

Social, Educational and Medical Impacts of Teenage Pregnancy on Secondary School Girls in Irepodun/Ifepodun Local Government Area in Ekiti State

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Abstract

the study investigated the impacts of teenage pregnancy on secondary school girls in Irepodun/Ifelodun Local Government Area in Ekiti State. The descriptive research design was used for the study. Three research questions were raised to guide the study. The population was all secondary school students in the study area while the sample consisted of 200 students randomly selected from four secondary schools in the Local Government. The instrument, a self-constructed questionnaire was used to collect data from the respondents. Data collected were analyzed using frequency counts and percentages. The result of the analysis revealed that teenage pregnancy had social, educational and medical impacts on secondary school girls in the study area. It was therefore recommended among others that counselling services should be in place both in primary and secondary schools to educate students, especially girls on the danger of unwanted pregnancy on the attainment of educational goals. Medical centres should also be made available by the government to assist teenage mothers and rehabilitating centres should be in place for those who have dropped out of school so as to guide them to go back to school to continue their education

Keywords: Social Impact, Educational Impact, Medical Impacts, Teenage Pregnancy.

Introduction

The incidence of teenage pregnancy occurs more frequently, and it has become a social menace within society. Research has shown that teenage pregnancy is a global issue and the rate differs from country to country. Approximately, 16 million girls aged 15 to 19 and 2.5 million girls under 16 years give birth each year in developing regions and some 3.9 million girls aged 15-19 years undergo unsafe abortions (Darroch, Woog, Bankole and Ashford, 2016). According to Shevtsova (2015), fourteen percent of all unsafe abortion in countries with the low and average level of income is among women from the age of 15 - 16 years and about 2 - 5 million teenage girls annually go through unsafe abortions which lead to heavier complications in teenagers than at more mature age. This has been an urgent social concern to many nations. Nigeria which is the centre of this study is not left out. Alade (2004) found that teenage pregnancy occurs most frequently among the adolescents and has led to several abortions that could lead to worsening psychological stress. Teenage period is a transitional stage of physical and psychological human development generally occurring between puberty and legal adulthood (Undiyaundeye 2012). Teenage pregnancy is the pregnancy in a female under the age of twenty. According to Truffers (2003), pregnancy can take place before menarche (the first menstrual period), which signals the possibility of fertility, but usually occurs after menarche. In healthy, well nourished girls, menarche normally takes place around the ages of 12 or 13; this implies that teenage pregnancy can take place in a female between the ages of twelve and nineteen. Teenage pregnancy according to Shevtsova (2015) is a pregnancy of an underage teenage girl between 13 and 19 years. As stated by her, the problem of teenage pregnancy stems from the mismatch of sexual and social maturity.

Researchers have shown that teen pregnancies trap most of the young mothers and fathers and their children in a downward spiral of lowered expectations, economic hardship, and poverty. Strong, Devault, Sayard, and Yarber (2005) observed that because of poor nutrition and inadequate medical care during the pregnancy, babies born to teenagers have twice the normal risk of low birth weight which is responsible for numerous physical and developmental problems. Also, many of these children

according to them, will have disrupted family lives, absent fathers and the attendant problems of poverty such as poor diet, violent neighborhoods, limited health care and limited access to education.

Teenage pregnancy seems to have affected the development of the educational system because of its attendant consequences on the quality of life of both the mother and child. Teenage mothers are likely to drop out of school and have repeated pregnancies (Papalia, Olds, and Felman, 2004). Studies have shown that a large number of these young women, perhaps as many as 80%, drop out of school and many do not return. This could also truncate the preparation to higher education. Findings from Yampolskaya, Brown, and Greenbaum (2002) revealed that girls who had children experienced dropout. This could make them liabilities in life, having been deprived of the right to education. To buttress this, Perper, Peter, and Manlove (2010) affirmed that pregnancy and birth are significant contributors to high school dropout rates among girls. According to them, only about 80% of teen mothers receive a high school diploma by 22 years of age, whereas approximately, 90% of women who do not give birth during adolescence graduated from high school.

Teenage pregnancies are also associated with many social issues which include emotional problems, lower educational levels, high rates of poverty and other poorer life outcomes in children of teenage mothers. Supporting this, Singh and Darroch (2000) singled out poverty as both the causes and consequences of teen pregnancy and childbearing. Yampolskaya, Brown, and Greenbaum (2002) in their study identified risk factors for early pregnancy and outcomes of early parenthood among girls with Serious Emotional Disorder (SED). Longitudinal data were collected from 190 female adolescents with SED; they ranged from ages of 9 to 18 at the beginning of the study. Out of the sample, 39% had their first pregnancy by age 18. The results of univariate analyses showed that among risk factors are: being African-American, low family income, dropping out of school, conduct disorder and substance use disorder were significantly associated with early pregnancy. In agreement with this, Penman - Aguilar, Carter, Snead, and Koutis (2013) opined that less favorable socioeconomic conditions such as low education and low income levels of a teen's

family might contribute to high teen birth rates. Undiyaundeye, Agba, and Mandeun (2016) in their study observed that teenage pregnancy in Nigeria is usually outside of wedding ceremony which carries a social stigma in many communities and cultures. As observed by them, early pregnancy may combine with malnutrition and poor health care which can cause medical problems. It has also been observed that teenage pregnancy results into many medical issues which include anaemia, malaria, postnatal bleeding, HIV and other sexually transmitted infections, VesicoVigina Fistula(VVF) and mental disorders like depression. Males (2008) in his study, reported that one - third of pregnant teenagers receive insufficient prenatal care and that their children are likely to have health issues in childhood or be hospitalized than those born to older women. The world wide incidence of premature birth and low birth weight is higher among adolescent according to Undiyaundeye et al. (2015) while Stanly (2015) buttressing this, observed that women who become pregnant during their teens are at increased risk of medical complications, such as premature labour and social consequences.

