

**TEENAGE PREGNANCY AND YOUTH DEVELOPMENT IN OREDO LOCAL
GOVERNMENT AREA, EDO STATE.**

BY

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DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

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BENIN CITY.

APRIL, 2024.

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**A RESEARCH WORK SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY
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FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF A BACHELOR
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CERTIFICATION

This is to certify that this project work was done by **OTIYEKE HOPE IRAGBACOSA** with the matriculation number **SSC1708337** under the supervision of **DR. (MRS) EMIKE AGBONTAEN** and to also certify that the work done is adequate for partial fulfillment for the award of Bachelor of Science (B.SC) degree in the University of Benin.

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HEAD OF DEPARTMENT

DATE

DEDICATION

This project work is dedicated to God Almighty who saw me through my years in school, for without him, I can do nothing. I give him all the thanks and praise.

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I am very grateful to Almighty God who saw me through my years in the University. To my supervisor, Dr (Mrs) EmikeAgbontaen who is a woman of intellectual prowess, a mother figure who calmly put up with my mistakes and corrected me with love throughout this research work. I am grateful for your direction, support and encouragement.

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ABSTRACT

This study was carried out to examine teenage pregnancy and youth development in Oredo local government area, Edo State, Nigeria. It drew sample from the 533,300 population of Oredo local government area.. It made use of four objectives. A 100% response rate was obtained from the questionnaires that was administered. The survey method of data collection was applied in the study because it is only the method best suited for the collection of data from a sample of a chosen population of any study, which was applicable in the study. The findings from this study shows most of the respondents know what teenage pregnancy is, this is because they are victims of teenage pregnancy or know someone who is. The main cause of teenage pregnancy is lack of proper sex education to teenagers. This study shows that family background has a role to play in teenagers falling victims of teenage pregnancy however, it does not relegate the fact that victims of teenage pregnancy live unfulfilled lives. The study recommends that the government should encourage NGOs that advocate for women and children so that they will constantly sensitize the public on the right sex education. It also recommends that counselling centers and rehabilitation facilities should be made available for victims of teenage pregnancy.

CHAPTER ONE

INTRODUCTION

1.1. BACKGROUND OF THE STUDY.

Teenage pregnancy is a social menace that has eaten deep into the society and stands as an impediment to both youth, social and cultural development in most parts of the world. Teenage pregnancy is one of the social problems experienced globally. This phenomenon is not only associated with the developing and underdeveloped countries or what some scholars refer to as "third world countries", rather it is also evident in developed countries of the world (WHO, 2014). The term teenage pregnancy refers to girls who get pregnant before reaching adulthood, that is between the ages of 13 to 17 years (Akakpo, 2013). Children are considered precious gifts from the creator to their parents but, when they are not planned for, they are perceived as mistake or aptly put, misfortune (Alabi and Oni, 2017).

According to the Kaisa family foundation (2022) every year, 13 million children are born to women under age 20 worldwide, with more than 90 percentage of them in developing countries. Teenage pregnancy and childbirth are the leading causes of mortality among women between the ages of 15 and 19 in such cases. This means that first sexual experience and child bearing may take place for many in a different personal and social context, (Ojo, 2021). Adolescence is a crucial period in which significant physical, social, psychological and reproductive health changes occur between 10 and 19 years of age. This time period marks the onset of sexual and reproductive health transformations (WHO, 2014).

The highest rate of teenage pregnancy in the world is recorded in sub-saharan Africa, where women tend to marry at a very early age. In Niger, for example, 53 women out of 87

surveyed married women had given birth to a child before the age of 18 (Ajayi, 2017). A major contributor to this is the fact that in most African countries early pregnancy is often seen as a blessing because it is a proof of the young woman's fertility. Teenage pregnancy has been systematically identified as one of the challenges of African countries like Nigeria, Niger and Togo. This is because teenagers do not plan for their lives let alone their children before they are born as majority of them are not married at that age. Reports have shown that poverty is associated with the increased rates of teenage pregnancy in economically developing countries (Okoli, Rahman and Hajizadeh, 2022).

