

Secondary School Students' Perception on the Causes and Effects of Unwanted Pregnancy among Adolescents in South West Nigeria

Olaitan Olukunmi Lanre

Department of Human Kinetics and Health Education, University of Ilorin, Ilorin, Nigeria

Abstract: The study investigated the causes and effects of unwanted pregnancy among adolescents in South West Nigeria. A total of 600 secondary school students were chosen as subjects from 6 South Western states of Nigeria using a multistage sampling technique. A purposely structured questionnaire was used as the tool for collecting data from the respondents. Research hypotheses formulated were analysed using inferential statistics of Chi-square (χ^2) at $\alpha = 0.05$ level of significance. The findings were that unprotected sexual intercourse and poor parental care are the causes of unwanted pregnancy while termination of educational programme and medical complications for both the mothers and children are the effects of unwanted pregnancy. Abstinence and adequate teaching of sex education have been seen as measures to prevent unwanted pregnancy among the adolescents. It was recommended among others that sex education should be taught as a subject at the secondary level and government should enact laws to compel parents to take proper care of their children to avoid all forms of immorality among the adolescents.

Key words: Secondary school students, perception, causes and effects, unwanted pregnancy, adolescents, Nigeria

INTRODUCTION

The period of adolescence to some people is the period of inbetweenness when an individual is neither a child nor an adult and behaves like none of them. The term is from the Latin word *adolescere* which means to grow maturity. Adolescence is a time of transition, a time of changing from childhood to adulthood and the change usually begins with puberty (puberty is from the Latin word *pubertas* which means age of manhood). It starts from about 10-12 years of age (Koontz, 2008).

Adolescence covers a wide period of time. It begins about age 13 years and continues to about age 21 years. Thus, the period usually coincides with the teen years. Adolescence is a period of many changes that is changes in physical, moral, emotional and mental characteristics (Karen, 2002). In short, adolescence is a period when boys and girls are turning into men and women and are becoming physically able to reproduce (Sokan and Akinade, 2000).

Adedoyin and Adegoke (2000) maintained that adolescence is a time when autonomy is negotiated. It is also a time when sexual experimentation which for some, unfortunately results into unwanted pregnancy. Olaitan (2009) reported that adolescent pregnancy is a major cause of interrupted and discontinued education. Kilimwliko (2006) revealed that unwanted pregnancy among the female adolescents in schools constitute a growing public concern amongst many African countries.

With the onset of puberty, the boys' testes and scrotum begin to grow rapidly. About 1 year later, penis growth occurs, public hairs begin to appear and the first semen is discharged. The voice breaks, muscles develop and the boy shoots up in height and weight. Boys as well as girls often develop and the boy shoots up in height and weight. Boys as well as girls often develop pimples on their faces. Unwanted pregnancy among the adolescents is now a global scourge. Research studies have revealed that there is a high rate of unwanted pregnancy among the schoolgirls (Koontz, 2008). Many young people around the world become sexually active at an early age and one of the health risks for female adolescents having unprotected sex is unwanted pregnancy. Unwanted pregnancy occurring during the adolescent stage in life can be rightly termed adolescent pregnancy. It is however, important in categorizing adolescent pregnancy to note that in some cultures, early marriage is encouraged.

Green (2002) revealed that adolescent pregnancy is the highest cause of female dropout from secondary school and poses serious health, social and economic problems for adolescent mothers and children. Bobak (2008) also expressed the view that the younger the adolescents, the greater the effect will be for the 12-14 years old adolescent, pregnancy can be a fearful experience. The interference of the process of pregnancy for the 15-17 years old attracts more societal

condemnation and resentment while the 18-20 years old is expected to face up to the responsibility of caring for her offspring.

Makinwa (2006) reported that large proportions of the girls are delivered outside the medical facility with the majority delivering at home. The adolescent themselves experience a wide range of complications ranging from Vesico-Vagina Fistula (VVF) to Recto-Vaginal Fistula (RVF). Koontz (2008) revealed that one hospital ward in the Northern Nigeria maintained a list of 1,000 girls waiting for surgical repair of vaginal injuries sustained during childbirth.

A large proportion also reported temporary paralysis of the lower limbs. There are serious and often debilitating conditions at such an early age. Economic and social consequences of adolescent pregnancy are numerous. Koontz (2008), said adolescent pregnancy limits the educational and employment opportunities of young adolescents mothers, making it more likely that they and their children will be poor. Other consequences are serious. Still, Nicholas (2002) acknowledged that medical complications are very common. Blos (1996) said obstructed labour is a serious and sometimes fetal problem. Since, the pelvic of many adolescent girls are too narrow for normal delivery. Injuries cause by obstructed labour can result in infertility. Girls who experience these problems often become social.

In addition, adolescent childbearing has considerable health risk such as toxemia, hemorrhage, anemia, infection, malnutrition, Cephalo Pelvic Disproportion (CPD) and birth weight for the infant, pre-marital conception and highly corrected with marital disruption. Oikeh (1996) suggested that the cause of adolescent pregnancy is the non-teaching of sex and family education that is not taught in secondary school.

