

TEENAGE PREGNANCY: THE FEMALE ADOLESCENT DILEMMA

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Abstract

Teenage pregnancy is now a major issue today in Nigeria. It has become common to see many young teenage mothers in and around the different states of Nigeria. Teenage pregnancy is pregnancy that occurs in human females under the age of 20. The World Health Organization statistics reveal that 95% of births to mothers in this age group occur in low to middle income countries, with the highest rates occurring in sub-Saharan Africa. Whilst approximately 11% of births world-wide occur to mothers aged 15-19, World Bank indicators showed that teenage mothers formed 22.9% of women in Nigeria in 2010. Early marriage, low social-economic status, lack of education and rural community living are all factors associated with teenage pregnancy. Teenage pregnancy has detrimental effects on the health of both mother and child. Many reasons have been adduced for this trend and they include socio-economic factors, lack of discipline and control, adolescent sexual behavior and psychological factors. This growing problem has attracted attention from many quarters. Many residents in Lagos state have at one time or the other expressed their concern about the increase in teenage pregnancy rates, especially in communities where you find many low income dwellers. In this study, the Survey method was employed in interrogating this issue. This study sought to measure the perception of teenagers, who are key actors in the subject under review. Senior secondary students, Pregnant Teenagers in Alimosho and Ikorodu Local Government Areas of Lagos state were interviewed. The study revealed that low socio-economic status, cultural factors, peer pressure, lack of adequate sex education were the major causes of teenage pregnancy.

KEY WORDS: Teenage Pregnancy, Adolescent sexual behavior, socio-economic status

INTRODUCTION

Teenage pregnancy is a major social problem globally because of the consequences it has on adolescent mothers, their babies and their caregivers. Motherhood poses great challenges on any woman; the fact that an adolescent mother is a child that lacks the mental and financial capabilities to raise a child compounds the problem. A lot of studies have highlighted the disadvantages of adolescent motherhood on their children. These include delayed cognitive development, lower levels of language skills, academic failure, poor social outcomes, risk of becoming the next generation teen mothers and the high possibility of ending up in foster care (Jutte 2010; Staton-Chapman, Kaiser & Hancock, 2004). Teenage pregnancy is one of the primary causes of poverty, as well as the cause of certain psychosocial and educational problems in teenagers. There have been calls on governments and other stakeholders to urgently address this ugly phenomenon. Tamkins (2004) in his study found that teenage mothers often face a life of poverty, have lower levels of education and have less opportunity in the workplace than non-parenting teens.

STATEMENT OF PROBLEM

The growing problem of teenage pregnancy is no doubt a cause for concern. The rate at which adolescents in Nigeria get pregnant is on the increase (Egbule, 2000). It has become a social problem that needs to be addressed. Teenage pregnancy is common in many Sub Saharan Africa countries, including Nigeria. Population Reference Bureau data shows that Sub Saharan Africa has the highest percentage of women age 15-19 who give birth in a year (PRB 2011). Nigeria's Demographic and Health Survey (2008) shows that 8 percent of males aged 15-19 and more than 20 percent of girls of the same age group have had sex at age 15. The survey also indicated that 21 percent of women age 15-19 are already mothers, 4.3 percent are pregnant with first child and 25.2 percent have begun childbearing. Early exposure to sexual relationships for girl leads to the risk of early pregnancy and childbearing, premature drop-out of school, early marriage, early separation or divorce, high exposure to HIV/AIDS, early entrance into the informal labour force and poverty (Manning, 1993; Isiugo-Abanihe, 1998). These outcomes limit the quantity and the quality of human capital girls develop (Shariff 2000). Other researchers have noted that teenage mothers especially those with more than one child are more likely to have a bleak educational future, stunted career and live in poverty (Solomon & Liefield 1998; Nock 1998). Predisposition to early sexual initiation, pregnancy and motherhood is associated with factors such as poor socio-economic family background, orphan hood, low knowledge and use of contraceptives among adolescent girls and patriarchal traditions. In a study of prevalence of sexual activity and outcome among female secondary school girls in Port Harcourt, Nigeria, Anochie and Ikpeme (2011) found that 54.1 percent of females who have initiated sexual activity early are from large families with low socio-economic background. They observed that most cases of adolescent pregnancy were unwanted. Unwanted pregnancy may result in early marriage, single motherhood domestic service, life courses and event that perpetuate poverty. Adolescent girls who become pregnant often have the challenge of getting men to accept responsibility. A social problem such as teenage pregnancy that has become a source of embarrassment to families, schools and society at large, call for studies of this nature to be under taken with a view to finding out the causes, consequences and how best to eradicate this ugly social vice. In the light of this, the objectives of this study would include the followings:

