FACTORS AFFECTING TEENAGE PREGNANCY AMONG SECONDARY SCHOOL STUDENTS IN A LOCAL GOVERNMENT AREA OF EDO STATE, NIGERIA

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IN PARTIAL FUFILMENT OF THE AWARD OF THE DEGREE OF BACHELOR OF NURSING SCIENCE, FACULTY OF NURSING SCIENCE, UNIVERSITY OF BENIN, BENIN CITY

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DECLARATION

This is to certify that the research titled: FACTORS AFFECTING TEENAGE PREGNANCY AMONG SECONDARY SCHOOL STUDENTS IN A LOCAL GOVERNMENT AREA OF EDO STATE, NIGERIA was carried out by SAMUEL EMMANUELLA ONYEDIKACHUKWU. It is solely the result of my work except where acknowledged as derived from other person(s) or resources.

MATRICULATION NUMBER: BMS2005083

FACULTY: NURSING SCIENCE, UNIVERSITY OF BENIN, BENIN CITY.

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CERTIFICATION/APPROVAL

This is to certify that this research project by SAMUEL EMMANUELLA ONYEDIKACHUKWU with matriculation number, BMS2005083 Faculty of Nursing Science under the supervision of Prof. (Mrs) R. E. Esewe

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(*External Examiner*)

DEDICATION

This project work is dedicated to the ALMIGHTY GOD who has been my constant source of help and strength in my academic journey.

To my beloved Mother, Mrs Nwaebi Joan whose unwavering support both financially and morally has kept me outstanding and support my success all through my academic year.

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ABSTRACT

Teenage pregnancy remains a major public health concern in Nigeria, contributing to school dropout, maternal and infant morbidity, and socio-economic challenges. This study aimed to assess the awareness and contributing factors of teenage pregnancy among secondary school students in a local government area of Edo State. A descriptive cross-sectional survey design was employed. Simple random sampling was used to select 271 participants from two secondary schools in Ovia North East Local Government Area. A structured questionnaire was distributed, and 266 were properly filled and valid for analysis, yielding a response rate of 98.1%. Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 26.0. Descriptive statistics summarized socio-demographic characteristics, prevalence, awareness, and contributing factors of teenage pregnancy. Chi-square tests were conducted to assess the relationship between the level of awareness of sex education and the prevalence of teenage pregnancy. The study revealed a self-reported teenage pregnancy prevalence of 6.8%, with higher rates among older adolescents (17–19 years). Approximately 70% of students demonstrated good awareness of sex education and reproductive health, though gaps and misconceptions persisted regarding contraception and reproductive health components. Multiple factors were identified as contributing to teenage pregnancy, including poverty, peer influence, lack of parental care, broken homes, low self-confidence, early marriage, social media exposure, and cultural or religious restrictions. A significant association was found between awareness of sex education and teenage pregnancy awareness ($\chi^2 = 6.765$, $p = 0.01$). Teenage pregnancy among secondary school students in the study area is influenced by a combination of socio-demographic, familial, economic, psychological, and cultural factors, while adequate awareness of sex education serves as a protective factor. Comprehensive sex education programs, parental and community engagement, targeted interventions for vulnerable adolescents, and accessible youth-friendly reproductive health services are recommended to reduce the incidence of teenage pregnancy and promote adolescent well-being.

Keywords: Factors, teenage pregnancy, secondary school students, local government area, Edo State.

TABLE OF CONTENT

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Teenage pregnancy is a critical public health and social issue worldwide, with particularly high prevalence in sub-Saharan Africa due to overlapping cultural, social, and economic vulnerabilities (Eyeberu et al., 2022; Ahinkorah et al., 2021). Defined as pregnancy occurring in girls aged 13–19 years, teenage pregnancy has profound health, educational, and socio-economic consequences for adolescents, their families, and society (Madume & Dibia, 2021; Amoadu et al., 2022). Its persistence undermines progress toward achieving the Sustainable Development Goals (SDGs 2030), particularly SDG 3 on good health and well-being, SDG 4 on quality education, and SDG 5 on gender equality.

Globally, teenage pregnancy has declined over the past decade, but sub-Saharan Africa continues to record disproportionately high rates (Eyeberu et al., 2022). The prevalence in Africa is estimated at 30%, with West Africa at 33% (Mintogbé et al., 2021). In Nigeria, prevalence ranges from 7.5% to nearly 50%, varying by region and socio-economic context (Alukagberie et al., 2023; Okoli et al., 2022). Key drivers include early marriage, poverty, poor access to sexual and reproductive health (SRH) information, and entrenched cultural practices (Mongbo et al., 2022; Amoadu et al., 2022).

Socioeconomic factors significantly influence teenage pregnancy. Adolescents from low-income households are more likely to experience early sexual debut, unplanned pregnancy, and early marriage (Okoli et al., 2022; Akanbi et al., 2021). Cultural norms, including child marriage and coercive sexual practices, further heighten vulnerability (Amoadu et al., 2022; Agba et al., 2022). Educational attainment also plays a crucial role; adolescents with limited formal education or those out of school have a higher risk of pregnancy (Mezmur et al., 2021).

Lack of structured family-based sex education, poor parent-child communication, and insufficient school-based SRH programs exacerbate the problem (Osonuga et al., 2023; Mongbo et al., 2022).

Peer influence and psychosocial factors contribute as well. Adolescents often face pressure from peers or partners to engage in sexual activity without adequate knowledge of consequences or access to contraceptives (Agba et al., 2022; Ajayi et al., 2021). Low self-esteem, unstable family structures, and inadequate parental monitoring are associated with higher rates of teenage pregnancy (Mongbo et al., 2022). Additionally, technological exposure to inappropriate media content can indirectly encourage risky sexual behavior (Mintogbé et al., 2021).

The health and social consequences of teenage pregnancy are severe. Biologically immature adolescent mothers are at higher risk of obstetric complications, maternal mortality, and poor neonatal outcomes (Eyeberu et al., 2022). Socially, teenage pregnancy often results in school dropout, limited career opportunities, stigmatization, and perpetuation of poverty (Madume & Dibia, 2021; Osonuga et al., 2023). Studies in Nigeria report that adolescents with poor SRH knowledge are more likely to engage in risky sexual behaviors, including multiple sexual partnerships and unsafe abortion (Osonuga et al., 2023; Agba et al., 2022).

Despite the various policies in Nigeria, gaps persist in implementation, monitoring, and sustainability (Alukagberie et al., 2023). Many programs focus narrowly on contraceptive distribution or healthcare provider training, neglecting broader structural determinants such as poverty alleviation, parental involvement, and community sensitization (Amoadu et al., 2022; Mbizvo et al., 2023). This study therefore seeks to examine the factors influencing teenage pregnancy among secondary school students in a selected local government area of Benin, Edo State.

1.2 Statement of the Problem

Teenage pregnancy remains a critical global public health and socio-economic challenge. Defined as conception occurring between ages 13 and 19, it significantly affects adolescents' health, education, and socio-economic prospects (Madume & Dibia, 2021). Globally, adolescent girls are twice as likely to die from pregnancy and childbirth complications as women in their twenties, making pregnancy-related complications the leading cause of death among 15–19-year-olds (World Health Organization, 2020, as cited in Eyeberu et al., 2022).

In Africa, teenage pregnancy is a pressing developmental issue, with nearly one in three adolescents affected and West Africa reporting rates as high as 33% (Eyeberu et al., 2022; Mintogbé et al., 2021). High prevalence is driven by limited access to contraceptives, poverty, gender inequality, cultural practices such as child marriage, and inadequate sexual and reproductive health (SRH) education (Amoadu et al., 2022; Mezmur et al., 2021). Studies across Edo state and Ethopia reveal that early pregnancies are further influenced by social determinants, including ethnicity, peer pressure, low parental involvement, poverty, and limited formal education (Mintogbé et al., 2021; Mongbo et al., 2022). These factors reinforce cycles of poverty, restrict educational opportunities, and increase adolescents' vulnerability to unsafe abortions, STIs, and other adverse health outcomes.

In Nigeria, teenage pregnancy remains widespread, with prevalence ranging from 7.5% to 49.5% depending on region and socio-economic context (Alukagberie et al., 2023). Socioeconomic disparities are evident, with higher rates among adolescents from poorer households, rural areas, and those with limited educational attainment (Okoli et al., 2022). Socio-cultural determinants—including early marriage, weak parent-child communication, peer influence, and misconceptions about contraceptives—further exacerbate the problem (Agba et al., 2022; Osonuga et al., 2023).

In Edo State, the situation mirrors national trends. While awareness of sexual and reproductive health among in-school adolescents is relatively high, actual knowledge and safe sexual practices remain limited. Studies show that only a minority of adolescents demonstrate adequate understanding of SRH, with risky behaviours such as early sexual debut, multiple sexual partners, and inconsistent condom use persisting (Isara & Nwaogwugwu, 2022). This gap between awareness and behaviour exposes adolescents to unplanned pregnancies, unsafe abortions, and poor health outcomes.

The consequences of teenage pregnancy are severe and multidimensional. At the individual level, adolescent mothers face higher risks of maternal morbidity and mortality, obstetric complications, and poor neonatal outcomes (Mezmur et al., 2021). Educational disruption is common, with many girls dropping out of school, limiting future socio-economic potential and perpetuating poverty cycles (Madume & Dibia, 2021). Families experience economic strain and social stigma, while communities face reduced human capital and increased healthcare burdens. Nationally, high adolescent pregnancy rates undermine progress toward SDG 3 (good health and well-being), SDG 4 (quality education), and SDG 5 (gender equality) (Eyeberu et al., 2022; Amoadu et al., 2022).

Despite extensive research on adolescent pregnancy, gaps remain in understanding its determinants among in-school adolescents in Edo State. Existing studies provide valuable insights into SRH knowledge and attitudes but offer limited focus on the interaction of psychosocial factors, cultural influences, and access to SRH education within specific local contexts. This study seeks to address these gaps and explore the factors influencing teenage pregnancy among secondary school students in Edo State.

1.3 Aim of the study

The aim of the study is to examine the factors influencing teenage pregnancy among secondary school students in a selected local government area of Benin.

1.4 Objective of the study

The objectives of the study are:

1. To assess the prevalence of teenage pregnancy among secondary school students in a selected local government area of Benin.
2. To assess the level of awareness of sex education and reproductive health among secondary school students in a selected local government area of Benin.
3. To identify factors contributing to teenage pregnancy among secondary school students in a selected local government area of Edo state.

1.5 Research Questions

1. What is the prevalence of teenage pregnancy among secondary school students in a selected local government area of Edo state, Nigeria?
2. What is the level of awareness of sex education and reproductive health among secondary school students in a selected local government area of Edo state, Nigeria?
3. What are the factors contributing to teenage pregnancy among secondary school students in a selected local government area of Edo state, Nigeria?

1.5 Hypotheses

1. H0: Null Hypothesis: There is no significant relationship between the prevalence of teenage pregnancy among secondary school students in a selected local government area of Edo state, Nigeria and the level of awareness of sex education and reproductive

health among secondary school students in a selected local government area of Edo state, Nigeria.

2. H1: Alternate Hypothesis: There is a significant relationship between the prevalence of teenage pregnancy among secondary school students in a selected local government area of Edo state, Nigeria and the level of awareness of sex education and reproductive health among secondary school students in a selected local government area of Edo state, Nigeria.

1.6 Significance of the Study

To the Nursing Profession

This study holds significant relevance for the nursing profession because nurses play a pivotal role in adolescent reproductive health education and counselling. By uncovering the factors influencing teenage pregnancy, the findings will equip nurses with evidence-based knowledge that can be applied in both clinical and community settings. School health nurses, in particular, will benefit from the insights on how to integrate age-appropriate sex education, preventive counselling, and early intervention strategies into their practice. Furthermore, the study will enhance the capacity of nurses to design tailored health promotion programs, foster open communication with adolescents, and advocate for policy changes that address adolescent reproductive health challenges. Ultimately, this strengthens the preventive and promotive roles of nurses in reducing teenage pregnancy and its consequences.

To Healthcare Providers

For healthcare providers broadly, the study contributes valuable data that can be used to improve adolescent-friendly health services. The findings will help physicians, midwives, public health practitioners, and counsellors understand the psychosocial, cultural, and behavioural determinants of teenage pregnancy. This knowledge can inform the design of

holistic interventions that address not just the medical, but also the psychological and social needs of adolescents. Additionally, it will guide healthcare providers in improving access to and utilization of reproductive health services, including contraceptive education, counselling, and STI prevention. By tailoring interventions to the identified local realities in Edo state, Nigeria, healthcare providers can more effectively address gaps in knowledge, attitudes, and practices, thereby reducing maternal morbidity and mortality associated with teenage pregnancy.

To the Society

At the societal level, the study is highly significant because teenage pregnancy has far-reaching implications for families, communities, and national development. Findings from this research will raise awareness among parents, educators, community leaders, and policy makers about the underlying causes and consequences of adolescent pregnancy in Edo State. This awareness can foster stronger family communication, more supportive school environments, and community-driven initiatives to prevent early pregnancies. Furthermore, by highlighting the socio-economic and cultural dimensions of the problem, the study will provide evidence to support targeted policy interventions that address poverty, early marriage, peer influence, and inadequate sex education. A reduction in teenage pregnancy will not only improve adolescents' health and educational outcomes but also contribute to breaking intergenerational cycles of poverty, enhancing human capital, and promoting sustainable development in Nigeria.

1.7 Scope of the Study

This study is limited to investigating the factors influencing teenage pregnancy among secondary school students in Ovia North East Local Government Area of Edo State, Nigeria. It focuses specifically on in-school adolescents aged 13–19 years and examines socio-demographic, cultural, psychosocial, and educational determinants of teenage pregnancy. The

research does not cover out-of-school adolescents or young women above 19 years, nor does it extend to tertiary institutions. Data collection is restricted to selected public secondary schools within the study area, thereby limiting the generalizability of findings to similar school-based adolescent populations.

1.8 Operational Definition of Terms

Teenage Pregnancy: For this study, teenage pregnancy refers to pregnancy occurring among female secondary school students aged 13–19 years within the selected Local Government Area of Edo state, Nigeria.

Secondary School Students: Adolescents currently enrolled in junior and senior secondary schools within the study area, specifically those between ages 13–19 years.

Factors: These are socio-demographic, psychosocial, cultural, economic, and educational variables (such as peer influence, parental relationship, lack of sex education, poverty, and early sexual debut) that may contribute to the occurrence of teenage pregnancy among secondary school students.

Sex Education: Knowledge and awareness about reproductive health, contraceptives, and safe sexual practices as understood and reported by secondary school students in the study area.

Local Government Area (LGA): A Local Government Area is an administrative division within a state, established to facilitate local governance, service delivery, and development at a more localized level. It functions under the supervision of the state government and is responsible for managing community resources, implementing policies, and addressing the needs of residents within its boundaries.

In the context of this study, the LGA refers specifically to Ovia North East Local Government Area in Edo State, Nigeria, which serves as the geographical boundary for the research and the location where the study on teenage pregnancy among secondary school students is conducted.

