

## Perception Of In-school Teenagers On Teenage Pregnancy

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### Abstract

#### Background

Teenage pregnancy is a major medical and socioeconomic burden in both the developed and developing countries. One third of the abortions performed yearly and 80% of abortion-related complications in Nigeria occur in adolescents. This study was conducted to assess the perception of teenagers in secondary school on teenage pregnancy.

#### Methods

The study is a descriptive cross sectional study involving teenagers in senior secondary classes of Ikeja High School, Ikeja, Lagos State.

#### Results

A total of 250 teenagers were recruited. The mean age was  $15.1 \pm 0.4$  years while the mean age of sexual debut was 15.4 years. Majority of participants were aware of teenage pregnancy and felt that lack of parental guidance was the major predisposing factor to teenage pregnancy. About 73% of the respondents were sexually active. Although majority were aware of the modern contraceptive methods, only 9.9% of the sexually active teenagers used contraceptives consistently. The fear of making others aware of their sexual activities was the major reason for the non-utilization of contraceptives.

#### Conclusion

There is a need for strong parental support and the establishment of more youth-friendly services in Lagos State.

**Keywords:** Teenagers, adolescent, Contraceptive, Teenage Pregnancy.

#### Introduction

Teenage pregnancy has been defined as pregnancy in an underage girl usually within the age of 13 to 17 years.<sup>1</sup> The teenage period is generally between 13 to 19 years in which the reproductive organs are functionally active. This falls within the adolescent period described by the World Health Organization as the period between the ages of 10 to 19 years in which the individual progresses from the initial development of the secondary sexual characteristics to full sexual maturity.

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During this period, there is development of the psychological and emotional processes from those of a child to those of an adult. It is a time of transition from a state of socio economic dependence to one of relative independence.<sup>2</sup>

Teenage pregnancy is a major medical and socio economic burden in both the developed and developing countries and is becoming prevalent in recent times.<sup>3</sup> This increasing trend is attributed to early marriage and social permissiveness favouring early exposure to casual sexual activity, unmet need for contraceptives, maternal deprivation and pre-existing psychosocial problems in the family.<sup>4</sup>

One third (36.5 million) of Nigeria's total population of 123 million are youths between the ages of 10 and 23 years.<sup>5</sup> One third of the 600,000 abortions performed yearly, as well as 80% of Nigerian patients with abortion-related complications occur in adolescents.<sup>6</sup> These complications which usually result in illegally induced abortion includes haemorrhage, septicaemia, perforated uterus, secondary sterility and in many cases death has been described as a school girl's problem in Nigeria.<sup>6</sup>

According to the 2008 Nigeria Demographic and Health Survey, 22% of girls aged 15 to 19 years have begun child bearing in Nigeria, 18% have had a child and 5% are pregnant with their first child. The proportion of teenagers who have started child bearing decreases with education and increased socio economic status.<sup>7</sup> In addition, 15.3% and 6.2% of teenage girls and boys respectively had their first sexual intercourse at the age of 15 years.<sup>7</sup> Teenage pregnancy is a major cause of school dropout among girls. In a Nigerian study of 127 pregnant schoolgirls, 52% were expelled from school, 20% were too ashamed to return to school,

15% could not return back to school because their parents refused to pay tuition fees and 8% were forced to marry.<sup>8</sup> This study was aimed at examining the perception of senior secondary school students on teenage pregnancy.

### Methods

A descriptive cross sectional study was conducted amongst senior secondary school teenagers attending Ikeja High School within Ikeja Local Government Area of Lagos State. The number of students in senior secondary classes 1, 2 and 3 was 268, 155, and 108 respectively. Sample size was calculated using 18% prevalence of teenage pregnancy obtained in a Nigerian survey.<sup>7</sup> Two hundred and fifty teenagers in the secondary school classes were selected. However, total population recruitment was done for senior secondary class 3 as majority of them were not available because of the School Certificate Examinations. The sample size determination for the other two senior secondary classes was based on proportion. Stratified and systematic random sampling methods were used to select students in senior secondary classes 1 and 2. A structured pre-tested self administered questionnaire was used to collect data on socio- demographic characteristics of the respondents, knowledge on the definition, predisposing factors and effects of teenage pregnancy, as well as the knowledge and use of contraceptives, sexual behavior and attitude towards youth-friendly services.

Ethical clearance was obtained from the Health Research and Ethics Committee of the Lagos State University Teaching Hospital, Ikeja. In addition permission was obtained from the Lagos State Ministry of Education

and the Principal of Ikeja High School. Informed consent was obtained from the respondents before administration of questionnaires.