In Nigeria, it is alarming to know that most of the country's female citizens that are of the adolescent age have had their first child before the age of 18 (Alenkhe and Akaba, 2013). According to the Nigerian demographic and health survey, teenage pregnancy is on the increase and their findings reveal that the rate for teen motherhood increase steadily from age 15 to 19, with especially large increase between the ages of 16 and 17 and between the ages of 17 and 18, with the former occupying 24.2% of the teen within the age limit, while the latter occupies 35.7%. The South South Nigeria is the fourth highest carrier of this situation with about 12% of the entire situation in the country and Benin, Edo state is a south South state (Alenkhe and Akaba, 2013). The Nigerian demographic health survey (2018) asserted that, unplanned pregnancies among Nigerian teenagers and young women have risen despite improvement in educational level. In 2003, 16% of pregnancies among girls and women aged 15-24years had been unintended compared with 10% in 1999. The study from the New York based Guttmacher institute as cited by Adebola (2020), said that, low use of contraceptive was partially to blame for the increase in teenage pregnancy. The idea

of early marriage is not left out from the scheme of things, as WHO (2014) stated that it is one of the reasons teenage pregnancy thrived.

Amadi (2019) states that, child marriage was not common among the Igbos but a girl can be betrothed to a man at early childhood or age, but the marriage will not take place till the girl reaches puberty or come of age. In all, when a girl is given out in marriage at early age there is tendency that once intimacy comes, it leads to sexual activities, and there is every cause for the girl child to be pregnant.

1.2. STATEMENT OF THE PROBLEM

One major impediment to the development of youths in Nigeria especially in Benin City is early involvement in sexual activities. The minds of young adults are continually filled with sexually oriented issues and scenes as a result of this. The issue of teenage pregnancy has in the last few years become a national problem due to the outrageous number of early marriages and teenagers involvement in sexual activities (Alenkhe and Akaba, 2013). The truth is that little or no development happen to teen who find themselves in this situation. They end up dropping out of school and as such cannot find jobs to do. They end up living in poverty and it is most likely that children from these mothers would also stand the risk of repeating the vicious cycle of poverty (Agba and Mandeun, 2015). Over the years, a lot of works have been done on areas bordering on teenage pregnancy, the causes, effects and social impacts. However, none of these works was able to capture how teenage pregnancy influences youth development in Oredo local government of Benin City, hence the reason for this study.

1.3 RESEARCH QUESTIONS.

- i. What are the causes of teenage pregnancy in Oredo local government.
- ii. What is the family background of victims of teenage pregnancy in Oredo local government.
- iii. Do these teenagers have access to proper sex education?
- iv. What are the consequences of teenage pregnancy.

1.4 OBJECTIVES OF THE STUDY.

General objective

The study will ascertain and establish the causal relationship between teenage pregnancy and youth development and proffer solutions, through which this menace could be ameliorated.

Specific objectives are to:

- i. Identify the causes of teenage pregnancy in Oredo local government.
- ii. Investigate the family background of victims of teenage pregnancy in Oredo local government.
- iii. Find out the level of sex education teenagers have access to.
- iv. Examine the consequences of teenage pregnancy.

1.5 SIGNIFICANCE OF THE STUDY

This study will have several benefits both to the affected population (teenage mothers) and the society at large. Firstly, this study will create enough awareness on the influence of

teenage pregnancy in youth development in Oredo local government. Secondly, it will bring to the limelight, the causes and effects of teen pregnancy and the best strategies to systematically tackle it. Lastly, this study will add to the existing body of knowledge. Research scholars will gain from the vast amount of knowledge that will be presented in the course of this study.

1.6 SCOPE OF THE STUDY

This study will be conducted to cover Oredo local government area of Benin City. Respondents will be chosen randomly from the local government. The study will be streamlined to cover the impact and influence of teenage pregnancy on youth development in Oredo local government area, Benin City.

1.7 OPERATIONAL DEFINITION OF TERMS.

Teenager: A person between 13 and 19 years old.

