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SOCIO-CULTURAL FACTORS INFLUENCING TEENAGE PREGNANCY IN ILORIN SOUTH LOCAL GOVERNMENT AREA OF KWARA STATE, NIGERIA

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Abstract

This study investigated the socio-cultural factors influencing teenage pregnancy in Ilorin South Local Government Area of Kwara State, Nigeria. Specifically, the study sought to: identify the prevalence of teenage pregnancy in the study area, find out the causes of teenage pregnancy in the study communities, identify the effects of teenage pregnancy on victims in the study area. A descriptive survey design was adopted for the study. Multistage sampling method, comprising stratification, simple random, systematic, purposive, and snowball sampling methods, was employed for this study. A questionnaire schedule and an In-depth Interview (IDI) guide were used for data collection. A prevalent rate of 7.5 percent of teenage pregnancy was recorded in the study area. This was due to poverty, early marriage, poor parenting, inadequate sex education, peer influence, death of a parent(s), and curiosity to have sexual intercourse. The study revealed that younger respondents perceived teenage pregnancy more positively than older respondents and that respondents with a lower level of education perceived teenage pregnancy more positively than those with a higher level of education. Suggestions to mitigate the menace of teenage pregnancy in Nigeria, particularly in Ilorin South Local Government Area, are given.

Keywords: Teenage, pregnancy, Kwara state, Ilorin South, Nigeria

Introduction

Teen pregnancy could be defined as any pregnancy occurring among adolescent girls aged 19 years or younger. Adolescents constitute about one-sixth and one-fourth of the populations in the World and Sub-Saharan Africa, respectively (United Nations [UN], 2019). The developmental stage of adolescence is characterised by emotional, physical, mental as well as psychosocial experiences (WHO, 2014), and at this stage, adolescents are sexually active. In 2018, the estimated adolescent birth rate globally was 44 births per 1,000 girls aged 15 to 19; in West and Central Africa, this figure stood at 115 births, the highest regional rate in the world. Countries such as the Central

African Republic, Niger, Chad, Angola, and Mali top the list of countries with the highest adolescent birth rate (above 178) (Ramraj, Jackson, Dinh, Olorunju, Lombard, Sherma, Puren, Ramokolo, Noveve, Singh, Magasana, Bhardwaj, Chevip, Magashoa, Pillay&Goga,2018). Evidence shows that before the age of 15 years, more than 21% of adolescent girls are already mothers, while close to 50% of the pregnancies are unplanned (Ramraj, et al., 2018).

The number of teens who have become pregnant worldwide has increased and become a major health issue for both developing and developed countries (Nelago, 2020). About 21 million and 19 million girls aged 15–19 years in the developing world become pregnant and give birth every year, respectively (DarrochWoog, Bankola& Ashford, 2016). For United Nations Population Fund [UNPA] (2013), approximately 95% of teenage pregnancies occur in developing countries with 36.4 million women becoming mothers before the age of 18. (United Nations Population Fund, 2013). African nations, including Nigeria, lead the world in teen pregnancies, with Niger on the top list of 203.604 births per 100,000 teenage women. Mali follows with 175.4438, Angola (166.6028), Mozambique (142.5334), Guinea(141.6722), Chad (137.173), Malawi (136.972), and Coted'Ivoire (135.464) (WorldAtlas, 2017).

A wide range of factors contributes to the high rates of unintended pregnancy and unplanned births among teenagers. Poor knowledge of sexual and reproductive health services, barriers to accessing reproductive health services, health services providers bias, the stigma around premarital sex, and lower decision-making autonomy of married teenagers are among the factors contributing to teen pregnancies (Wado, Sully & Mumah, 2019; Geda, 2019). According to Mathewos and Mekuria (2017), the prevalence of teenage pregnancy among school adolescents was 7.7%, and not knowing the exact time to take emergency contraceptives, substance use, living with either of biological parents, and poor parent-daughter interaction were found to be significant predictors of teenage pregnancy.