CHAPTER TWO

LITERATURE REVIEW

This chapter focuses on the review of related literature under the following headings; conceptual review, theoretical review and empirical review. Necessary literature would be gotten from published and unpublished works, articles and journals in this study.

2.1 Conceptual Review

2.1.1 Concept of Adolescence

Adolescence is a critical developmental stage bridging childhood and adulthood, characterized by rapid biological, psychological, and social changes (Abdul-Wahab et al., 2021). The World Health Organization (WHO, 2014) defines adolescence as the period between 10 and 19 years, during which individuals experience significant physical, cognitive, and psychosocial transitions that influence their health and future outcomes. Scholars further describe adolescence as a transformative stage of human development during which individuals undergo puberty, acquire abstract thinking abilities, and begin to form personal and social identities (Zulkarnain et al., 2021). This period is not only marked by physical maturation but also by the acquisition of independence, development of decision-making skills, and exploration of social roles (Chakole et al., 2022). The characteristics of adolescence are multifaceted, encompassing biological, psychological, and social dimensions. Biologically, adolescence is distinguished by the onset of puberty, which includes hormonal changes, sexual maturation, and the attainment of reproductive capacity (Abdul-Wahab et al., 2021). These biological changes are accompanied by physical growth spurts, secondary sexual characteristics, and heightened sexual awareness. Psychologically, adolescents develop advanced cognitive abilities such as logical reasoning, problem-solving, and future orientation, though they may still display impulsivity and emotional instability due to incomplete neurological maturation (Zulkarnain et

al., 2021). Socially, adolescence is marked by the renegotiation of family relationships, increased reliance on peers, and experimentation with social roles. Peer groups often exert a powerful influence during this stage, contributing significantly to adolescents' attitudes toward sexuality, relationships, and lifestyle choices (Akuiyibo et al., 2021).

Adolescence is also widely regarded as a vulnerable stage for risky behaviors, including unprotected sexual activity, substance abuse, and deviant peer influence. According to Agba et al. (2022), psychosocial factors such as poor parental-child communication, low self-esteem, and peer pressure significantly predispose adolescents to risky sexual practices, thereby increasing the likelihood of unintended pregnancies. Similarly, Amoadu et al. (2022) observed that socio-cultural practices like child marriage, misconceptions about contraceptives, and the decline in traditional values exacerbate adolescents' vulnerability to sexual and reproductive health challenges. In the African context, Eyeberu et al. (2022) highlighted that nearly one-third of adolescent's experience pregnancy, with predictors including socioeconomic inequalities, age, and marital status. These findings underscore that adolescence is a sensitive developmental stage where inadequate guidance and support may expose young people to long-term health and social consequences.

2.1.2 Concept of Teenage Pregnancy

Teenage pregnancy, often referred to as adolescent pregnancy, is defined as pregnancy occurring in girls between the ages of 13 and 19 years (Madume & Dibia, 2021). WHO views it as a significant global public health issue due to its strong association with maternal and child morbidity, school dropout, and intergenerational poverty (Eyeberu et al., 2022). Globally, teenage pregnancy accounts for nearly 16 million births each year, predominantly in low- and middle-income countries where cultural norms, poverty, and limited access to reproductive health services increase vulnerability (Alukagberie et al., 2023). In Nigeria, the problem is even more pronounced: the adolescent birth rate was reported at 106 per 1,000 in 2021, placing

Nigeria among countries with the highest prevalence of teenage pregnancies in sub-Saharan Africa (Alukagberie et al., 2023). Studies in Nigerian communities, including Benin City and Cross River State, have shown that teenage pregnancy is often associated with inadequate sex education, poor parental guidance, and peer influence (Isara & Nwaogwugwu, 2022; Agba et al., 2022). Thus, while teenage pregnancy is a universal phenomenon, its prevalence and implications are more severe in low-resource settings like Nigeria.

2.1.2.1 Distinction Between Intended and Unintended Teenage Pregnancy

Teenage pregnancy can be classified into intended and unintended categories. Intended teenage pregnancy occurs when adolescents deliberately engage in sexual activity leading to pregnancy, often as a result of cultural expectations such as child marriage or pressure from family and peers (Amoadu et al., 2022). This is particularly common in traditional African societies where early marriage is normalized, and adolescent girls are expected to prove fertility shortly after marriage (Amoadu et al., 2022). On the other hand, unintended teenage pregnancy arises when pregnancy is unplanned, frequently linked to inadequate use or non-use of contraceptives, coerced sex, lack of comprehensive sexuality education, or risky peer influence (Agba et al., 2022; Osonuga et al., 2025). Evidence shows that most teenage pregnancies in Nigeria are unintended, with adolescents engaging in unsafe sexual practices due to limited knowledge and restricted access to sexual and reproductive health services (Isara & Nwaogwugwu, 2022; Osonuga et al., 2025). This distinction is critical because unintended pregnancies often lead to school dropout, unsafe abortions, and long-term socioeconomic disadvantages, while intended pregnancies are usually tied to cultural norms but equally expose adolescents to poor maternal outcomes (Eyeberu et al., 2022).

2.1.2.2 Perceptions and Stigma Surrounding Teenage Pregnancy in Society

Societal perceptions of teenage pregnancy are largely negative, and stigma often surrounds young girls who become pregnant outside marriage. Teenage pregnancy is commonly associated with moral failure, irresponsibility, and family dishonor, especially in conservative African communities (Amoadu et al., 2022). In Nigeria, teenage mothers are frequently stigmatized, rejected, or discriminated against in schools, healthcare facilities, and even within their families (Madume & Dibia, 2021). This stigma not only increases the emotional and psychological burden of the adolescent mother but also discourages many from seeking timely healthcare, thereby increasing risks of maternal complications. Studies in Cross River and Southwest Nigeria reveal that teenage mothers are more likely to be socially isolated, experience rejection by peers, and face reduced educational opportunities (Agba et al., 2022; Osonuga et al., 2025). Additionally, the stigma extends to broader societal structures where pregnant adolescents are often denied adequate support, thus perpetuating cycles of poverty and dependence (Okoli et al., 2022).

Despite these negative perceptions, some communities still normalize teenage pregnancy, particularly when it occurs within the context of early marriage (Amoadu et al., 2022). However, in urban and modernizing parts of Nigeria such as Benin City, teenage pregnancy outside of marriage is widely condemned, underscoring the clash between traditional and contemporary values (Isara & Nwaogwugwu, 2022).

2.1.3 Global Perspective of Teenage Pregnancy

Trends and Statistics Globally

Teenage pregnancy remains a major global public health challenge, with approximately 16 million girls aged 15–19 years and about 2 million girls under the age of 15 giving birth each year (WHO, 2018). Globally, adolescent birth rates have declined over the past three decades,

but the reduction has been uneven across regions. For instance, countries in sub-Saharan Africa and South Asia continue to report disproportionately high rates of adolescent pregnancies compared to developed regions (Ahinkorah et al., 2021; Alukagberie et al., 2023). In Latin America and the Caribbean, adolescent pregnancy remains a persistent concern despite social progress, with an adolescent fertility rate of about 61 births per 1,000 girls, which is one of the highest outside Africa (Chavula et al., 2022). Conversely, developed countries such as the United States and most European nations have recorded significant declines in teenage pregnancy due to improved access to contraception, comprehensive sexuality education, and supportive health policies (Lameiras-Fernández et al., 2021). Nevertheless, global statistics show that adolescent pregnancy contributes significantly to maternal mortality, unsafe abortions, and long-term socioeconomic disadvantage for young mothers (Diabelková et al., 2023).

2.1.3.1 Developed vs Developing Countries' Perspectives

The phenomenon of teenage pregnancy differs greatly between developed and developing countries. In developed countries, teenage pregnancy is often viewed as a social issue linked to socioeconomic disadvantage, family instability, and poor access to sexual and reproductive health information among marginalized populations (Chavula et al., 2022; Hu et al., 2023). For example, in countries like the United States, teenage pregnancy rates are disproportionately higher among adolescents from low-income and minority communities, reflecting inequalities in health access and education (Lameiras-Fernández et al., 2021). Moreover, while many developed nations provide social support structures for teenage mothers, the pregnancies are still largely stigmatized and considered undesirable due to their impact on education and economic mobility.

In contrast, in developing countries, teenage pregnancy is not only a health issue but also strongly intertwined with cultural practices, poverty, child marriage, and gender inequality (Amoadu et al., 2022; Ahinkorah et al., 2021). For example, in sub-Saharan Africa, early marriage remains a dominant factor driving adolescent pregnancy, with girls often expected to prove their fertility soon after marriage (Mintogbé et al., 2021). In regions such as Nigeria, Benin, and Ethiopia, teenage pregnancies are linked to poor access to contraception, limited sexuality education, and social acceptance of early childbearing (Mezmur et al., 2021; Mongbo et al., 2022). Unlike in developed settings where teenage pregnancies mostly occur outside marriage, in developing countries many are sanctioned within cultural and marital frameworks, although unintended pregnancies also remain widespread (Alukagberie et al., 2023). This contrast underscores how socioeconomic and cultural contexts shape perceptions and prevalence of adolescent pregnancy globally.

Global Initiatives and Interventions

Recognizing the far-reaching implications of teenage pregnancy, several global initiatives have been launched to address its causes and consequences. The World Health Organization (WHO) and the United Nations Population Fund (UNFPA) have been at the forefront, advocating for adolescent-friendly sexual and reproductive health services, comprehensive sexuality education, and increased contraceptive access for young people (Chavula et al., 2022). WHO's Global Accelerated Action for the Health of Adolescents (AA-HA!) framework provides guidelines for countries to reduce teenage pregnancies through policy, education, and healthcare interventions (Eyeberu et al., 2022). Similarly, UNFPA has partnered with governments across Africa and Asia to implement programs that delay marriage, empower adolescent girls through education, and increase contraceptive availability (Mbizvo et al., 2023).

Evidence from successful interventions further underscores the importance of global collaboration. For example, in Zambia, comprehensive sexuality education programs integrated with school-based reproductive health services have significantly reduced unintended adolescent pregnancies (Mbizvo et al., 2023). In China, randomized controlled trials of structured sexuality education programs demonstrated improved sexual knowledge, safer sexual attitudes, and delayed sexual debut among adolescents (Hu et al., 2023). Meanwhile, in countries like Kenya, community-based interventions that combined parental engagement and peer education have shown promising results in reducing school dropout due to early pregnancy (Zulaika et al., 2022).

Despite these initiatives, challenges remain, particularly in resource-limited settings where cultural resistance, weak health systems, and gender inequalities hinder implementation (Ramde et al., 2024; Sidibé et al., 2025). Nonetheless, global efforts highlight the importance of multilevel strategies that combine education, healthcare, policy, and community engagement to address adolescent pregnancy as both a health and social development issue.

2.1.4 Teenage Pregnancy in Africa

Prevalence and Patterns in Sub-Saharan Africa

Teenage pregnancy remains disproportionately high in Africa, particularly in sub-Saharan Africa, which records some of the highest adolescent fertility rates globally. According to Ahinkorah et al. (2021), the prevalence of first adolescent pregnancy across sub-Saharan Africa ranges between 18% and 40%, with notable variations across regions and countries. A systematic review and meta-analysis by Eyeberu et al. (2022) further showed that teenage pregnancy prevalence in sub-Saharan Africa is estimated at 19.3%, significantly higher than global averages. Countries such as Nigeria, Niger, Chad, and the Democratic Republic of

Congo report adolescent birth rates above 180 per 1,000 girls, underscoring the severity of the challenge (Hamidou et al., 2024).

Patterns also reveal that early marriage remains a dominant driver of adolescent pregnancies in many African societies. Mintogbé et al. (2021) noted that in Benin, first early pregnancy often coincides with early unions, while Mezmur et al. (2021) found similar trends in Ethiopia where child marriage and cultural expectations of early childbearing are widespread. Additionally, unintended teenage pregnancies outside marriage remain prevalent due to poverty, poor contraceptive access, peer influence, and sexual violence (Ajayi et al., 2021; Alukagberie et al., 2023). Barron et al. (2022) highlighted that South Africa, despite its comparatively better healthcare infrastructure, has seen rising numbers of adolescent pregnancies between 2017 and 2021, reflecting complex social and behavioral dynamics beyond marriage practices.

Cultural and Traditional Factors Influencing Teenage Pregnancy in African Societies

Cultural norms and traditions play a central role in shaping adolescent reproductive behaviors in Africa. Amoadu et al. (2022) identified factors such as child marriage, poverty, peer influence, and weakened cultural practices (e.g., puberty rites and virginity checks) as significant contributors to teenage pregnancy in Ghana. Similarly, Mongbo et al. (2022) found that in Benin, early pregnancies in school settings are influenced by economic hardship, peer pressure, and cultural acceptance of early sexual activity.

In some African societies, girls are socialized into early motherhood as a demonstration of womanhood and family honor, reinforcing expectations of fertility soon after marriage (Mintogbé et al., 2021). In Niger, for example, Hamidou et al. (2024) observed that socio-demographic factors, including early marriage and low parental education, strongly predict adolescent pregnancies. Furthermore, taboos surrounding open discussions of sexuality often limit adolescents' access to reliable reproductive health information (Esan & Bayajidda, 2021).

The lack of parent-to-child communication on sexual issues also perpetuates misinformation and reliance on peers, which increases the risk of early pregnancy (Abiodun & Temitope, 2020; Abdul-Wahab et al., 2021).

Gender inequality further deepens vulnerability, as adolescent girls are often denied autonomy over their bodies. Sexual coercion, transactional sex, and pressure from older men ("sugar daddies") contribute to unintended pregnancies (Ajayi et al., 2021). In South Africa, teenage pregnancy has also been linked to intergenerational relationships where young girls engage in sexual relations with older men in exchange for financial or material benefits (Barron et al., 2022).

Health System and Policy Responses in African Context

Efforts to address teenage pregnancy in Africa have been multifaceted, yet challenges persist. Many African countries have adopted policies promoting adolescent sexual and reproductive health (SRH), yet implementation often falls short due to weak health systems, cultural resistance, and inadequate funding (Alukagberie et al., 2023). For instance, despite national frameworks supporting comprehensive sexuality education, integration into school curricula in many African contexts has been inconsistent (Chavula et al., 2022; Walker et al., 2021).

Some countries, however, provide examples of promising interventions. In Zambia, the integration of comprehensive sexuality education with school-based health services reduced early and unintended pregnancies among in-school adolescent girls (Mbizvo et al., 2023). Likewise, peer education programs in Nigeria and Ghana have shown improvements in adolescents' sexual health knowledge and safer practices (Akuiyibo et al., 2021). South Africa has implemented adolescent-friendly clinics and policies targeting teenage mothers, yet structural inequalities and social stigma continue to undermine outcomes (Barron et al., 2022).