Teenage pregnancy: Pregnancy between the ages of 13 and 17 years of age.

Development: To advance; to further; to promote the growth of something or someone.

Early marriage: Child marriage, also known as early marriage, is defined as “Any marriage carried out below the age of 18 years, before the girl is physically, physiologically, and psychologically ready to shoulder the responsibilities of marriage and childbearing.

Fertility: A woman's ability to conceive a biological child. It is an influencing factor population dynamics in demography.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK.

2.1. CONCEPT OF TEENAGE PREGNANCY.

According to the United Nations Children Fund (UNICEF), teenage pregnancy is defined as a pregnancy in girls within the ages of 13–19. It is a global problem and creates issues for all those interested in the health of young girls and women. According to the World Health Organization (2014), it is the period between the ages of 10-19 years that encompasses time from puberty onset to full legal age. This phase of life spurts physical, mental, emotional and social development where the individual learns about life making major decisions that leads to career path. During this time teenager feel a lot of peer pressure. Adolescence is generally a complex period where a number of factors may lead to sexual behaviors and reproductive health (RH) risks. This is due to teenagers being less experienced and less informed in accessing RH services (WHO, 2014).

Akakpo (2013) stated that during adolescence period, both boys and girls grow and gain weight quickly. Their genitals enlarge in size. Some changes occur in girls such as the ovaries beginning to release eggs and they begin to menstruate (for girls). In boys, the testes start to produce sperms. This normally happen between the ages of 13 to 16, even though it can happen earlier or later. Girls and boys become increasingly self-conscious and aware of the changes taking place in their bodies during adolescent period. They also start to be aware of their sexuality and feel sexually desired, sometimes quite strongly. This is a challenging time emotionally, as teenagers struggle to comprehend their own feelings and actions. Their thinking capacities are in abstract terms and empathy with others develops during this

period. According to Amadi (2019), during adolescent period, boys and girls experience notable physiological changes which prepare them for more mature sociality, and then inclination towards sexual activity is due to a natural curiosity, to a vehement desire for affection and acceptance. At the same time it seems to be a demonstration of the maturity which they believe they have reached in the group and even in themselves. They also find themselves in social contexts which include elements, cultural traditions, fashion, and family, and religion, influence of communication, literature, cinema, radio, television and advertisement. All these elements can encourage or repress teenagers' sexual urges (Amoah-Saah, 2018).

2.2 FACTORS RESPONSIBLE FOR TEENAGE PREGNANCY

There are several factors that contribute to the rise in teenage pregnancy, some of which are outlined below:

Poor Socio-Economic Background

Pregnant girls often come from families of poor socio economic status who do not have the necessary resources to cater for a child. Yampolskaya, Brown and Greenbaum (2022) observed that approximately 60% of adolescent mothers live in poverty at the time of the birth of their babies and “approximately 73% go on welfare within 5 years of giving birth”, These children grow up to have little or no interest in educational goals and successes because of the inability of their parents to be involved. Therefore, the socio-economic status of parents often affects the wellbeing and educational interest of teenagers. In some cases, teenagers are compelled to fend by doing menial jobs or hawking to meet the needs of the whole family. These in turn expose them to sexual violence by people who are more financially buoyant and may want to exploit them sexually which exposes them to

unintended pregnancy. According to Mangatu and Kisimbii (2019), teenage females from poor family background have a higher probability of being pregnant.

Absence of Adequate Care and Supervision by Parents/Guardian

In today's society, parents/guardians do not necessarily care for the emotional stability of the girl child. They are either too busy or lenient in their upbringing thereby neglecting their responsibilities. Teenagers especially girls go through challenging situations in which they need parental guide and support as they grow. In situations where they lack the supervision and control from their parents, they tend to fall into "wrong hands" who eventually takes advantage of them while they end up with a pregnancy. Also, parents who seem to avoid sex talk with their teens may lead to the child turning to friends for direction which may result into misinformation leading to unintended pregnancy.

