
**CAUSES AND CONSEQUENCES OF TEENAGE PREGNANCY AS
REPORTED BY EDUCATED ADULTS IN KWARA STATE**

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Abstract

The study investigated the causes and consequences of teenage pregnancy as reported by educated adults in Kwara State. The variables considered in this research work include gender and age. A total of three hundred (300) respondents were randomly selected to provide data for the respondents. The researchers stratified the respondents into different strata of gender and age consisting of 143 males and 157 females. One hundred (100) respondents were chosen from each of the senatorial districts within the state i.e. Ilorin North, South and Central, making a total of three hundred (300) respondents. Four null hypotheses were generated and tested at 0.05 alpha level of significance. The data collected were analysed with the use of frequency count, simple percentage, t-test and Analysis of Variance (ANOVA) statistics, and the results of the findings showed that adults

are similar in their causes and consequence of teenage pregnancy based on gender, while differences were noticed on causes and consequences based on age. It was recommended that parents should give their children sex education, emphasising on the consequences of teenage pregnancy and so on.

Keywords: Causes, Consequences, Pregnancy and Teenage

Teenage pregnancy refers to pregnancy of a woman of less than 19 years. It is found commonly amongst young people who have been disadvantaged and have poor expectations with regards to either their education or job market. Adolescents may lack knowledge of access to conventional methods of preventing pregnancy, as they may be afraid to seek such information.

Teenage pregnancy is a serious issue that may seriously impact the future of a young woman. Any teen pregnancy will be a challenge as teens typically lack skills needed to handle pregnancy and motherhood. Patience, maturity and ability to handle stress are required by pregnant mothers of all ages.

Morake (2011) revealed that teenagers appear to be ignorant about issues such as puberty, pregnancy and contraception. Ignorance, aggravated by cultural taboos to discuss sex with one's parents, combined with real or perceived peer group pressure to engage in sexual activities cause unnecessary heartache for many young women.

Causes of Teenage Pregnancy

Several factors are strongly associated with and contribute to the increased risk of an early pregnancy. These factors include; lack of knowledge about sex and how to use contraceptives; barriers to access contraceptives including negative attitudes of health staff; peer pressure, sexual coercion; low self esteem; low educational expectations; poverty, family breakdown; and heightened sex-based messages in the media.

Consequences of Teenage Pregnancy

According to the United Nations Population Fund (UNPFA, 2013), "Pregnancies among girls less than 18 years of age have irreparable consequences. It violates the rights of girls, with life-threatening consequences in terms of sexual and reproductive health, and poses high development costs for communities, particularly in perpetuating the cycle of poverty. Health consequences include not yet being physically ready for pregnancy and childbirth leading to complications and malnutrition as the majority of adolescents tend to come from lower-income households. The risk of maternal death for girls under age 15 is low and middle-income countries is higher than for women in their twenties. Teenage pregnancy also affects girls' education and

income potential as many are forced to drop out of school which ultimately threatens future opportunities and economic prospects.

Statement of the Problem

Teen pregnancy is an important issue for several reasons. For example, there are: Health risks for the baby and children born to teenage mothers, they are more likely to suffer health, social, and emotional problems than children born to older mothers. Also, women who become pregnant during their teens are at increased risk for medical complications, such as premature labor, and social consequences.

According to the Centers for Disease Control and Prevention (CDC), the teen birthrate in the United State was 13.5 births for every 1000 teens in 2009. Pregnancies in girls 15 to 17 accounted for more than one-quarter of all teen pregnancies in 2012 in United States of America. Recent studies shows that although teen pregnancy is continuing to decline in the United States, rates for African American teens and Hispanic teens are two to three times higher than in Caucasian teens. Despite the extensive attention given to adolescent sexuality and teenage pregnancy in the past 30 years, many teenagers were still falling pregnant (Van Eijk 2007). Teenage pregnancy has become a national epidemic, partly because more and more teenagers who give birth decide to keep and raise their children. There is a great cost to individuals, families and society when mere children have children of their own. Mwaba (2000) indicated that teenage pregnancy is more common amongst young people who have been disadvantaged and have poor expectations of either their education or the job market. According to Tebogo, Mothisa and Maria (2015), the alarming figures released by Morake (2011) for the South Africa Provincial Education Department indicates that school girl pregnancies have doubled in the past, despite a decade of spending on sex education and Human Immunodeficiency Virus (HIV) and AIDS awareness.

