

## **Teenage Pregnancy Issues among Female Adolescents in Nsukka Local Government Area of Enugu State**

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### **Abstract**

This major purpose of this study was to investigate issues related to teenage pregnancy among female adolescents in Nsukka Local Government Area (LGA) of Enugu State. Specifically, the study determined causes of teenage pregnancy in Nsukka LGA; consequences of teenage pregnancy in the area and measures towards coping with the teenage pregnancy. Population for the study consisted of 156 teenage pregnant girls aged 13 - 19 years who attended the Nsukka Local Government Health Centre. Questionnaire was used for data collection. Data were analysed using mean and standard deviation. Findings reveal 14 causes of teenage pregnancy in Nsukka LGA which include media influence, peer pressure, lack of parental guidance, among others. There are also 16 consequences of teenage pregnancy, including higher risks for complications, lack of social support and dropping out of school, among others. There also 19 coping strategies identified include preparing for the realities of pregnancy and childbirth, never m Issuesissing ante-natal and post-natal sessions, among others. Based on the findings it was recommended among others, that teenager should be encouraged to abstain from sex to avoid unwanted pregnancies; parents should endeavour to give their children early and adequate sex education to prepare them to face their teenage years, sex education should be a compulsory subject in the secondary schools, right from Junior Secondary School.

**Keywords:** Teenage, Pregnancy, Family, Wellbeing, Females, Issues, Coping

### **Introduction**

Teenage is a stage that begins at the onset of puberty. It is a period of transition from childhood to adulthood which extends from 13-18 years. During this period, the individual attains puberty leading to many changes. Lovespaces (2019) stated that these changes make the

individual to find an identity, which means developing an understanding of self, the goals one wishes to achieve and the work/occupation role. The individual craves for encouragement and support of caretakers and peer groups. If successful, the teenager will develop a sense of self or identity, otherwise will suffer from role and

identity confusion (Aman, 2019). It is also at this stage that individuals start craving a commitment to fulfil an adult social function and starts developing the personal and social identity. It is a stage promises heightened awareness of moral responsibility, demonstration of intelligence by reasoning out the egocentric thought, which diminishes sometimes in childhood, shows up again at this stage.

Physical changes from puberty continue during middle adolescence. Most males will have started their growth spurt, and puberty-related changes continue. They may have some voice cracking, for example, as their voices lower. Some develop acne. Physical changes may be nearly complete for females, and most girls now have regular periods. At this age, many teens become interested in romantic and sexual relationships. Many teenagers may indulge in sexual relations with the opposite sex because of physical and psychological development. Most times these their sexual exploits result in teenage pregnancy, and unplanned parenthood. Teenage pregnancy is one of those life events that few families anticipate, and the effects of adolescent pregnancy reach well beyond the young mother's life, impacting the lives of other family members. Whether the pregnancy is terminated, the baby is placed for adoption or the child is regarded as an unexpected, the emotional, economic and social ramifications of teenage pregnancy can

affect the entire family in significant and life altering.

Teenage Pregnancy, a case of under-aged girl may usually be within ages of thirteen to nineteen years. Becoming prematurely pregnant is a serious cankerworm that has eaten deep in to the fabric of our societies in this contemporary period. The term in every day speech usually refers to women who have not reached legal adulthood to become pregnant. This study therefore focused on the issues and trends of this act among the teenagers in Nsukka, Enugu State of Nigeria. The issue of pregnancies among teenage girls seems to be one of the social problems facing not only Nigeria, but also several other nations of the world (Alabi & Oni, 2017). According to studies conducted by Kinby (2011) and Mezmur, Assefa & Alemayehu(2021)victims of teenage pregnancy lacked information about sex education. The lack of sex education by either by their parents, schools or development agencies that could have enabled them deal with friends who lure them into sex prematurely. Kinby (2011) stressed further that children of single parents are more vulnerable to teenage pregnancy. In the same vein exposure to sexual content on television, sexuality in the media, pornographic and sex chat rooms by teenagers, could most likely tune them to engage in sexual activities (L'Engle, Brown and Kenneavy, 2016; Park, 2018). Acceptance of gift for sex and some adult deliberately taking advantage of poor teenagers, encouraging them into

having sex were also noted as factors responsible for teenage pregnancy (United Nation, 2011). Yampolslaaya, and Greenbaum (2012) posited that approximately 60% of adolescent mothers live in poverty at the time of the birth of their babies and “approximately 73% go on welfare within 5 years of giving birth”, its associated motherhood is characterized with shame, disgrace, and school dropout sometimes end up the individual’s dreams of achieving higher pursuits. This statistic was further confirmed in Mezmur et al (2021), where 74.5% of all pregnant teenagers were between the ages of 18 and 19 with a great percentage being unemployed.