Peer Influence

Peer pressure has also been shown to be one of the most common causative factors of teenage pregnancy. Hashmi (2013) explains that peer pressure continues to destroy teenagers all over the world. According to Chiazor, Ozoya, Idowu, Udume, &Osagide (2017), friends are critical instruments of socialization and establish standards of behavior while serving as role models hence altering the sexual behavior and beliefs of the teenagers. Children as they grow to become teenagers experience increased pressure to fit into certain peer groups which corresponds to feelings of self-esteem and self-worth. They begin to form new social groups and may become subjected to beliefs and values other than their parental values (Makanjuola, Daramola&Obembe, 2015). The peers may then lure the girl into having sexual intercourse with the opposite sex in order to fit properly into the group thereby leading to unintended pregnancy of such teenager. In most cases they allow their

decisions regarding sex be influenced by their peers (Widman, Choukas-Bradley, Helms & Prinstein, 2016).

Sexual Violence

Sexual violence has been observed as an important predictor of teenage pregnancy. Sexual violence is widespread and particularly affects adolescent girls: about 20% of girls around the world experience sexual abuse as children and adolescents

(Franjic, 2018). There are situations where teenage girls may be unable to refuse sexual harassment. According to (WHO, 2014) more than one third of girls in some countries report that their first sexual encounter was coerced. In a study conducted by Ajayi and Ezegbe (2020), they discovered that unintended pregnancy was higher among survivors of sexual violence compared to those who never experienced sexual abuse. Studies have also found that between eleven and twenty percent of pregnancies in teenagers were as a result of rape, while about sixty percent of teenage mothers had unwanted sexual experiences (abuse) preceding their pregnancy (Alabi & Oni, 2017). Substance use and abuse, drugs or alcohol, poor mental health among other risk factors have also been found to be factors leading to sexual violence and teens' pregnancy.

Lack of Education

Lack of education remains one of the main factors causing a rise in teen pregnancy. Moreover, more schooling or higher level of educational attainment is a protective factor against teen pregnancy (Amadi, 2019). Research studies have shown that decrease in the level of female literacy will lead to an increasing rate of teen pregnancy. Education increases teens' knowledge about contraceptive use and allow girls to understand sex education. Schools help to ensure a perfect environment and also combat teen pregnancy. At school,

students spend a lot of their time with trusted teachers in a regulated and supportive learning environment. (Huang, 2017).

2.3 EFFECTS OF TEENAGE PREGNANCY

Teenage pregnancy can result into negative social and economic consequences on girls. Unmarried pregnant girls face stigma, unacceptability and discrimination, violence by partner or parents which can make them feel isolated or depressed. This often leads to non-attainment of their academic goals by dropping out of school which may jeopardize their future ambition and employment opportunities (Ojo and Ijabadenyi, 2021). It also leads to low educational level of the teenage girl, low income or poverty and single parenting. Pregnant teenagers who drop out of school may also be forced to go into early marriage which may be a direct cause of violence from partners. Similarly, girls who become pregnant before age 18 are more likely to experience violence within marriage or partnership (Franjic, 2018). Based on their inability to attain higher educational standards, they may have fewer skills and lack opportunities for employment which results into poverty or poor life styles; Nationally, this can have economic consequences in countries where the annual income that young women would have earned in their lifetimes if they had not been involved in early pregnancies. According to Marnach, Forrest, and Goldman (2013) medically, teenage pregnancy maternal and prenatal health is of particular concern among teens that are pregnant or parenting. Pregnant teenage girls are more likely to experience unsafe abortions than adults. An estimated three million unsafe abortions occur globally every year among girls age 15-19 years (WHO, 2014). This is a serious health problem which causes maternal death. Another major problem encountered during teenage pregnancy is an obstetric fistula or vesico-vaginal fistula (vvf), which is caused by a prolonged,

obstructed labor. The vagina often tears when a pregnant girl is in labor or gives birth and this pose serious complication and challenge to the underage mother. Teens also tend to be at a higher risk of other pregnancy-related complications and general health risks such as pre-eclampsia (pregnancy induced high blood pressure), incidence of premature birth and low-birth weight, obesity, diabetes, cardiovascular diseases, death and other risk factors which serve as a serious public health challenge.