Abstinence can be considered to be the oldest method and natural way of preventing unwanted pregnancy. It was also practiced in the traditional society. However, literate people use this method due to convenience and because of their religious beliefs. It is the safest and the most effective method that can be used by female adolescent students to prevent pregnancy.

Purpose of the study: This study was to find out the students' perception on:

- Unprotected sex as a cause of unwanted pregnancy among the adolescents
- Poor parental care as a cause of unwanted pregnancy among the adolescents

- Termination of education career as an effect of unwanted pregnancy among the adolescents
- Medical (health) complication as an effect of unwanted pregnancy among the adolescents
- Abstinence and sex education as preventive measure for unwanted pregnancy among the adolescents

Research hypotheses:

- Unprotected sex is not perceived by significantly more students as a cause of unwanted pregnancy among the adolescents in South West Nigeria
- Poor parental care is not perceived by more students as a cause of unwanted pregnancy among the adolescents in South West Nigeria
- Termination of educational career is not perceived by significantly more students as an effect on unwanted pregnancy among the adolescents in South West Nigeria
- Medical (Health) complication is not perceived by significantly more students as an effect on unwanted pregnancy among the adolescents in South West Nigeria
- Abstinence and sex education are not perceived by significantly more students as preventive measures for unwanted pregnancy among the adolescents in South West Nigeria

MATERIALS AND METHODS

The study area is located within South West Nigeria. The population of the study area is a heterogeneous group of both urban and rural dwellers. There are many secondary schools in both the urban and rural areas but 12 schools were purposively selected, 2 from each state (i.e., 1 urban and 1 rural) and 50 students from each of the schools through a simple random sampling technique to make total of 600 students as the subjects.

A purposely designed structured questionnaire was distributed to each of the students with the help of 12 trained research assistants to gather information about their view on the causes and effects of unwanted pregnancy among the adolescents in South West Nigeria. The information provided on the questionnaire includes, gender, age and religion of the respondents. Also general information about causes, effects and prevention of unwanted pregnancy were included. Data were analysed by using descriptive statistics of percentage for the bio-data and inferential statistics of Chi-square (χ^2) were employed to test the hypotheses formulated at (χ^2) at $\alpha = 0.05$ level of significance.

RESULTS AND DISCUSSION

The bio-data of the 600 selected samples were analysed as shown in Table 1. Table 1 shows that 35% of the respondents were male and 65% female. Eighty 26.7% were between ages 13-17 years, 70% between 18-22 years while 3.3% were within ages 23 years and above. About 42% of the respondents were Christian and Muslim.

Table 2 shows that in hypothesis 1 the calculated value of 28.26 is greater than the critical value of 12.59 at $\alpha = 0.05$ level of significance with the degree of freedom 6, the hypothesis was rejected. This means that the respondents perceived unprotected sex as a significant cause of unwanted pregnancy among the adolescents in South West Nigeria. This is in line with the finding in Burkina Faso by George (2008) that one of the factors mainly influences students' pregnancies is unprotected sexual intercourse. Therefore, unprotected sexual intercourse is believed to lead to unwanted pregnancy.

In hypothesis 2, the calculated value of 29.61 as against the critical value of 7.81 at a 0.05 level of

significance with the degree of freedom 3 is greater than the critical value. The hypothesis was therefore rejected. This means that poor parental care as a significant cause of unwanted pregnancy among the adolescents in South West Nigeria. This is in line with the result of the study carried out by George (2008) that poor parental care can expose the female adolescent to harlotry and disobedience at home.

Hypothesis 3 was also rejected because the calculated value of 19.91 is greater than the critical value of 16.92 with 16 degree of freedom at $\alpha = 0.05$ level of significance. That is termination of educational program is an effect of unwanted pregnancy among the adolescents in South West Nigeria. This corroborates Green (2002) who said that adolescent pregnancy was the highest cause of female drop out from secondary school and poses serious health, social and economic problems for adolescent mothers and children. Therefore, one can say that unwanted pregnancy lead to educational discontinuity among the adolescent students in South West Nigeria.

In hypothesis 4, the calculated value of 37.94 is greater than the critical value of 16.92 at $\alpha = 0.05$ level of significance with the degree of freedom 9, this indicates that the hypotheses was rejected that is medical complications is significantly perceived as the effects of unwanted pregnancy for the adolescent in South West Nigeria. The adolescents do experience a wide range of complications ranging from Vesico-Vaginal Fistula (VVF) to Recto-Vaginal Fistula (RVF). This is in line with Koontz (2008) who reported that one hospital ward in Northern Nigeria maintained a list of 1,000 girls waiting for surgical repair of vaginal injuries during childbirth.