Research Questions

1. What are the causes of teenage pregnancy as reported by educated adults in Kwara State?
2. What are the consequences of teenage pregnancy as reported by educated adults in Kwara State?

Research Hypotheses

1. There is no significant difference between male and female adults in Kwara State on their report on the causes of teenage pregnancy.
2. There is no significant difference between male and female adults in Kwara State on their report on the consequences of teenage pregnancy.
3. There is no significant difference between among educated adults in Kwara State on causes of teenage pregnancy based on age.

4. There is no significant difference between among educated adults in Kwara State on consequences of teenage pregnancy based on age.

Methodology

Research Design

The research design adopted for this study is the descriptive survey method. According to Hassan (1998), the survey research involves direct contact with a population or sample that has characteristics personality qualities or attributes which are relevant to a specific investigation. Consequently, the researchers employed the survey method because they were interested in finding out the causes and consequences of teenage pregnancy as reported by educated adults in Kwara State and the survey method is relevant to the study for measuring responses. In addition, the survey method would facilitate making inferences from the data collected.

Sample and Sampling Procedure

The target population for this study consisted of all educated adults in Kwara State. Three hundred (300) respondents were randomly selected in Kwara State. The researchers stratified the respondents into different strata of gender, age and educational level. They then employed simple random sampling technique to select 300 respondents consisting of 157 males and 143 females.

Psychometric Properties of the Instrument

Validity: According to Stangor (2004), content validity is one of the most powerful techniques available to the researchers through which data gathering instruments like questionnaire can be validated. Thus, the face and content validity measure was adopted. To establish this, the questionnaire was given to seven experts in the Department of Counsellor Education, University of Ilorin. These experts affirmed that the instrument covered the intended content and was therefore, valid for use.

Reliability: According to Hassan (1998), reliability refers to the consistency with which the scores on a test are related to scores on the same test when given the second time under the same condition. When a test instrument yields consistent results when and wherever administered, the instrument is said to be reliable. The reliability of the instrument used for the research study was established using the test-retest method within an interval of four weeks. Pearson Product Moment Correlation Co-efficient was used in computing the correlation co-efficient of the instrument. A reliability co-efficient of 0.74 was obtained, hence, the instrument was statistically adjudged to be reliable and considered suitable for research use.

Instrumentation/Scoring Procedure

The major instrument that was used in collecting data for this research was developed by the researchers and tagged “Causes and Consequences of Teenage Pregnancy Questionnaire” (CACTPQ). Items on the questionnaire were derived from information obtained from the review of related literature. The instrument has three sections, A, B and C. Section A contains demographic data, while sections B consisted of items on causes of teenage pregnancy while section C consisted of items on consequences of teenage pregnancy. The 4-point Likert type response format was adopted for use in section B, thus: SA – Strongly Agree (4 points), A – Agree (3 points), D – Disagree (2 points) and SD – Strongly Disagree (1 point).

The instrument contained 10 items, the highest possible score any respondent could obtain was 40 (i.e. 4x10) while the lowest possible score is 10 (i.e. 1x10). Therefore, the range is 30 (i.e. 40 -10). The midpoint of range is 15 (i.e. 30/2). The cut-off point is therefore 40-15 (i.e. maximum score minus the midpoint of the range) or 10 + 15 (i.e. the minimum score plus (+) the midpoint of the range), in which either case is 25. Thus, respondents who obtained scores from 25 to 40 were considered as those that had high responses while those who scored below 25 were considered not having high responses for the causes and consequences of teenage pregnancy.

Method of Data Analysis

The researchers employed both descriptive and inferential statistics for the data analysis. That is, t-test and Analysis of Variance (ANOVA) statistical tools were employed to test the research hypotheses at 0.05 alpha level of significance. According to Hassan (1998), the t-test statistical tool as a parametric test is often used to compare the means of two groups. This statistical tool was used to test hypotheses one and two. Analysis of Variance (ANOVA) is an inferential technique for comparing the means of three or more groups (Adana, 1996). Therefore, the choice of ANOVA statistical tool was considered appropriate for testing hypotheses 3 and 4.