### Data Analysis

The data was analyzed using IBM SPSS version 19. Frequency, Mean and Standard deviation were computed. Charts were drawn using Microsoft Excel software.

### Results

A total of 260 questionnaires were administered on the senior secondary students of Ikeja High School. 250 questionnaires were eventually analyzed due to non response from 10 of the students, giving a non response rate of 3.8%. The mean age of respondents was  $15.1 \pm 0.32$  years. Majority were in the age group 14 – 16 years. 59% were females, 60.4% were in SS1 and 1.2% were married as shown in Table 1.

Table 2 shows the sources of knowledge about teenage pregnancy. The majority (80%) had heard about teenage pregnancy. One hundred and sixty four (82%) of those who had heard about teenage pregnancy defined teenage pregnancy as pregnancy in females aged between 13 and 19 years.

The major sources of knowledge on teenage pregnancy were the mass media (90%), books (75%) and friends (65%). The majority of the respondents thought that lack of parental guidance (80%), inadequate knowledge of contraception (76.8), early marriage (72.4%) and low self esteem (70%) were factors predisposing to teenage pregnancy as shown in Table 3.

While most of the respondents thought that increased dropout rate and socio economic challenges were the consequences of teenage pregnancy, some of the respondents did not know that increased rate of caesarean section, complications of pregnancy, premature births and poverty were other consequences of teenage pregnancy as shown in Table 4.

Table 5 shows that 175 (79%) of the respondents were aware of contraceptives. Over two thirds (89.7%) got to know about contraceptive through friends. Knowledge of condom use was shown by 94.7% of the respondents. Figure 1 shows that 10% of boys and 5.5% of girls had their first sexual intercourse before 13 years. Mean age of initiation of sexual intercourse was 15.4 years. Three quarter (73.2%) of the respondents were sexually active, out of which 82 (44.8%) were males. Only 38.8% of sexually active teenagers had ever used contraceptives. Of those who used contraceptives, 39.4% and 14.1% used condoms and oral pills respectively and 9.9% consistently used a contraceptive each time they had sexual intercourse.

The fear of making others aware of sexual activity, poor knowledge of contraceptives, ignorance of where to purchase contraceptives and fear of asking for contraceptives were major reasons for poor contraceptive use among the respondents as shown in Table 6. Only 33.6% were aware of youth-friendly services and 84.8% were willing to visit a youth-friendly center as shown in Table 7.

**Table 1: Socio demographic Characteristic of Respondents**

<b>Variable</b>	<b>Frequency (n = 250)</b>	<b>%</b>
<b>Age Group in Years</b>		
<14	45	18.0
14 – 16	152	60.8
17 – 19	53	21.2
<b>Gender</b>		
Male	102	40.8
Female	148	59.2
<b>Class</b>		
SS1	151	60.4
SS2	91	36.4
SS3	18	7.2
<b>Religion</b>		
Christianity	152	60.8
Islam	98	39.2
<b>Ethnicity</b>		
Yoruba	140	56.0
Igbo	85	34.0
Hausa	25	10.0
<b>Marital Status</b>		
Single	247	98.8
Married	3	1.2

**Table 2: Sources of knowledge of teenage pregnancy**

Variable	Frequency	%
<b>Heard of teenage Pregnancy (n =250)</b>		
Yes	200	80.0
No	50	20.0
<b>Definition of Teenage Pregnancy (n = 200)</b>		
Pregnancy in female 13- 19 years	164	82.0
Pregnancy in females < 20 years	20	10.0
Pregnancy in females yet to		
Complete secondary school	16	8.0
<b>Sources of Knowledge (n=200)</b>		
School	60	30.0
Parents	80	40.0
Siblings	78	39.0
Friends	130	65.0
Mass media	180	90.0
Books	150	75.0

**Table 3: Knowledge of factors predisposing to Teenage pregnancy**

Predisposing factors	Yes (%)	No (%)	Don't Know (%)
Lack of Parental guidance	200 (80.0)	15 (6.0)	35 (14.0)
Low self esteem	175 (70.0)	58 (23.2)	17 (6.8)
Frequent sex	174 (69.6)	25 (10.0)	51 (20.4)
Early marriage	181 (72.4)	50 (20.0)	19 (7.6)
Media influence	107 (42.8)	78 (31.2)	65 (26.0)
Inadequate knowledge of contraceptives	192 (76.8)	51 (20.4)	7 (2.8)
Peer pressure	153 (61.2)	76 (30.4)	21 (8.4)
Low socio economic status	125 (50.0)	102 (40.8)	23 (9.2)
Female genital mutilation	2 (0.8)	102 (40.8)	146 (58.4)
Poor education	100 (40.0)	95 (38.0)	55 (22.0)

