Perception of Mothers on the Factors Predisposing to Adolescent Teenage Pregnancy in Akure South Local Government Ondo State

Abstract
The study is on perception of mothers on the factors predisposing to adolescent teenage pregnancy in Akure South Local Government Area of Ondo State. The present study aimed at identifying mothers’ perception on the factors predisposing to adolescent pregnancy. The researchers formulated three research questions to guide the study. Cross sectional descriptive research survey was adopted. The samples for the study were 400 respondents randomly selected from 15 political wards in the entire local government. The instrument for the study was self-developed structured questionnaire. The validity of the instrument was established by expert judgment in the field of public health while reliability of the instrument was established by test retest method. The instrument was distributed by the researchers and same collected back on the spot to avoid instrument mortality. 100% return rate was realized from the instrument. Data were collected and collated using simple percentage, mean and standard deviation. The data collected were rated using 5 points Likert scale with the criterion mean of 3 was used to interpret the result. The findings of the study revealed that perception of mothers on factors that can predispose adolescent to teenage pregnancy include desire for wealth and other material things, sexual permissiveness in the society, influx of pornography among others. Consequences of teenage pregnancy include emotional instability, complication during delivery and reproductive health problems among others. Strategies to reduce incidence of teenage pregnancy include massive public campaign and availability of family planning services. Appropriate preventive interventions are suggested to modify the risk factors.

Keywords: Perception; Teenage pregnancy; Adolescent; Predisposing; Risk factors

Background of the Study
The issue of pregnancies among teenage girls seems to be one of the social problems facing notonly Nigeria, but also several other nations of the world. Surveys by investigators such as Briggs, Nwosu and others like Kanku and Mash, Fernando Dulitha et al. [1-4], revealed that teenagers become sexually active at an early age with corresponding high fertility. Sexual activities among adolescents in Nigeria seems to be on the increase. The increase in sexual activities among teenagers seems to be out of wedlock pregnancies that may result in desperate desire to get rid of the pregnancy at all cost which may result into criminal abortion, childbirth or even death. Adolescent pregnancy contributes to the perpetuation of the poverty cycle by placing these girls at higher risk for low educational and occupational attainment and low socio-economic status [5].

Adolescence, according to World Health Organization –(WHO, 2000) [6] refers to the period 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 during which psychological and emotional processes develop from those of a child to those of an adult. Views and opinions vary among authors and researchers on the specific age at which it begins or
The term teenage has often been used interchangeably with adolescence. The concept of teenage/adolescence is not a new phenomenon, but it has a controversial notion. Some authors Nwosu [2] and Fernando Dulitha et al. and a host of others believe that the teen years start at 13 years and end at 19 years. Others Onuzulike, Onuzulike, Ukekwe [8-10] believe that it starts at 10-11 years and ends at 20-21 years. Notwithstanding the age at which it begins or ends, the teen years have been described by Onuzulike in 2003 as a transition period between childhood and adulthood. Nwosu [2] described the teen years as a period of social, psychological and intellectual transition. This description is similar to the belief of Briggs and WHO indicated earlier [1,6]. Onuzulike [9] described the teen years as a bridge between life as a child, and life as an adult, which gives the individual the opportunity to drop childhood behaviors and learn the adult life style. Adolescent could be described as the second decade of life. It is the most important and sensitive period of one’s life when a person is in the second genital stage of psychological development. Ukekwe [10] observed that this period, if not properly and carefully handled, could lead to disastrous consequences in later life especially among the females. Onuzulike [9] is of the opinion that female teenagers face a wide range of issues everyday relating to their psychological, physiological, emotional and socio-cultural concerns.

She added that one of the most important and complicated issues are pre-marital sexual activity that may result in unintended teenage pregnancy and childbearing.