At the continental level, the African Union (AU) has endorsed frameworks such as the Campaign to End Child Marriage and the Continental Strategy on Adolescent Health (2017–2030), which prioritize reducing teenage pregnancy through education, empowerment, and health access (Eyeberu et al., 2022). However, Alukagberie et al. (2023) caution that health system responses remain fragmented, with many initiatives failing to address deeper cultural and socioeconomic drivers of adolescent pregnancy.

2.1.5 National Prevalence and Distribution

Teenage Pregnancy in Nigeria

Teenage pregnancy remains a significant public health and social issue in Nigeria, with the country ranking among those with the highest adolescent fertility rates globally. According to the Nigeria Demographic and Health Survey (NDHS), approximately 23% of girls aged 15–19 years are already mothers or pregnant with their first child (Kareem et al., 2023). Teenage motherhood contributes to high maternal morbidity and mortality, which remains a major concern in Nigeria, where maternal mortality rates are among the highest worldwide (Okoli et al., 2022). Teenage pregnancy in Nigeria is often linked with negative health, educational, and socio-economic outcomes, including unsafe abortions, school dropout, and intergenerational cycles of poverty (Anayochukwu, 2022; Ogundokun & Faremi, 2024).

In their study on socioeconomic inequality, Okoli et al. (2022) found that teenage pregnancy is disproportionately concentrated among girls from poor households, particularly in rural areas where poverty, lack of education, and cultural practices perpetuate early childbearing. Similarly, Akanbi et al. (2021) emphasized that socio-economic determinants such as poverty, low parental education, and limited access to healthcare significantly predict adolescent pregnancy in Nigeria.

Regional Variations (North vs South Nigeria)

Marked regional differences exist in teenage pregnancy prevalence across Nigeria. The Northern regions, particularly the North-West and North-East, record higher rates due to cultural and religious practices that encourage early marriage (Kareem et al., 2023). For example, in states such as Bauchi, Kano, and Zamfara, early marriage is prevalent, and adolescent girls are often expected to prove fertility soon after marriage, thereby contributing to high adolescent fertility rates (Alukagberie et al., 2023).

Conversely, in Southern states such as Edo, Lagos, and Rivers, while child marriage is less common, teenage pregnancy often occurs outside of marriage and is associated with peer influence, inadequate sex education, sexual violence, and poverty (Agba et al., 2022; Osonuga et al., 2025). For instance, Agbonjimi et al. (2022) found that in Ogun State, peer pressure and poor knowledge of reproductive health significantly influenced teenage pregnancy among secondary school girls. Similarly, Owoeye and Nwaogwugwu (2021), in their study in Edo State, reported high-risk sexual behaviors and underutilization of reproductive health services as major contributors to adolescent pregnancy.

2.1.5.1 Government Policies and Adolescent Reproductive Health Programs

Over the years, the Nigerian government has implemented several policies and programs aimed at addressing teenage pregnancy and improving adolescent sexual and reproductive health (ASRH). The National Policy on Population for Sustainable Development (2004) and the National Reproductive Health Policy and Strategy emphasize the need to integrate adolescent reproductive health into national health planning (Osadolor et al., 2022). Similarly, the National Policy on the Health and Development of Adolescents and Young People in Nigeria (2007, revised 2019) highlights the importance of access to youth-friendly health services, sexuality education, and the reduction of teenage pregnancy (Alukagberie et al., 2023).

Despite these frameworks, the effectiveness of implementation remains mixed. Akande et al. (2024) demonstrated the potential of innovative interventions such as mobile health (m-Health) programs, which improved adolescents' sexual and reproductive health knowledge and practices in Nigeria. Likewise, peer education programs have been effective in increasing awareness, though their reach remains limited (Akuiyibo et al., 2021). However, Emenike et al. (2023) noted that secondary school teachers in northern Nigeria reported inadequate training and resources to effectively deliver sexual and reproductive health education, thus limiting program success.

2.1.5.2 Challenges in Implementation of Sex Education

One of the major barriers to reducing teenage pregnancy in Nigeria is the weak implementation of comprehensive sexuality education (CSE). Although CSE was officially introduced into Nigerian school curricula under the Family Life and HIV Education (FLHE) program, resistance from religious and cultural groups has hindered full-scale adoption (Chavula et al., 2022; Muili et al., 2025). Many parents and community leaders view sex education as a promoter of promiscuity rather than a preventive measure, leading to censorship and partial delivery of content in schools (Esan & Bayajidda, 2021).

Research evidence indicates that where sex education is delivered effectively, adolescent sexual knowledge and protective behaviors improve significantly (Osadolor et al., 2022; Ferdinand, 2024). For example, Isara and Nwaogwugwu (2022) in Benin City reported that although in-school adolescents demonstrated awareness of reproductive health issues, significant gaps remained in accurate knowledge and application, exposing them to risky behaviors. Similarly, Olorunsaiye et al. (2022) highlighted that many adolescents perceive teenage pregnancy as a life-altering event, yet lack the skills and resources to prevent it.

The lack of adolescent-friendly health services, poor parent–child communication, and inadequate government funding further compound these challenges (Abiodun & Temitope, 2020; Adione et al., 2023). As such, teenage pregnancy persists as a complex issue influenced by socio-economic inequalities, cultural traditions, policy gaps, and inadequate program delivery.

2.1.6 Factors Influencing Teenage Pregnancy

Teenage pregnancy is a multidimensional issue that results from the interplay of socio-demographic, familial, cultural, economic, and psychosocial factors. Existing literature highlights how these determinants shape adolescents' vulnerability to early pregnancy in both global and Nigerian contexts (Eyeberu et al., 2022; Madume & Dibia, 2021; Okoli et al., 2022; Osonuga et al., 2025).

Socio-Demographic Factors

Age, socioeconomic status, religion, and education level play critical roles in teenage pregnancy. Studies have shown that older adolescents, particularly those between ages 18 and 19, are at higher risk of becoming pregnant compared to younger teenagers (Eyeberu et al., 2022). Poverty has been consistently identified as a strong predictor, as teenage pregnancy is disproportionately concentrated among adolescents from poor households (Okoli et al., 2022). Poorer families often lack resources to provide adequate supervision, leading to early sexual debut and unprotected sex. Education also serves as a protective factor; adolescents with higher levels of education are less likely to become pregnant, while school dropout significantly increases the risk of early childbearing (Osonuga et al., 2025). Religious affiliations can also shape reproductive behaviors; in northern Nigeria, for instance, Islamic cultural practices tied to religion often promote early marriage, which directly contributes to high rates of teenage pregnancy (Okoli et al., 2022).

Family Factors

The family unit significantly influences adolescents' reproductive health outcomes. Broken homes, weak parental supervision, and lack of effective communication are associated with higher risks of teenage pregnancy (Madume & Dibia, 2021). Teenagers who grow up in households where parental monitoring is absent or inconsistent are more vulnerable to peer influence and risky sexual behavior. Family pressure, particularly in rural areas where cultural traditions encourage early marriage, further exposes adolescent girls to early pregnancies (Okoli et al., 2022). Similarly, Osonuga et al. (2025) found that inadequate parental involvement and poor parenting practices correlated with higher levels of coitarche and unsafe sexual practices among adolescents in southwest Nigeria.

Peer Influence and Psychosocial Factors

Peer pressure is one of the most frequently cited causes of teenage pregnancy. Adolescents are often pressured by peers or intimate partners to engage in sexual activity, which may lead to unintended pregnancy, especially when contraceptives are not used (Madume & Dibia, 2021). Low self-esteem, curiosity, and the need for social acceptance may drive adolescents to risky sexual behavior (Osonuga et al., 2025). According to Agbonjimi et al. (2022), peer influence in southern Nigeria is a critical determinant of adolescent reproductive choices, with young girls often engaging in multiple partnerships to gain social approval or material benefits. These psychosocial vulnerabilities demonstrate how peer networks shape sexual behaviors in adolescence, often overriding parental or educational guidance.

Cultural Factors

Cultural traditions strongly influence teenage pregnancy, particularly in African societies where early marriage remains prevalent. In northern Nigeria, cultural norms that encourage child marriage normalize adolescent fertility, with girls often expected to prove fertility soon

after marriage (Okoli et al., 2022). In many communities, traditions discourage open discussion of sexuality between parents and children, leaving adolescents without accurate information about reproductive health (Madume & Dibia, 2021). Eyeberu et al. (2022) also noted that restrictive cultural practices surrounding sexual education hinder effective interventions, perpetuating cycles of ignorance and vulnerability among adolescents.

Economic Factors

Poverty is one of the strongest determinants of teenage pregnancy in Nigeria and across Africa. Adolescents from poor households are often financially dependent, making them more likely to engage in transactional sex for survival or material gain (Okoli et al., 2022). In rural areas, economic hardship drives parents to encourage early marriage of daughters as a strategy for reducing household burden, further exposing teenagers to early childbearing (Eyeberu et al., 2022). Similarly, Madume and Dibia (2021) reported that financial dependence on male partners or parents often pushes young girls into relationships where negotiation of safe sex is limited, resulting in unintended pregnancies.

Knowledge and Use of Contraceptives

Limited knowledge, misconceptions, and barriers to accessing contraceptives are significant contributors to teenage pregnancy. Osonuga et al. (2025) reported that more than half of their respondents demonstrated poor knowledge of teenage pregnancy and its prevention, which showed significant correlation with early coitarche and multiple sexual partners. Although contraceptives are available in Nigeria, many adolescents lack access due to cost, stigma, and restrictive cultural or religious beliefs (Okoli et al., 2022). Madume and Dibia (2021) further highlighted that non-use of contraceptives among adolescents in Rivers State was closely linked to lack of information and parental opposition to sexual education. Misconceptions that

contraceptive use promotes promiscuity also deter adolescents from using them, increasing the risk of unintended pregnancies (Eyeberu et al., 2022).

2.1.7 Consequences of Teenage Pregnancy

Teenage pregnancy has profound and multifaceted consequences that extend beyond the individual to affect families, communities, and societies. Literature highlights four major domains of consequences: health, educational, socioeconomic, and psychological outcomes. These consequences are particularly severe in low- and middle-income countries such as Nigeria, where health systems and social support mechanisms remain weak (Eyeberu et al., 2022; Madume & Dibia, 2021; Osonuga et al., 2025).

Health Outcomes

Health-related consequences are the most immediate risks associated with teenage pregnancy. Adolescent mothers are at heightened risk of maternal mortality due to increased susceptibility to obstetric and medical complications such as obstructed labor, eclampsia, and postpartum hemorrhage (Eyeberu et al., 2022). Teenage pregnancy also contributes significantly to neonatal mortality, as infants born to adolescent mothers are more likely to experience low birth weight, prematurity, and perinatal death (World Health Organization [WHO], 2020). In many cases, lack of access to quality maternal health services exacerbates these risks, particularly in rural and underserved areas (Osonuga et al., 2025).

Unsafe abortion represents another major health consequence. Because many teenage pregnancies are unintended, adolescents often resort to unsafe abortion methods, which account for a significant proportion of maternal morbidity and mortality in Nigeria (Madume & Dibia, 2021). Osonuga et al. (2025) reported that abortion rates among secondary school adolescents in Lagos were as high as 80.4%, underscoring the critical role of inadequate contraceptive knowledge and restricted access to safe reproductive health services. Thus, teenage pregnancy

not only jeopardizes adolescent mothers' health but also contributes substantially to the burden of preventable maternal and child deaths.

Educational Outcomes

Teenage pregnancy has a direct and devastating impact on educational attainment. Adolescent mothers often drop out of school due to stigma, discrimination, or the challenges of combining childbearing responsibilities with academic demands (Madume & Dibia, 2021). Early school dropout limits access to future educational and career opportunities, perpetuating cycles of poverty and disempowerment.

This educational disruption also affects the intergenerational cycle of poverty, as children of adolescent mothers are more likely to experience poor educational outcomes due to reduced maternal capacity to support learning (Okoli et al., 2022).

Socioeconomic Outcomes

The socioeconomic consequences of teenage pregnancy are significant, particularly in Nigeria where poverty and unemployment rates remain high. Teenage mothers are more likely to experience long-term financial dependence on parents, partners, or social networks due to early school dropout and lack of vocational skills (Okoli et al., 2022). Such dependence often exposes them to further exploitation, domestic violence, and perpetuation of gender inequality.

Teenage pregnancy also contributes to the perpetuation of intergenerational poverty. Okoli et al. (2022), in their study on socioeconomic inequalities in teenage pregnancy in Nigeria, found that teenage childbearing is disproportionately concentrated among poorer households. This implies that adolescent fertility both reflects and reinforces poverty, as young mothers are often unable to break free from financial hardship. Moreover, early childbearing limits opportunities for gainful employment, pushing many adolescent mothers into low-paying, informal jobs or complete economic inactivity (Osonuga et al., 2025).

Psychological Outcomes

Teenage pregnancy also has serious psychological implications for adolescent mothers. Many young mothers face stigma, rejection, and discrimination from family, peers, and communities, which can lead to feelings of isolation and low self-esteem (Madume & Dibia, 2021). These social stressors increase the risk of mental health challenges such as depression, anxiety, and suicidal ideation (Osonuga et al., 2025).

2.2 Theoretical Review

Bronfenbrenner's Ecological Systems Theory (1979)

Bronfenbrenner's Ecological Systems Theory provides a comprehensive framework for understanding human development within multiple layers of environmental influence. According to Bronfenbrenner (1979), an individual does not develop in isolation; rather, growth and behavior are shaped by interactions within nested environmental systems. These systems—ranging from immediate family to cultural and policy environments—interact dynamically to influence outcomes such as adolescent reproductive health.

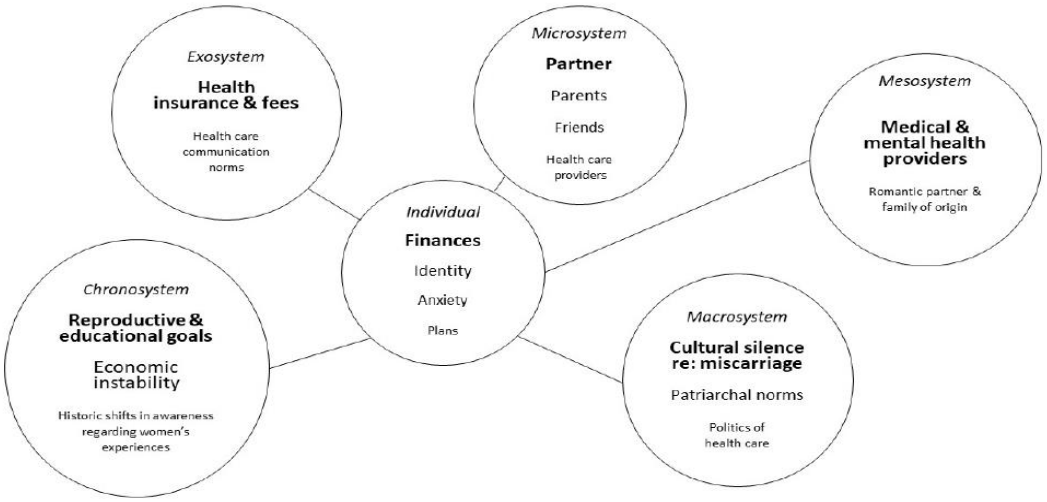

Fig 2.1: Brofenbrenner's (1979) ecological systems theory

This perspective is highly relevant to teenage pregnancy, which is a multifactorial issue influenced by personal, familial, social, cultural, and economic contexts (Alukagberie et al., 2023; Ajayi et al., 2021).