Teenage pregnancy is therefore a major concern to world communities. Teenage pregnancy has attracted a great deal of concern and attention from religious leaders, the general public, policymakers, and social scientists, particularly in the developed and less developed countries especially in Nigeria. The continuing apprehension about teenage pregnancy is based on the profound impact it can have on the lives of the girls and their children (Yampolskaya and Greenbaum, 2012). Most teenagers do not plan their first sexual experience; rather, it is something that just happens to them based on the influence by female counterparts. Nearly 10 percent of adolescent or teenage girls get pregnant each year. Studies have found that between 20-30 percent of pregnancies in teenagers are direct results of rape, while 60% of

teenage mothers have unwanted sexual experiences preceding their pregnancies before 15 years when they were coerced by males who were at least six years older (Alabi & Oni, 2017).

Teenage pregnancy, also known as adolescent pregnancy, is pregnancy in a female under the age of 19. Pregnancy can occur with sexual intercourse after the start of ovulation, which can be before the first menstrual period (menarche) but usually occurs after the onset of menstrual periods. Pregnant teenagers face many of the same pregnancy related issues as other older women. There are additional concerns for those under the age of 15 as they are less likely to be physically developed to sustain a healthy pregnancy or to give birth. For girls aged 15–19, risks are associated more with socioeconomic factors than with the biological effects of age. Risks of low birth weight, premature labor, anemia, and pre-eclampsia are connected to biological age, being observed in teenage births even after controlling for other risk factors (Ozoemena, 2018). Teenage pregnancies are associated with social issues, including lower educational levels and poverty. Teenage pregnancy in developed and developing countries in Africa is usually outside of marriage and carries a social stigma and discrimination by family members, friends and the society. However, there are cases where Teenage pregnancy occurs within marriage where teenagers are married to elderly persons by their parents. This can be as

a result of poverty and lack of decision making. In these cases which is rife in low-income countries, early pregnancy may combine with lower socio-economic opportunities for the teenage mother leading to malnutrition and poor health care which may cause medical problems for the mother and the unborn child (Uwizeye, Muhayiteto, Kantarama, Wiehler & Murangwa, 2020). When used in combination, educational interventions and access to birth control can reduce unintended teenage pregnancies. The teen birth rate has been steadily falling for years, but it still remains the highest teen pregnancy rate in the industrialized countries. About eighty-five percent of these pregnancies are unplanned, which in any population can increase the risk for problems.

A woman must be physically, psychologically and medically matured before giving birth because the body of a teenage girl is not yet matured enough to handle pregnancy and the stress involved. Psychologically the mind of a teen mother is not yet matured to handle the challenges of parenting and motherhood and this is why majority of teen mothers live with relatives who help them to cater for their babies. Many teenagers are not financially ready to handle pregnancy. While teenage pregnancy is seen as aberration in some society it is highly celebrated in some other societies as it is in line with their culture and societal norms. Nigeria Demographic and Health Survey (DHS, 2013) reported that an estimated 23% of women aged

15 – 19 have begun child bearing, of which 17 % have had their first child and 5% are pregnant with their first child while 32% of teenagers in rural areas have begun child bearing, as opposed to 10% in the urban areas of Nigeria (National Population Commission, 2010; ICF, 2014). The report shows disparity within the geopolitical zones as follows: North-West (36%), North-East (32%); North-Central (19%); South-South (12%); South-East (8%) and South-West (8%).

In Nsukka, the area of the study, the rate of teenage pregnancy is quite high. As suggested by Onyishi (2019), teenage pregnancy constitutes a major health and societal problem and continues to receive increasing attention because of early age at which female teenagers (youths) in Nsukka L.G.A engage in sexual activities, exposed themselves to sexual habits which has led many of them into teenage pregnancy. Data obtained on the statistics of early teenage pregnancy from Public health department of Nsukka local Government Area, it is anticipated that teenage pregnancy in Nsukka will be in the increase in the coming years. Between May and August 2019, there has been about 105 reported cases of teenage pregnancy in Nsukka Local Government. However, between August and January 2020, there has been about 179 reported cases of teenage pregnancy. This indicates that teenage pregnancy is becoming an alarming trend in Nsukka Local Government Area. Adding to this, a data was also gotten from an

orphanage home at Opi in Nsukka L.G.A indicated that from 2017 to 2020, about 71 children in their custody are from young teenagers that got impregnated and died in childbirth. It is therefore against this background that the researchers deemed it necessary to investigate teenage pregnancy and related issues among female adolescents in Nsukka LGA.