Other studies identified socio-cultural, environmental, and economic factors, such as peer influence, unwanted sexual advances from adult males, coercive sexual relations, unequal gender power relations, poverty, religion, early marriage, lack of parental counseling and guidance, parental neglect, absence of affordable or free education, lack of comprehensive sex education, non-use of contraceptives, male's responsibility to buy condoms, early sexual debut and inappropriate forms of recreation. Individual factors (excessive use of alcohol, substance abuse, educational status, low self-esteem, and inability to resist sexual temptation, curiosity, and cell phone usage and health service-related factors(cost of contraceptives, inadequate and unskilled health workers, long waiting time and lack of privacy at clinics, lack of comprehensive sex education, misconceptions about contraceptives, and non-friendly adolescent reproductive services) are also influencing adolescent pregnancies in Sub-Saharan Africa (Adebayo & Asebiomo, 2019; Gwido & Fekadu,2016;Kaiser Family Foundation, 2015; Langham, 2015; Yakubu & Salisu, 2018).

There are several effects of teenage pregnancy on the victims. Among them are: school drop-out, health risk during and after childbirth, divorce, rejection by parents, social stigmatisation, abortion (in case of an unwanted child), stillbirth, low birth weight, and untimely death among girls aged 15–19 years globally (Gwido & Fekadu, 2016; Nelago, 2020; WHO, 2016). Girls who are pregnant before the age of 18 years are more likely to experience violence in marriage or partnership (Gwido & Fekadu, 2016; Undiyaundeye, Agba&Mandeun, 2015).

This study is anchored on a life-course framework, which states that individuals in a society follow social trajectories of work, education, and family that are scripted by social norms (Elder 1998). Trajectories take place over a period of time, and are marked both at the beginning and the end by a transition (Macmillan & Copher 2005). Transition indicates a change in state by an individual, and as such, an individual can transition to becoming a parent (Macmillan & Copher 2005). Transition can also be “on” or “off” time; in mainstream American culture, transitioning to the role of mother as a teenager would be considered off-time, (occurring too early). An individual's life choices, however, are contingent upon the opportunities and constraints imposed upon the individual by the social structure and culture of the individual's society (Elder 1998). Macmillan and Copher (2005) observed that the likelihood of becoming a teenage parent is highest when an individual has limited involvement in both the educational system and the paid labor force. This framework guided the study to investigate whether teenagers in the study communities were disadvantaged due to lack of opportunities to pursue educational and/or career trajectories in their early stages of life.

While studies have been carried out on the socio-cultural factors influencing teenage pregnancy in other parts of the country, there exists a dearth of literature on socio-cultural factors influencing teenage pregnancy in Ilorin South Local Government Area of Kwara State, Nigeria, and its implications for social work education and practice are not evident in the literature. To bridge this gap in knowledge, the objectives of the study were to:

- identify the prevalence of teenage pregnancy in the study area,
- find out the causes of teenage pregnancy in the study communities,
- identify the effects of teenage pregnancy on victims and significant others in the study area, and
- make recommendations that could mitigate the menace of teenage pregnancy in the study communities and Nigeria in general.

Research hypotheses

- Younger respondents perceive teenage pregnancy as more positive than older respondents.
- Respondents with a lower level of education perceive teenage pregnancy more positively than those with a higher level of education.

Methodology

A descriptive survey design was adopted for the study. The design was considered suitable because it assisted the researcher to collect primary data from a sample through questionnaires. Also, in-depth interview sessions (IDIs) were conducted, with key informants. This design was essential for this study for it is economical, and mindful of time limits. Ilorin South Local Government Area is one of the 16 Local Government Areas in Kwara State, with its headquarters at Fufu. The local government is made up of 21 communities: Fufu, Apa-Ola, Ero-Omo, Joromo, Labala, Masudo, Opolo, Igbona, Onikanga, Mogaji, Tanke, Joromo-Oyun, Illota, Fate, Emere, Oke-Ogun, Ayekale, Akanbi, Omode, Agbabiaka, and Tongolo. The total population of females in the study area is projected at 3,169,350 (National Population Commission, 2019). The target population for this study was females of 15 to 34 years who were residing in the study area, and this is estimated at 3,301,380, according to the National Population Commission (2019) projected data. The sample size for the study was statistically determined to be 210 using Taro Yamane's formula (1973). In addition, ten key informants were interviewed using an in-depth interview (IDI) guide.