Onuzulike [9] described the teen years as a period of transition from childhood to adulthood, characterized by heightened social awareness and accelerated physical growth. This period, they opined, marks the onset of puberty and biological maturity. It is a crucial period in the life of an individual because many key social, economic and demographic events occur that set the stage for adult life. Ukekwe [10] described it as the most important period in human life, which if not properly handled, could lead to the most disastrous consequences in later life, especially among females. Notwithstanding the varied opinions on the beginning and the end of the teen years, studies by numerous authors and researchers, as mentioned earlier indicated that the teen years span from the 13th to the 19th year of life. Based on the opinion of researchers on the specific age at which teenage begins, the present study will be based on the age limit of 13 to 19 years. Ukekwe held that teenagers are expected to grow up morally, and gradually observing the norms of the society into adulthood. On the contrary, some of these teenagers engage in premarital sexual activities, which expose them to the risks of abortions, sexually transmitted infections (STIs) and pregnancies.

Pregnancy as defined by Gordon [11] is a condition in which a female carries in her womb, the young before it is born. Similarly, Skyes [12] defined pregnancy as the condition of carrying a developing offspring in the uterus. A look at the two definitions of pregnancy above could reveal that pregnancy is meant for procreation and continuity. Nwosu [2] is of the opinion that when pregnancy occurs at the appropriate time and in wedlock, it is a welcome development, but if a teenager engages in pre-martial sex that may result in pregnancy, she is putting herself in a responsibility that she is inadequately prepared for. Adolescent pregnancy therefore means conception by girls between the ages of 13 and 19 years. Adolescent pregnancy is defined as gestation in women before having reached the full somatic development. The percentage of childbearing adolescent women is regionally highly variable depending on cultural, religious, political, economic and other factors. Pregnancy in the very young is generally considered to be a high risk event because of the additional burden imposed by reproduction on a still growing body [12].

According to Allan Guttmacher Institute – (AGI) [13], teenage pregnancy is an undesirable phenomenon. Onuzulike [8] supported this when she observed that teenage pregnancy interferes with expectation regarding education, self-realization and economic prosperity among the affected teenagers. Ukekwe [10] stated that stress arises even when pregnancies are planned, and to think of unplanned pregnancy means that the girl has to restructure her roles because she is inadequately prepared for parenthood. Brown [14] observed that numerous cases of school dropout; maternal mortality and morbidity, infertility, criminal abortion and children being abandoned in gutters, dustbins, latrines and other deadly places are clear manifestations of the malady of teenage pregnancies.

Adolescent pregnancies constitute major socio-medical and socio-economic problems in both developed and developing countries and are becoming more prevalent in recent times. The emergence of this adolescent problem has been attributed to various factors including early marriage, social permissiveness favouring early exposure to casual sexual activity, poor knowledge, availability and use of contraceptives, maternal deprivation, preexisting psychosocial problems in the family and general non-functioning family unit among others [15]. It is salient to note that prevention and intervention strategies drafted to reduce Adolescent pregnancy are highly dependent on public awareness as they provides vital information as regards what aspect of the problem need to be addressed. This has led to the development of this study to investigate the perception of factors responsible for adolescent pregnancy among teenagers.

**Statement of Problem**

Worldwide, early child bearing is associated with higher risk of adverse reproductive outcomes and among the youngest mothers and their newborns, lead to increase maternal and infant mortality [15]. The profound prevalence of this incidence in some African countries has been explicitly reported by WHO, which state that about 16 million women between 15 to 19 years old give birth each year equivalent to about 11% of birth worldwide. Asides, 95% of these births occur in low and middle
income countries with 50% of the proportion of such birth during adolescent happening in sub-Saharan Africa. The most shocking as exposed by the WHO [6] report state that half of all the adolescent births occur in just seven countries: Bangladesh, Brazil, Democratic Republic of Congo, Ethiopia, India, United States and Nigeria. Due to the prevalence in Nigeria, bearing in mind the plethora of risk associated with it, several intervention programs sponsored by the UN, WHO and other bodies has been initiated to reduce the occurrence of this incidence. Most of these intervention programs rely on demographic research carried out as regards the belief and knowledge of people about this incidence.