Key Components/Constructs of the Theory

1. Microsystem: The microsystem refers to the immediate environment in which the adolescent lives and interacts daily. This includes family, peers, school, and religious institutions. Each of these direct relationships influences adolescents' decisions and behaviours (Bronfenbrenner, 1979). For instance, poor parental monitoring, lack of sex education at home, or peer pressure may increase vulnerability to early sexual activity and pregnancy. In contrast, strong family bonds and supportive teacher relationships may serve as protective factors.

2. Mesosystem: The mesosystem encompasses the interconnections between two or more microsystems. For adolescents, this may include the interaction between home and school or between peer groups and religious institutions. For example, if parents fail to communicate effectively with teachers about their child's behaviour, the adolescent may miss crucial guidance on sexual health, thereby raising the risk of risky behaviour.

3. Exosystem: The exosystem refers to settings that indirectly influence the adolescent, even though the adolescent may not actively participate in them. Examples include parents' workplaces, health services, and community resources (Bronfenbrenner, 1979). If a parent works long hours and is unable to monitor their child, the lack of supervision may predispose the adolescent to risky behaviour.

4. Macrosystem: The macrosystem represents the broader cultural, social, economic, and political context in which adolescents are embedded. This includes societal values, norms, laws, and policies. In many African societies, cultural practices such as early marriage, gender inequality, and stigma around sexuality discussions contribute significantly to teenage pregnancy. Similarly, weak enforcement of policies promoting comprehensive sexuality education may perpetuate the problem in Nigeria.

5. Chronosystem: The chronosystem incorporates the dimension of time, capturing both life transitions and historical changes. For adolescents, transitions such as moving from junior to senior secondary school or experiencing parental divorce can increase vulnerability to risky sexual behavior. Broader societal events, such as the COVID-19 pandemic, also disrupted schooling and contributed to increases in teenage pregnancies due to school closures and reduced access to health services. Thus, time-based changes and critical life events are essential in understanding the dynamic nature of teenage pregnancy risks.

2.2.2 Application of the Theory to the Study

Bronfenbrenner's Ecological Systems Theory provides a comprehensive lens for examining the factors influencing teenage pregnancy among secondary school students in Ovia North East Local Government Area of Edo State. The theory emphasizes that adolescent development is shaped by multiple interrelated systems, ranging from immediate environments to wider cultural and policy contexts (Bronfenbrenner, 1979). Applying this framework to the present study's objectives helps to situate the issue of teenage pregnancy within broader ecological influences.

The first objective, which seeks to assess the prevalence of teenage pregnancy among secondary school students, aligns with the microsystem and chronosystem levels of the ecological model. The microsystem encompasses the adolescent's direct social settings such as

family, peers, and school. These immediate environments play a central role in shaping adolescents' sexual behaviors, choices, and ultimately, pregnancy outcomes (Agba et al., 2022). For instance, peer pressure or lack of parental guidance may directly increase the risk of early sexual activity. The chronosystem, which considers changes and transitions over time, also provides insight into how life stages, such as the transition from junior to senior secondary school, or external events like COVID-19 lockdowns, contribute to pregnancy patterns among teenagers (Zulaika et al., 2022).

The second objective, aimed at assessing the level of awareness of sex education and reproductive health among secondary school students, relates to the mesosystem and exosystem. The mesosystem reflects the interaction between different microsystems, such as how communication between parents and schools, or between schools and healthcare providers, impacts adolescents' access to accurate sexual health information. A weak link between these systems often results in poor awareness and reliance on misinformation (Esan & Bayajidda, 2021; Emenike et al., 2023). The exosystem, on the other hand, comprises structures and institutions that indirectly affect adolescents, including health policies, community health centers, and youth-friendly services. The availability, accessibility, and quality of these resources shape how much knowledge adolescents gain about reproductive health (Adione et al., 2023; Agu et al., 2024).

The third objective, which focuses on identifying factors contributing to teenage pregnancy, is best explained by the macrosystem. This level of the model highlights how cultural values, traditions, economic realities, and national policies influence adolescent reproductive behavior. In many African societies, cultural practices such as child marriage, stigmatization of contraceptive use, and gender norms that discourage open discussion about sexuality increase the vulnerability of adolescents to pregnancy (Amoadu et al., 2022; Mongbo et al., 2022). Similarly, poverty and socioeconomic inequality further exacerbate the risks by encouraging

transactional sex and limiting access to health services (Okoli et al., 2022). The macrosystem thus situates teenage pregnancy within the wider cultural and policy environment of Nigeria, where challenges such as limited implementation of comprehensive sex education and weak adolescent health programs remain pressing (Isara & Nwaogwugwu, 2022).

2.3 Empirical Review

2.3.1 The Prevalence of Teenage Pregnancy among Secondary School Students

Ahinkorah et al. (2021) conducted a study across 32 sub-Saharan African countries to examine the prevalence of first adolescent pregnancy and its associated factors. Using secondary analysis of Demographic and Health Survey (DHS) data collected between 2010 and 2018, the study focused on adolescents aged 15–19 years. Findings revealed substantial variation across countries, with Congo recording the highest prevalence and Rwanda the lowest. Among sexually active adolescents, prevalence was even higher. The study highlighted factors such as age, marital status, working status, educational attainment, early sexual initiation, and knowledge of contraceptives as key contributors. The authors emphasized that high adolescent pregnancy rates remain a serious public health concern and called for policies promoting comprehensive sexuality education and family planning interventions to improve adolescent well-being.

Agbonjimi et al. (2022) investigated determinants of teenage pregnancy among female senior students in two secondary schools in Sagamu, Ogun State, Nigeria. The study employed a descriptive cross-sectional design with 297 respondents. Results indicated that while over 60% of respondents were aware of teenage pregnancy as occurring between ages 15–19, prevalence remained high. Peer pressure and poverty were identified as major determinants, alongside inadequate sexual health knowledge. The authors recommended targeted interventions including parental engagement, peer education, poverty reduction strategies, and comprehensive sexuality education in schools to mitigate teenage pregnancy.

Kumma et al. (2023) assessed teenage pregnancy among preparatory and high school girls aged 15–19 in Wolaita Sodo town, Southern Ethiopia. Using a cross-sectional survey, the study found that prevalence among schoolgirls was considerable, with family background and media exposure identified as significant risk factors. The study highlighted the need for strengthened sexual and reproductive health education, access to contraceptives, and community-level interventions to break cycles of intergenerational teenage pregnancies.

Kareem et al. (2023) examined the prevalence, trends, and determinants of teen motherhood in Nigeria using nationally representative data from the 2008, 2013, and 2018 Nigeria Demographic and Health Surveys (NDHS). Analysis of sexually active adolescents aged 15–19 revealed a gradual increase in teen motherhood over the 10-year period. Socio-demographic and economic factors—including knowledge of contraceptives, educational attainment, marital status, religion, and wealth status—were strongly associated with teen motherhood. The authors concluded that comprehensive sexuality education, promotion of girl-child education, and economic empowerment, particularly for adolescents from poorer households, are essential strategies to reduce teenage pregnancy and childbearing.

Sidibé et al. (2025) conducted a study in Guinea to investigate factors influencing early pregnancy among secondary school girls. Data collected from over 8,000 adolescents revealed that more than 13% were either currently pregnant or had previously been pregnant. Key determinants included socio-demographic and behavioral factors, while protective influences such as attending private schools and knowledge of family planning methods were identified. The study underscored the urgent need for comprehensive sex education and youth-friendly health services tailored to adolescents' needs, which could significantly reduce teenage pregnancy and improve girls' educational outcomes and overall well-being.

2.3.2 The level of awareness of sex education and reproductive health among secondary school students

Ademuyiwa et al. (2023) examined knowledge and attitudes toward sex education among 378 secondary school students in south-western Nigeria. The study revealed that most students (82.1%) had good knowledge of sex education, and 57.5% expressed a positive attitude. Knowledge improved with class level, and a significant relationship between knowledge and attitude was observed. The study concluded that while students generally demonstrated awareness and relatively positive attitudes, there is a need to strengthen sexuality education and emphasize the role of teachers and parents in preparing adolescents for responsible sexual /behavior.

Isara and Nwaogwugwu (2022) investigated sexual and reproductive health (SRH) knowledge, attitudes, and behaviors among 630 in-school adolescents in Edo State. Although 89% of respondents were aware of SRH, only 19.1% demonstrated good knowledge, while 93.2% exhibited positive attitudes. Risky sexual behaviors, including early sexual initiation and multiple sexual partners, were prevalent. The study highlighted the gap between awareness and actual knowledge and recommended comprehensive SRH education programs and youth-friendly health services to improve adolescents' knowledge, safe practices, and health-seeking behaviors.

Ferdinand (2024) assessed knowledge, attitudes, and the significance of sex education among 368 students at the University of Nigeria Secondary School, Enugu Campus. The study found that 70.9% of students reported awareness of sex education, but only 38% had good knowledge. Despite knowledge gaps, attitudes toward sex education were overwhelmingly positive, with 92.7% appreciating its importance in guiding sexual decisions and preventing teenage pregnancy. The author recommended increased involvement of families, schools, and government to promote comprehensive sex education and awareness programs.

Kizito et al. (2024) conducted a similar study at the University of Nigeria Secondary School, Enugu Campus, corroborating Ferdinand's findings. While most students were aware of sex education, only 38% demonstrated adequate knowledge, though attitudes were highly positive (92.7%). The study emphasized the importance of formally integrating sex education into the curriculum and fostering collaboration among families, schools, and government agencies to enhance adolescents' informed decision-making regarding sexual and reproductive health.

2.3.3 Factors contributing to teenage pregnancy among secondary school students

Mezmur et al. (2021) investigated the prevalence and determinants of teenage pregnancy among 2,258 female adolescents in eastern Ethiopia. The study found that one in three teenagers had experienced pregnancy. Key contributing factors included older adolescent age, being out of school, lack of formal education, marital status, coming from divorced homes, and having an elder sister with a history of teenage pregnancy. The study emphasized the importance of keeping girls in school, delaying child marriage, and strengthening reproductive health education policies.

Mintogbé et al. (2021) conducted a mixed-methods study in Benin, examining first early pregnancies among 703 adolescent girls aged 15–19 years. Results showed that early sexual debut, age at first menstruation, ethnicity, parental education and occupation, and exposure to media and ICTs were important determinants. Qualitative findings highlighted peer pressure, parental neglect, naivety, and modernization as contributing factors. The study recommended holistic interventions integrating education, parental guidance, and structural social reforms.

Mongbo et al. (2022) studied school-related pregnancies in southwestern Benin using a case-control design with secondary school girls aged 10–19 years. The findings identified low parental supervision, lack of family-based sex education, low self-esteem, and independent income sources as significant contributors to teenage pregnancy. The authors emphasized

strengthening family involvement and collaboration between schools and parents to reduce early pregnancies.

Agba et al. (2022) explored psychosocial determinants of teenage pregnancy among 241 female students in Cross River State, Nigeria. The study found that weak parent-child relationships, peer influence, negative attitudes toward sex, and low self-esteem increased vulnerability to early pregnancy. The study concluded that addressing psychosocial factors through improved parental guidance, enhanced adolescent self-concept, and community-level interventions is essential for reducing teenage pregnancy.

Alukagberie et al. (2023) conducted a scoping review of literature on adolescent pregnancy in Nigeria. The review identified multifactorial determinants, including poverty, low educational attainment, family disintegration, cultural practices, and weak sexual and reproductive health education. The study noted that existing interventions focused largely on contraceptive provision, with insufficient attention to structural drivers such as poverty and school dropout. The authors emphasized the need for multidimensional interventions addressing socio-economic and cultural determinants.

Amoadu et al. (2022) reviewed socio-cultural factors influencing adolescent pregnancy in Ghana. Poverty, peer pressure, low educational levels, dysfunctional family structures, poor parent-child communication, and harmful cultural practices were found to increase adolescent vulnerability. The study recommended multilevel, context-specific interventions that address both individual and community factors, integrate SRH education, and strengthen parental communication.

Eyeberu et al. (2022) conducted a systematic review and meta-analysis across Africa, reporting a pooled teenage pregnancy prevalence of 30%, with Western Africa recording the highest rates. Key predictors included older adolescent age, low wealth index, and marital status. The

study highlighted the need for economic empowerment, delayed marriage, and increased contraceptive access to reduce adolescent pregnancies.

Madume and Dibia (2021) investigated causes and effects of teenage pregnancy among secondary school girls in Rivers State, Nigeria. Major causes included peer pressure, parental pressure to marry early, economic hardship, lack of information, and non-use of contraceptives. Consequences included school dropout, health complications, social isolation, and family rejection. The study recommended effective parental care, sex education in schools, and enforcement against child marriage.

Okoli et al. (2022) analyzed socioeconomic inequalities in teenage pregnancy in Nigeria using data from 8,423 adolescents. Teenage pregnancy was disproportionately concentrated among poorer adolescents, with marital status, household wealth, ICT exposure, and religion as major contributors. The study emphasized economic empowerment, breaking intergenerational poverty cycles, and strengthening school and community-based counseling programs.

Osonuga et al. (2025) examined predisposing factors for teenage pregnancy among 270 secondary school girls in Lagos State. The study found poor knowledge of reproductive health, early sexual initiation, multiple sexual partners, abortions, weak parenting, poverty, peer influence, and lack of sex education as primary risk factors. The authors recommended school-based reproductive health interventions and greater parental involvement to reduce teenage pregnancy.

2.4 Summary of the Literature Review

Adolescence is a critical developmental stage characterized by rapid biological, psychological, and social changes, which increase vulnerability to risky sexual behaviors and unintended pregnancies (WHO, 2020; Agba et al., 2022). In Edo State, as in other parts of Nigeria, adolescents face heightened risks due to socio-economic deprivation, cultural norms, early

marriage, and limited access to reproductive health services. Teenage pregnancy, both globally and locally, carries significant health, educational, social, and economic consequences, often leading to school dropout, stigma, and economic hardship (Ahinkorah et al., 2021; Kareem et al., 2023).

Multiple factors contribute to teenage pregnancy, including socio-demographic characteristics, family structure, peer influence, cultural practices, economic deprivation, and limited access to contraceptives (Madume & Dibia, 2021; Osonuga et al., 2025). Studies conducted in Edo State and other Nigerian regions indicate that low parental guidance, poor educational attainment, peer pressure, and inadequate sex education significantly increase the risk of early pregnancy (Agba et al., 2022; Agbonjimi et al., 2022; Isara & Nwaogwugwu, 2022). Adolescents from rural and low-income households are disproportionately affected, highlighting socio-economic disparities as key drivers (Okoli et al., 2022; Kareem et al., 2023).