### **Purpose of the Study**

The major purpose of this study was to investigate issues related to teenage pregnancy among female adolescents in Nsukka LGA of Enugu State. Specifically, the study determined the:

1. causes of teenage pregnancy in Nsukka LGA
2. consequences of teenage pregnancy in Nsukka LGA
3. measures for coping with challenges of teenage pregnancy in Nsukka LGA

### **Research Questions**

The following research questions guided the study.

1. What are the causes of teenage pregnancy in Nsukka LGA?
2. What are the consequences of teenage pregnancy in Nsukka LGA?
3. What are the measures for coping with challenges of teenage pregnancy in Nsukka LGA?

### **Methodology**

**Research Design:** -sectional survey design was adopted for the study. The cross-sectional surveys are mainly concerned with describing events as

they occur. Federal Ministry of Health (2003) adopted the cross-sectional survey design in their studies related to the present study. The design was therefore considered appropriate for use in the present study.

**Area of the Study:** The study was carried out in Nsukka, Enugu state, Nigeria. Nsukka is the university town of the University of Nigeria. The choice of Nsukka local government area was made as field survey results show an increasing population of teenage pregnancy cases which is slightly higher than that of other semi urban towns within the state (Field Study, 2019).

**Population for the Study:** The target population for the study consisted of 156 teenage girls aged 13 - 19 years according to the information gotten from the Nsukka Local Government Health Centre. This population include those who have had teenage pregnancies as well as those who were presently pregnant attending ante-natal and post-natal appointments at the LGA Health Centre in the month of November, 2020. Given the fact that the population for the study is manageable, there was no sampling. A greater proportion of the pregnant female teenagers who part of the population were not married, a good number were educated up to secondary school level and only a few of them had any kind of paid vocation.

**Instrument for Data Collection:** The instrument for data collection was a 39-item questionnaire titled; 'Teenage Pregnancy and Family Well-being Questionnaire (TPFWQ). The

questionnaire was developed by the researcher and partitioned into three clusters; A, B and C, with each being in-line with the objectives of the study. The questionnaire adopted a four-point rating scale with response categories of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The instrument was validated by three Home Economics lecturers in a University. The Reliability Co-efficient of the instrument was established using the Pearson product moment correlation method. Twenty copies of the instrument were administered on pregnant teenage girls in the area of the study. The responses were analysed using the Pearson product moment correlation method which yielded a reliability co-efficient of .88 which was considered reliable.

**Data Collection Method:** The consent of the respondents was sought. Thereafter, the procedure for the completion of the questionnaire was explained to the respondents by the

researcher. Three Primary Health Care (PHC) workers who served as research assistants assisted in distributing and collecting 150 copies of the questionnaire. The respondents responded to the questionnaire and returned same immediately giving a 100% return rate.

**Data Analysis Technique:** Mean and Standard deviation were used for data collection. The mean was used to check the level of agreement or disagreement while the standard deviation was used to determine the closeness or otherwise responses from the mean. The real limit of numbers 1.00 - 1.49; 1.50 - 2.49; 2.50 - 3.49 and 3.50 - 4.00 was used to interpret the results of research questions as Strongly Disagree, Disagree, Agree and Strongly Agree respectively.

### Findings of the Study

The following findings were made:

### Causes of Teenage Pregnancy

**Table 1: Mean Responses and Standard Deviation on the Causes of Teenage Pregnancy**

S/No	Causes of Teenage Pregnancy	$\bar{X}$	SD
1	High age difference in relationships (older person and a younger girl)	3.41	.92
2	Media influence	3.30	.90
3	Peer pressure	3.20	1.17
4	Lack of Parental Guidance:	3.30	.64
5	Glamorization of pregnancy (movie industry)	2.43	1.29
6	Lack of knowledge or inadequate knowledge about safe sex	3.29	.79
7	Sexual abuse or rape	3.50	.67
8	Drinking by teenagers	2.58	1.28
9	Dating and gender violence	3.30	.91
10	Religious belief.	2.30	.79
11	Childhood environmental influence	2.70	1.11