Hence, the Awareness and people’s perception about this unwanted incidence is pivotal as a starting framework towards tackling such inherent problem. It is no news that several factors have the propensity to predispose teenage girls into adolescent pregnancy. Notwithstanding, it is apparently amazing how majority of people with different social class, education level and status hold diverse views as regards the prevailing incidence of unwanted teenage pregnancy posing imminent threat to the health, education and psychological orientation of our youths today. Aside from several studies conducted in South Africa, Tanzania, Zimbabwe and some state in Eastern Part of Nigeria to understand people opinion about the issue of adolescent pregnancy as reported by Ngonidzashe and Mutara [16]; Ayuba et al. [17], few notable research has also been carried out by Agu [18] to indepthly investigate the factors associated with teenage unwanted pregnancy in Udenu Local Government Area. South East, Nigeria. However, this was limited to target small population with low resource rural community while the present study encompasses both rural and urban setting with highly influenced mothers in one of the six oil producing states of the federation.

Many of these studies have never been carried out to specifically target non-students like parents, guardians and even mothers. In addition, most of the previous studies were conducted outside Ondo State and Akure South LGA in particular, leaving no evidence of what the situation looks like in the area under study. The perception pattern and trend could be different than what has been reported in other parts of the world. Thus, the need for a study of this nature in Akure South LGA cannot be over-emphasized.

**Objectives of the Study**

The objectives of the study are:

1. To assess the perception of mothers on factors that can predispose adolescent to teenage pregnancy;
2. To establish the level of knowledge of mothers on the factors that predisposes young girls to teenage pregnancy;
3. To assess the perceived consequences of adolescent pregnancy in the community;
4. To identify the perception of mothers on the possible strategies to minimize the occurrence of adolescent pregnancy.

**Research questions**

This study seeks to answer the following research questions generated to guide the study:

1. What are the perceptions of mothers on factors that can predispose adolescent to teenage pregnancy?
2. What is the level of knowledge of mothers on the factors that predisposes young girls to teenage pregnancy?
3. What are the perceptions of mothers on the possible strategies to minimize the occurrence of adolescent pregnancy?

**Significance of the Study**

The present study is significant in several ways. In general it will provide a holistic data and information on the level of awareness of the mothers specifically on the factors liable to result to adolescent pregnancy in Akure South LGA. Findings on the root cause of the problem will further help school authorities, government; health bodies appreciate the severity of this problem.

Such appreciation is expected to facilitate a quick response as regards enacting any decision to tackle the problem. Furthermore, the state ministries of Health, Education and Youths may require such data to determine where to focus any control measure that may evolve against the problem. The study will also reveal from a diversified angle, the perceived causes, consequences and preventive measures towards reducing this incidence of adolescent pregnancy in the area of study. Information about these demographic factors will be of use to intervention researchers and staff of the relevant ministries charged with the responsibility of preventing and controlling adolescent pregnancies. This will help them decide where to channel an appreciable chunk of their efforts.

The non-demographic factors associated with the problem of teenage pregnancies that will be determined by the study will be of benefit to both parents and teenage girls in the area of study. This will help them to appreciate the role of these factors in teen pregnancy and how to avoid them. The results may also be useful to researchers and workers interested in tackling the problems of teen pregnancy. The intervention workers and researchers would be guided by the results in the development of intervention programmes. Result from this study will also serve as a yardstick for intervention workers when carrying out intervention programme to compare performances between previous and current trends. Finally, the study is expected to add to the vast pool of literature on teenage pregnancies in Nigeria which will be useful to future researchers in the area of adolescent pregnancy as well as sex and sexuality education.

**Methodology**

Descriptive survey research design was used for this study. The population of the study was all women of reproductive age who happens to be mothers in the entire Akure South local government area of Ondo State. The sample for the study was 400
mothers randomly selected in all 15 political wards in the local government area of Akure South. The instrument for the study was self-structured questionnaire designed by the researchers. The instrument was validated and reliability coefficient of 0.82 was established and deemed fit for the study. Descriptive statistics of frequency counts was used for the analysis.

Results

Table 1 revealed Socio-demographic characteristics of the respondents by following factors of variables Age, Religion, Ethnicity, Occupation, Educational status, Number of child etc.

Research question one

What are the perceptions of mothers on factors that can predispose adolescent to teenage pregnancy?