Bronfenbrenner's Ecological Systems Theory (1979) provides a useful framework, situating teenage pregnancy within interacting levels: microsystem (family, peers, schools), mesosystem (institutional interactions), exosystem (community and policy structures), macrosystem (cultural norms and national policies), and chronosystem (temporal changes). This framework underscores that teenage pregnancy in Edo State is shaped not only by individual behaviors but also by family, community, institutional, and policy contexts.

Empirical evidence reveals that awareness of sex education and reproductive health among secondary school students in Edo State is limited despite generally positive attitudes (Ademuyiwa et al., 2023; Isara & Nwaogwugwu, 2022; Ferdinand, 2024). Parental communication gaps, weak school-based sexuality education, and cultural taboos exacerbate this knowledge deficit. Reviews and meta-analyses confirm that teenage pregnancy is multifactorial, shaped by structural, behavioral, and cultural influences, emphasizing the need

for interventions such as comprehensive sexuality education, adolescent-friendly health services, and socio-economic empowerment (Eyeberu et al., 2022; Mbizvo et al., 2023).

Despite the wealth of studies, gaps remain in understanding the interplay of psychosocial, cultural, and institutional factors in Edo State. Few studies provide localized insights into how parental engagement, peer pressure, and school-based reproductive health education interact to influence teenage pregnancy. Additionally, most interventions focus narrowly on contraception or health services, with limited attention to broader structural drivers such as poverty, school dropout, and community norms. This gap underscores the need for context-specific, multi-level research to inform effective strategies for reducing teenage pregnancy among adolescents in Edo State.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter described the research methodology that the researcher adopted in conducting the study. The various components of the research methodology were discussed under their respective headings, including research design, study setting, target population, sample and sampling technique, instruments of data collection, validity and reliability of instruments, method of data collection, method of data analysis, and ethical considerations.

3.1 Research Design

This study employed a descriptive cross-sectional survey design to assess the factors affecting teenage pregnancy among secondary school students in Ovia North East Local Government Area of Edo state. This design was suitable for obtaining a snapshot of the current situation and identifying factors associated with teenage pregnancy in this population. The study utilized quantitative methods to gather comprehensive data on the factors affecting teenage pregnancy among secondary school students. This approach allowed for the collection of numerical data on prevalence rates, student demographics, and influencing factors. By surveying a representative sample, quantitative research enabled findings to be generalized to broader populations of students, enhancing the study's external validity.

3.2 Research Setting

The study was conducted in Edo State, a state located in the southern region of Nigeria. Edo State is divided into 18 Local Government Areas (LGAs), which are further grouped into three senatorial districts: Edo North, Edo Central, and Edo South. The state is predominantly inhabited by the Edo (Bini) people, with other ethnic groups including Esan, Etsako, and Owan. The major language spoken is Edo (Bini), alongside other local languages, while English serves

as the official language for administration and education. Agriculture, trading, and civil service constitute the major occupations of the people, with farming of crops such as yam, cassava, and plantain being common in rural areas, while trading and small-scale businesses dominate semi-urban and urban centers. Edo State is also characterized by a range of social amenities, including numerous markets, hospitals, and secondary schools that serve its population.

Ovia North East Local Government Area, where the study was specifically conducted, is one of the 18 LGAs in Edo State, with its administrative headquarters in Okada. The LGA comprises both rural and semi-urban communities, reflecting a mix of traditional and modern socioeconomic practices. The population engages primarily in farming, trading, and artisan work, while healthcare needs are met through a combination of government hospitals, primary health centers, and private clinics. Educational facilities in the area include several public and private secondary schools, which provide a representative environment for studying adolescent reproductive health behaviors.

The research focused on selected public secondary schools in Ovia North East LGA to capture a diverse sample of students from various socioeconomic backgrounds, ensuring that the findings reflect the broader adolescent population in the LGA.

3.3 Target Population

The target population for this study comprised adolescent students in Senior Secondary School (SS1–SS3) attending two selected secondary schools in Ovia North East Local Government Area (LGA) of Edo State. Out of the total public secondary schools in the LGA, two schools—Ekosodin Secondary School and Ezomo College—were purposively selected for the study. These schools were chosen based on their representativeness of the local public school system, accessibility, and willingness to participate. Public schools were prioritized to ensure inclusion

of students from diverse socio-economic backgrounds, as private schools generally cater to more affluent families and would not fully reflect the broader adolescent population in the area.

Population Distribution by School

School Name	Type	Estimated Population
Ekosodin Secondary School	Public	238
Ezomo College	Public	598
Total		**836**

This selection allowed for a comprehensive understanding of adolescent experiences in secondary education within the LGA while focusing on the population most vulnerable to socio-economic and reproductive health disparities.

3.4 Sample size Determination

The sample size was calculated with Slovin's Formula. Slovin's formula is a statistical formula used to calculate the sample size (n) needed to achieve a certain level of precision (margin of error) in a survey or study. The formula is:

$n = N / (1 + Ne^2)$

Where:

- n = sample size
- N = population size
- e = margin of error (expressed as a decimal)

The total population could not be studied, and as a result of the inability of the researcher to effectively study all students, a representative number was chosen as the sample size population. Eight Hundred and Thirty-Six (836) students were estimated as the total population

from the 2 selected secondary schools in Ovia North East Local Government Area, but only 271 were used for the purpose of this study.

$n = N / (1 + Ne^2)$ $n = 836 / (1 + 836 \times 0.05^2)$ $n = 836 / (1 + 836 \times 0.0025)$ $n = 836 / (1 + 2.09)$ $n = 836 / 3.09$ $n = 270.5 \approx 271$

3.5 Sampling Technique

Simple random sampling technique was employed in this study. This sampling technique gave every individual in the population an equal chance of being selected for the study and was relatively easy to implement to obtain a representative sample. This approach allowed researchers to enhance the credibility of the research findings as the sampling technique was transparent and unbiased, and the sample was representative of the population, therefore reducing selection bias.

To implement this sampling technique, the researcher:

1. Obtained complete lists of SS1-SS3 students from each selected school
2. Assigned a unique number to each student in the sampling frame
3. Generated 271 random numbers between 1 and 836 using a random number generator
4. Selected the corresponding students from the spreadsheet based on the generated random numbers

Verification of the sample was conducted to ensure adequate representation from all selected schools, different age groups and various class levels. Through this sampling technique, the researcher was able to confidently generalize the results to the larger population of senior secondary school students in Ovia North East Local Government Area.

The proportional allocation of the sample size to schools was as follows:

Sample Allocation

School Name	Population	Calculation	Sample Size
Ekosodin Secondary School	238	(238/836) × 271	77
Ezomo College	598	(598/836) × 271	194
Total	**836**		**271**

3.5.1 Inclusion Criteria

1. SS1-SS3 students aged 13-19 years
2. Students currently enrolled in the selected schools in Ovia North East LGA
3. Students willing to provide informed consent/assent (with parental consent for those under 18)

3.5.2 Exclusion Criteria

1. Students below 13 or above 19 years
2. Students not enrolled in SS1-SS3 classes at the selected schools
3. Students unwilling to participate or provide informed consent/assent
4. Students whose parents refused consent (for those under 18 years)

3.5 Instrument for Data Collection

The data for this study were collected using a structured questionnaire developed to address the study objectives. The instrument was divided into four sections, each designed to capture specific information from respondents, ranging from demographic characteristics to factors

influencing teenage pregnancy. The questionnaire combined closed-ended and multiple-choice items to ensure clarity, reliability, and ease of analysis.

Section A: Demographic Data

This section contained questions related to age, gender, school, class level, family structure, parents' educational level and occupation, family monthly income, and religion.

Section B: Prevalence of Teenage Pregnancy

This section contained questions aimed at establishing the prevalence of teenage pregnancy among respondents. Items sought to determine experiences of pregnancy among students, knowledge of peers who had experienced pregnancy, and the age of first pregnancy where applicable.

Section C: Awareness of Sex Education and Reproductive Health

This section consisted of items designed to assess students' knowledge and awareness of sex education, reproductive health, contraceptive methods, and sexually transmitted infections. Questions measured whether respondents had received formal or informal sex education, their sources of information, and their level of understanding.

Section D: Factors Contributing to Teenage Pregnancy

This section assessed the socio-demographic, family, peer, cultural, economic, and psychosocial factors that could predispose secondary school students to teenage pregnancy. Questions covered aspects such as parental monitoring, peer influence, exposure to sexual content, financial challenges, and access to contraceptives.

3.6 Validity

The instrument's validity pertained to its capability to accurately measure the intended construct or concept (Lim, 2024). The researcher assessed validity through content and face

validity to evaluate the instrument's accuracy. For this study, the questionnaire was subjected to face and content validation by both the project supervisor and a data analyst. Based on their feedback, necessary adjustments were implemented by the researcher before the commencement of the main study.

3.7 Reliability

The reliability of an instrument refers to its stability and consistency in producing uniform results when measuring the same criteria under identical conditions (Izah et al., 2023). In essence, a reliable instrument yields similar outcomes across repeated trials. In this study, the Cronbach's alpha method was used to assess reliability. To test this, the researcher conducted a test-retest procedure by administering 27 questionnaires (10% of the total sample size of 271) to students in Egor Local Government Area, outside the selected schools in Ovia North East LGA. The analysis produced a Cronbach's alpha coefficient of 0.71, indicating that the instrument was sufficiently reliable for the study.

3.8 Method of Data Collection

Participants were selected using a simple random sampling technique. From each selected school, students were randomly sampled to participate in the study. The researcher first obtained permission from the Local Education Authority and then from the principals of the selected schools. For students under 18 years, parental consent was obtained before student assent. The researcher and trained research assistants distributed the questionnaires during school hours with the cooperation of school authorities. The purpose of the study was explained to participants, assuring confidentiality and voluntary participation. The questionnaires were administered in classrooms or other suitable locations within the school premises, ensuring privacy and comfort for the participants. The survey was designed to be concise, aiming for a completion time of 15-20 minutes to encourage participation and reduce the rate of incomplete

responses. After data collection, all returned questionnaires were checked for completeness, arranged, and stored in the Excel worksheet for further analysis.

3.9 Method of Data Analysis

Data analysis for the study was carried out using both descriptive and inferential statistical methods. Prior to analysis, all collected questionnaires were carefully checked, cleaned, and coded to ensure accuracy and completeness of the data. Descriptive statistics, including frequency distributions, percentages, means, and standard deviations, were employed to summarize and present respondents' demographic characteristics, as well as their knowledge, attitudes, behaviours, and the factors influencing teenage pregnancy. For inferential analysis, the Chi-square test was used to examine associations between demographic variables—such as age, gender, school type, and family structure—and factors contributing to teenage pregnancy. Additionally, Pearson correlation analysis was conducted to determine the relationships between students' knowledge, attitudes, and behaviors related to teenage pregnancy, providing insight into the interplay between awareness, perceptions, and practices among the respondents.

Common software including SPSS (Statistical Package for Social Sciences) version 25 and Microsoft Excel were used for data analysis and presentation of results.

3.10 Ethical Considerations

Ethical considerations in this research encompassed several crucial aspects:

1. **Informed Consent/Assent:** Parental consent was obtained for participants under 18 years, followed by student assent. Participants 18 years and older provided direct informed consent. All participants were fully informed about the nature of the study, including risks, benefits, and their right to withdraw without consequences.

2. **Privacy and Confidentiality:** Strict measures were implemented to ensure privacy and confidentiality of participants' information. Questionnaires were anonymous, with no personal identifiers collected. All data was stored securely, with access limited to the research team only.
3. **Approval from Authorities:** Prior to commencing the study, approval was obtained from:
    - The Institutional Ethics Review Committee
    - Edo State Ministry of Education
    - Local Education Authority of Ovia North East LGA
    - School administrators of the participating schools
4. **Sensitivity to Topic:** Given the sensitive nature of the research topic, questions were carefully worded to be age-appropriate and culturally sensitive. Research assistants were trained to provide support or referrals if participants experienced any discomfort during the survey.
5. **Minimizing Disruption:** Data collection was scheduled to minimize disruption to the regular school program, in consultation with school authorities.
6. **Feedback to Community:** The research team committed to sharing summarized findings with participating schools and relevant education authorities to inform interventions aimed at reducing teenage pregnancy rates.
7. **Beneficence:** The research was designed to generate knowledge that could lead to better policies and programs to address teenage pregnancy in the community, thus providing long-term benefits to the participants' peer group.

These ethical considerations were implemented to ensure the welfare and rights of participants were protected throughout the research process.

CHAPTER FOUR

RESULTS

This chapter deals with the representation of data collected regarding the factors affecting teenage pregnancy among secondary school students in a local government area of Edo State. A total of questionnaires 271 were distributed to secondary school students in a local government area of Edo State during the period of this study. 266 were properly filled and valid for data analysis, giving a response rate of 98.1%.

Table 4.1: Socio-demographic data of secondary school students in Ovia North East local government area of Edo State

Variable	Frequency (n=266)	Percent (%)
Age		
13–14 years	72	27.1
15–16 years	95	35.7
17–19 years	99	37.2
School		
Ekosodin Secondary School	74	27.8
Ezomo College	192	72.2
Class Level		
SSS 1	88	33.1
SSS 2	92	34.6
SSS 3	86	32.3
Family Structure		
Living with both parents	134	50.4
Living with single parent	78	29.3
Living with relatives/guardians	44	16.5
Living alone	10	3.8
Parents' Highest Educational Level		
Father/Male Guardian		
No formal education	39	14.7
Primary	61	22.9
Secondary	87	32.7
Tertiary	79	29.7
Mother/Female Guardian		
No formal education	44	16.5
Primary	63	23.7
Secondary	82	30.8
Tertiary	77	28.9
Parents' Occupation		
Father/Male Guardian		

Unemployed	52	19.5
Farmer/Manual Labour	43	16.2
Civil Servant	66	24.8
Private Sector	51	19.2
Business Owner	45	16.9
Other	9	3.4

Table 4.1 Cont'd

Variable	Frequency (n=266)	Percent (%)
Mother/Female Guardian		
Unemployed	58	21.8
Farmer/Manual Labor	35	13.2
Civil Servant	60	22.6
Private Sector	50	18.8
Business Owner	47	17.7
Other	16	6.0
Family Monthly Income (estimate)		
Below ₦50,000	74	27.8
₦50,000–₦100,000	81	30.5
₦100,001–₦200,000	63	23.7
Above ₦200,000	33	12.4
Don't know	15	5.6
Religion		
Christianity	154	57.9
Islam	92	34.6
Traditional	14	5.3
Other	6	2.3

Table 4.1 shows the socio-demographic data of secondary school students in Ovia North East Local Government Area of Edo State. The age distribution indicates that 27.1% were between 13–14 years, 35.7% were aged 15–16 years, while the largest group, 37.2%, fell within 17–19 years. In terms of school, most students (72.2%) attended Ezomo College, while 27.8% were from Ekosodin Secondary School. Across class levels, the distribution was fairly even with 33.1% in SSS 1, 34.6% in SSS 2, and 32.3% in SSS 3. Regarding family structure, half of the students (50.4%) lived with both parents, 29.3% with a single parent, 16.5% with relatives or guardians, and a small proportion (3.8%) lived alone. Parents' educational attainment showed that 32.7% of fathers had secondary education and 29.7% tertiary, while 22.9% had only

primary education and 14.7% had no formal schooling. Mothers' education followed a similar trend, with 30.8% having secondary education, 28.9% tertiary, 23.7% primary, and 16.5% none. With respect to occupation, fathers were largely civil servants (24.8%), unemployed (19.5%), in the private sector (19.2%), business owners (16.9%), or engaged in farming/manual labor (16.2%). Mothers were mostly civil servants (22.6%), unemployed (21.8%), in the private sector (18.8%), business owners (17.7%), or farmers/manual laborers (13.2%). Household income data revealed that 27.8% earned below ₦50,000 monthly, 30.5% earned ₦50,000–₦100,000, 23.7% earned ₦100,001–₦200,000, and 12.4% earned above ₦200,000, while 5.6% of students did not know their family income. In terms of religion, Christianity was predominant (57.9%), followed by Islam (34.6%), traditional religion (5.3%), and other faiths (2.3%).