2.4 TEENAGE PREGNANCY IN NIGERIA.

According to WHO (2014) fact sheet report, Africa has the highest rate of adolescent pregnancy in the world, a factor that affects the health, education and earning potential of millions of African girls. As reported by UNFPA (2014) although there has been a slight decline in adolescents' birth rates in developing countries over the last two decades, sub-Saharan Africa continues to have some of the highest rates of adolescent fertility in the world, showing almost no decline since 1990. The United Nations Population Fund (2013) reported that there are 580 million adolescent girls in the world; four out of five of them live in developing countries. As reported by the British Council Nigeria (2015), it is important to pay attention to the situation of women and girls particularly in a nation like Nigeria because it has the highest population in Africa (162.5 million people), of this magnitude, 49% are females (i.e. 80.2 million are girls and women). More importantly, 47% of Nigerian women are mothers before they reach 20. Scholars like Alabi (2017); Famutimi and Oyetunde (2014); Adebola (2013); Ogori, Shitu and Yinusa (2013); and the survey report from NDHS (2013), respectively, have all carried out in depth researches and reported the prevalence of teenage pregnancy in Nigeria and its implication for the girl child, her family and society at large. UNFPA (2013) reported that pregnancies among girls less than 18 years of age have

irreparable consequences. It violates the rights of girls, with life-threatening consequences in terms of sexual and reproductive health, and poses high development costs for communities, particularly in perpetuating the cycle of poverty. As reported in NDHS (2014), teenage pregnancy is a major health concern in Nigeria because of its association with higher morbidity and mortality for both the mother and child.

Additionally, childbearing during the teenage years frequently has adverse social consequences, particularly regarding educational attainment, because women who become mothers in their teens are more likely to curtail their education. Comparing between the Nigeria Demographic and Health Survey (NDHS) 2014(which is a health survey result of Nigerians between 5 years), it is discovered that there is no significant reduction in teenage pregnancy rate in Nigeria. For instance, overall for both researches, 23% of women age 15-19 have begun childbearing; while 18% have had a child in the NDHS report of 2014; it has only dropped by 1% as 17% were reported to have had a child. For the research of 2014, 5% were pregnant with their first child. From the report also, the rate of rural teenage pregnancy increased between year 2008 and 2014 while 29% were pregnant in 2008, one would have expected a drop not an increase, but on the contrary in 2014, it has increased to 32%. However, for those in the urban areas, the proportion of teenagers that have begun childbearing was 12% in 2008 and reduced to 10% in 2014. It was also observed that the percentage of teenagers who have started childbearing decreases with increasing level of education. Teenagers with no education are more than twice as likely to start childbearing early as those with primary education (55% and 27%, respectively), and only 3% of teenagers with more than secondary education have begun childbearing. Teenagers in the lowest wealth quintile are more than twice as likely to have started childbearing as those in

the middle wealth quintile (46% and 21%, respectively) and almost 10 times as likely as those in the highest wealth quintile (Adebola, 2020).

2.5 THE ROLE OF SEX EDUCATION IN REDUCING TEENAGE PREGNANCY

According to Ojo and Ijabadenyi (2021), sex education which is sometimes called sexuality education or sex and relationship education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education aims to reduce the risk of potentially negative outcomes from sexual behaviours such as unwanted pregnancies, teenage pregnancies and infection with STDs including HIV/AIDS. It also aims to contribute to adolescents' positive experience of their sexuality by enhancing the quality of their relationship and the ability to make informed decision over their life time. Sex education is to provide students with information about contraceptives use which can help prevent adolescent pregnancies. It is also argued that providing sex education helps to meet young people's rights to information about matters that affect them, their right to have their needs met, and to help them enjoy their sexuality and the relationships that they form. However, sex education aims to reduce the risks of potentially negative outcomes from sexual behavior, such as unwanted or unplanned pregnancies and infection with sexually transmitted diseases. It also aims to contribute to young people's positive experience of their sexuality by enhancing the quality of their relationships and their ability to make informed decisions over their lifetime (Adebola, 2020). This is confirmed by a research conducted in the US by US Public Health Service (2021) that young girls having problems at home would lead them to seek and establish intimate relationship outside the family, seeking warmth and support they lack at home. Also, girls experiencing sexual abuse

in the family are linked to increasing risk of teenage pregnancy. Schools have unique opportunities to provide education and information, as well as structured activities that discourage unhealthy sexual risk taking. Greater involvement in school is related to decrease sexual activities and later initiation of sex, pregnancy and child bearing (US Public Health Service, 2021).