Table 2 revealed the following factors as mothers perception as the factors that can predispose adolescent to teenage pregnancy: desire for wealth and other material things with mean score of 4.52, SD=0.7139; sexual permissiveness in the society (x=4.275, SD=0.848); ignorance of safe period of sex (x=4.335, SD=0.885); exposure to social media (x=4.22, SD=0.991), marriage promise from boyfriend (x=4.175, SD=0.977), absence of comprehensive sex education in schools (4.185, SD=1.030), lack of fear of God (x=4.28, SD=0.8376), peer group influence (x=4.53, SD=0.699), early maturity (x=4.4, SD=0.755), influx of pornography (x=4.09, SD=1.105), rape and sexual harassment (x=4.155, SD=1.141).

It was observed that the mean score of all the items in the questionnaire were above the criterion mean (CM) of 3.0. Therefore, all the items under this research question were significant and all are implicated as mothers’ perception on factors that can predispose adolescent to teenage pregnancy in our society.

Research question two

What is the level of knowledge of mothers on the factors that predisposes young girls to teenage pregnancy?

Table 3 revealed that the mothers had high knowledge on the following factors that could cause teenage pregnancy which include desire for wealth and other material things, peer group influence and early maturity. They had moderate knowledge on the following factors that could cause teenage pregnancy: ignorance of safe period of sex, exposure to social media, absence of comprehensive sex education in schools, rape and sexual harassment, and strong sexual urge while they had low knowledge about the following factors –lack of parental care and love, broken home, parental influence and pressure to marry quickly and influx of pornography.

Research question three

What are the perceptions of mothers on the possible strategies to minimize the occurrence of adolescent pregnancy?

Following the statistical computation from Table 4, it was discovered that the strategies to reduce the incidence of teenage

| Variable       | Character         | Frequency (n=400) | Percentage (%) |
|----------------|-------------------|------------------|----------------|
| Age            | 15-25 years       | 72               | 18             |
|                | 26-35 years       | 144              | 36             |
|                | 36-45 years       | 80               | 20             |
|                | 46-55 years       | 56               | 14             |
|                | Above 55 years    | 48               | 12             |
| Religion       | Christianity      | 290              | 72.5           |
|                | Islam             | 76               | 19             |
|                | Traditional       | 34               | 8.5            |
| Ethnicity      | Yoruba            | 308              | 77             |
|                | Ibo               | 50               | 12.5           |
|                | Hausa             | 42               | 10.5           |
| Occupation     | Business/trader   | 154              | 38.5           |
|                | Civil servant     | 138              | 34.5           |
|                | Private employment/self employed | 64 | 16 |
|                | Any other         | 48               | 12             |
| Educational status | Primary school      | 46               | 11.5           |
|                | Jssce             | 30               | 7.5            |
|                | Ssce              | 134              | 33.5           |
|                | Tertiary education| 194              | 48.5           |
| No of child    | 01-Feb            | 88               | 22             |
|                | 03-Apr            | 128              | 32             |
|                | 05-Jun            | 88               | 22             |
|                | Above 6           | 80               | 20             |
|                | None              | 16               | 4              |
| Family type    | Monogamy          | 366              | 91.5           |
|                | Polygamy          | 34               | 8.5            |
pregnancy should include inclusion of sex education into school curriculum at all levels, public campaign and sensitization program on sex education, sex education at home and religious places, virginity prizes and awards should be introduced at marriage age, and positive cultural values should be maintained. Introduction of female child punishment should be discourage because it has no significant impact in the strategy to reduce teenage pregnancy.