12	Sexual urge among teenagers	3.01	1.11
13	Adolescent sexual behaviour	3.00	.45
14	Lack of education	2.61	1.21
15	Foster care (status of the parents)	2.41	1.03
16	Poverty / socio economic	2.63	1.20
17	Exploitation by older men	2.81	.88

Key:  $\bar{X}$  1= Mean Responses of Teenage Females, SD = Standard Deviation of the responses

Table 1 shows that 14 out of the 17 items, have mean scores above the benchmark of 2.50. This means that these 14 items are the causes of teenage pregnancy in Nsukka local government area. Therefore, the finding indicated that such items as Glamorization of pregnancy (2.43), religious belief (2.30) and foster care (2.41) were all disagreed upon by the

respondents. Regarding the standard deviation, results show that the corresponding standard deviation of (.92), (.905), (1.172), (.644), (.795), (.674), (1.281), (.905), (1.106), (1.105), (.449), (1.214), (1.203) and (.884), shows the spread and closeness of teenager's responses on the items.

### Consequences of Teenage Pregnancy

**Table 2: Mean Responses and Standard Deviation on the Consequences of Teenage Pregnancy on the Family**

S/No	Consequences of Teenage Pregnancy	$\bar{X}$	SD
<b>The Baby</b>			
1	Low weight at birth	2.99	1.01
2	Complications or difficulties at birth	3.18	.76
3	Insufficient prenatal care and hence children are more likely to suffer from health issues	2.98	1.01
4	Poor nutrition	2.68	1.27
5	Stillbirth	2.95	1.02
<b>Teenage Mother</b>			
6	Death from complications during pregnancy especially in developing countries.	2.81	1.26
7	Risks for complications are higher because their major organs have not yet developed fully	3.50	.53
8	Lack of social support	2.71	1.02
9	Dropping out of school	3.40	.92
10	Increased chances of stillbirth throughout lifetime	2.42	1.30
<b>Family-parents and siblings</b>			
11	Straining of scarce resources as the parents have to cater for a new baby as most teenage mothers are without jobs	3.11	.71
12	Disgrace to the family especially within social circles	3.98	.46
13	Care giving of the baby becomes a part of the household's responsibility	3.54	.84
<b>Community</b>			

14	Increment of population to compete for already scarce resources	2.90	1.00
15	Loss of productive man hours to rural economy especially in cases where mothers are employed and complications arise from pregnancy.	2.77	1.08
16	Reduction of female enrolment in school as more female teenagers dropout due to pregnancy.	3.95	.47
17	Increase in maternal mortality rate due to death from complications	3.57	.85

Key:  $\bar{X}$  = Mean responses of Teenage Females, SD = Standard Deviation of the responses

Table 2 shows that all the items 1 - 17 have mean scores greater than the benchmark 2.50 with the exception of item No. 10. Hence, the findings show that the consequences of teenage pregnancy in Nsukka LGA include sixteen (16) out of seventeen (17) listed items. However, item no. 10 on increased chances of still birth throughout lifetime (2.42) was disagreed upon by the respondents. Item no 12 which states "Disgrace to

the family especially within social circles" with a mean score of 3.98, scored the highest mean of all the consequences of teenage pregnancy as suggested by the respondents. Also, item no. 10 on "increased chances of still birth throughout lifetime" with a score of 2.42 scored the lowest mean score in the table.

### Measures for Coping with Teenage Pregnancy

**Table 3: Mean Responses and Standard Deviation on the Measures for Coping with Teenage Pregnancy by Families**

S/N	Measures for Coping with Teenage Pregnancy by Families	Mean	SD
<b>Pregnant Teenagers should:</b>			
1	seek a qualified physician for medical advice and health care early	3.41	.49
2	find a trained counsellor and speak with him/her	3.61	.49
3	prepare for the reality of pregnancy and childbirth	3.00	.78
4	never miss ante natal and post-natal sessions	3.12	.55
5	eat well and take all prescribed medication as at when due	3.19	.57
6.	solicit support from parents, relatives and partner	3.90	.51
<b>The Family should do the following to help teenagers:</b>			
7	Contact the baby's father and his parents to set up a meeting for shared responsibility	2.91	.84
8	Keep the lines of communication between the pregnant teenager and the father of the child open	3.40	.92
9	Do not forget to celebrate the new life that is about to come into the world	3.51	.67
10	Do not withdraw teen mothers from school	2.51	1.21
11	Educate teens by parents from early age about practicing safe sex	3.70	.46
12	Avoid being judgmental and dealing harshly with teen mothers	3.21	.88
13	Move from denial to the point of acceptance of the teens and their Situation	3.21	.61