Agba and Mandeun (2015) noted that adolescents usually go through three phases; early adolescence which occurs during the period from 12 and 14, teen middle adolescence which last from about ages 15 and 18 and late adolescent which starts from 19 to 21 years. It is interesting to note that early adolescence spans the JHS years; the middle adolescence spans the SHS years and late adolescence spans in tertiary institutions. At first, the notion was that teenage pregnancy used to happen to adolescents who have no educational background and no guardians, but the notion seems to be wrong, as the culprits of late are those in school. According Ojo and Ijabadenyi (2021), sex education is about developing young people's skills, so that they can make informed choices about their behaviour and feel confident and competent when acting on these choices. It is widely accepted that young people have a right to sex education. This is because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, and STDs. Many times, some parents feel uncomfortable or embarrassed talking about sexuality with their children. Mostly, they feel they do not have enough specific facts about sexuality to intelligently educate their children on sexual issues. Many adolescents are sexually active despite the fact that they may not be cognitively, emotionally, or financially prepared for the consequences of their behaviours. In the USA adolescent pregnancy rate has shown a steady decline, however, the National Center for Health Statistics (2016) in a study reported that between

2005 and 2006, the national teen birth rate increased three percent - the first increase in fifteen years. Numerous studies have been conducted in an attempt to determine the most effective way to educate the youth about sexuality, personal responsibilities and teen pregnancy prevention.

Comprehensive sexual education is advocated to be most effective in teaching adolescents about the knowledge, skills and values related to their sexual health (Adebola, 2020). Sex education involves warnings and threats about the dangers of sexual activity, and is heavily pro-abstinence. Students have little knowledge about available contraception or alternatives to sexual intercourse and poor access to quality information on sex, reproduction and relationships. The increase in teenage pregnancy among female students in the Junior High School level of Ghana to which the newspapers derive prominence these days seems to attest to the fact that reproductive health education is either “untaught” or “under taught” in the Junior high School. In fact, one is not sure of the kind of knowledge in sex education offered in the Junior high school of education in Ghana (Amoah-Saah, 2018).

According to Amadi (2019), students have little knowledge about their reproductive health which leads them to self-destruction by making wrong choices on matters of reproductive health. Some information was also received from experience, physicians and the church. Boys were more dependent on peers and girls on parents for their sex information. The fathers were an insignificant source of information for both boys and girls. Sex education should be started before the age of 14, when young people become sexually active. Information should be provided for teenagers about avoiding unintended pregnancies, including detailed information about contraception and its side effects. There is however a lot of evidence to show that ignorance about sex leads to trouble. This suggest a

communication gap between the parents and their children which communication is most needed for proper sexual knowledge. Some studies have shown that only 15 percent of young persons said they were satisfied with their parents' discussion about sex. Akakpo (2013) suggests these roles to be played by parents as sex educators of their wards; parental acceptance also helps the child to develop a sense of self worth which enable him to direct his sexual appetite and impulses with due respect for others. He will also have a foundation of knowledge, which will permit him to cope with a school programme fitted to the developmental needs of adolescent children.