Discussion of Findings

The findings of this study on the mothers perception on the factors that can predispose adolescent to teenage pregnancy is in agreement with the study conducted by Kanku and Mash, Fernando et al., and Ngonidzashe and Mutara [3,4,16] that factors that could predispose adolescent to teenage pregnancy include sexual permissiveness in the society, ignorance of safe period of sex, lack of fear of God, rape and sexual harassment. This present study go further to identify other factors that could lead to adolescent teenage pregnancy like exposure to social media, influx of pornography, parental influence and pressure to marry quickly and absence of comprehensive sex education in schools. In addition, the findings of this study established that the teenage mothers had low knowledge about the negative consequences of such act thereby increase the poverty cycle in the society. This finding is also in line with the documentation of Brown and Briggs [1,14]. Other consequences of teenage pregnancy in accordance with this study include increase morbidity rate, increase mortality, low birth weight, reproductive health problems and complications during delivery. The study is also in agreement with earlier studies conducted by Ukekwe, AGI, and WHO [6,10,13]. However, this study disagrees with Ayuba et al. [17] who affirmed in their study on socio- demographic determinants of teenage pregnancy in the Niger Delta of Nigeria that cultural heritage has little role to play in teenage pregnancy.

### Table 2
Mothers perception on factors that can predispose adolescent to teenage pregnancy.

| Statement                                           | (SA) | (D) | (U) | (SD) | (D) | N=400 | Standard deviation | X  | Remarks |
|-----------------------------------------------------|------|-----|-----|------|-----|-------|-------------------|---|---------|
| Desire for wealth and other material things         | 248  | 124 | 16  | 12   | -   | 400   | 0.7139            | 4.52 | S       |
| Sexual permissiveness in the society                | 196  | 136 | 50  | 18   | -   | 400   | 0.848             | 4.275| S       |
| Ignorance of safe period of sex                     | 206  | 154 | 16  | 16   | 8   | 400   | 0.885             | 4.335| S       |
| Exposure to social media                            | 200  | 138 | 16  | 46   | 0   | 400   | 0.991             | 4.22 | S       |
| Marriage promise from boy friend                    | 176  | 172 | 30  | 20   | 12  | 400   | 0.977             | 4.175| S       |
| Absence of comprehensive sex education in schools   | 184  | 160 | 20  | 18   | 18  | 400   | 1.03              | 4.185| S       |
| Lack of fear of god                                 | 184  | 168 | 28  | 16   | 4   | 400   | 0.8376            | 4.28 | S       |
| Peer group influence                                | 248  | 128 | 12  | 12   | -   | 400   | 0.699             | 4.53 | S       |
| Early maturity                                      | 218  | 132 | 42  | 8    | -   | 400   | 0.755             | 4.4  | S       |
| Influx of pornography                               | 172  | 160 | 24  | 20   | 24  | 400   | 1.105             | 4.09 | S       |
| Rape and sexual harassment                          | 210  | 110 | 30  | 32   | 18  | 400   | 1.141             | 4.155| S       |
| Lack of parental love and care                      | 244  | 132 | -   | 8    | 16  | 400   | 0.921             | 4.45 | S       |
| Broken home (divorce)                               | 256  | 96  | 28  | 20   | -   | 400   | 0.83              | 4.47 | S       |
| Parental influence and pressure to marry quickly    | 194  | 152 | 22  | 24   | 8   | 400   | 0.947             | 4.25 | S       |

### Table 3
Level of knowledge of mothers on the factors that predisposes young girls to teenage pregnancy.

| Statement                                           | X      | SD     | Criterion mean (CM) | Remarks |
|-----------------------------------------------------|--------|--------|----------------------|---------|
| Desire for wealth and other material things         | 4.52   | 0.7139 | 3                    | Moderate|
| Sexual permissiveness in the society                | 4.275  | 0.848  | 3                    | Moderate|
| Ignorance of safe period of sex                     | 4.335  | 0.885  | 3                    | Moderate|
| Exposure to social media                            | 4.22   | 0.991  | 3                    | Moderate|
| Marriage promise from boy friend                    | 4.175  | 0.977  | 3                    | Moderate|
| Absence of comprehensive sex education in schools   | 4.185  | 1.03   | 3                    | Moderate|
| Lack of fear of god                                 | 4.28   | 0.8376 | 3                    | Moderate|
| Peer group influence                                | 4.53   | 0.699  | 3                    | High    |
| Early maturity                                      | 4.4    | 0.755  | 3                    | High    |
| Influx of pornography                               | 4.09   | 1.105  | 3                    | Low     |
| Rape and sexual harassment                          | 4.155  | 1.141  | 3                    | Moderate|
| Lack of parental love and care                      | 4.56   | 1.87   | 3                    | Low     |
| Broken home (divorce)                               | 4.01   | 1.54   | 3                    | Low     |
| Parental influence and pressure to marry quickly    | 4.32   | 1.51   | 3                    | Low     |
| Strong sexual urge                                  | 4.76   | 1.69   | 3                    | Moderate|
Conclusion