Table 4.2: The prevalence of teenage pregnancy among secondary school students in a selected local government area of Edo state

Question	Response	Frequency (n=266)	Percent (%)
1. Have you ever been pregnant as a teenager?	Yes	18	6.8
	No	248	93.2
2. Do you know any student in your school who has been pregnant?	Yes	72	27.1
	No	194	72.9
3. At what age did the pregnancy occur (for you or someone you know)?	13–14 years	25	9.4
	15–16 years	38	14.3
	17–19 years	55	20.7
4. Is teenage pregnancy common in your school?	Very common	42	15.8
	Common	98	36.8
	Not common	126	47.4

Table 4.2 shows the prevalence of teenage pregnancy among secondary school students in the selected local government area of Edo state. Only 6.8% of respondents reported ever being pregnant as teenagers, while the vast majority (93.2%) had not. However, over a quarter of the students (27.1%) indicated that they knew someone in their school who had experienced teenage pregnancy, compared to 72.9% who did not. When asked about the age at which pregnancy occurred (either personally or among peers), 9.4% reported cases between ages 13–14, 14.3% between ages 15–16, and 20.7% between ages 17–19, suggesting a higher prevalence in the late teenage years. In terms of perception, 15.8% of respondents described teenage pregnancy as “very common” in their school, 36.8% as “common,” while nearly half (47.4%) believed it was “not common.”

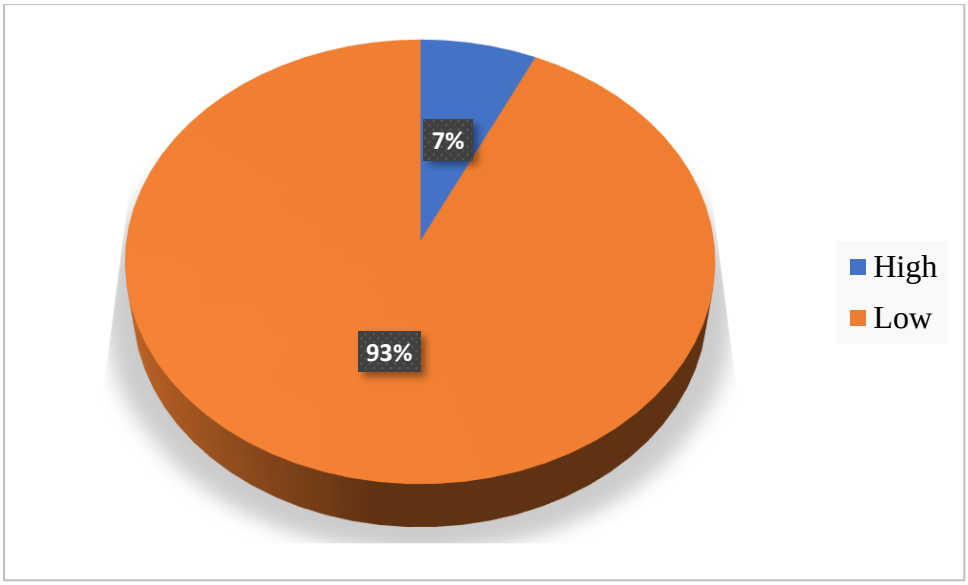

Fig 4.1: Pie-chart showing the prevalence of teenage pregnancy among secondary school students in a selected local government area of Edo state.

Fig 4.1 shows the prevalence of teenage pregnancy among secondary school students in a selected local government area of Edo state. The chart indicates that teenage pregnancy was relatively low, with only 7% (18) reporting high prevalence, while the majority, 93% (248), reported low prevalence.

Table 4.3: **The level of awareness of sex education and reproductive health among secondary school students in a selected local government area of Edo state.**

Variables	Frequency	Correct	Wrong	Mean	Remark
1. What does sex education mainly teach?	200 (75.2)	200 (75.2)	66 (24.8)	1.8	Good
- How to make friends	22 (8.3)				
- About the body, relationships, and safe sexual practices	200 (75.2)				
- How to cook meals	44 (16.5)				
2. Which of the following is a method of preventing teenage pregnancy?	180 (67.7)	180 (67.7)	86 (32.3)	1.7	Good
- Using contraceptives	180 (67.7)				
- Ignoring advice from teachers	48 (18.0)				
- Dropping out of school	38 (14.3)				
3. Which of the following is NOT part of reproductive health education?	170 (63.9)	170 (63.9)	96 (36.1)	1.6	Good
- Hygiene during menstruation	42 (15.8)				
- Prevention of sexually transmitted infections (STIs)	54 (20.3)				
- Playing video games	170 (63.9)				
4. Which of the following can result from lack of sex education?	185 (69.5)	185 (69.5)	81 (30.5)	1.7	Good
- Teenage pregnancy	185 (69.5)				
- Improved school performance	42 (15.8)				
- Better job opportunities	39 (14.7)				
5. Who is the BEST person to provide accurate sex education to students?	198 (74.4)	198 (74.4)	68 (25.6)	1.7	Good
- Parents and teachers	198 (74.4)				
- Random friends on social media	30 (11.3)				
- Unknown strangers	38 (14.3)				
		Grand Mean		**1.7**	**Good**

Mean Cut-Off= 1.5

Table 4.3 shows the level of awareness of sex education and reproductive health among secondary school students in Ovia North East Local Government Area of Edo state. The highest mean score was recorded for understanding what sex education mainly teaches (Mean = 1.8), followed by knowledge of methods of preventing teenage pregnancy (Mean = 1.7), awareness of the consequences of lack of sex education (Mean = 1.7), and identifying the best person to

provide accurate sex education (Mean = 1.7). The lowest was the ability to identify what is not part of reproductive health education (Mean = 1.6). The overall grand mean was 1.7, which indicates a good level of awareness among the students.

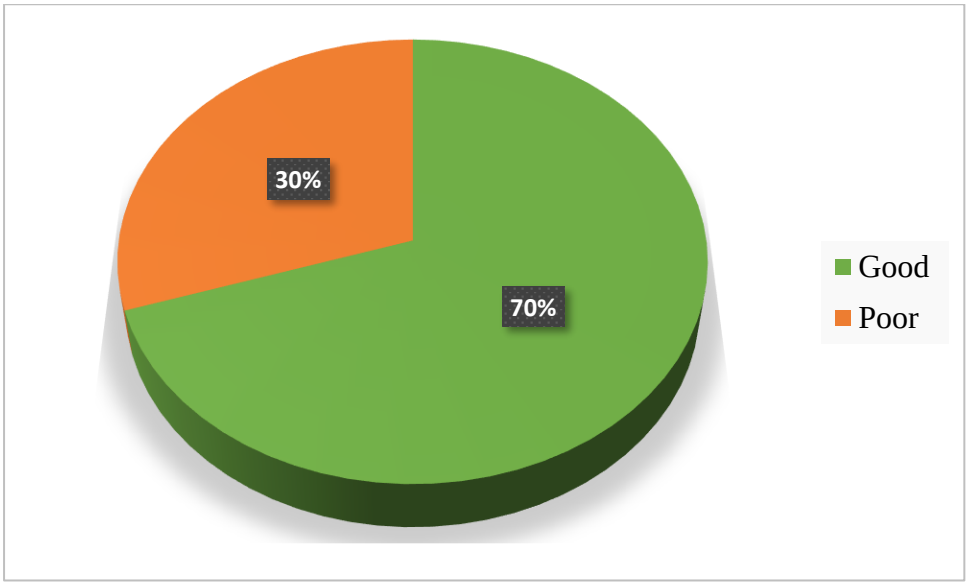

Figure 4.2: Pie chart showing the level of awareness of sex education and reproductive health among secondary school students in a selected local government area of Benin.

Figure 4.2 shows the level of awareness of sex education and reproductive health among secondary school students in a selected local government area of Edo state. The chart indicates that 70% (187) demonstrated good awareness, while 30% (79) had poor awareness, suggesting that most students possessed adequate knowledge of sex education and reproductive health.

Table 4.4: The factors contributing to teenage pregnancy among secondary school students in a selected local government area of Edo state.

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Remark
Poverty makes teenagers get pregnant early.	90 (33.8)	100 (37.6)	40 (15.0)	36 (13.5)	2.9	Factor
Lack of parental care leads to teenage pregnancy.	85 (32.0)	95 (35.7)	46 (17.3)	40 (15.0)	2.8	Factor
Friends influence teenagers to have sex.	88 (33.1)	92 (34.6)	50 (18.8)	36 (13.5)	2.9	Factor
Broken homes increase teenage pregnancy.	80 (30.1)	98 (36.8)	46 (17.3)	42 (15.8)	2.8	Factor
Low self-confidence causes teenage pregnancy.	78 (29.3)	95 (35.7)	50 (18.8)	43 (16.2)	2.8	Factor
Early marriage leads to teenage pregnancy.	70 (26.3)	90 (33.8)	60 (22.6)	46 (17.3)	2.7	Factor
Not talking about sex at home causes teenage pregnancy.	82 (30.8)	88 (33.1)	50 (18.8)	46 (17.3)	2.8	Factor
Social media exposes teenagers to risky behaviours.	90 (33.8)	85 (32.0)	50 (18.8)	41 (15.4)	2.8	Factor
Poor knowledge of contraceptives leads to teenage pregnancy.	95 (35.7)	90 (33.8)	46 (17.3)	35 (13.2)	2.9	Factor
Religion and culture stop teenagers from learning about sex.	80 (30.1)	88 (33.1)	50 (18.8)	48 (18.0)	2.8	Factor
Grand Mean					2.8	Factor

Mean Cut-off = 2.5

Table 4.4 shows the factors contributing to teenage pregnancy among secondary school students in Ovia North East Local Government Area of Edo state. The highest mean values were recorded for poverty (Mean = 2.9), peer influence (Mean = 2.9), and poor knowledge of contraceptives (Mean = 2.9), followed by lack of parental care (Mean = 2.8), broken homes (Mean = 2.8), low self-confidence (Mean = 2.8), not talking about sex at home (Mean = 2.8), social media exposure (Mean = 2.8), and religion and culture (Mean = 2.8). The lowest mean

was early marriage (Mean = 2.7). The overall grand mean was 2.8, indicating that these factors significantly contribute to teenage pregnancy.

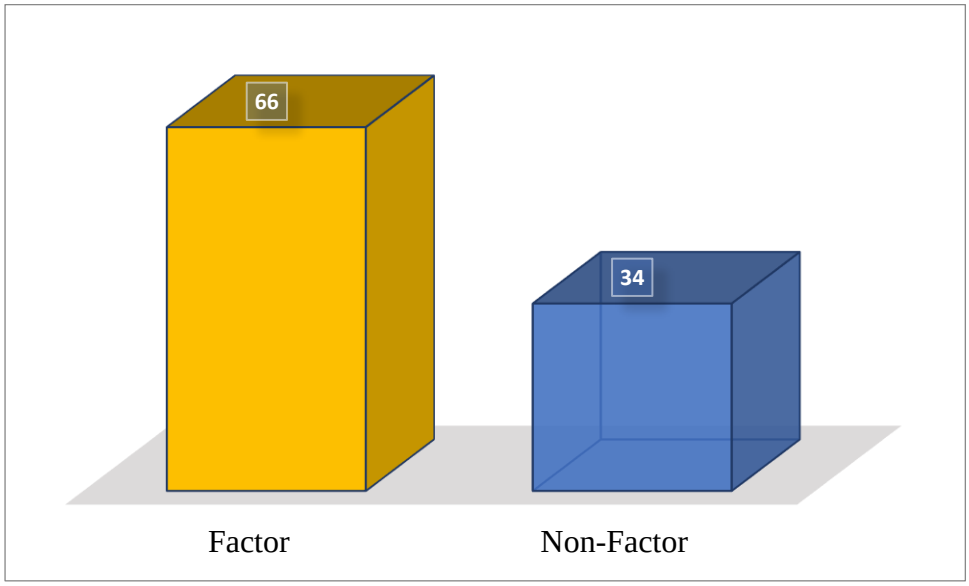

Fig 4.3: Bar chart showing the factors contributing to teenage pregnancy among secondary school students in a selected local government area of Edo state

Fig 4.3 shows the factors contributing to teenage pregnancy among secondary school students in a selected local government area of Edo state. The chart reveals that 66% (176) identified certain conditions as contributing factors, while 34% (90) did not consider them as factors. This indicates that the majority of students recognized significant influences leading to teenage pregnancy.

Hypothesis Testing.

Table 4.5: Relationship between the prevalence of teenage pregnancy and the level of awareness of sex education and reproductive health among secondary school students in a selected local government area of Benin.

Prevalence		**Knowledge**		**Test Statistics (χ^2)**	**df**	**P value**	**Decision**
High	18(7%)	**Good**	**Poor**				
Low	248(93%)	187(70%)	79(30%)	6.765	1	0.01	Rejected

Table 4.5 shows the relationship between the prevalence of teenage pregnancy and the level of awareness of sex education and reproductive health among secondary school students in a selected local government area of Benin. The chi-square test ($\chi^2 = 6.765$, df = 1, p = 0.01) shows a significant association between the two variables. Since the p-value is less than 0.05, the null hypothesis stating that there is no significant relationship is rejected. This indicates that the level of awareness of sex education and reproductive health is significantly related to the prevalence of teenage pregnancy among the students. Hence the alternate hypothesis is accepted.

CHAPTER FIVE

DISCUSSION OF FINDINGS

This chapter discusses the major findings of the research compared with the literature reviewed, the implication for nursing, summary, conclusion, Recommendations and Suggestions for further Studies.