2.6. SOURCES OF INFORMATION ON SEX EDUCATION.

Sex education can take place in different settings, both in schools and at home. In these contexts, many people have privilege and duty to give sex education to students. Parents also have opportunity to discuss sexual issues with their children. Parents as a source of information can discuss issues concerning sexuality and sex. Parents should be responsible and tell the adolescents the truth, and expose them to realities of life. He will also have a foundation of knowledge, which will permit him to cope with a school programme fitted to the developmental needs of adolescent children. Parents should be capable of influencing the child's attitude toward the knowledge about sex. Even in the absence of any verbalisation, parents can teach their teenage children more on their sexual issues. To be able to make the right impact and give credible sexual information to students, there is the need to avoid teachers and students engaging in sexual relationship which can result in adolescent pregnancies and other inappropriate sexual behaviours. Thus these teachers would have no credibility with students when teaching sex education. Sexuality and adolescent reproductive health education are often controversial because some individuals are of the view that

talking about sex in schools may increase sexual activities. However, according to two exhaustive reviews of studies by the World Health Organisation (2014), teen pregnancy sexuality education programme do not lead to an increase in sexual activities among adolescents. Evermore encouraging, the reviews found that effective sex education in schools can result in delaying first intercourse. Adolescents watch television, magazine, and movies to help them find and define their status and place in society. Adolescents because they have not reached the cognitive level to critically analyse and determine reasonable levels of realistic goals, are more vulnerable to media images.. They are more likely to take at face value all images and scenarios portrayed in the media. Ahmed (2014) also stated that children now receive a distorted view of life on television and in the movies where broken marriages, prostitution, illicit love affairs and adultery are portrayed as conventional events. It is believed that adolescents learn about sex from printed literature and from high school classes in health, physical education and biology (Amoah-Saah, 2018)

Akakpo (2013) stated that pervasive media messages have a strong influence on an adolescent girl's self image. The adolescent girls in their search for self identity and acceptance are quick to model themselves on the images and messages presented in the media. Their sense of personal identities and ability to interact socially is not yet developed. They look to the media to help them find meaning in their lives, rules for soul interactions, and definition of self. Adolescent girls are more consumers of the media.

2.7 PREVENTION OF TEENAGE PREGNANCY.

Considering the cause, effect, and premarital sex experience among the teenagers today. In fact, there is no doubt that if care is not taken about teenage pregnancy present situation ,then the future leaders of the country will be in trouble. This is because teenage

pregnancy can lead to abortion, gynecological complication, lost of potential human resource, poverty and even death. Therefore, government, chiefs, traditional authorities, religious groups, legislative councils and district assemblies should discourage and campaigned against it. Amoah-Saah (2018) notes that parent should know that home is the immediate environment of the child and it forms the support system for the growing child. The home therefore contributes significantly to shape the life of the child. In many situations some correlation is found between the type of home the child is brought up in and his or her adolescent behaviour. Parent should recognize their role as divine beauty and give good council to their children. Children should know that they are loved by their parent and they are wished well and not evil. Parent should earn the love and obedient of their children to accept their good council and direction (Amoah-Saah,2018). According to Amadi (2019), parents should know and understand their responsibility, that the world is full of snares of feet of the young people may be addicted by life of sensual pleasure. Parents must know that their children must encounter this temptation. Even before birth, the preparation should begin that will enable them to fight successfully the battle against immortality or evil. It is in the home that children are to be prepared to attend the school. Fathers and mothers should continue to keep this in mind. Good instruction in the home is the best preparation that children can receive for school life. Akakpo (2013) states that parent should try to advice their children seriously about the immediate and future dangers of teenage pregnancy. It is the sole responsibility of every parent to train up the child the way he or she should go so that if he or she grows he or she will not depart from it. One of the major duty of the parent is to teach the child about sexuality. You should not feel shy or afraid to educate your own child about sexuality which is destroying most of the youth these days. The teaching of sex

education is the responsibilities of both teachers and parents. Sex education in schools should include moral perspectives about sexuality and complete ethical guidance.

Amadi (2019) and Adebola (2020) are of the view that sex and family life education should be introduced at basic level of education, that is, it should begin at junior high school and also continue in senior high school. It is pertinent that a sharp focus is placed on girls' education which is very necessary to help them realize that their function in society is not only the making of babies. The making of babies has its better place in life and they must wait for that. They are expected to acquire knowledge and skills and be in a position to contribute to national development. This sensitization of the youth is the sole responsibility of parents. Teachers are expected to contribute to what parents start at home. There have been attempts to inform video houses from showing pornographic films and allowing youth to watch it. Government, parliament, district assemblies, traditional leaders, chiefs should enact laws in the country as a whole to solve this phenomenon. Also, every district assembly and traditional authority should also enforce and monitor this law. Government, district assemblies, traditional authorities and chiefs should sanction those who engage in such practices.