1. To determine the effect of socio economic background on teen pregnancy
2. To ascertain the effects of teenage pregnancy on educational attainment of teenagers
3. To determine the psychological effects of teenage pregnancy
4. To determine the socioeconomic cost and consequences of teenage pregnancy
5. To provide recommendations on how to combat the increasing wave of teenage pregnancy.

LITERATURE REVIEW

Teenage Pregnancy

A teenager according to the WHO refers to persons between the ages of 10 and 19 years, in which the individual progresses from the initial appearances of secondary sexual characteristics, to full sexual maturity, and due to psychological and emotional processes, develop from those of a child to those of an adult. Abortion and pregnancy are major problems that a female teenager may experience. Pregnancy occurs when a girl at puberty has sexual intercourse with a male that has similarly attained the age of puberty. At this point, menstruation will stop until the baby is delivered. For many teenagers, sex has become morally equivalent to other casual, free time activities that they enjoy together. 60 percent of girls have their first sexual intercourse before their 13th birthday (Guttmacher Institute, 2004)

Olukoya (2010) described teenage pregnancy as the fertilization of the ova (in girls) by the sperm in boys who are of puberty age. UNFPA and Federal Ministry of Health (2003) referred to teenage pregnancy as unintended pregnancy, unwanted pregnancy especially if it occurs out of wedlock. According to Egbule (2000), teenage pregnancy refers to pregnancies which occur when the girl child is below the age of eighteen years. Shuabi, (2005) asserted that adults frown at the situation because of its implications.

Pregnancy and childbirth complications are the second cause of death among 15 to 19 year olds globally¹. Negative outcomes associated with teenage pregnancy include anaemia, malaria, HIV and other sexually transmitted infections, postpartum haemorrhage, obstetric fistula and postpartum depression.

A retrospective study conducted assessing the outcomes of teenage pregnancies in the Niger Delta region of Nigeria found that teenage mothers had significantly more preterm labor and Caesarean sections (Ayuba, Gani; 2012). Another study in North-central Nigeria conducted by Mutahir (2006), also observed that teenage mothers experienced a high incidence of vaginal trauma during delivery.

Health effects on babies born to teenage mothers include 50% increased risk of still births and neonatal deaths, low birth weight, preterm deliveries, birth asphyxia and its corresponding long term sequelae.

Effects of teenage pregnancy on the socio-economic wellbeing of the mother, her family and community are also grave. The teenage mum often has to terminate formal education and this often results in low social economic standing and reduced earning potential in later life.

Proven strategies for reducing the incidence of teenage pregnancy include, reducing the incidence of marriage before the age of 18 years, providing comprehensive sex education and contraception counseling to vulnerable adolescents and improving educational levels for females.

In addition to these, Salami et al (2014) proposed addressing the unmet social needs of teenagers, particularly with regards to their parental relationships, as a means of reducing teenage pregnancy.

CAUSES OF TEENAGE PREGNANCY

Various causes account for teenage pregnancies. A few of them are listed below:

1. Community: several researches are of the view that the community contributes to placing teenagers at increased risk of pregnancy. Teenagers who live in communities with more social disorganization and fewer economic resources, are more likely to engage in sex at an early age and this often result in pregnancy. Kirby, (2001), stated that the level of education, unemployment rate and income levels of the adults in a community are all associated with the sexual behavior of teens.
2. Rebellion: Some young people get pregnant to show their parents that they are independent, and indirectly too to tell parents that: "you can't control me". Thus their becoming pregnant is a means of indirect communication.
3. Family: family pathology may contribute to the prevalence of teenage pregnancy. Frequent exposure to violence between family members, parental divorce, and poor relationship with parents could lead to teenage pregnancy (Quinlivan, 2004). The family members of a teenager have an important role to play in shaping the sexual behavior patterns of young people. Socioeconomic status, family structure, parental attitudes, parental support and communication have an important role to play in a teen's decision making. According to Stanley and Swierzewski (2011), teenage girls are more likely to get

pregnant if they have limited or no guidance. Values and behavior demonstrated by family members regarding sexual risk taking and early child bearing influence the teen's own attitude and behavior. Children of parents with poor occupation and income are more likely to have sex at an early age, not use contraceptives consistently and become pregnant (Billy & Brewater 1994). Studies have shown that girls raised in poverty, single-parent homes are more likely to become adolescent mothers. While family connectedness and good parent-child communication serve as protective factors for adolescent pregnancy (Williams & Davidson 2004)