14	Listen to teens , be objective, and be respectful to their feelings and avoid blame	3.50	.50
<b>Government and NGOs should:</b>			
15	Help teen Mothers to build good support group with family and close friends	3.20	.60
16	Inculcate family life education in school for teenage students	3.52	.33
17	Inculcate sex education in secondary school age	3.72	.26
18	Providing stable funding for comprehensive educational and support services to pregnant and parenting teenagers.	3.63	.28
19	Redouble efforts in educating, counselling and rehabilitation of victims	3.50	.32

Key:  $\bar{X}$  = Mean responses of Teenage Females, SD = Standard Deviation of the responses

Table 3 reveals that the mean scores of all nineteen (19) items are above the cut-off mean score of 2.50 which is used in decision making. This implies that all the items 1-19 are measures for coping with teenage pregnancy. Item no 6 on "Support from parents, relatives and partner" has the highest mean score of 3.90 which means that the respondents perceived this item as the most important coping measures of teenage pregnancy. On the other hand, item no 10 on "Do not withdraw teen mothers from school" has the lowest mean score of 2.51. The sharp distinction between the highest mean score and the lowest mean score show that the respondents prefer certain items to others.

### Discussion of Findings

Table 1 identified seventeen (17) causes of teenage pregnancy in Nsukka LGA. Some of these causes of teenage pregnancy as identified by the present study are in line with findings of previous studies. These causes of teenage pregnancy as also identified by other studies include; age discrepancy in relationships (Alabi &

Oni, 2017), media influence (Chiazor, Ozoya, Idowu, Udume & Osagide, 2017; Amadi, 2019), peer pressure (Widman, Choukas-Bradley, Helms & Prinstein, 2016; Alabi & Oni, 2017; Onyishi, 2019), lack of parental guidance (Stanley & Swierzewski, 2011; Alabi & Oni, 2017), lack of knowledge or Inadequate knowledge about safe sex (Masemola-Yende & Mataboge, 2015; Mezmur, et al., 2021), sexual abuse or rape (Kaphagawani & Kalipeni, 2017), drinking by teenagers (Alabi & Oni, 2017; Amadi, 2019), dating and gender violence, childhood environmental influence (Ashimolowo, Ojebiyi, Adelakun, Odediran, Soetan & Iskil-Ogunyomi, 2017), sexual urge among teenagers, adolescent sexual behaviour, lack of education (Undiyaundeye, Agba & Mandeun, 2015, Ashimolowo et. al., 2017), foster care and exploitation by older men (Mang'atu & Kisimbii, 2019). These study findings are in line with Onuzulike (2012) who noted that poverty, pornography; mass media and peer influence are some of the major factors responsible for teenage pregnancy. Alabi & Oni (2017) stressed

that the less knowledge teenagers have about safe sex, the more likely they may have unprotected sex and engage in sexual experimentation prematurely.

The result in table 2 indicated that of all seventeen (17) items on consequences of teenage pregnancy, only one (1) item was disagreed upon by the respondents. The findings of this study on the consequences of teenage pregnancy as suggested by previous studies and supported by the present study were organised as regards the consequences on the baby, the teenage mother, the family (parents and siblings) and the community. For the baby, the consequences of teenage pregnancy include; low weight at birth (Adeyanju & Afolayan, 2012); complications or difficulties at birth (Igwenagu 2015; Uwizeye et. al., 2020), insufficient prenatal care and hence children are more likely to suffer from health issues (Undiyaundeye et. al., 2015), poor nutrition and still birth (Undiyaundeye et. al., 2015). For the mother, the consequences of teenage pregnancy include; death from complications during pregnancy especially in developing countries (Liabsuetrakul, 2012; Gunawardena, Fantaye & Yaya, 2019), risks for complications are higher because their major organs have not yet developed fully (Kouanda et. al., 2014; Chiazor et. al., 2017), lack of social support (Katowa-Mukwato et. al., 2017) and dropping out of school (Achema, Emmanuel & Moses, 2015; Onyishi, 2019). In the case of the consequences of teenage pregnancy to

