Ibadan metropolis and who give their consent for this research purpose. Teens who visited the clinics while pregnant but did not give their permission were not included. While teen

pregnancy affects both genders, male teenagers were not included in the study because they do not frequently accompany their partners to antenatal appointments.

2.3 Research Instrument

The researcher validated the designed questionnaire, which served as the instrument used to generate data for this study. The participants' demographic information was collected in Section A; responses about other variables were gathered in Section B of the Questionnaire. Experts in Education psychology and assessment were given access to the tool for validation. A pilot study was conducted for the instrument to ensure the reliability of the instruments after the experts had verified it. The pilot study involved the administration of the instruments on participants outside the sample area. Reliability was assessed, and the contributions were combined. After determining the reliability using the split-half approach, the Spearman-Brown prediction Formula was utilized for analysis. The reliability index of the instruments was taken as follows: (Body Image Acceptance Questionnaire $\alpha = 0.85$; Rosenberg Self-Esteem Scale $\alpha = 0.78$; Socio-economic Status Scale $\alpha = 0.79$; Peer Influence Scale $\alpha = 0.81$; and Teenage Pregnancy Scale $\alpha = 0.87$), which supported the study's advancement. After obtaining the authorities' clearance from the sampled clinics, the researchers obtained each participant's agreement and followed all ethical norms. The respondents were also assured of the confidentiality of the information collected, which helped avoid distortion of facts. The researchers and five research assistants collected the data for this study.

2.4 Method of Data Analysis

To answer the study's research questions at the 0.05 significant level, the gathered data were analyzed using multiple linear regression analysis and Pearson Product Moment Correlation.

3. Results and Discussion

3.1. Demographic analysis

Table 1: Distribution of Respondents by Age

Age (years)	Frequency	Percentage
Below 14	18	12.0
14 – 16	88	58.7
17 –19	44	29.3
Total	150	100.0

Table 1 shows that 18 (12.0%) of the respondents were below 14 years, 88 (58.7%) were aged 14 – 16 years, and 44 (29.3%) were aged 17 – 19 years, respectively.

Table 2: Distribution of Respondents by Religion

Religion	Frequency	Percentage
Christianity	114	76.0
Islam	35	33.3
Others	1	0.7
Total	150	100.0

Table 2 shows that 114 (76.0%) of the respondents were Christian, 35 (33.3%) were Islam, and 1 (0.7%) belonged to others respectively.

Table 3: Distribution of Respondents by Family Type

Family type	Frequency	Percentage
Nuclear	58	38.7
Polygamous	92	61.3
Total	150	100.0

Table 3 shows that 58 (38.7%) of the respondents were from the nuclear family, while 92 (61.3%) were from polygamous families, respectively

Table 4: Distribution of Respondents by Family Background

Family background	Frequency	Percentage
Intact	76	50.7
Broken	74	49.3
Total	150	100.0

Table 4 shows that 76 (50.7%) of the respondents are from intact families, while 74 (49.3%) were from broken homes, respectively.

3.2. Answering Research Questions

Research Question 1: What is the relationship between the independent variables (body image, self-esteem, socio-economic status, and peer influence) and the dependent variable (teenage pregnancy)?

Table 5: Correlation Matrix Showing the Relationship between body image, self-esteem, socioeconomic status, peer influence, and teenage pregnancy

Variables	1	2	3	4	5
Teenage pregnancy	1				
Body Image	.327**	1			
Self-esteem	.376**	.346**	1		
Parental SES	.306**	.095	.408**	1	
Peer influence	.201*	.233**	.104	.012	1
Mean	29.92	27.05	30.74	29.50	28.27
SD	3.93	2.90	3.87	3.48	3.79

**Correlation Significant at 0.01 levels; * Correlation Significant at 0.05 levels

Table 5 shows that there were positive, significant relationships between body image ($r = 0.327$; $p < 0.01$), self-esteem ($r = 0.376$; $p < 0.01$), socio-economic status ($r = 0.306$; $p < 0.01$), peer influence ($r = 0.201$, $p < 0.05$) and teenage pregnancy. This implies that school parental monitoring, school connectedness, and parental socio-economic status were related to teenage pregnancy.

The first research question examined the relationship between the independent variables (body image, self-esteem, socio-economic status, and peer influence) and the dependent variable (teenage pregnancy). Based on the findings of this study, the result showed a significant positive relationship between the independent variables and teenage pregnancy. The result suggests that teenage pregnancy is multifactorial as it results from several other factors such as body image, self-esteem and socio-economic factors. The findings implied that adolescents with negative body image are more likely to be susceptible to sexual risky acts as a result of the psychological defeat they suffer from their body image. Also, it can be inferred from the findings of this study that low self-esteem and socio-economic status may prompt teenagers to involvement in sexual behaviors that leads to pregnancies. The result of this study supports many previous studies by scholars. For instance, Ahorlu et al. (2015) found that school self-esteem is associated with positive sexual behavior in terms of abstinence, reductions in unplanned pregnancy, contraceptive use, and postponement of first intercourse, while Harrison et al. (2019) found that body image, self-esteem, socio-economic status, and peer influence indicated fewer sexual partners among adolescents.