4. Friends and Peers: teenagers often feel pressured to make friends with their peers during adolescence. Peers are also important agent of socialization who set standard of behavior and serve as role models, thus shaping the sexual behavior and beliefs of the adolescent. Many times, teenagers let their friends influence their decision to have sex even though they do not fully understand the consequences associated with it. When teenagers believe that their peers support sexual behavior and contraceptive use, they are more likely to be involved and use contraceptives (Whertheimer, 2000; Kirby 2001).
5. The Media: modernization caused by industrialization, education, exposure and enculturation through the importation of various western films, and foreign culture which were alien to the Nigerian culture, have brought about societal transformation. The conception of sexuality has changed completely. The desire to be like westerners by teenagers has made them become promiscuous, doing things that were never imaginable several years ago. The Media today promotes teenage pregnancy. Most Teenagers now want to practice the sexual scenes they see on television and what they read in romantic novels. The judgments of teenagers of what is right and wrong, is colored by the effect of the western culture transmitted through the sexual stimuli conveyed by the mass and social media. Movies have labored mightily to convince viewers that they need to make themselves more attractive and align with the dominant culture as presented in the media. Nollywood movies for instance, are anchored on western models thereby promoting western culture in Nigeria.
6. Globalization: many traditional values are changing rapidly and far worse as a result of globalization (Arumala, 2005 & Erusegbefe 2005). An area of life where this decline in cultural value is glaring is in the area of adolescent sexuality. Moral codes and values have become weakened Bello (2010), asserted that globalization principally and philosophically aims at globalizing the world in all thinkable ramifications-cultural, economic, political, educational e.t.c. The lifestyle of teenagers is now modeled on that of foreign cultures, dressing, behavior, music, entertainment and world view. The wave is so strong that it has become irresistible (Bissell 2000). The operations of the Nigerian Mass Media are patterned on the western model which invariably erodes our culture and practices (Osagwu 2008).

that the "more frequent the attendance at religious gatherings, the more restrictive the attitude that leads to pre-marital sex, the less the sexual experience". Adolescents with high religious commitment report low sexual involvement and participation.

7. Alcohol and drugs: Okonofua, (2005) asserted that a teenage girl who is yet to discover her personal sexuality and the power of her first "real relationship" with a boy, may find herself in a party or some other environment where alcoholic drinks or drugs are freely accessible. A little intake, reacting with her own raging hormones, together with the boy's pressures, will cause her strength to resist to get weak and soon crumbles. And not long, she will give into what she had resisted previously.

8. Poor sex education: the information on sex-issues should be from reliable sources and not from peer groups, literature, movies and pictures. Most Parents tend to keep information on sex away from their children, while some do not have the time to give sex education to their children. Hiding these facts often cause more harm than good. The prevalence of teenage pregnancy is also a product of poor or collapsed counseling and information system that failed to educate the adolescents.
9. Poverty: Gattmacher (2005) posited that teenage girls who belong to poor families are more likely to get pregnant. Stanley and Swietzeski (2011) opined that teenage pregnancy is a result of poverty. They revealed that most teenagers that get pregnant are often from low socio-economic status parents. They opined that girls living in poor socio-economic conditions will engage early in sexual activities.
10. Amorous and illicit sexual partners: the existence of amorous and illicit relationship between two lovers increases the chances of early sexual activity. Teenagers that have sexual partners early, date more frequently and have more romantic partners are more likely to have sexual intercourse earlier than their peers. This is probably because relationships provide both greater opportunity and greater pressure to have sex.
11. Individual factors: the older teenagers get, the more active they are sexually and the higher the risks of female ones getting pregnant. Age also brings with it new social expectations that influence a teenager likelihood for sexual activity, including increased pressure to have sex, perceived norms about sexual activity and increased opportunity because of freedom (Kirby, 2001).