The multistage sampling method, comprising stratification, simple random, systematic, purposive, and snowball sampling methods, was adopted for this study. The existing 21 communities in the study area were adopted as clusters. The simple random sampling method (by balloting) was applied to select five communities (Fate, Tanke, Onikanga, Oke-Ogun, and Agbabiaka) from the clusters. To reach the respondents, a quarter was selected from each community using a simple random sampling method by balloting; a route was purposively chosen in each of the selected quarters. Using a systematic sampling technique, every fifth household in each building on the routes in each community was chosen, and one eligible respondent was selected until the required number of respondents in each community was attained. Only females who were mothers within the age range of 15 to 34 years and residing in the study area, were included in the sample size: This was to ensure that the sampled respondents for the questionnaires were knowledgeable enough to provide useful information for this study.

Thereafter, the snowball sampling method was adopted to select two female interviewees, who experienced teenage pregnancy, from each of the selected communities for the In-depth Interviews (IDIs). Thus, there was a total of ten IDIs. The interviewees for the IDIs were mothers that were not selected for the administration of the questionnaire and within the age range of 15 to 34 years.

The analysis was based on 200 questionnaires that were completely filled and returned. The data collected through the questionnaires were carefully edited to ensure completeness, consistency, and accuracy. The statistical package for social sciences (SPSS) was used for the analysis. In characterising the respondents, descriptive statistics such as percentages, the frequency tables were employed while chi-square (χ^2) was used to test the hypotheses. This helped to determine the nature of

relationships between the variables. The qualitative data from the IDIs were analysed by going through the field data to identify and select concepts, and expressions that the interviewees used in describing the phenomenon under investigation.

Results

Socio-demographic characteristics of respondents

The Socio-demographic characteristics of the respondents in this study include age and educational qualification. Details are clearly shown in Table 1:

Table 1: Socio-demographic Characteristics of Respondents(n = 200)

Age (in Years)	Frequency	Percentage
15 –19	59	29.5
20 –24	47	23.5
25 –29	54	27
30 –34	40	20
Educational qualification		
No Formal Education	29	14.5
FSLC	32	16
WASC/SSCE	44	22
ND/NCE	41	20.5
B.Sc./HND	38	19
Post Graduate	16	8

Source: The authors, 2021

Table 1 shows that the majority of the respondents (29.5 percent) were within the age range of 15 –19 years. 23.5 percent were within the age range of 20 –24 years, while 27 percent and 20 percent were within the age range of 25 – 29, and 30 – 34 percent respectively. 14.5 percent of the respondents had no formal education, 16 percent had First School Leaving Certificate, 22 percent (majority) had West African School Certificate.

Table 1 also shows that 20.5 percent, 19 percent, and 8 percent of the respondents had National Diploma/National Certificate of Education, Bachelor of Science/Higher National Diploma, and Post Graduate qualifications respectively.

Tale 2: Distribution of Respondents by Age range at first Pregnancy (n=200)

Age (in Years)	Yes	No
15 –19	15 (7.5%)	185 (92.5%)
20 –24	73 (36.5%)	127 (63.5%)
25 –29	58 (59%)	142 (41%)
30 –34	46 (23%)	154 (77%)

Source: The authors, 2021

Table 2 shows that 7.5 percent of the respondents had their first pregnancies within the age range of 15 – 19 years. 36.5 percent and 59 percent (majority) had their first pregnancies within the age range of 20 – 24 years, and 25 – 29 years respectively, while 23 percent had theirs within the age range of 30 – 34 years.