Similarly, Brown, Rance and Warren (2015) found that body image has a direct influence on adolescent's engagement in healthy sexual behaviours, including earlier initiation of first intercourse. The authors reported that there was a converse or indirect relationship between positive body image and the likelihood of teenage pregnancy. Moreover, Adewuyi, Jimoh and Falaye (2020) discovered that while higher family income was linked to a delay in sexual activity, low socioeconomic status is a strong predictor of early sexual encounters. They also reported that the level of socio-economic status determines the propensity to experience teenage pregnancy. Still in support of this present result, (Kanmodi et al., 2020; Ogunbode, Olukunke & Abdus-salam, 2024) found that peer influence is a significant factor responsible for adolescent pregnancy.

Research Question 2: What is the composite contribution of body image, self-esteem, socio-economic status, and peer influence to teenage pregnancy?

Table 6: Summary of Multiple Regression Analysis on Composite Contribution of Independent Variables to Teenage Pregnancy

Sources of Variance	Sum of Squares	Df	Mean Square	F	Significant
Regression	541.587	4	135.397	11.101	0.000*
Residual	1768.606	145	12.197		
Total	2310.193	149			

R = 0.484, R Square = 0.234, Adjusted R Square = 0.213

Std. Error of the Estimate = 3.49246b. Dependent Variable: teenage pregnancy

Table 6 shows the composite contribution of body image, self-esteem, socio-economic status, and peer influence to the prediction of teenage pregnancy. Table 6 reveals that the composite contribution of body image, self-esteem, socio-economic status, and peer influence to teenage pregnancy was significant ($F_{(4,145)} = 11.101$; $p < 0.05$). Table 6 revealed a multiple regression coefficient ($R = 0.484$) and multiple regression adjusted ($R^2 = 0.234$). This implies that 23.4% of the variation in teenage pregnancy among the respondents was accounted for by the joint effect of the independent variables when taken together. At the same time, the remaining may be due to other factors and residuals. This implies that when body image, self-esteem, socio-economic status, and peer influence are taken together, they jointly contribute significantly to teenage pregnancy.

From the result of the data collected and analyzed, the study showed that body image, self-esteem, socio-economic status, and peer influence jointly contribute significantly to teenage pregnancy. This result supports the significant number of studies found by researchers that psychosocial factors have a substantial contribution to teenage pregnancy. For instance, Allen et al. (2020), Toska et al. (2015), Adewuyi and Olanrewaju (2019), and Kanmodi et al. (2020) have all found in various studies that psychosocial factors have a significant contribution to teenage pregnancy. Therefore, psychosocial factors should be given cognizance when investigating or developing a model for addressing the problem of teenage pregnancy and its antecedent consequences. Similar findings were made by Fagbule et al. (2021), who discovered that lower self-esteem was associated with earlier initiation of sexual activity, a history of risky sexual partners, unprotected sex, and teenage pregnancies. Lower self-esteem has been linked to an increased risk of pregnancy in late adolescence and early adulthood, according to research by Umanhonlen et al. (2023). According to Kabiru and Salami (2014), teens are more likely to become pregnant unintentionally when they do not receive disapproval from their peers for not having a boyfriend. Depending on the teen's other sources of information regarding sexual and reproductive health, peer pressure may have different effects.

Research Question 3: What is the relative contribution of body image, self-esteem, socio-economic status, and peer influence to teenage pregnancy?

Table 7: Summary of Multiple Regression Showing Relative Contribution of Independent variables to teenage pregnancy

Model	Under standardized	Standardized	Rank	t	Sig.
	Coefficients	Coefficient			
	Beta (β)	Std. Error	Beta (β)		
(Constant)	5.216	3.858		1.352	.178
Body Image	.277	.108	.204	2 nd	2.572 .011
Self-esteem	.212	.086	.209	1 st	2.465 .015
Parental SES	.229	.090	.203	3 rd	2.546 .012
Peer influence	.140	.078	.135	4 th	1.798 .074

a. Dependent Variable: teenage pregnancy

Table 7 reveals the relative contributions of each of body image, self-esteem, socio-economic status, and peer influence to teenage pregnancy. The relative contributions of body image ($\beta = 0.358$; $t = 2.344$, $p < 0.05$), self-esteem ($\beta = 0.204$, $t = 1.704$, $p < 0.05$), parental socio-economic status ($\beta = 0.204$, $t = 1.704$, $p < 0.05$) and peer influence ($\beta = 0.136$; $t = 2.045$, $p > 0.05$) to teenage pregnancy were significant except for peer influence. In terms of rank, self-esteem came first, followed by body image, parental socio-economic status, and peer influence, respectively.