EFFECTS OF TEENAGE PREGNANCY

1. Socioeconomic difficulties: socioeconomic difficulties were reported to be experienced by teenagers who become pregnant during their teenage years (De Jong, 2001; Hanna, 2001). According to Bissel (2000), women who become teenage mothers were more likely to be socio-economically disadvantaged later in life when compared to women who tend to delay childbearing. Turner (2004) suggests that teenage pregnancy perpetuate poor socio-economic backgrounds. Teenage pregnancy sometimes results in poverty. Teenage mothers tend to have worse socioeconomic outcomes than other women who delay childbearing (Tamkins, 2004)
2. Education disruption: teenage mothers do not often go back to school; they are forced to look after their children. De Jong (2001) found out from that there are some cases of teenagers who may use their pregnant status deliberately escape the demands of high school education. In some cases, some teenagers drop out of school because their parents refused to pay their fees and commit delinquent acts and adult crimes. For others, health conditions hinder them from going back to school. Seventy percent of teen mothers drop out of high school, making pregnancy the primary reasons young women drop out early (Alan Guttmacher Institute, 1999). Teen mothers are also less likely to attend higher institutions than women who delay child bearing. Teen parents tend to have lower grade point averages, more school absenteeism and more difficulties with school work.
3. Obstetric outcomes: an underdeveloped body usually pose problems for both the woman and the baby she carries. It is therefore very important for a woman's body to develop fully to comfortably

accommodate a developing baby. Sosibo (2007) suggests that teenage girls are likely to have reproductive health problems including HIV infections.

4. Likelihood of early divorce: in some cases, teenage girls are forced into marriages as a result of unwanted pregnancy. The economic and social success of their union is less certain
5. Psycho-Social development of teenagers: Egbule & Ugoji (2000) asserted that “the social results of teenage pregnancy are unfortunate”. In most cases unwanted pregnancy affects a teen psycho-social process of development. Some end up having low self esteem. They suffer high rate of abuse and neglect. Hanna (2001) opined that parenting teenagers have not had time to resolve their own stages of role identity and intimacy.

METHODOLOGY

This study involved the use of qualitative and quantitative data. This study adopted a descriptive survey research design. Structured questionnaire was used to collect information for the study. Respondents were randomly drawn from secondary schools, Health Centers and communities in Ikorodu and Alimosho local government areas Lagos. A sample of 200 teenagers was drawn from the two local governments. Data was analysed with the aid of statistical package for social sciences (SPSS).

PRESENTATION OF DATA

DEMOGRAPHIC CHARACTERISTICS

Sex	Frequency	Percent
Male	68	35.4
Female	124	64.6
Total	192	100.0
Age		
12-14	58	30.2
14-16	80	41.7
18-20	54	28.1
Total	192	100.0
Ethnic Group		
Yoruba	124	64.6
Igbo	38	19.8
Hausa	30	15.6
Total	192	100.0
Qualifications		
No formal education	10	5.2
Primary education	36	18.8
Primary school dropout	6	3.1
Secondary education	116	60.4
Secondary school dropout	24	12.5
Total	192	100.0

For this study 35.4% were male and 64.6% were females. 30.2% of the respondents were between the ages of ages 12-14, 41.7% were between ages 14-16% while 28.1 percent were between 18-20 years. Majority of the respondents were Yoruba with 64.6%, Igbos were 19.8 percent and Hausa's had the least number of respondents with 15.6%.

EFFECT of SOCIO ECONOMIC BACKGROUND ON TEEN PREGNANCY

Educational Status Of Parents Influence the rate of Teenage Pregnancy	Frequency	Percent
Strongly Agree	23	24.0
Agree	28	29.2
Strongly Disagree	9	9.4
Disagree	27	28.1
Undecided	9	9.4
Total	192	100.0
Economic Status of Parents Influence the rate of Teenage Pregnancy		
Strongly Agree	48	25.0
Agree	70	36.5
Disagree	44	22.9
Undecided	30	15.6
Total	192	100.0

Majority of the respondent with 29.2% agreed that educational status of parents influence the rate of teenage pregnancy, 24.0% strongly agreed, 9.4% strongly disagreed and 28.1 % disagreed that that educational status of parents influence the rate of teenage pregnancy.

