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## The Social and Psychological Implications of Adolescent Unwanted Pregnancies in Port Harcourt Metropolis Rivers State, Nigeria

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By

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### Abstract

*The study which investigated factors influencing the proliferation of unwanted pregnancies among adolescents in Port Harcourt municipality found that there is inadequate sex education, family planning, parent-child interaction, parent socioeconomic status/marital background and moral state of the society responsible for the moral decadence. A population of one hundred and eighteen (118) unmarried 10-25 year old pregnant adolescent girls in Port Harcourt municipality was studied. Results showed that ages between 15 to 20 years are more prone to pregnancy, and that most adolescents with unwanted pregnancy come from homes whose parents earn very low incomes. The results also showed that 23% teenage girls would rather go for an abortion than keep their pregnancy, 11% would go for contraceptives, 3% would rather totally abstain from sex before marriage, and 33% would want to have sex education in schools and via the mass media. Therefore it was recommended that sex education should be broadly structured and multi-disciplined to teach the biological, psychological and social factors which affect personality and interpersonal relationship.*

Onwukwe (2001) feels the increasing rate of immorality is alarming in Nigeria. Howard (1972) had stated that teenage pregnancies especially among the school age are high risk. Gallas (1980), Johnson (1986) and Clarke (1986) respectively agreed with Howard (1972) that birth complications are high for the teenage girl. Toxaemia, prolonged labour, caesarian section, premature and low birth weight are prevalent among teenage pregnancies and deliveries too.

The teenager is of the high risk group for some forced or hasty marriages which end in divorce or incomplete education. Howard (1972) also said that:

The life pattern for many unmarried, pregnant teenagers is simply tragic; they give up or are forced out of school; give birth to unwanted baby; unwilling or unable to return to school; inability to get a job; ostracized by friends (and sometimes family member); driven by loneliness, poverty and frustration to seek the companionship of other men and become pregnant again.

Ritt (1986) said that adolescent pregnancy is not exclusively female problem – most sexual activity is male initiated and most sexual behaviour is male influenced, confirmed by Hendricks (1981) who found that 68% of the fathers reported that they had their first sexual experience at the age of thirteen years.

Teenage pregnancy has physical, social, psychological and educational dangers. Bacon (1974) and Presser (1977) said that the social and psychological defaults of teenage pregnancy are unfortunate, which may not be immediate pre-natal and post natal problems, but long time effect on the adolescent. Teenage pregnancy according to Howard (1972) is a major cause of school drop-out among females.

Planned Parenthood Federation of America (1976) said that the teenage mother is 60% more likely to suffer pregnancy problems than pregnant women in their twenties, supported by Clarke (1986) who indicated that clinical problems such as eclampsia and premature labour amongst others, like miscarriage, hemorrhage, toxemia and anaemia are likely to occur in teenage pregnancies.

Studies in the United States showed that babies born to mothers aged 10 years and under are 2 – 3 times more likely to die within their first year than babies to older women. The younger the mother, the greater the risk of infant death. In developing countries where the welfare programmes do not exist, teenage pregnancy constitutes an occupational and financial burden to parents. Shertzer (1976) speculated that the chances of teenage marriage ending in divorce are three times as great as the chances of a divorce between older persons.

### **Purpose of Study**

The purpose of this study is to investigate the social and psychological implications of adolescent unwanted pregnancy:

1. There is stigmatization on the pregnant girl as a result of rejection by her family and denial by her concert.
2. She becomes confused and takes wrong decisions.
3. She may decide on unsafe abortion, take to the street life without family support.
4. Abandon the child or even carry out infanticide.

It is in consideration of these far reaching consequences that this study was designed.

## Methods

The study was a simple survey using 118 responses of randomly selected sample, representing the entire population of unmarried 10 – 25 year old pregnant adolescent girls in Port Harcourt municipality with the use of a questionnaire on the factors that contribute to adolescent pregnancy.

Structured questions such as:

1. Level of exposure to sex education,
2. Level of participation in family planning service,
3. How often they discuss problems with their parents,
4. Personal relationship with teachers and
5. First sexual experience with a man, were used as the basis of structuring the questionnaire for the study.

**Table 1**  
**At What Stage of the Adolescent Life is Adolescent Pregnancy Most Frequent**

Age	Frequency	Percentage (%)
10 – 15	32	27%
16 – 20	77	65%
21 & above	9	8%

**Table 2**  
**Is the Lack of Access to Family Planning and Counselling Services the Cause of Teenage Unwanted Pregnancies?**

Description	Yes	No
Exposed to sex education	48%	53%
Heard of family planning services	71%	29%
Participate in family planning service	10%	90%

Status of babies father	Employed 22%	Self employed 16%	Applicant 22%	Student 32%
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**Table 3**  
**What Parent-child Factors Are Affecting Teenage Girls' Pregnancy?**

Description	Yes	No
Rejection by family	62%	38%
Discuss personal problems with parents	41%	59%
Discuss personal problems with teachers	71%	29%

Who cares for you	Parents 44%	Guardian 14%	Baby's father 25%	Yourself 21%
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*The Intuition*

Describe your teacher	Aggressive 9%	Proud 6%	Friendly 53%	Flogs too much 11%
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**Table 4**

**What Societal Factors Influence Teenage Pregnancies?**

Description	Yes	No
First sexual experience with a man	29%	71%
Father of baby accepted responsibility	33%	67%
I would have preferred abortion	48%	48%
I feel ashamed and disgraced	74%	22%

Religion	Christian 86%	Muslim 3%	None 2%
How did it happen?	Friendship 61%	Forced 8%	Lured with money 26%
How long have you known each other?	< 1 year 55%	< 2 years 27%	> 3 years 14%
What attracted you?	Love 62%	Money 22%	Others are doing it 12%