Multiple responses allowed

**Table 4: Knowledge of the consequences of Teenage Pregnancy**

<b>Knowledge</b>	<b>Yes (%)</b>	<b>No (%)</b>	<b>Don't know (%)</b>
Increased school dropout rate	215 (86.0)	15 (6.0)	20 (8.0)
Socio economic challenges of teenage mothers	185 (74.0)	45 (18.0)	20 (8.0)
Increased rates of caesarean section	90 (36.0)	60 (24.0)	100 (40.0)
Increased rates of pregnancy complications	95 (38.0)	50 (20.0)	105 (42.0)
Increased rates of premature births	60 (24.0)	35 (14.0)	155 (62.0)
Increased rates of childhood delinquencies	15 (6.0)	79 (31.6)	156 (62.4)
Increased rate of poverty	80 (32.0)	45 (18.0)	125 (50.0)
Increased rate of unemployment	25 (10.0)	15 (6.0)	210 (84.0)
Improve the socio economic status of the teenage mother	5 (2.0)	120 (48.0)	125 (50.0)

Multiple responses allowed

**Table 5: Knowledge of Contraceptive methods**

<b>Variable</b>	<b>Frequency</b>	<b>%</b>
<b>Knowledge of contraceptives</b>	<b>(n = 250)</b>	
Yes	175	70.0
No	75	30.0
<b>Source of Knowledge (n = 175)</b>		
School	18	10.3
Family	26	14.9
Friends	157	89.7
Mass media	105	60.0
Books	52	29.7
<b>Knowledge of Contraceptive Methods (n=175)</b>		
Natural	70	40.0
Barrier	166	94.9
Oral pills	105	60.0
IUCD	14	8.0
Implants	5	2.9

**Table 6: Sexual behavior of respondents**

<b>Behaviour</b>	<b>Frequency</b>	<b>%</b>
<b>Sexually active (n = 183)</b>		
Males	82	44.8
Females	101	55.2
<b>Use of contraceptive (n=183)</b>		
Yes	71	38.8
No	112	61.2
<b>Type of contraceptive use (n=71)</b>		
Natural	33	46.5
Barriers	28	39.4
Oral pills	10	14.1
<b>Frequency of contraceptive use (n=71)</b>		
Every time	7	9.9
Sometimes	3	4.2
Occasionally	12	16.9
Rarely	49	69.0
<b>Reasons for not using contraceptive (n =112)</b>		
Never heard	11	9.8
Poor knowledge of contraceptive	106	94.6
Fear of the side effects	72	64.3
Don't know where to get one	95	84.5
Fear of asking for contraceptive	91	81.3
Fear of making others aware of sexual activity	109	97.3
<b>Likely person to discuss sexual health with (n = 250)</b>		
Parents	37	14.8
Teachers	12	4.8
Friends	87	34.8
Health provider	114	45.6

**Table 7 : Knowledge and Attitude towards Youth-friendly service**

Parameter	frequency	%
Knowledge of YFS		
Yes	84	33.6
No	166	66.4
Willingness to visit YFS		
Yes	212	84.8
No	38	15.2