5.1. Discussion of major Findings

The study assessed factors influencing teenage pregnancy among 266 secondary school students in Ovia North East Local Government Area, Edo State, highlighting socio-demographic patterns relevant to adolescent pregnancy risk. Most respondents were aged 15–19 years (72.9%), with 35.7% aged 15–16 and 37.2% aged 17–19, consistent with Nigerian and sub-Saharan African studies showing older adolescents face higher pregnancy risk (Ahinkorah et al., 2021; Kumma et al., 2023; Mezmur et al., 2021). School representation was uneven, with 72.2% from Ezomo College and 27.8% from Ekosodin Secondary School, indicating the importance of school-specific interventions, which agrees with evidence that school environments influence adolescent pregnancy risk (Sidibé et al., 2025). Class distribution was fairly balanced across senior secondary levels, with SSS2 comprising 34.6%, supporting the assessment of knowledge and attitudes across progression, which aligns with studies showing that students in higher classes generally exhibit greater sexual health awareness (Ademuyiwa et al., 2023).

Family structure revealed that only 50.4% of respondents lived with both parents, while 29.3% lived with a single parent, 16.5% with relatives, and 3.8% alone. This pattern reflects vulnerability among adolescents in non-traditional arrangements, supporting previous research linking disrupted family structures to higher teenage pregnancy risk (Mezmur et al., 2021; Amoadu et al., 2022; Agba et al., 2022; Mongbo et al., 2022). Parental education was relatively

high, with 62.4% of fathers and 59.7% of mothers having secondary or tertiary education, potentially offering protective effects; however, over a third had only primary or no formal education, reinforcing findings that lower parental education increases adolescent pregnancy risk (Ahinkorah et al., 2021; Kareem et al., 2023; Mintogbé et al., 2021). Parental occupations were diverse, including civil servants (24.8%), unemployed (19.5%), private sector (19.2%), business owners (16.9%), and farmers/manual laborers (16.2%). Economic vulnerability, particularly parental unemployment or low-income work, was evident and aligns with prior studies highlighting poverty and low household income as significant predictors of teenage pregnancy (Ahinkorah et al., 2021; Agbonjimi et al., 2022; Madume & Dibia, 2021; Okoli et al., 2022). Overall, these findings confirm and nuance previous literature, demonstrating that while higher parental education and stable family structures may mitigate risk, economic pressures and school-specific factors continue to shape adolescent vulnerability to pregnancy.

5.2 The prevalence of teenage pregnancy among secondary school students in a selected local government area of Benin.

The findings from this study show that teenage pregnancy among secondary school students in Ovia North East, Edo State, is self-reported at 6.8% (18 students). This prevalence is lower than many reported rates across sub-Saharan Africa and Nigeria, which range from 7% to 75% depending on population and methodology (Ahinkorah et al., 2021; Kareem et al., 2023; Alukagberie et al., 2023). However, school-based surveys may underestimate prevalence due to dropout following pregnancy and social stigma suppressing self-reporting (Mezmur et al., 2021; Mintogbé et al., 2021). Supporting this, 27.1% of respondents reported knowing a peer who had experienced pregnancy, indicating that actual exposure may be higher than reported. Pregnancy prevalence increased with age, from 9.4% among 13–14-year-olds to 14.3% in 15–16-year-olds and 20.7% in 17–19-year-olds, consistent with evidence that older adolescents

face greater risk due to increased sexual activity, longer exposure periods, and social pressures (Ahinkorah et al., 2021; Mezmur et al., 2021).

Despite the relatively low self-reported prevalence, students' perceptions revealed that 52.6% viewed teenage pregnancy as common or very common in their schools, highlighting its social visibility. Comparisons with other studies in Edo State show higher rates: Mintogbé et al. (2021) reported 30.2% adolescent pregnancy, while Mongbo et al. (2022) focused specifically on school-related pregnancies. The lower prevalence in Ovia North East may reflect protective factors, including higher parental education (≈60% with secondary or tertiary education) and the fact that half of the students lived with both parents, factors associated with reduced pregnancy risk (Ahinkorah et al., 2021; Kareem et al., 2023). Nonetheless, substantial risk factors persist, including economic vulnerability, non-traditional family structures, and concentration of pregnancy among older adolescents, indicating the ongoing need for targeted interventions.

5.3 The level of awareness of sex education and reproductive health among secondary school students in a selected local government area of Benin.

This study assessed awareness of sex education and reproductive health among 266 secondary school students in Ovia North East, Edo State. Overall, 70% demonstrated good awareness, with a mean score of 1.7 against a 1.5 cut-off, while 30% had poor awareness. This compares favourably with some Nigerian studies (Ademuyiwa et al., 2023) but contrasts with others in Edo State (Isara & Nwaogwugwu, 2022), highlighting that awareness does not always equate to deep knowledge or ability to apply information. Students showed strongest understanding of the purpose of sex education (75.2% correct) and appropriate sources (74.4% identified parents/teachers). Knowledge of contraception as a pregnancy prevention method was reported by 67.7%, though misconceptions persisted, with 18% citing ignoring teacher advice and 14.3% choosing dropping out as prevention methods.

Understanding of reproductive health components was weaker: 63.9% correctly excluded irrelevant activities like video games, but 15.8% failed to recognize menstrual hygiene and 20.3% failed to recognize STI prevention, echoing broader gaps in adolescent reproductive health literacy (Isara & Nwaogwugwu, 2022). Nearly 30% of students could not identify the consequences of inadequate sex education, with misconceptions suggesting it could improve school performance or job prospects. This gap aligns with findings that poor knowledge increases vulnerability to early sexual initiation and unsafe practices (Osonuga et al., 2025). Item-level performance ranged from 63.9% to 75.2% correct, with no item surpassing 80%, indicating that even among students with good awareness, mastery is incomplete.

5.4 Factors contributing to teenage pregnancy among secondary school students in a selected local government area of Benin.

This study examined perceptions of factors contributing to teenage pregnancy among 266 secondary school students in Ovia North East, Edo State. Overall, 66% of students recognized multiple determinants, with a grand mean of 2.8 against a 2.5 cut-off, reflecting sophisticated awareness of the multifaceted nature of adolescent pregnancy. Economic vulnerability was strongly recognized, with 71.4% linking poverty to early pregnancy, consistent with literature showing low household wealth as a major risk factor across sub-Saharan Africa (Ahinkorah et al., 2021; Alukagberie et al., 2023). Family dynamics were similarly emphasized: 67.7% cited lack of parental care, 66.9% identified broken homes, and 63.9% noted poor parent-child communication, aligning with evidence that supportive family structures are protective (Mongbo et al., 2022; Agba et al., 2022).

Peer influence was acknowledged by 67.7%, reflecting awareness of social pressures shaping sexual behaviour (Agbonjimi et al., 2022). Psychological and behavioural factors were also recognized, with 65% identifying low self-confidence and 69.5% noting poor contraceptive knowledge as contributors. Students' recognition of early marriage (60.1%), religious and

cultural barriers (63.2%), and social media exposure (65.8%) demonstrates awareness of broader structural and contextual influences. These perceptions mirror the literature, which highlights the convergence of socioeconomic, familial, peer, psychological, cultural, and educational determinants in driving teenage pregnancy.

5.2 Implications to Nursing Practice

The findings of this study have significant implications for nursing practice, particularly in the areas of adolescent health promotion and preventive care. Nurses play a vital role in educating adolescents about sexual and reproductive health, providing accurate information about contraception, and correcting misconceptions related to teenage pregnancy. The study revealed that while most students demonstrated good awareness of sex education, gaps in knowledge still exist, especially regarding reproductive health components and the consequences of poor sex education. This underscores the need for nurses to engage actively in school-based and community health programs to reinforce comprehensive sex education and ensure that adolescents understand both the biological and social aspects of sexual health.

Furthermore, the study highlighted socioeconomic and familial factors as major contributors to teenage pregnancy, including poverty, lack of parental care, broken homes, and low self-confidence. Nurses, particularly those in community and public health settings, can provide targeted counselling and support to at-risk adolescents. By collaborating with families, schools, and community organizations, nurses can help strengthen protective factors such as positive parent-child communication, self-esteem development, and resilience, which are crucial in preventing early pregnancies. Home visits, parent workshops, and peer education programs led by nurses can bridge gaps where parental guidance or social support is limited.

The study also points to the influence of peers, social media, and cultural norms on adolescent sexual behaviour. Nurses must therefore adopt a culturally sensitive approach when designing

interventions, taking into account religious beliefs, cultural practices, and the local community context. By doing so, they can deliver health education in a manner that is acceptable, relatable, and effective for adolescents. Additionally, nurses can serve as advocates for policies that address adolescent reproductive health, promote access to contraceptives, and reduce barriers to seeking guidance or healthcare services.

Finally, the study emphasizes the importance of early and continuous interventions. Nurses can identify vulnerable adolescents through school health programs and provide consistent guidance before risky behaviours escalate. Integrating reproductive health education into routine nursing practice ensures that adolescents are equipped with the knowledge, skills, and support needed to make informed decisions, ultimately contributing to a reduction in teenage pregnancy rates and promoting overall adolescent well-being.

5.3 Summary

This study examined the factors affecting teenage pregnancy among secondary school students in Ovia North East Local Government Area of Benin, Edo State. A total of 271 questionnaires were distributed, with 266 valid responses analyzed, giving a response rate of 98.1%. The respondents were aged 13–19 years, with the majority (72.9%) between 15 and 19 years, and most students (72.2%) attended Ezomo College. Socio-demographic data revealed that half of the students lived with both parents, while the remainder lived with a single parent, relatives, or alone. Parental education was relatively high, with over 60% of parents having secondary or tertiary education, and parental occupations varied across civil service, private sector, business, farming, and unemployment. Household income ranged widely, with a notable proportion of families earning below ₦100,000 monthly.

The prevalence of teenage pregnancy among students was 6.8%, with higher occurrence in older adolescents (17–19 years). About 27.1% of students reported knowing peers who had

been pregnant, and 52.6% perceived teenage pregnancy as common or very common in their schools. Awareness of sex education and reproductive health was generally good, with 70% of students demonstrating adequate knowledge; however, gaps and misconceptions persisted regarding contraception, reproductive health components, and consequences of inadequate sex education.

The study identified multiple factors contributing to teenage pregnancy, including poverty, peer influence, lack of parental care, broken homes, low self-confidence, early marriage, poor knowledge of contraceptives, limited parent-child communication, social media exposure, and religious or cultural restrictions. Statistical analysis revealed a significant relationship between the level of awareness of sex education and the prevalence of teenage pregnancy ($\chi^2 = 6.765$, $p = 0.01$), indicating that higher awareness is associated with lower pregnancy rates.

5.4 **Conclusion**

The study concludes that teenage pregnancy among secondary school students in Ovia North East Local Government Area of Benin, Edo State, is relatively low, with a self-reported prevalence of 6.8%, but remains a significant concern due to underreporting and social visibility among peers. Older adolescents, students from non-traditional family structures, and those experiencing economic vulnerability are at higher risk. While the majority of students demonstrated good awareness of sex education and reproductive health, gaps in knowledge and misconceptions persist, particularly regarding contraception, reproductive health components, and the consequences of inadequate sex education.

Multiple factors, including poverty, peer influence, lack of parental care, broken homes, low self-confidence, early marriage, social media exposure, and cultural or religious restrictions, were identified as contributors to teenage pregnancy. The study also established a significant

relationship between the level of awareness of sex education and the prevalence of teenage pregnancy, highlighting the protective role of adequate knowledge.

Teenage pregnancy is driven by a complex interplay of socio-demographic, familial, economic, psychological, and cultural factors, but targeted interventions, comprehensive sex education, and supportive family and school environments can significantly reduce its occurrence. The findings underscore the need for collaborative efforts among healthcare professionals, educators, parents, and community stakeholders to empower adolescents with knowledge, skills, and resources to make informed reproductive health decisions.

5.5 Limitations of the Study

Despite its valuable findings, this study has several limitations. First, the use of self-reported questionnaires may have introduced response bias, as students could underreport or overreport experiences of teenage pregnancy due to stigma or fear of judgment. Second, the study was conducted in only two schools within Ovia North East Local Government Area, which limits the generalizability of the findings to other schools or regions in Edo State or Nigeria as a whole. Third, the cross-sectional design captures data at a single point in time, making it impossible to establish causal relationships between factors and teenage pregnancy. Additionally, students who had dropped out due to pregnancy were not included, which may have resulted in an underestimation of the actual prevalence. Lastly, some socio-cultural factors influencing teenage pregnancy may not have been fully captured due to the scope and structure of the questionnaire.

5.6 Recommendations

Based on the findings of this study, the following recommendations are proposed:

1. Schools should implement comprehensive sex education programs that go beyond basic awareness, covering reproductive health, contraception, and the social and psychological consequences of teenage pregnancy. Nurses and healthcare professionals should be actively involved in delivering these programs to ensure accuracy and engagement.
2. Parents and guardians should be encouraged to communicate openly with their children about sexual and reproductive health. Community workshops and counselling sessions led by healthcare providers can equip parents with the skills to guide adolescents effectively.
3. Special attention should be given to adolescents from economically disadvantaged or non-traditional family backgrounds. Interventions such as mentorship programs, peer support groups, and counselling can help build self-confidence and reduce susceptibility to risky sexual behaviours.
4. Community leaders, religious institutions, and schools should collaborate to challenge harmful cultural norms and misconceptions surrounding adolescent sexuality. Culturally sensitive education campaigns can reduce stigma and promote safe sexual practices.
5. Adolescents should have access to youth-friendly health services, including counseling and contraceptives, in a safe and confidential environment. Nurses and other healthcare workers should ensure these services are readily available and appropriately promoted within schools and communities.
6. Positive and educational content on social media platforms can be leveraged to raise awareness about teenage pregnancy, safe sexual practices, and reproductive health, while also countering misinformation.

5.7 Suggestions for Further Study

Based on the findings and limitations of this study, the following suggestions are proposed for further research:

a) Future studies should include multiple local government areas or states to enhance the generalizability of findings on teenage pregnancy among secondary school students in Nigeria.
b) Conducting longitudinal research would help establish causal relationships between socio-demographic, familial, psychological, and cultural factors and teenage pregnancy over time.
c) Research should also focus on adolescents who have dropped out of school due to pregnancy, as their exclusion may lead to underestimation of prevalence and associated factors.
d) Future studies could incorporate qualitative methods, such as interviews or focus group discussions, to gain deeper insights into the personal, familial, and societal influences on teenage pregnancy.
e) Evaluating the effectiveness of targeted interventions, such as school-based sex education programs, community workshops, and parental engagement initiatives, could provide evidence for best practices in reducing teenage pregnancy.
f) Further research could explore the influence of peer pressure, social media, cultural norms, and religious beliefs in shaping adolescent sexual behaviours and pregnancy outcomes.