Majority of the respondents agreed that the economic status of parents influence the rate of teenage pregnancy with 36.5%, followed by 25.0% who agreed, while 22.9% of the respondents disagreed that economic status of parents influence the rate of teenage pregnancy, 15.6% of the respondents were undecided.

EFFECTS OF TEENAGE PREGNANCY ON EDUCATIONAL ATTAINMENT OF TEENAGERS

Lowers Educational Attainment	Frequency	Percent
Strongly Agree	60	31.2
Agree	66	34.4
Strongly Disagree	28	14.6
Disagree	24	12.5
Undecided	14	7.3
Total	192	100.0
Poor Academic Performance		
Strongly Agree	60	31.2
Agree	64	33.3

Strongly Disagree	16	8.3
Disagree	32	16.7
Undecided	20	10.4
Total	192	100.0
Hinders Education		
Strongly Agree	46	24.0
Agree	96	50.0
Strongly Disagree	16	9.4
Disagree	26	13.5
Undecided	6	3.1
Total	192	100.0

34.4 % of the respondents agreed that teenage pregnancy lowers educational attainment, 31.2% strongly agreed, 14.6% strongly disagreed, while 12.5% disagreed that teenage pregnancy lowers educational attainment. 7.3% of the respondents were undecided. 31.2% of the respondents strongly agreed that teenage pregnancy leads to poor academic performance, 33.3% agreed, 16.7 percent disagreed, while few respondents with 8.3% strongly disagreed. Also, majority of the respondents, about 50.0% of them agreed that teenage pregnancy hinders education, 24.0% of the respondents strongly agreed, 13.1% disagreed, while 9.4% strongly disagreed. 29.2% of the respondents strongly agreed that teenage pregnancy leads to social rejection of victims, 31.2% agreed, 16.7% strongly disagreed, while 17.7% disagreed that teenage pregnancy leads to social rejection of victims.

PSYCHOLOGICAL EFFECTS OF TEENAGE PREGNANCY

Public Disgrace And Shame	Frequency	Percent
Strongly Agree	62	32.3
Agree	88	45.8
Strongly Disagree	22	11.5
Disagree	6	3.1
Undecided	14	7.3
Total	192	100.0
Social Rejection Of Victims		
Strongly Agree	56	29.2
Agree	60	31.2
Strongly Disagree	32	16.7
Disagree	34	17.7
Undecided	10	5.2
Total	192	100.0
The children born outside wedlock will likely suffer abuses and poor-rearing		

Strongly Agree	54	28.1
Agree	60	31.2
Strongly Disagree	4	2.1
Disagree	30	15.6
Undecided	44	22.9
Total	192	100.0

32.3% of the respondents strongly agreed that teenage pregnancy leads to public disgrace and shame, 45.8% agreed, 11.5% strongly disagreed, while only a few respondents, 3.1% disagreed. 29.2% respondents strongly agreed that teenage pregnancy leads to social rejection of victims, 31.2% agreed, 16.7% strongly disagreed while 17.7% disagreed that that teenage pregnancy leads to social rejection of victims. 28.1% of the respondents strongly agree that the children born outside wedlock will suffer abuses and poor-rearing, 31.2% agree, 2.1% strongly disagree and 22.9% disagree. 21.9% of the respondents strongly agreed that the health condition of the teen is negatively affected by teenage pregnancy and early motherhood, 39.6% agreed, 13.5% strongly disagreed and 11.5% disagreed.

SOCIOECONOMIC COST AND CONSEQUENCES OF TEENAGE PREGNANCY

Health condition of the teen is negatively affected		
Strongly Agree	42	21.9
Agree	76	39.6
Strongly Disagree	26	13.5
Disagree	22	11.5
Undecided	26	13.5
Total	96	100.0
The health of the child is also affected		
Strongly Agree	42	21.9
Agree	78	40.6
Strongly Disagree	16	8.3
Disagree	34	17.7
Undecided	22	11.5
Total	192	100.0
Pregnant teens can still be successful in life		
strongly agree	52	27.1
Agree	104	54.2
strongly disagree	22	11.5
Disagree	2	1.0
Undecided	12	6.2
Total	192	100.0