The result of this study shows that the independent variables contribute significantly to teenage pregnancy. In order of contribution, self-esteem came first, followed by body image, parental socio-economic status, and peer influence, respectively, in their contribution to teenage pregnancy. This study does not deviate from previous studies investigated by researchers. The significant contribution of socioeconomic status and teenage pregnancy has been reported in previous studies. Krugu et al. (2017) found teenage birth rates were closely associated with low income. Even after controlling for factors related to race and ethnicity, poverty remained a significant factor. Nang-Bayi et al. (2021) have proposed that a significant number of young women from underprivileged backgrounds have conservative views on pre-marital sex, which prohibit the use of contraception. They also found that these women are less likely to accept abortion. The majority of teenagers in school whose parents neglected to keep an eye on them have unrelenting access to corrupt media and overindulgent peers, which invariably results in the adoption of harmful sexual behaviors that can result in adolescent pregnancy.

Self-esteem is another element that plays a role in teenage pregnancy. Teenage pregnancy is significantly influenced by low self-esteem and negative self-image, according to Shayo and Kalomo (2019). It has also been demonstrated that among young people living in poverty, self-esteem is correlated with resilience. Resilience can result in more positive outcomes later in life, which are essential preventive factors against adolescent pregnancy. According to Vaz, Monteiro and Rodrigues

(2016), there is a correlation between peer pressure and teenage pregnancy. Teenagers are more likely to engage in sexual activity because they believe that others their age do. Specifically, the outcome of Crone and Fuligni (2020) is at variance with the present findings, they found that peer association is the strongest predictor of adolescent sexual behavior. Adolescents with negative body image often want to appease their friends and sexual partners to conform and defeat the feeling of inferiority; hence, they take part in sexual activities to show they are not inferior and even to satisfy their peers (Adewuyi & Jimoh, 2017). Such illicit sexual activities often result in unwanted pregnancies, which will make them abandon their education and elongate their circle of poverty and illiteracy. Page | 13

The study has great implications for counselling and developmental psychologists as it reveals the interrelatedness of the identified factors and to appraise the effectiveness of these relationships in combating teenage pregnancies. It is believed that the se interventions have the potential to generate, sustain and improve confidence among adolescents thereby eradicating and reducing negative thoughts which cause lack of self-acceptance. The professionals should ensure that the adolescents develop confidence in themselves, belief in their ability to succeed, develop positive relationships with their peers, and improve on their self-concept. Consistently, the study highlighted the need for the parents/guardians, educational/school managers, teachers and other stakeholders in the society to be aware of the issues of teenage pregnancies among teenagers and the negative effects. The present study has entrenched the bio-ecological theoretical model by indicating the interconnectedness and the relationships between the variables examined in this study (body image, self-esteem, socio-economic status, peer influence, and teenage pregnancy). The outcome of the study revealed that the variables examined interacts together continuously which is in line with the key assumption of the bio-ecological systems theory.

One significant barrier is the teenager's willingness to provide information about their pregnancy. Furthermore, among other possible sources of measurement error, the study relied on self-reported data from questionnaires, which may contain biases related to social desirability or recall. Studies of a similar nature with larger sample sizes should be conducted elsewhere. A longitudinal study design could examine the relationships between teenage pregnancy, its causes, and effects over time. In addition, other contextual elements like community opinions, cultural norms, and family dynamics might be investigated in future research as possible predictors of teenage pregnancy.

4. Conclusion

This study provides new insights into the relationships among body image, self-esteem, socio-economic status, peer influence, and teenage pregnancy. The results show that among students who have not yet attained the age of legal responsibility, the predictor variables and the outcome variable have a statistically significant relationship (teenage pregnancy). The results demonstrate the significance of considering various factors in understanding and preventing teenage pregnancy since every predictor variable significantly influenced the outcome. This emphasizes the necessity of broad and all-encompassing strategies to stop teenage pregnancy because it is unlikely that a single element will be adequate to deal with the problem successfully. The results offer valuable perspectives on the

intricate connections among the study's variables, implying that the elements engage in complex interactions and mutual influences. Effectively addressing teenage and unwanted pregnancy and other similar sexually risky acts requires an understanding of these intricate relationships. Due to the consequences and effects of teenage pregnancy, the following are recommended. Teenagers should avoid the company of friends that may lure them into harmful sexual activities. Similarly, female adolescents should learn to manage whatever resources their parents provide and avoid being covetous. Schools, in conjunction with School counselors, should organize programs and training on sexuality, as this will give the students adequate and correct knowledge about sexuality. Such a step will reduce the rate of teenage pregnancy in the country. Parents should create adequate time to communicate with their adolescent children. Parents should guide the adolescents aright by giving them the correct information. Parents should monitor the kind of friends, movies, internet, and school records of their children. The government should establish counseling centers in all cities and at local government headquarters where teenagers can seek counseling on matters weighing on their minds, such as their sexual lives. Families need to make sure that they grow close to their kids. Parents ought to be aware of the friends their kids make and teach them the appropriate time to form close bonds with people of the opposite sex.

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Availability of Data Statement

The article and supplementary materials contain the original contributions to the study; for further information, contact the author.

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Conflict of interest

The author declares that there is no conflict of interest in relation to this paper.

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