family i.e parents and siblings, the effects include; straining of scarce resources as the parents have to cater for a new baby as most teenage mothers are without jobs (Igwenagu, 2015), disgrace to the family especially within social circles (Adeyanju & Afolayan, 2012), and caregiving of the baby becomes a part of the household's responsibility. As for the community, the consequences of teenage pregnancy include; increment of population to compete for already scarce resources (Igwenagu, 2015), loss of productive man hours to rural economy especially in cases where mothers are employed and complications arise from pregnancy (Ashimolowo et. al., 2017), reduction of female enrolment in school as more female teens dropout due to pregnancy (Adeyanju & Afolayan, 2012; Amadi, 2019) and increase in maternal mortality rate due to death from complications (Liabsuetrakul, 2012; Gunawardena, Fantaye & Yaya, 2019). These findings also corroborate with works of Briggs (2011) who identified several complications associated with teenage pregnancy as high blood pressure, pre-eclampsia, eclampsia, malnutrition, vesico vaginal fistula, recto vaginal fistula and death. Brown (2011) equally revealed that many of the teenagers end up as school dropouts.

The result in table 3 indicated that of all twenty (20) items on measures of coping with teenage pregnancy in Nsukka LGA agreed upon by the respondents. The findings of this study on the measures of coping with

teenage pregnancy as suggested by previous studies and supported by the present study were organised as regards the measures adopted by the teenage mother, the family and the government/NGOs. In all identified measures of coping with teenage pregnancy, the present study shares similar results with several studies. The study findings which are in line with other studies include; support from parents, relatives and partner (Saim, Dufâker & Ghazinour, 2014; Katowa-Mukwato et. al., 2017); keeping the lines of communication between the pregnant teenager and the father of the child open (Yussif et. al., 2017); help teen mothers to build good support group with family and close friends (Shah, Gee & Theall, 2014); inculcation of family life education to teenage students in school (Masemola-Yende & Mataboge, 2015; Krugu, Mevissen, Prinsen, & Ruiters, 2016); inculcation of sex education to students of secondary school age (Undiyaundeye et. al., 2015; Ashimolowo et. al., 2017); providing stable funding for comprehensive educational and support services to pregnant and parenting teenagers (Alabi & Oni, 2017); redouble efforts in educating, counselling and rehabilitation of victims (Alabi & Oni, 2017). The findings of this study are also in line with the findings of Melissa (2012) in that the author suggests that educating teens from early age about practicing safe sex prevents teenage pregnancy.

### **Conclusion**

Teenage is a period that intersects between childhood and adulthood and features a transformation of an individual from a dependent to a more independent being. In the quest for independence, teenagers are quite exploratory and seek to experience almost everything within and outside their environment. In the quest to explore, the teenager becomes very inquisitive and an active information seeker. This predisposes the teenager to different kinds of experiences of which exposure to sexual information is not left out. In the same vein, the teenager is exposed to sexual content on television, different forms of sexuality in the media, pornographic and sex chat rooms on different social media platforms, amongst others. All these forms of exposition to sexual content as well as peer pressure most likely tunes teenagers to engage in sexual activities of which one of the pitfalls is unwanted teenage pregnancy.

Based on the findings of this study and previous studies as discussed, it can be inferred that teenage pregnancy has a lot of influences on the teenagers, the family (parents and siblings), and the community at large. For the teenagers, they should be encouraged to abstain from sex as they may not be able to cope with its outcome. The study also proves the need to redouble efforts in educating teenagers on the pertinent issues surrounding sex and its outcome, teenage pregnancy. This will go a long way to reduce unwanted

pregnancies among the teenagers and thus stem its ever-increasing effect on teenagers, the family and the society at large.

### Recommendations

1. Teenagers should be encouraged to abstain from sex activities to avoid unwanted pregnancies.
2. Parents should endeavour to give adequate sex education to prepare teenagers to face their teenage years. Offering proper sex education to teenagers will expose them to adequate knowledge on how to practice abstinence from sex.
3. The government should make sex education compulsory in the junior secondary schools in all states of the federation.
4. Government, Non-Governmental organisations (NGOs) and other concerned bodies should provide comprehensive educational and support services to pregnant and teenage mothers.
5. Government, NGOs and other concerned bodies should increase efforts towards providing support to teen mothers and ensure that they do not drop out from school.

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