Table 3: Distribution of Respondents by Perceived Causes of Teenage Pregnancy (n=200)

Response	Frequency	Percentage
Poverty	78 (39%)	122 (61%)
Poor parenting	67 (33.5%)	133 (66.5%)
Inadequate sex education	52 (26%)	148 (74%)
Peer influence	58 (29%)	142 (71%)
Death of parent(s)	60 (30%)	140 (70%)
Early marriage	71 (35.5%)	129 (64.5%)
Curiosity to have sexual intercourse	53 (26.5%)	147 (73.5%)

Source: The authors, 2021

Table 3 shows that 39 percent of the respondents indicated that poverty was the cause of teenage pregnancy in the study area, 33.5 percent said that it was due to poor parenting, 26 percent said that it was due to inadequate sex education. 29 percent said that it was peer influence, death of a parent(s) scored 30 percent, while 35.5 percent and 26.5 percent attributed it to early marriage and curiosity to have sexual intercourse respectively. Also, the IDIs interviewees were further probed on the causes of teenage pregnancy in the study area, and most of them corroborated the finding in Table 3. Some of their typical expressions are as follows:

...many things are involved, personally...I lost my father at the age of 9 (years), our mother was a housewife, we had nothing to rely on...there was this man whom I later met...he was of great assistance to us (the family). I happened to fall in love with him...I eventually got pregnant...that was at the age of 15 years...yes, he is my husband to date, but I am the third wife (A female IDIs interviewee in Agbabiaka community).

Another interviewee from Tanke stressed that:

Poverty is the major cause of teenage pregnancy. For instance, a family with about four children and there is no means of income to cater for them. What is expected of the children is to fend for themselves. In such a case anything can happen...the boys may go into stealing...and of course, the girls will look for someone to hook onto for their survival. So, teenage pregnancy could be the result...I have spoken from my personal experience...no, no, no, I am currently married to another man...we have two children...they are in secondary school.

Another female interviewee from Fate said:

...as you can see I am happily married with six children...it is because I got married very early...at the age of 13 years...I got my first pregnancy at 14 (years). I have my First School Leaving Certificate...no, I could not go further...I have to care for the children and my husband, in most cases, he is not available. I do not have any means of income for now...I am thinking of starting a business as soon as my husband permits.

Table 4: Distribution of Respondents by Perceived Effects of Teenage Pregnancy (n=200)

Response	Yes	No
School drop-out	75 (37.5%)	125 (62.5%)
Abortion	64 (32%)	136 (68%)
Maternal mortality	79 (39.5%)	121 (60.5%)
Social stigmatisation	53 (26.5%)	147 (73.5%)
Poor socio-economic status	88 (44%)	112 (56%)
Rejection by parents	41(20.5%)	159 (79.5%)
Single parenthood	34 (17%)	166 (83%)
Poor child upbringing	45 (22.5%)	155 (77.5%)

Source: The authors, 2021

Table 4 shows that 37.5 percent of the respondents indicated that school drop-out was the effect of teenage pregnancy in the study area, 32 percent indicated abortion, 39.5 percent said that it was maternal mortality, and 26.5 percent mentioned social stigmatization.

Also, Table 4 shows that 44 percent (majority) of the respondent believed that the effect of teenage pregnancy was poor socio-economic status. 20.5 percent, 17 percent, and 22.5 percent indicated rejection by parents, single parenthood, and poor child upbringing respectively. The IDIs interviewees were probed on the effects of teenage pregnancy. The followings are some of the excerpts from the IDIs:

One of the major effects of teenage pregnancy is school drop-out, which can lead to so many other issues, such as poverty, low (social) status, and sometimes death of the girl in process of committing abortion, which can also bring shame to the family...parents should take adequate care of their children, particularly the girl child (a female IDIs interviewee in Onikanga community).

Another female interviewee from Oke-Ogun community had this to share:

From my personal experience, when my parents discovered that I was pregnant, they rejected me and stopped the payment of my school fees...I was in JSS II...between 13 to 14 years. I packed to the young man's parents, and it was not really easy for me and the child...but today she is just like my brother, that is the joy of it all...no he is learning a trade...how to repair phones...we later divorced.