Table 1: Bio-data of the respondents in percentages

| Gender | No | Percentage |
|--------------------|-----|------------|
| Male | 210 | 35.0 |
| Female | 390 | 65.0 |
| Age | | |
| 13-17 years | 160 | 26.7 |
| 18-22years | 420 | 70.0 |
| 23 years and above | 20 | 3.3 |
| Religion | | |
| Christian | 252 | 42.0 |
| Muslim | 348 | 58.0 |
| Others | 0 | 0.0 |
| Total | 600 | 100.0 |

Table 2: Chi-square results on the causes and effects of unwanted pregnancy among adolescents in South West Nigeria N = 600

| Hypotheses | Variables | Value | SA | A | D | SD | Roll total | Calc. χ^2 value | df | Crt. value | Decision on Ho |
|------------------|--------------------------------------|--------|--------------|-------------|-------------|-------------|------------|----------------------|----|------------|----------------|
| Ho1 (Cause) | Unprotected Sex (US) | 1 | 180 (160.00) | 204 (250.4) | 72 (88.0) | 144 (101.2) | 600 | - | - | - | - |
| | US | 2 | 140 (160.00) | 268 (250.8) | 104 (88.0) | 88 (101.2) | 600 | 28.26 | 6 | 12.59 | Rejected |
| | US | 3 | 160 (160.00) | 280 (250.8) | 88 (88.0) | 64 (101.2) | 300 | - | - | - | - |
| | Column total | | 240.00 | 376.0 | 132.0 | 152.0 | 900 | - | - | - | - |
| Ho2 (Cause) | Poor Parental Care (PPC) | 4 | 230 (248.00) | 50 (41.0) | 196 (178.0) | 124 (133.0) | 600 | 29.61 | 3 | 7.81 | Rejected |
| Ho3 (Effect) | Terminal of Educational Career (TEC) | 6 | 24 (58.50) | 216 (186.0) | 210 (211.4) | 150 (144.0) | 600 | - | - | - | - |
| | TEC | 7 | 102 (58.50) | 150 (186.0) | 210 (211.5) | 138 (144.0) | 600 | 19.19 | 9 | 16.96 | Rejected |
| | TEC | 8 | 48 (58.50) | 228 (186.0) | 210 (211.5) | 138 (144.0) | 600 | - | - | - | - |
| | Column total | | 970.00 | 1080.0 | 292.0 | 58.0 | 2400 | - | - | - | - |
| Ho4 (Effect) | Medical (Health) Complication (MHC) | 10 | 200 (242.50) | 290 (270.0) | 96 (73.0) | 14 (14.5) | 600 | - | - | - | - |
| | MHC | 11 | 270 (242.50) | 250 (270.0) | 50 (73.0) | 30 (14.5) | 600 | - | - | - | - |
| | MHC | 12 | 300 (242.50) | 240 (270.0) | 60 (73.0) | 0 (14.5) | 600 | 37.94 | 9 | 16.92 | Rejected |
| | MHC | 13 | 200 (242.50) | 300 (270.0) | 86 (73.0) | 14 (14.5) | 600 | - | - | - | - |
| Column total | | 970.00 | 1080.0 | 292.0 | 58.0 | 2400 | - | - | - | - | |
| Ho5 (prevention) | Abstinence \$ Sex Education (ASE) | 14 | 196 (204.00) | 230 (256.0) | 134 (132.0) | 14 (8.0) | 600 | 85.82 | 3 | 7.81 | Rejected |
| | ASE | 15 | 216 (204.00) | 252 (256.0) | 130 (132.0) | 2 (8.0) | 600 | - | - | - | - |
| | Column total | - | 408.00 | 512.0 | 264.0 | 16.0 | 600 | - | - | - | - |

p>0.05*significant

In hypotheses 5 since, the calculated values of 85.82 is greater than the critical values of 7.81 with degree of freedom of 3 at a 0.05 level of significance, the hypothesis was rejected that is abstinence and sex education will significantly help to prevent unwanted pregnancy among adolescents in South West Nigeria. This corroborates Osibogun and Akinyele (2000) who asserted that prolonged abstinence was facilitated in the traditional Nigeria setting where the predominant female occupation around the home and it is the safest and most effective method prescribed to prevent female adolescent pregnancy due to non-teaching of sex and family education. One can say that, total abstinence and adequate teaching of sex education will help to prevent unwanted pregnancy among adolescents in South West Nigeria.

CONCLUSION

In the light of the findings of the study with the data collected from the respondents and the data analysis, it was concluded that unprotected sexual intercourse and poor parental care were the causes of unwanted pregnancy among the adolescents in South West Nigeria. Also, termination of educational programme and medical complications for the adolescent mother and their children were the effects of unwanted pregnancy among the adolescents in South West Nigeria. Abstinence and adequate teaching of sex education have been seen as part of the measures to prevent unwanted pregnancy among the adolescents.

RECOMMENDATIONS

Based on these findings the following recommendations were made:

- Sex education should be taught as a subject at the secondary school level as this would enable the students to have enough knowledge of the reproduction and sexuality
- Government should provide funding for various youth organizations to embark on enlightenment programmes on how to avoid immoral behaviours among the adolescents

- There should be regular public enlightenment on the consequences of unwanted pregnancy and benefit of abstaining from sexual intercourse before marriage

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