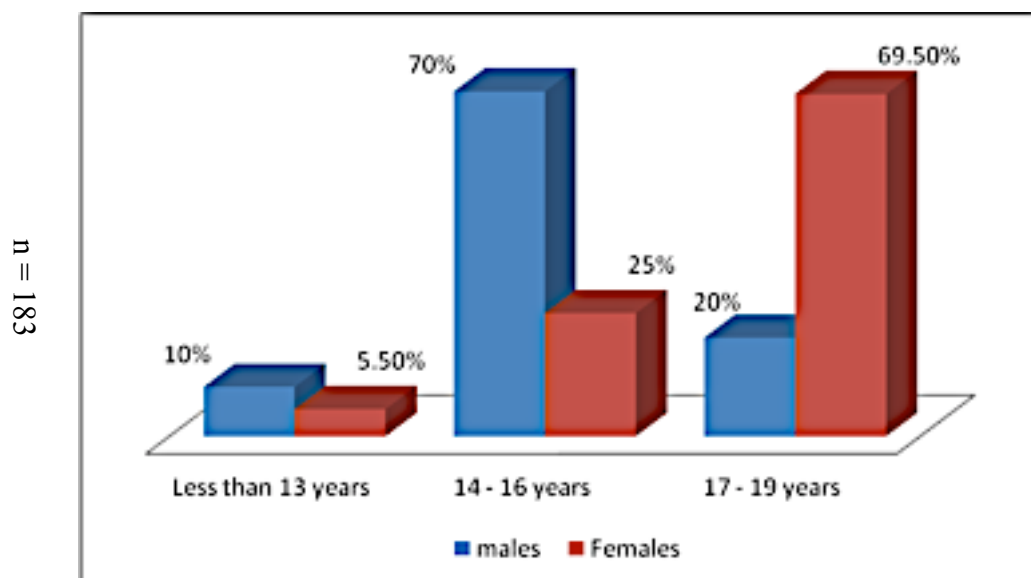


Figure 1; Age at first sexual intercourse by gender



## Discussion

This study has demonstrated that a high proportion of school teenagers are sexually active. Similar findings were reported in studies from Port Harcourt (South-South Nigeria), Oyo (South-West) and Ilorin (North-Central),<sup>9,10,11</sup> while studies from Ibadan and Ilesha (South-West Nigeria) reported a much lower prevalence of sexual activities among teenagers.<sup>12,13</sup> Rapid urbanization, sexually suggestive television programmes and the influence of the internet may be responsible for the increase in sexual activities observed in teenagers. The mean age of sexual debut in this study was 15.4 years and male teenagers were more sexually active. Studies conducted in other parts of the country reported similar findings.<sup>9,12,14</sup> Male teenagers are more adventurous and are more likely to engage in risky behaviors much earlier than females. Increased risk of sexually transmitted infections, HIV and cervical carcinoma have been associated with sexual debut at an earlier age.<sup>15</sup>

The study demonstrated a high awareness among teenagers of modern contraceptives. This was also reported in other studies.<sup>16,17</sup> The commonest initial source of contraceptive knowledge was from friends. This has been reported in a study conducted in Ilorin<sup>16</sup> and is indicative of poor communication network at home, school and the community at large with regards to knowledge of contraceptive usage.

This may be due to socio-cultural and sometimes religious beliefs, which makes sex and contraceptive issues to be reserved for those about to get married. Unfortunately, the information provided by friends are often distorted and false and may adversely affect understanding and perception of modern contraceptives.<sup>6</sup>

The proportion of teenagers who had used contraceptive in this study were higher than that reported in other studies.<sup>13,18</sup> This may be due to increased awareness regarding safe sex. However, the consistency of contraceptive use was rather poor as observed in other studies.<sup>13,14</sup> Studies done on contraceptive use among adolescents showed that the use of condoms and oral pills were the most widely known contraceptives among in-school adolescents.<sup>16,17</sup> This was the finding in this study as well. The condom was the most widely used contraceptive in this study, which may be as a result of the fear of infertility, which has been associated with the use of oral pills.<sup>6</sup>

The fear of making others aware of sexual activity was the commonest reason for non-utilization of modern contraceptives. Studies conducted in Ilorin and Benin (Southern Nigeria) showed that fear of the complications of contraceptives was the major reason why teenagers did not utilize modern contraceptive methods.<sup>6,16</sup> Many teenagers feared the complications of modern contraceptives: oral pills were associated with infertility, IUCD may become missing and locating it may require surgery, the injectables were associated with abscess, paralysis and infertility while condom were perceived to be unreliable.<sup>6</sup>

These are indicative of poor knowledge of contraceptives. Improvement of contraceptive use among teenagers is important and will involve the removal of cultural and religious bias and the misconception that discussion of contraceptives with teenagers will make the teenagers more sexually active. Studies have shown this not to be true but, on the contrary, that pregnancy is commoner among children whose parents fail to discuss contraceptives with them.<sup>19,20</sup>

There was a high level of awareness of teenage pregnancy among teenagers in this study. This observation was reported in another study conducted in Southwest Nigeria.<sup>21</sup> The mass media, literature and friends were the major sources of information on teenage pregnancy. The lack of parental guidance was the major reason identified by the teenagers as predisposing to teenage pregnancy. This underscores the need for strong family support systems. Parents must be encouraged on the need to discuss issues regarding pregnancy with their teenagers, in addition to showing love and affection. The Government should also establish more Youth-friendly centres and encourage teenagers to visit these.

### **Conclusion**

This study showed that majority of school teenagers were sexually active and although they had good knowledge of modern contraceptives, only a minority of those who were sexually active used contraceptives consistently.

It also showed that friends were the first source of information about contraceptives and that even though teenagers were aware of teenage pregnancy, lack of parental guidance was the major reason perceived as predisposing to teenage pregnancy. There is a need for strong parental support and education of the teenagers on safe sex and contraceptives. The need for establishment of more youth-friendly centers cannot be overemphasized.

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