Teenage pregnancy leads To Poverty		
Strongly Agree	50	26.0
Agree	64	38.5
Strongly Disagree	12	6.2
Disagree	30	15.6
Undecided	26	13.5
Total	192	100.0

21.9% of the respondents strongly agreed that the health condition of the teen is negatively affected by teenage pregnancy, 39.6% agreed, 13.5% strongly disagree and 11.5% disagreed. Also, 21.9% strongly agreed that teenage pregnancy affects the health of the child, 40.6% agreed, 8.3% strongly disagreed, while 11.5% of the respondents disagreed that that teenage pregnancy does. 27.1% of the respondents agreed that pregnant teens can still be successful in life, 54.2% agreed. 11.5% strongly disagreed while 1.0% disagreed that pregnant teens can be successful in life.

26.0% of the respondents strongly agreed that teenage pregnancy leads to poverty, 38.5% agreed, 15.6% disagreed, while few of the respondents, 6.2% strongly disagreed that teenage pregnancy leads to poverty.

RECOMMENDATIONS

Recommendations	Frequency	Percent
Parents should teach children sex education	56	29.2
Teenagers should dress properly	20	15.6
Teenagers should abstain from premarital sex	28	14.6
Use Of contraceptives	20	10.4
No answer	18	9.4
Avoid bad company	40	20.8
Total	192	100.0

29.2% of the respondents recommended that parents should teach children sex education, 15.6% said teenagers should dress properly, 14.6% were of the view that teenagers should abstain from premarital sex, 10.4% prescribed the use of contraceptives and 20.8% advised teenagers to avoid bad companies .

CONCLUSION

Teenage pregnancy constitute a major socio-medical and socio-economic problems and is becoming more prevalent in Nigeria. The emergence of this problem has been attributed to various factors including early exposure to causal sexual activity, peer pressure, lack of sex education and others. Socioeconomic status or background is a strong predictor of teenage pregnancy. The rate at which young girls drop out of school these

days because they have to focus on caring for their new born is a cause for concern, as they not only end up doing menial jobs to sustain themselves and their offspring, they become an unwelcome burden on their families and the society as a whole. Family relationship is very important in the upbringing of a child. When parents are less concerned about their children, the children tend to misbehave without considering the risks and consequences of such behavior. The rate of teenage pregnancy can be reduced by offering free and compulsory education to the girl child and educating the populace about the social and medical consequences of teenage pregnancy and the dangers associated with early motherhood. The negative effects of adolescent motherhood on women call for a more rigorous and wholesome sex education.

According to an NGO, Partnership for advocacy in child and family health (PACFAH), says that increase access to family planning can prevent about 1.6 million unintended pregnancies yearly in Nigeria (Punch Newspaper Jan 2017). The NGO representative said that the (FPL) helped to save the lives of women and children by reducing unplanned pregnancies and promoting health child spacing. Evidence show that the high rate of Maternal and child mortality is largely due to unwanted pregnancies and low use of family planning services.

RECOMMENDATIONS

There is an urgent need reduce teenage pregnancy among teenage girls in Nigeria. The following are hereby recommended:

- Parents value, parental regulations \and parent-child connectedness (support, closeness, warmth) can help to lower teenage pregnancy.
- The government should set up counseling centers in all cities and local government headquarters where teenagers can go for counseling on issues bothering them including their sexual life. Majority of the teenagers cannot open up to their parents on issues bothering on their sexual life.
- Teenagers should be taught abstinence and how to defer sexual gratification till after marriage.
- Families should ensure that they develop a close relationship with their children. They should know the friends their children keep and educate them on when to have intimate relationship with opposite sex.
- Keeping adolescent girls in schools, using economic incentives and livelihood programs can help reduce teenage pregnancy
- Socioeconomic status of families should not be an excuse for female children to get pregnant. Families should ensure teenage girls are well educated either in the four walls of a classroom or in a vocational training center.