**Table 5**

**Is Teenage Pregnancy Influenced by the Girl’s Parents’ Socio-economic/Marital Background?**

Description	Yes	No	Unanswered
Father can read and write	61.1%	24%	41%

Parents living together	Yes 57.1%	No 41%	Divorced 13%	Separated 11%	Dead 17%
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Father’s status	Self employed 27%	Employed 46%	Applicant 19%
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Mother’s status	Full time housewife 51%	Employed 45%
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Father’s monthly income	₦0 – ₦5,000 48%	₦6,000 – ₦10,000 21%	₦11, 000 – ₦15,000 14%	₦16,000 & above 15%
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**Table 6**

**What Parent-Child Factors are Affecting Teenage Girls’ Pregnancy?**

Description	Percentage
Abortion	23%
Use of contraceptives	11%
Abstinence from sex until married	33%
Sex education in school and at home	33%

## **Discussion of Findings**

### **Age Determination**

These results show that adolescents between the ages of 15 – 20 are more prone to pregnancy i.e. the expression of love in the lives of the adolescents put into wrong use. These are the problems that now confront modern societies as the result young ones have lost their innocence.

On the use of contraceptives and counselling services, the result shows that majority of adolescent girls have no access to sex education though about 71% of the girls have heard about family planning. It showed that although they heard about family planning, some other factors might be responsible for their not being exposed to these services.

The findings show that 62% of the teenage girls under pregnancy were rejected by their parents; 59% indicated they did not share or tell their parents their problems for fear or inadequate love experience implying that these families lack free communication within the family circle, probably, the parents are highly restrictive and hostile to the children, thereby making the young girls look for love and care outside their home.

These results also show that most adolescents with unwanted pregnancies come from homes whose parents earn very low incomes. On the average 83% of the respondents have parents whose income fall below ₦16,000 (sixteen thousand naira) per month. With such a very low income the basic needs of a teenage girl can hardly be met by the parents. Inadequacy may drive the teenage girl into a street life.

The study showed that lack of communication within a family, low income, lack of exposure to family planning and low moral state of the society are contributive factors to adolescent unwanted pregnancies, with adolescent girls between the ages of 10 – 20 years have had sexual experiences more than once, and that they are already exposed to boy-friendship. Most fathers to their babies are very poor and are not ready to accept responsibility, thereby bringing about shame and disgrace or hardship to these teenage girls.

The result has also shown that 23% teenage girls would rather go for an abortion than keep teenage pregnancy; 11% would prefer to use contraceptives, 3% would rather totally abstain from sex before marriage. Another 33% would want to have sex education in schools and via the mass media. From the response, it is clear that teenage unwanted pregnancies can be reduced if the use of sex education method is enforced at home, school and the mass media. The church can emphasize abstinence from teenage friendship and sexual intercourse until marriage. It is difficult to tell how many babies from unwanted adolescent pregnancies are HIV free.

### **Social Psychological Implications of Adolescent Pregnancies**

Ezirim (2002), rightly said, teenage unwanted pregnancy is bane of society, therefore imperative for parents, guardians and members of the community to consider the factors responsible for teenage pregnancy and care for the adolescent girls – especially those between the age of 15 to 20 years.

The youth face the greatest danger as leaders of tomorrow. The adolescent are no longer willing to wait, for it is now or never. What was regarded as a taboo (loss of chastity) during the time of their parents has become the vogue. The society cares less about teenage mothers, believing it is a passing phase among the youth. Society, therefore creates the conditions for the prevailing promiscuity and the consequent unwanted babies.

Teenage pregnancy presents many problems to the child and mother. Many hardly can feed their children or clothe them properly for lack of money. Feeling alienated, the young girls hardly attend pre-natal and post-natal care, leading to high infant mortality. Children of teenage mothers suffer high risk of emotional disturbances and the mothers are not emotionally equipped to handle their distress.

From the results of the study, 88 respondents felt ashamed and disgraced as a result of teenage pregnancy. The emotional implications for a pregnant adolescent girl are enormous; she is isolated and overwhelmed by feelings of guilt and shame. Other social implications are dropping out of school, risks of early marriage personality problems and unemployment.

### **Conclusion**

Adolescent pregnancy is a problem, which every society should give a serious attention. Its root cannot be traced to one particular cause, rather the home, the school and the society should share the blame. The immediate concern of the society is how to save the teenagers from becoming baby mothers. Unless this degradation of youth is arrested, the society is not safe from its own failures and indifference.

### **Recommendations**

Planned Parenthood Federation of Nigeria, the National Council of Women Societies, the Young Women Christian Association and the Adolescent Programme (TAP) should develop new approaches and programmes to educate young ones on how to prevent unwanted pregnancy. They should visit schools, meet adolescents, lecture on the changes of their body, and use of contraceptives and problems of early pregnancy in youths.

In each state capital and local government headquarters, the government should build a rehabilitation centre to take care of expectant teenage mothers. There should be a law restricting sale of pornographic films and books in towns and cities. Universities

and colleges should include sex education as part of their teacher preparation programmes.

Sex education should be broadly structured and multi-disciplined to teach the biological, psychological and social factors which affect personality and interpersonal relationship. They should be planned to suit students from preschool through the university and should include reproduction and sexually transmitted diseases, which should involve teachers guidance, counsellors, social workers and school nurses. Sex and sexuality should be dealt with in many courses in the curriculum - biology, sociology, health history, literature, economics and psychology rather than be confined to one course labeled sex education, etc.

Parents should love their children, know their problems and worries. Children should pick up information and attitudes from their contemporaries and if parents want their view to have priority, they should begin giving information and direction to the young sooner than later.

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