Teenage pregnancy increases the risks of medical complications in the mother and the baby According to Saga (2017), it is not always possible for the teen mother to go for regular prenatal checkups, which increase the risk of medical conditions and according to her, a lack of proper prenatal care often induces medical complications like high blood pressure, anaemia, and premature birth of the baby. He may also suffer from low birth-weight, blindness, deafness, and respiratory problems.

Statement of the problem

Teenage pregnancy has become a public health issue because of its attendant consequences on the teenage girls. It has been observed that it is accomplished with negative effects, ranging from social, education and medical effects on the girl child.

Reports and observation by the researcher, especially in the area of study which is the Local Government of the researcher, indicate there are incidences of teenage pregnancy which could have an adverse effect on the teenage girls who are not yet ripe and ready to become mothers. It appears these teenagers are not being supported by the parents, teachers, and society at large, hence, likely to face some problems which could be detrimental to the health, education, and social life of the teenage girls. Based on this background, the study looked into the social, educational and medical impacts of teenage pregnancy on teenage girls in Irepodun/Ifelodun Local Government in Ekiti State.

Three research questions were raised to guide the study:

Research Questions

- 1) What are the social impacts of teenage pregnancy on secondary school girls in the study area?
- 2) What are the educational impacts of teenage pregnancy on secondary school girls in the study area?
- 3) What are the medical impacts of teenage pregnancy on secondary school girls in the study area?

Methodology

The research design for this study was the descriptive design of the survey type. The population comprised of all secondary school students in Irepodun/Ifelodun Local Government Area, Ekiti State. The subjects consisted of 200 students randomly selected from four secondary schools in the study area. The instrument was a self-constructed questionnaire that had two sections. Section 'A' was on the bio data of the respondents while section 'B' contained items of questions on the impacts of teenage pregnancy. The instrument was validated by experts in the area of counselling and psychology. The reliability of the instrument was ensured using the test re-test method. Thirty copies of the questionnaire were administered twice to respondents outside the sample used at the interval of two weeks. Pearson Product Moment Correlation Formula was used to analyse the data and a reliability coefficient of 0.77 was obtained which was found to be reliable and reasonable for the study. The research instrument was administered personally with the aid of research assistants. Data collected were analysed using frequency count and percentages.

Results

Question: 1

What are the social impacts of teenage pregnancy on secondary school girls in the study area?

Table 1: Social impacts of teenage pregnancy on secondary school students in the study area

| S/N | ITEMS | YES | | NO | | MEAN |
|-----|--|-----|------|----|------|------|
| | | f | % | F | % | |
| 1 | Teenagers are likely to live in poverty during pregnancy | 180 | 90.0 | 20 | 10.0 | 1.90 |
| 2 | They may likely experience emotional problem | 162 | 81.0 | 38 | 19.0 | 1.81 |
| 3 | They may likely abort | 165 | 82.5 | 35 | 17.5 | 1.82 |
| 4 | They may likely experience psychological problems | 141 | 74.5 | 59 | 25.5 | 1.74 |

Table shows that 180(90.0%) respondents agreed that teenagers are likely to live in poverty during pregnancy while 20(10.0%) disagreed. 162(81.0%) agreed that teenagers might likely experience an emotional problem while 38(19.0%) disagreed. 165(82.5%) respondents agreed that they might likely abort, 35(17.5%) disagreed, 141(74.5%) respondents indicated that they might likely experience the psychological problem and 59(25.5%) disagreed. Using a cut off mean score of 1.50 for the rating scale, all the items had mean scores above the cut-off point. This implies that poverty, abortion, the experience of emotional/and psychological problems are social impacts of teenage pregnancy on secondary school girls in the study area,

Question: 2

What are the educational impacts of teenage pregnant on secondary school students in the study area?