References

- Arumala, A. O. (2005). "Value Re-Orientatin, A Need Among Adolescent Secondary School Students In UgheliNporth Local Government Area of Delta State" *The Counselor Journal Of The Association Of Nigeria*.
- Anochie, I. C. &Ikpeme, E. E. (2001). Prevalence of Sexual Activity and Outcome Among Female Secondary School Students In Port Harcourt, Nigeria. *African Journal Of Reproductive Health*, 5(2;1-18)

- Ayuba, Ibrahim, and OwoeyeGani. "Outcome Of Teenage Pregnancy In The Niger Delta Of Nigeria". *Ethiopian Journal of Health Science* 22.1 (2012): 45-50.
- Bissell, M. (2000). Socio-Economic Outcomes Of Teen Pregnancy And Parenthood: A Review Of The Literature. *Canadian Journal of Human Sexuality*.
- Coley, R. L. & Chase-Lansdale (1998). Adolescent pregnancy and parenthood. *American psychologist*., 53 (2). 152-166
- Egbule, J.F. &Ugoji, F. N. (2000). "Understanding Adolescent Psychology" Ibadan: End Time Publisher
- Eruesegbefe, R. O. (2005). A Literature Review of Causes, Effects and Remedies of Teenage Pregnancy". *The Counsellor Journal of The Counselling Association of Nigeria*.. 21, 56
- Guttmacher Institute. (2005). "Facts In Brief: Teen Sex and Pregnancy". Retrieved on 23/1/2017
- Isiugo-Abanihe, U.C (2007). Adolescent Sexuality and Reproductive Health in Two Oil Producing Communities In Imo And Rivers State, Nigeria. *African population studies*. 22(2): 47-76
- Manning, W. D. (1993).Marriage and Cohabitation Following Premarital Conception. *Journal Of Family And Marriage*, 55(3): 839-850
- Mutihir, JT. "Teenage Pregnancy In Jos, North-Central Nigeria". *Highland Medical Research Journal* 3.2 (2006): n. pag. Web.
- Nock, S. L. (1998).The Consequences of Premarital Fatherhood.*American Sociological review*, 63(2):250-263
- Popenoe, D. (1998). Teen Pregnancy: An American Dilemma. Testimony Before the House Of representative, Committee On Small Business, Subcommittee on Empowerment, Washington. D.C.
- Populace Reference Bureau (PRB) (2011). The World's Women and Girls Data Sheet Washington DC:PRB
- Salami, K. K., & Matthew A. (2014) "Intergenerational Life Courses Of Teenage Pregnancy In Ogbomosho South-Western Nigeria". *Child Soc* 29.5 (2014): 451-461. Web.
- Salami, K. K, Matthew A., & Isaac Adedeji. (2014) "Unmet Social Needs and Teenage Pregnancy In Ogbomosho, South-Western Nigeria". *African Health sciences* 14.4 959- 966. Print.
- Sharif, N. (2000).Developing Sustainable Livelihoods: The Case of Poor Female Youth in Sub-Saharan Africa. *Journal of sustainable development in Africa*-jsd-africa.com
- Shuaibu, F. B. (2005). "A Child Abuse And Personality, The Roles Of The Homes An Society". Faculty Of Education Department Of Counseling &Science Education.University of Abuja.
- Solomon, R. &Liefeld, C. P. (1998). Effectiveness of a Family Support Centre approach to Adolescent Mothers: Repeat Pregnancy and School Drop-out-Rate. *Family Relations*. 47(2):139-144
- Stanley, J.&Swierzewskii, M. D. (2011). Teen Pregnancy, Consequences Of Teenage Pregnancy. Retrieved 23/1/2017 from www.healthcommunities.com
- Sosibo, K. (2007), March 9-15). Sweet Young Mamas.*Mail & guardian*, p.12.

Tamkins, T. (2004). Teenage Pregnancy Risk Rises with Childhood Exposure to Family Perspective On Sexual And Reproductive Health, 36(3), 220-228.

Trading Economics, "Teenage Mothers (% Of Women Ages 15-19 Who Have Had Children Or Are Currently Pregnant) In Nigeria". *Tradingeconomics.com*. N.p., 2016. Web. 10 Feb. 2016.

Turner, M. K. (2004). Young womens' s views on teenage motherhood: a possible explanation for the relationship between socio-economic background and pregnancy outcome? *Journal of youth studies*, 7(2), 221-238

World Health Organisation Factsheet. "WHO | Adolescent Pregnancy". *Who.int*. N.p., 2016. Web. 10 Feb. 2016.

World Health organisation Update. "WHO | Adolescent Pregnancy". *Who.int*. N.p., 2016. Web. 10 Feb. 2016.