Test of hypotheses

The two hypotheses formulated for this study were tested using Chi-square (χ^2) statistics, at a $p \leq 0.05$ level of significance. To test the hypotheses, all those who were within the age range of 15 – 24 years were recorded as younger respondents, while those who were 25 – 34 years were recorded as older respondents. Also, those who had no formal education up to WASC/SSCE were recorded as a lower level of education, and those who had National Diploma up to Postgraduate were recorded as a higher level of education for easier interpretations.

Table 5: Cross tabulation for test of hypotheses

Age level	Perception of teenage pregnancy		Total	χ^2 p-value
	Positive	Negative		
Older respondents	16 (8%)	78 (39%)	94 (47%)	
Younger respondents	35 (17.5%)	71 (35.5%)	106 (53%)	
Total	51 (25.5%)	149 (74.5%)	200 (100.0%)	$\geq .007$
Educational level				
	Positive	Negative		
Higher	17 (8.5%)	78 (39%)	95 (47.5%)	
Lower	34 (17%)	71 (35.5%)	105 (52.5%)	
Total	51 (25.5%)	149 (74.5%)	200 (100.0%)	$\geq .014$

Source: The authors, 2021

Table 5 is a cross-tabulation frequency for testing the hypothesis, which states that younger respondents perceived teenage pregnancy more positively than older respondents, with chi-square (χ^2) statistics. A calculated chi-square value of 6.711 was obtained in the study at a probability level of .007, indicating that the result is significant. We then reject the alternate hypothesis which states that younger respondents perceived teenage pregnancy as less positive than older respondents.

Table 5 also indicates across-tabulation frequency for testing the hypothesis which stated that respondents with a lower level of education perceive teenage pregnancy more positively than those with a higher level of education. The study used chi-square

(χ^2) statistics in testing the hypothesis where a calculated chi-square value of 5.509 was obtained in the study at a probability level of .014, indicating that the result is significant. We then reject the alternate hypothesis which stated that respondents with a lower level of education perceive teenage pregnancy less positively than those with a higher level of education.

Discussion

This study found that the prevalence rate of teenage pregnancy in the study area is 7.5 percent. This finding contradicts previous findings which indicated a 7.7 percent prevalence rate of teenage pregnancy among school adolescents of Arba Minch Town, Southern Ethiopia (Mathewos and Mekuria, 2017). This shows that the prevalence rate is lower in the study area, despite that the study covered a wider range as against adolescents in selected schools. However, the finding shows a high prevalence rate of teenage pregnancy in the study area.

This study also found that teenage pregnancy in the study area is as a result of several socio-economic factors, which included poverty (ranked highest), followed by early marriage. Other factors are poor parenting, inadequate sex education, peer influence, death of a parent(s), and curiosity to have sexual intercourse. This finding corroborates previous findings which indicated that the prevalence of teenage pregnancy is due to poor knowledge of sexual and reproductive health services, barriers to accessing sexual and reproductive health services, stigmatisation, peer influence, early marriage, and curiosity (Adebayo & Asebiomo, 2019; Geda, 2019; Gwido & Fekadu, 2016; Kaiser Family Foundation, 2015; Langham, 2015; Mathewos & Mekuria, 2017; Wado, Sully & Mumah, 2019; Yakubu & Salisu, 2018). This finding revealed that the teenagers in the study communities were faced with disadvantaged conditions, and as such, were vulnerable. A situation where the likelihood of becoming a teenage parent is highest is when an individual has limited involvement in both the educational system and/or paid labor force (Macmillan & Copher, 2005).

This study discovered that teenage pregnancy has several effects in the study area. These include poor socio-economic status ranking highest (44%), followed by maternal mortality (39.5%), others included School drop-out, abortion, social stigmatization, rejection by parents, single parenthood, and poor child upbringing. This finding is in line with previous findings which showed that effects of teenage pregnancy include school drop-out, rejection by parents, social stigmatisation, abortion (in case of an unwanted child), stillbirth, and untimely death among girls aged 15–19 years globally (Gwido & Fekadu, 2016; Nelago, 2020; WHO, 2016).

Furthermore, the study revealed that younger respondents perceived teenage pregnancy as more positive than older respondents. This result is not surprising because the younger respondents are more influenced by peer pressure and more curious compared with the older respondents, and they are more readily available to experiment and indulge in unprotected sexual intercourse without taking its consequences into consideration.