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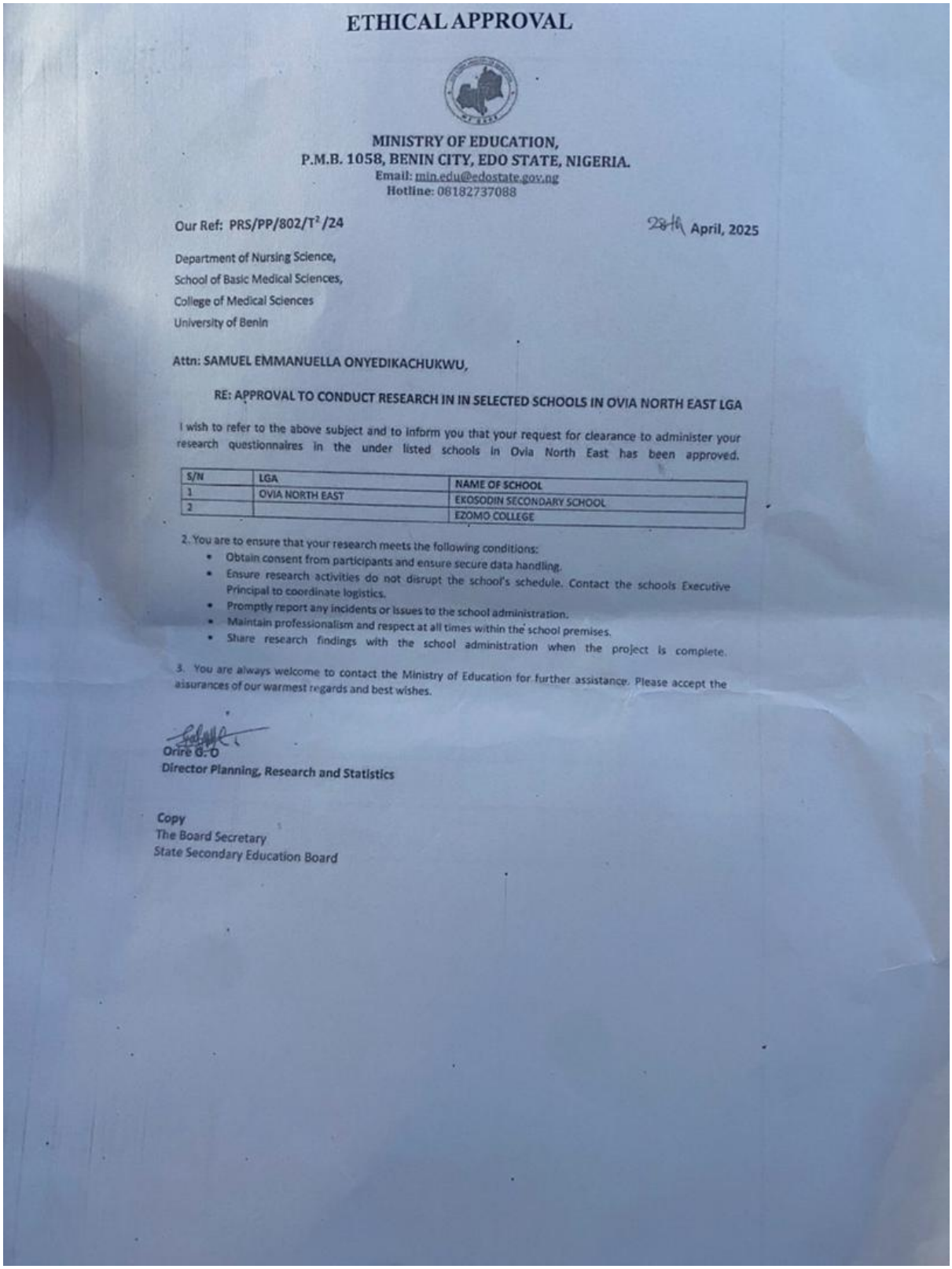
APENDICES

APPENDIX I



ETHICAL APPROVAL

MINISTRY OF EDUCATION,
P.M.B. 1058, BENIN CITY, EDO STATE, NIGERIA.
Email: min.edu@edostate.gov.ng
Hotline: 08182737088

Our Ref: PRS/PP/802/T²/24

28th April, 2025

Department of Nursing Science,
School of Basic Medical Sciences,
College of Medical Sciences
University of Benin

Attn: SAMUEL EMMANUELLA ONYEDIKACHUKWU,

RE: APPROVAL TO CONDUCT RESEARCH IN IN SELECTED SCHOOLS IN OVIA NORTH EAST LGA

I wish to refer to the above subject and to inform you that your request for clearance to administer your research questionnaires in the under listed schools in Ovia North East has been approved.

S/N	LGA	NAME OF SCHOOL
1	OVIA NORTH EAST	EKOSODIN SECONDARY SCHOOL
2		EZOMO COLLEGE

2. You are to ensure that your research meets the following conditions:
- Obtain consent from participants and ensure secure data handling.
- Ensure research activities do not disrupt the school's schedule. Contact the schools Executive Principal to coordinate logistics.
- Promptly report any incidents or issues to the school administration.
- Maintain professionalism and respect at all times within the school premises.
- Share research findings with the school administration when the project is complete.

3. You are always welcome to contact the Ministry of Education for further assistance. Please accept the assurances of our warmest regards and best wishes.

Orire G. O
Director Planning, Research and Statistics

Copy
The Board Secretary
State Secondary Education Board

APPENDIX II

Inform Consent

University of Benin
Ugbowo
Benin City
April 26th, 2025

To: The Principal
Ekosodin secondary school
Benin city

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am a 500 level student at University of Benin, conducting a research study titled: *"Factors Influencing Teenage Pregnancy among Secondary School Students in Ovia North East Local Government Area, Edo State."*

The purpose of this study is to examine the awareness of sex education and reproductive health, and the factors contributing to teenage pregnancy among students in selected secondary schools. The findings of this study will provide valuable insights for improving adolescent reproductive health education and informing interventions in schools within Edo State.

With your permission, I would like to administer a structured questionnaire to a randomly selected group of students from your school. Participation will be entirely voluntary, and all responses will be kept strictly confidential. For students under 18 years, parental consent will be obtained prior to student participation. The questionnaire is designed to be brief, requiring approximately 15–20 minutes to complete. The administration will be coordinated with your staff to ensure minimal disruption to school activities and a comfortable, private environment for the students.

I sincerely seek your approval to conduct this study in your school and assure you that the data collected will be used solely for academic purposes. A copy of the research findings can be shared with your institution upon request.

Thank you for considering this request. Your cooperation and support in facilitating this important research will be highly appreciated.

Yours faithfully,

SAMUEL EMMANUELLA ONYEDIKACHUKWU
BMS2005083
09128964766

University of Benin
Ugbowo
Benin City
April 26th, 2025

Dear Parent/Guardian,

REQUEST FOR CONSENT TO PARTICIPATE IN A RESEARCH STUDY

I am a 500 level student at University of Benin, conducting a research study titled: *"Factors Influencing Teenage Pregnancy among Secondary School Students in Ovia North East Local Government Area, Edo State."*

The purpose of this study is to examine the Awareness of sex education and reproductive health, and the factors that contribute to teenage pregnancy among secondary school students. Your child has been randomly selected to participate in this study.

Participation is completely voluntary, and your child may withdraw at any time without any consequence. The study will involve completing a structured questionnaire that will take approximately 15–20 minutes. All responses will be kept strictly confidential, and no identifying information will be shared. The findings of this study will be used solely for academic purposes.

If you consent to allow your child to participate, please sign the form below. Your support is greatly appreciated in helping to provide insights that could improve adolescent reproductive health education in schools.

Consent Statement:

I, the undersigned, **consent to allow my child, _____ (Name of Student),** who is a student at _____ (Name of School), to participate in the research study titled *"Factors Influencing Teenage Pregnancy among Secondary School Students in Ovia North East Local Government Area, Edo State."*

Parent/Guardian Name: _____
Signature: _____
Date: _____

Researcher:

SAMUEL EMMANUELLA ONYEDIKACHUKWU

BMS2005083

09128964766

University of Benin
Ugbowo
Benin City
April 26th, 2025

To: The Principal

Ezomo college

Benin city

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am a 500 level student at University of Benin, conducting a research study titled: *"Factors Influencing Teenage Pregnancy among Secondary School Students in Ovia North East Local Government Area, Edo State."*

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Yours faithfully,

SAMUEL EMMANUELLA ONYEDIKACHUKWU

BMS2005083

09128964766

University of Benin
Ugbowo
Benin City
April 26th, 2025

Dear Parent/Guardian,

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The purpose of this study is to examine the Awareness of sex education and reproductive health, and the factors that contribute to teenage pregnancy among secondary school students. Your child has been randomly selected to participate in this study.

Participation is completely voluntary, and your child may withdraw at any time without any consequence. The study will involve completing a structured questionnaire that will take approximately 15–20 minutes. All responses will be kept strictly confidential, and no identifying information will be shared. The findings of this study will be used solely for academic purposes.

If you consent to allow your child to participate, please sign the form below. Your support is greatly appreciated in helping to provide insights that could improve adolescent reproductive health education in schools.

Consent Statement:

I, the undersigned, **consent to allow my child, _____ (Name of Student),** who is a student at _____ (Name of School), to participate in the research study titled *"Factors Influencing Teenage Pregnancy among Secondary School Students in Ovia North East Local Government Area, Edo State."*

Parent/Guardian Name: _____
Signature: _____
Date: _____

Researcher:

SAMUEL EMMANUELLA ONYEDIKACHUKWU

BMS2005083

09128964766

APPENDIX III

DEPARTMENT OF NURSING SCIENCES
SCHOOL OF BASIC MEDICAL SCIENCES
UNIVERSITY OF BENIN,
BENIN CITY,
EDO STATE

Dear Respondent,

QUESTIONNAIRE

I am a student in the above-named institution. I am carrying out a research study on the topic: "Factors Affecting Teenage Pregnancy Among Secondary School Students in Ovia North East Local Government Area of Edo State." Please kindly assist me by indicating your opinion where necessary. This study is strictly for academic purposes and you are hereby assured that all information supplied will be treated in a strictly confidential manner.

Thank you.

Yours faithfully,

SAMUEL EMMANUELLA ONYENDIKACHUKWU

SECTION A: DEMOGRAPHIC DATA

Instructions: This section asks questions about your socio-demographic data. Tick ( ) the ones applicable to you.

1. **Age**: [ ] 13-14 years [ ] 15-16 years [ ] 17-19 years
2. **School**: [ ] Ezomo College [ ] Ekosodin Secondary School
3. **Class Level:** [ ] SSS 1 [ ] SSS 2 [ ] SSS 3
4. **Family Structure**: [ ] Living with both parents [ ] Living with single parent [ ] Living with relatives/guardians [ ]Living alone

5. **Parents'/Guardians' Highest Educational Level:** a) Father/Male Guardian: [ ] No formal education [ ] Primary [ ] Secondary [ ] Tertiary
6. b) Mother/Female Guardian: [ ] No formal education [ ] Primary [ ] Secondary [ ] Tertiary
7. **Parents'/Guardians' Occupation:** a) Father/Male Guardian: [ ] Unemployed [ ] Farmer/Manual Labour [ ] Civil Servant [ ]Private Sector [ ] Business Owner [ ] Other (specify) _____
8. b) Mother/Female Guardian: [ ] Unemployed [ ] Farmer/Manual Labour [ ] Civil Servant [ ] Private Sector [ ] Business Owner [ ] Other (specify) _____
9. **Family Monthly Income (estimate):** [ ] Below ₦50,000 [ ]₦50,000-₦100,000 [ ] ₦100,001-₦200,000 [ ] Above ₦200,000 [ ] Don't know
10. **Religion**: [ ] Christianity [ ] Islam [ ] Traditional [ ] Other (specify) _____

Section B: Prevalence of Teenage Pregnancy

Instructions: This section asks questions about prevalence of teenage pregnancy. Tick ( ) the ones applicable to you.

1. Have you ever been pregnant as a teenager? Yes ( ) No ( )
2. Do you know any student in your school who has been pregnant? Yes ( ) No ( )
3. At what age did the pregnancy occur (for you or someone you know)? 13–14 years ( ) 15–16 years ( ) 17–19 years ( )
4. Is teenage pregnancy common in your school? Very common ( ) Common ( ) Not common ( )

Section C: Awareness of Sex Education and Reproductive Health

Instructions: This section asks questions about awareness of sex education and reproductive health. Circle the applicable ones from options a to c.

1. What does sex education mainly teach? a) How to make friends b) About the body, relationships, and safe sexual practices c) How to cook meals
2. Which of the following is a method of preventing teenage pregnancy? a) Using contraceptives b) Ignoring advice from teachers c) Dropping out of school
3. Which of the following is NOT part of reproductive health education? a) Hygiene during menstruation b) Prevention of sexually transmitted infections (STIs) c) Playing video games
4. Which of the following can result from lack of sex education? a) Teenage pregnancy b) Improved school performance c) Better job opportunities
5. Who is the BEST person to provide accurate sex education to students? a) Parents and teachers b) Random friends on social media c) Unknown strangers

Section E: Factors Contributing to Teenage Pregnancy

This section asks questions about factors Contributing to Teenage Pregnancy. Choose from the options that is most appropriate and applicable with strongly agree (4 marks), Agree (3 marks), Disagree (1 mark) and strongly disagree (2 marks).

S/N	Statement	Strongly Agree (4)	Agree (3)	Disagree (1)	Strongly Disagree (2)
1	Poverty makes teenagers get pregnant early.				
2	Lack of parental care leads to teenage pregnancy.				
3	Friends influence teenagers to have sex.				
4	Broken homes increase teenage pregnancy.				

5	Low self-confidence causes teenage pregnancy.				
6	Early marriage leads to teenage pregnancy.				
7	Not talking about sex at home causes teenage pregnancy.				
8	Social media exposes teenagers to risky behaviours.				
9	Poor knowledge of contraceptives leads to teenage pregnancy.				
10	Religion and culture stop teenagers from learning about sex.				

Thank you for your time.

APPENDIX IV

Instrument Reliability

The Cronbach's alpha method was used to assess the internal consistency (reliability) of the structured questionnaire. A test–retest procedure was performed by administering 27 questionnaires (10% of the total sample size of 271) to students in Egor Local Government Area, outside the selected schools in Ovia North East Local Government Area (Ovia North East LGA). Data from the pilot/test–retest were analyzed using the Statistical Package for the Social Sciences (SPSS), and Cronbach's alpha was computed.

The analysis produced a Cronbach's alpha coefficient (α) = 0.71, indicating acceptable internal consistency for the instrument used in this study. A Cronbach's alpha value of 0.70 or greater is generally considered acceptable for social science research (Nunnally, 1978).

Reliability Details

Item	Details
Reliability method	Cronbach's alpha (test–retest procedure)
Pilot/test–retest sample size	27 questionnaires (10% of total sample size of 271)
Pilot location	Egor Local Government Area (outside selected schools in Ovia North East LGA)
Analysis software	SPSS (Cronbach's alpha computed)
Cronbach's alpha (α)	0.71

Interpretation	Acceptable internal consistency — instrument considered sufficiently reliable for the main study ($\alpha \geq 0.70$).

Table 1: Reliability Statistics

Measure	Value	Remark
Pilot sample (n)	27	10% of total sample (271)
Cronbach's alpha (α)	0.71	Acceptable reliability ($\alpha \geq 0.70$)