Results

The descriptive analysis of the collected data showing the percentages, means and frequency distribution are shown in Table 1.

Table 1: Frequency Counts, Percentages and Mean Distribution of Resources

Item Grouping	Frequency	Percentage
Gender		
Male	157	52.3
Female	143	47.7
Total	300	100.0
Age Group		
18 – 25 years	74	24.7
26 – 35 years	68	29.3
36 – 45 years	73	24.3
46 years and above	65	21.7
Total	300	100.0
Educational Level		
SSCE	40	13.3
NCE/OND	74	24.7
First Degree	133	44.3
Master Degree	33	11.0
Ph.D	20	6.7
Total	300	100.0

Table 1 shows the demographic data of respondents with regards to gender, age and educational level. Most of the respondents were males, between the age of 26 – 35 years with first degree as their educational level.

Table 2: Means Scores and Rank Order of Causes of Teenage pregnancy as Reported by Educated Adults in Kwara State

Item No	Item Statement	Mean	Ranking
10	Poverty of parents/guardians	2.97	1 st
5	Media influence	2.91	2 nd
6	Peer group influence	2.90	3 rd
4	Drugs abuse	2.83	4 th
1	Lack of sex education	2.76	4 th
8	Pre-mature sexual intercourse	2.70	6 th
3	Too strong of a relationship between two opposite sex	2.66	7 th
9	Lack of stiff penalty for those involved in it by government	2.65	8 th
7	Child abuse	2.63	9 th
2	Lack of communication between the parents and teens	2.60	10 th

Table 2 shows the mean scores and rank order of the causes of teenage pregnancy as reported by educated adults in Kwara State. According to the respondents’ responses,

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the major causes of teenage pregnancy is “Poverty of parents/guardians”, item (10) with a mean score of 2.97 and ranked 1st, while the least cause is “Lack of communication between the parents and teens”, item (2) with a means score of 2.60 which was ranked 10th.

Table 3: Means Scores and Rank Order of Consequences of Teenage Pregnancy as Reported by Educated Adults in Kwara State

Item No	Item Statement	Mean	Ranking
10	Single parenting	3.02	1 st
6	Incomplete education	3.00	2 nd
5	Birth defects	2.95	3 rd
4	Complications	2.88	4 th
1	Unwanted/unplanned pregnancy	2.85	4 th
8	Maternal death	2.75	6 th
3	Neglect/child abuse	2.68	7 th
2	Abortion	2.67	8 th
7	Unemployment	2.64	9 th
9	Social embarrassment	2.61	10 th

Table 3 shows the mean scores and rank order of the consequences of teenage pregnancy as reported by educated adults in Kwara State. According to the respondents’ responses, the major consequences of teenage pregnancy is “Single parenting”, item (10) with a mean score of 3.02 and ranked 1st, while the least consequence is “Social embarrassment”, item (9) with a means score of 2.61 and was ranked 10th.

Hypotheses Testing

Hypothesis One

There is no significant difference between male and female educated adults in Kwara State in their reports on the causes of teenage pregnancy.

Table 4: Means, Standard Deviation and t-value of Male and Female Educated Adults in Kwara State in their Reports on the Causes of Teenage Pregnancy

Gender	No	\bar{X}	SD	Df	Calculated t-value	Critical t-value
Male	157	28.3822	9.05647	298	1.32	1.96
Female	143	26.8322	11.21366			

p>0.05, df = 298, NS = Not Significant

Table 4 indicates that the calculated t-value is 1.32 while the critical t-value is 1.96. Since the calculated t-value (1.32) is lesser than the critical t-value (1.96) at 0.05 alpha level of significance, it means that there is no significant difference between male and female educated adults in Kwara State in their report on the causes of teenage pregnancy. Based on this result, hypothesis one is accepted.

Hypothesis Two

There is no significant difference between male and female educated adults in Kwara State in their reports on the consequences of teenage pregnancy.