Table 2: Educational impacts of teenage pregnant on secondary school students in the study area

| S/N | ITEMS | Yes | | No | | MEAN |
|-----|---|-----|------|----|------|------|
| | | f | % | f | % | |
| 1 | Teenage pregnant girls are likely to drop out of school | 156 | 78.0 | 44 | 22.0 | 1.78 |
| 2 | They may stay longer years in school | 126 | 63.0 | 74 | 37.0 | 1.63 |
| 3 | They may experience truancy | 150 | 75.0 | 50 | 25.0 | 1.75 |
| 4 | They may experience low academic performance | 153 | 76.5 | 47 | 23.5 | 1.77 |

Table 2 reveals that 156(78.0%) respondents agreed that teenage pregnant girls are likely to drop out of school and 44(22.0%) disagreed, On whether teenage pregnant girls stay longer years in school, 126(63.0%) respondents agreed that while 74(237.0%) disagreed,150(75.0%) respondents agreed that they experience truancy while 50(25.0%) disagreed, 153(76.5%)respondents agreed that they experience low academic performance, 47(23.5%) disagreed, Using a cutoff mean score of 1.50 for the rating scale, all the items had mean scores above the cutoff point. This implies that experience of truancy; low academic performance and dropout among others are educational impacts of teenage pregnancy on secondary school students in the study area,

Question: 3

What are the medical impacts of teenage pregnancy on secondary school students in ado local governments?

Tables 3: Medical impacts of teenage pregnancy on secondary school students in ado local governments

| S/N | ITEMS | YES | | NO | | MEAN |
|-----|--|-----|------|-----|------|------|
| | | f | % | F | % | |
| 1 | They may experience mental disorder | 98 | 49.0 | 102 | 51.0 | 1.49 |
| 2 | They may experience psychosocial disorder | 146 | 73.0 | 54 | 27.0 | 1.73 |
| 3 | They may likely abort the pregnancy which may lead to an inability to bear a child later in future | 167 | 83.5 | 33 | 16.5 | 1.83 |

| | | | | | | |
|---|--|-----|------|----|------|------|
| 4 | They may experience long term physical health problems | 170 | 85.0 | 30 | 15.0 | 1.85 |
|---|--|-----|------|----|------|------|

Table 3 shows that 98(49.0%) respondents agreed that teenagers may experience mental disorder resulting from teenage pregnancy and 102(51.0%) disagreed, 146(73.0%) respondents agreed that teenagers experience psychosocial disorder while 54(27.0%)disagreed, on whether teenagers may likely abort the pregnancy which may lead to the inability to bear a child later in future, 167(83.5%) respondents agreed while 33(16.5%) disagreed, 170(85.0%) respondents agreed that teenagers might experience long term physical health problems and 30(15.0%)disagreed. Using a cut off mean score of 1.50 for the rating scale, all the items had mean scores above the cutoff point except Item 1. This implies that experience of psychosocial disorder; long term physical health problem and inability to bear a child resulting from the abortion of pregnancy are medical impacts of teenage pregnancy on secondary school girls in the study area.

Discussion of findings

The study investigated the social, educational and medical impacts of teenage pregnancy in Irepodun/Ifelodun Local Government in Ekiti State. Three research questions were raised to guide the study. Question one was on social impacts of teenage pregnancy on secondary school girls, and the results showed that poverty, abortion, the experience of emotional and psychological problems are social impacts of teenage pregnancy on secondary school girls in the study area. This could be due to the fact that teenage pregnancies are likely to be accompanied by social problems like a high rate of poverty, lower educational levels, and emotional problems among teenage mothers. Supporting this, Singh and Darroch (2000) singled out poverty as both the causes and consequences of teenage pregnancy and childbearing. In agreement with this Undiyaundeye,Agba and Mandeun(2016) observed that early pregnancy might combine with malnutrition and poor health care which can cause medical problems.

The second research question was on the educational impacts of teenage pregnancy on secondary school girls in the study area. The result showed that experience of truancy; low academic performance and dropout among others are educational impacts of teenage pregnancy on secondary school girls. It has been observed that teenage mothers are likely to drop out of school since they are not allowed to come to school with pregnancies. Buttressing this,Yampolsakaya, Brown, and Greenbaum(2002) study revealed that girls who had children experienced dropout. In consonance with this, Perper, Peter, and Manlove (2010) affirmed that pregnancy and birth are significant contributors to high school dropout rates among girls.The last research question was on medical impacts of teenage pregnancy on secondary school girls in the study area. The study revealed that experience of psychosocial disorder; long term physical health problem and inability to bear a child resulting from the abortion of pregnancy are medical impacts of teenage pregnancy on secondary school girls in the study area. Findings have shown that teen mothers may

likely experience inadequate medical care during pregnancy which could result in medical problems for both the child and the mother. In line with this, Males(2008) in his study reported that one-third of pregnant teenagers receive insufficient pre-natal care and that their children are likely to have issues in childhood or be hospitalised than those born by older women. In agreement with this, Stanley(2015) observed that women who become pregnant during their teens are at increased risk of medical complications such as premature labour.

Conclusion and Recommendations

It was concluded through the findings that teenage pregnancy has an effect on social life and education of the girl child. Also, it was concluded that it increases the risks of medical complications in the mother and the baby. Based on these findings, it was recommended that counselling services should be in place both in primary and secondary schools to educate students, especially girls on the dangers inherent in teenage pregnancy. Parents and teachers should give proper sex education to the students and be concerned with the well-being of the girl-child to enhance their social life. The government should also see to the education of girl-child. Medical services should be readily available for teenage mothers before and after the delivery to alleviate complications during and after delivery. Rehabilitating centres should also be made available by the government for those who have dropped out of school so as to guide them to go back to school to continue their education after delivery.

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