The study highlighted that most mothers in Akure South local government area of Ondo State, Nigeria, perceive adolescent pregnancy as a potential barrier to the health, education and social status of the affected girl. They also identified most of the factors associated with adolescent pregnancy as well as the consequential effect and the strategies to reduce this incidence. In summary, it was revealed from the study that teenagers are influenced by their peers and are likely to take advice and information about sex from them rather than from their parents. Lack of parental guidance and family dysfunctionalism also influences adolescent pregnancy because most of the parents are reluctant to discuss sexual matters with their children as it is regarded as taboo, while some are absent in the adolescent stage of their children to serve as role models. More emphasis was also placed on sex education both at home and schools to be able to sensitize teenage girls and equip them with sufficient knowledge on how to manage their sexual status during their teens.

However, some of the mothers indicated not to have attended seminars and workshops regarding sensitization on prevention of adolescent pregnancy. Since teenage pregnancy is becoming a global public health issue that must be dealt with sensibly and carefully, therefore, health care workers, teachers and parents of the adolescents should be educated appropriately on how to deal with adolescents’ sex and sexuality in order to prevent the occurrence and the complications of adolescent pregnancy. The adolescent must in turn understand the physiological and psychosocial changes they are going through. This will help them to adapt and adjust to those changes and managing their identity to avoid crisis as it relates to their sex and sexuality. In a bid to transit into responsible adulthood, adolescents must be properly guided by those directly involved in their care. Parents obviously play an important role in discussing sexuality with their children as this shows responsibility and love. If parents do not become responsible, children will undoubtedly seek advice somewhere. In most cases, this advice will come from their peers who also need to be nurtured on pertinent issues revolving around sexuality. It therefore, behooves upon all parents, to continue offering guidance and some light to our young so that they can grow into responsible citizens and contributors to the socio-economic development in our various communities.

Recommendations

Based on the findings of this study the following recommendations are made;

1. Workshops should be conducted in communities to support teenage mothers. Such workshops will enable them to express their feelings when raising their children and to talk openly about the challenges that they are facing as teenage mothers.

2. Health care providers should undergo training in the provision of youth friendly services especially to ensure confidentiality in all areas of adolescent issues and to facilitate greater ease for young people to discuss issues that are the concern to them.

3. There is a need to conduct outreach services through strengthening peer education activities in the communities and for increased involvement of all community members in understanding problems of teenagers.

4. Sexual health reproductive education must also be introduced in schools, and parents also need to be informed on its importance in protecting the girl child against getting pregnant early. The government should also put in place and ensure full implementation of laws that adequately protect the girl child.

| Strategies                                         | Mean (X) | SD    | CM | Remarks |
|----------------------------------------------------|----------|-------|----|---------|
| Punishment of female child                        | 3.525    | 1.428 | 3.0| Ns      |
| Introduction of sex education into school curriculum at all levels | 4.36     | 0.927 | 3.0| S       |
| Public campaign and sensitization program on sex education | 4.065    | 0.975 | 3.0| S       |
| Sex education should begin at home                 | 4.555    | 0.8   | 3.0| S       |
| Increase awareness for mothers and teenage girls   | 4.44     | 0.496 | 3.0| S       |
| Sex education in religious places                   | 4.465    | 0.932 | 3.0| S       |
| Positive cultural values should be maintained       | 4.12     | 1.02  | 3.0| S       |
| Virginity prizes and awards should be introduced in our society | 4.78     | 0.99  | 3.0| S       |
| Family planning services should be readily available | 4.34     | 0.94  | 3.0| S       |
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