Table 5: Means, Standard Deviation and t-value of Male and Female Educated Adults in Kwara State in their Reports on the Consequences of Teenage Pregnancy

Gender	No	\bar{X}	SD	Df	Calculated t-value	Critical t-value
Male	157	28.4268	9.57374	298	.61	1.96
Female	143	27.6853	11.58521			

$p > 0.05$, $df = 298$, NS = Not Significant

Table 5 indicates that the calculated t-value is .61 while the critical t-value is 1.96. Since the calculated t-value (.61) is lesser than the critical t-value (1.96) at 0.05 alpha level of significance, it means that there is no significant difference between male and female educated adults in Kwara State in their report on the consequences of teenage pregnancy. Based on this result, hypothesis two is accepted.

Hypothesis Three

There is no significant difference among educated adults in Kwara State in their report on the causes of teenage pregnancy based on age.

Table 6: Analysis of Variance (ANOVA) on the Respondents' Report on the Causes of Teenage Pregnancy Based on Age

Source of variance	Sum of squares (SS)	Degree of freedom (df)	Mean squares (MS)	Calculated F-ratio	Critical F-ratio
Between groups	1118.649	3	327.883	3.72*	2.60
Within groups	29712.188	296	100.379		
Total	30830.837	299			

* = $p > 0.05$

Table 6 indicates that the calculated F-ratio is 3.72 while the critical F-ratio is 2.60. Since the calculated F-ratio (3.72) is greater than the critical F-ratio (2.60) at 0.05 alpha level of significance, it means that there is a significant difference among educated adults in Kwara State in their report on the causes of teenage pregnancy based on age and consequently, hypothesis three was rejected. Since there is a significance difference among educated adults using Analysis of Variance (ANOVA), Duncan Multiple Range Test (DMRT) was used as a post-hoc test to determine the age group(s) that was responsible for the significant difference noted in the ANOVA results in Table 6.

Table 7: Duncan Multiple Range Test (DMRT) Showing the Difference Among Educated Adults in Kwara State in their Reports on the Causes of Teenage Pregnancy Based on Age

Duncan's Grouping	Mean	No	Group	Age Group
A	30.9054	74	1	18 – 25 years
B	27.2466	73	3	36 – 45 years
C	26.7231	65	4	46 years and above
D	25.9091	88	2	26 - 35 years

In Table 7, Duncan Multiple Range Test (DMRT) results were used to determine which of the age group(s) that led to the significant difference noted in the Analysis of Variance (ANOVA) result of Table 7. The DMRT results indicated that group 1 with a mean score of 30.9054 differed significantly from groups 3, 4 and 2 with mean scores of 27.2466, 26.7231 and 25.9091 respectively. Group 3 with a mean score of 27.2466 differed significantly from group 1 with a mean score of 30.9054 but differed significantly from groups 4 and 2 with mean scores of 26.7231 and 25.9091 respectively. Group 4 with a mean score of 26.7231 differed significantly from group 1 with a mean score of 30.9054, but differed slightly from groups 3 and 2 with mean scores of 27.2466 and 25.9091 respectively. And group 2 with a mean score of 25.9091 differed slightly from groups 1, 3 and 4 with mean scores of 30.9054, 27.2466 and 26.7231 respectively. Consequently, the hypothesis was rejected.

Hypothesis Four

There is no significant difference among educated adults in Kwara State in their report on the consequences of teenage pregnancy based on age.

Table 8: Analysis of Variance (ANOVA) on the Respondents' Report on the Consequences of Teenage Pregnancy Based on Age

Source of variance	Sum of squares (SS)	Degree of freedom (df)	Mean squares (MS)	Calculated F-ratio	Critical F-ratio
Between groups	818.592	3	272.864	3.48*	2.60
Within groups	32579.794	296	110.067		
Total	33398.387	299			

* = $p > 0.05$

Table 8 indicates that the calculated F-ratio is 3.48 while the critical F-ratio is 2.60. Since the calculated F-ratio (3.48) is greater than the critical F-ratio (2.60) at 0.05 alpha level of significance, it means that there is a significant difference among educated adults in Kwara State in their report on the consequences of teenage pregnancy based on age and consequently, hypothesis four was rejected. Since there is

a significance difference among educated adults using Analysis of Variance (ANOVA), Duncan Multiple Range Test (DMRT) was used as a post-hoc test to determine the age group(s) that was responsible for the significant difference noted in the ANOVA results in Table 8.