Also, the study discovered that respondents with a lower level of education perceive teenage pregnancy more positively than those with a higher level of education. This finding shows that educational status has a great influence on the perception of teenage pregnancy. This could be as a result of their knowledge of sex education and reproductive health, and the implications of teenage pregnancy on the socio-economic status of victims. Respondents with a higher educational level tend to refrain from indulging in unprotected sexual behaviour compared with the respondents with a lower level of education.

Implications for social work education and practice

This study revealed that the prevalence rate of teenage pregnancy in the study areas was 11.5 percent. This was due to several factors such as poverty, early marriage, poor parenting, inadequate sex education, peer influence, death of a parent(s), and curiosity to have sexual intercourse. Teenage pregnancy, as revealed by the study, resulted in poor socio-economic status, maternal mortality, school drop-out, abortion, social stigmatisation, rejection by parents, single parenthood, and poor child upbringing in the study area. This finding suggests that there is a need for professionalisation of social work in Nigeria. This would enable trained professional social workers to be in charge of social development and orientation agencies, applying their skills and knowledge, to further enhance the dissemination of basic information to the grass root levels.

The professional social workers would work in collaboration with community-based Organisations, Non-Governmental Organisations, and health service providers to expose teenagers to sex education and the available reproductive health services. This would help to curb the menace of teenage pregnancy to the barest minimum in the study area, across Nigeria, and other African countries.

Conclusion

In conclusion, this research explored and assessed the socio-cultural factors influencing teenage pregnancy in Ilorin South Local Government Area of Kwara State, Nigeria. A descriptive survey design was adopted for the study; quantitative and qualitative instruments were used in the collection of data for the study. A prevalent rate of 7.5 percent of teenage pregnancy was recorded in the study area. This was due to poverty, early marriage, poor parenting, inadequate sex education, peer influence, death of a parent(s), and curiosity to have sexual intercourse. Poverty, early marriage, poor parenting, inadequate sex education amongst others were identified as effects of teenage pregnancy in the study area. The study established that younger respondents perceived teenage pregnancy more positively than older respondents and that respondents with a lower level of education perceived teenage pregnancy more positively than those with a higher level of education.

Based on the findings of this study, the following recommendations are made to mitigate the menace of teenage pregnancy in the study communities and Nigeria in general:

- There is a need to professionalise social work in Nigeria. This will enable professional social workers, in collaboration with community-based Organisations, Non-Governmental Organisations, and other human development professionals, to create awareness on the negative effects of teenage pregnancy, and educate adolescents and other stakeholders on sexual behaviour. Professional social workers would ensure that there is access to reproductive health services, and also render counseling services to victims of teenage pregnancy, potential adolescents, and others across the communities.
- There is a need for government at all levels to formulate free education policies that will enable its citizens, particularly, the girl child, to have access to education. This will effectively control the prevalence rate of teenage pregnancy in the study area and in Nigeria at large. Also, school social workers and other counseling professionals should be involved in the educational sector. This could be attained by establishing social welfare units at the grass root levels, with professional social workers being in charge in order to prevent teenage pregnancy through psychotherapeutic services.
- There is a need for professional social workers to collaborate with communities, parents and family members to restore their collaborative or traditional role of child socialisation in Africa. This would help to monitor the sexual behaviour of adolescents, thereby reducing teenage pregnancy to the barest minimum level in the communities.
- Policymakers at all government tiers should formulate social policies that would reduce the poverty level to the barest minimum across the study communities and Nigeria in general. This would encourage the girl child's education and training to enable her to secure gainful employment and attainment of a reliable source of livelihood.

Limitations of the study and recommendation for future study

This study covered only Ilorin South Local Government Area of Kwara state, and issues related to pregnancy are mostly held in secrecy in Africa, particularly in Nigeria. This may have affected the knowledge of the exact prevalence rate of teenage pregnancy in the study area. It is recommended that future studies should cover a wider range of the phenomenon.

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