Table 9: Duncan Multiple Range Test (DMRT) Showing the Difference Among Educated Adults in Kwara State in their Reports on the Consequences of Teenage Pregnancy Based on Age

Duncan's Grouping	Mean	No	Group	Age Group
A	30.2568	74	1	18 – 25 years
B	29.0923	65	4	46 years and above
C	27.2841	88	2	26 – 35 years
D	25.9011	73	3	36 – 45 years

In Table 9, Duncan Multiple Range Test (DMRT) results was used to determine which of the age group(s) that led to the significant difference noted in the Analysis of Variance (ANOVA) result of Table 7. The DMRT results indicated that groups 1 and 3 with mean scores of 30.2568 and 25.9041 respectively differed significantly from one another while groups 4 and 2 with mean scores of 29.0923 and 27.2841 respectively differed slightly from one another. Hence, the significant difference noted in the ANOVA results of Table 9 was because groups 2 and 3 differed slightly from one another and other groups, and groups 4 and 2 differed slightly from one another. Thus, hypothesis four was rejected.

Discussion of Findings

The results of the study findings showed that adults are similar in their causes and consequences of teenage pregnancy based on gender, and consequences based on educational level while differences were noticed on causes and consequences based on age, and causes based on educational level.

The first null hypothesis showed that there is no significant difference between male and female educated adults in their responses on the causes of teenage pregnancy. This finding corroborates the finding of Morake (2011) in which the outcome of the finding equally showed that the respondents were similar in their responses of the causes of teenage pregnancy. The plausible reason for the outcome of this finding might be due to the fact that most of the respondents agreed with the items on the questionnaire irrespective of their gender i.e. they viewed the causes. However, the outcome of this finding negates the finding of The National Campaign to Prevent Pregnancy (2002) in which the outcome of the finding showed a significant difference among the male and female respondents in their responses on the causes of teenage pregnancy.

The second null hypothesis showed that there is no significant difference between male and female educated adults in their responses on the consequence of teenage pregnancy. This finding corroborates the finding of Stanley (2015) in which the outcome of the finding equally showed that the respondents were similar in their responses of the consequences of teenage pregnancy. The plausible reason for the outcome of this finding might be due to the fact that most of the respondents agreed with the items on the questionnaire irrespective of their gender i.e. they viewed the causes. However, the outcome of this finding negates the finding of Oringanje, et al. (2009) in which the outcome of the finding showed a significant difference among the male and female respondents in their responses on the consequences of teenage pregnancy.

The third null hypothesis showed that a significant difference existed among the educated adults in their report on the causes of teenage pregnancy based on age. This finding corroborates the finding of Van Ejik (2007) which showed that a significant difference existed among the respondents in their causes of teenage pregnancy based on age. The plausible reason for the outcome of this finding might be as a result of the fact that the respondents belongs to different age groups, consequently, they might view the factors differently. However, this finding negates the finding of Seitz (1993) in which the outcome of the study did not show a significant difference among the respondents in their causes of teenage pregnancy based on age.

The forth null hypothesis showed that a significant difference existed among the educated adults in their report on the consequences of teenage pregnancy based on age. This finding corroborates the finding of Banerjee, et al. (2009) which showed that a significant difference existed among the respondents in their consequences of teenage pregnancy based on age. The plausible reason for the outcome of this finding might be as a result of the fact that the respondents belongs to different age groups, consequently, they might view the factors differently. However, this finding negates the finding of Hofferth and Reid (2002) in which the outcome of the study did not show a significant difference among the respondents in their consequences of teenage pregnancy based on age.

Conclusion

Based on the findings of the study and the discussion that followed, the following conclusions were drawn:

1. There is no significant difference between male and female educated adults in their responses on the causes of teenage pregnancy based on gender.
2. There is no significant difference between male and female educated adults in their responses on the consequences of teenage pregnancy based on gender.
3. There is a significant difference among educated adults in their responses on the causes of teenage pregnancy based on age.

4. There is a significant difference among educated adults in their responses on the responsible consequences of teenage pregnancy based on age.

Recommendations

Based on the findings, the following recommendations were made:

- (i) Parents should give their children sex education, emphasising on the consequences of teenage pregnancy.
- (ii) Professional counsellors should organise seminar on causes and consequences of teenage pregnancy.
- (iii) Government at all levels should make policies discouraging teenage pregnancy.

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