Also, Amadi in her study (2019) recommended that in order to prevent teenage pregnancy, the following should be done:

- i. Sensitization programs should be initiated by relevant bodies to educate the populace on the impact of teenage pregnancies.
- ii. Psychological help should be provided to students in secondary to help them deal with pressures of peers and societal stigmatization.
- iii. School-based daycare facilities should be provided for soon to be/already teenage parents

- iv. Contraceptive education should be introduced in secondary schools.
- v. Policies that facilitate better health care services for teenagers should be deployed by government and non-government organizations.

2.8 THEORETICAL FRAMEWORK.

This study will be centered on three theories namely social cognitive theory, structural functionalist theory and labelling theory.

2.8.1 Social Cognitive Theory

Social cognitive theory (SCT) works in the area of social learning theory proposed by Miller and Dollard (1941). They identified four key factors in learning new behavior (drives cues, responses and rewards) and posited that if one was motivated to learn a particular behavior, it would be learned through clear observations. The proposition of social learning was expanded upon and theorized by Canadian psychologist, Albert Bandura. He proposed social cognitive theory with more emphasis on the cognitive processes. These processes suggest that individuals learn through observations and imitating of others' actions to form theirs. That is, social cognitive theory is based on the ideas that people learn by observing the behaviour of other people called models. The basic assumption is that environment affects the behaviour of the individual in terms of learning. Social cognitive theory also states that human beings learn through observation of other people's behavior and events to form a new behaviour or changes in our life or way of life. Human beings, learn to speak their native language, how to use tools and behave in a variety of social contexts by imitation and observation. One of the environmental factors that have influence on adolescent pregnancy is peer pressure. Sexual behavior is one of the many areas in which

teenagers are influenced by their best friends and peers. Teenagers are more likely to have sex if their best friends or peers are having sex (Miller & Dollard, 1941).

Secondly, the community in which a teenager lives in influences his or her sexual behavior. Particularly, teenagers who live in disorganized or poor communities with higher rate of substance abuse, violence, and hunger are more likely to begin having sex early and to have a child. If family members especially parents, express value or model behavior consistent with sexual risk-taking or early childbearing, teenagers are more likely to have unprotected sex and become pregnant or cause their partners to become pregnant. Similarly, teenagers whose older siblings model early sex or child bearing are more likely to have early sex themselves (Miller & Dollard, 1941).

Bringing it to the study, this theory shows that most teenagers that are victims of teenage pregnancy are likely people who are birthed into low socioeconomic backgrounds and they tend to learn and observe things from their environment. They eventually end up copying what they see around them and becoming teenage mothers.

CHAPTER THREE.

METHODOLOGY.

3.1 RESEARCH DESIGN

The cross-sectional descriptive survey design will be employed. It is a type of descriptive research that produces snapshot of a population at one or more points in time and concerns itself with the present status of a phenomenon. Cross-sectional design will be used because it is comparatively quick and cheap to conduct and administer, Creswell (2000).

3.2. AREA OF THE STUDY

Oredo local government area is made up of these towns/areas Abiala, Egbaton, Ekehuan, Gelegele, Ibaro, Igbobi, Ikpako, Mikotowa, Oduna, Orogo, Ugbine and Ughoton. As at 2022, the population of Oredo local government area in Benin City is estimated to be 553,300 and covers about 249.6 km² of land mass (Culture connect, 2023). Oredo is under the administration of the traditional ruler of Benin, the Obá of Benin kingdom, OmoN'ObaN'Edo, UkuAkpolokpolo Oba Ewuare II. He was crowned in October 2016. Isihor however, is a part in the multicultural City of Benin.

3.3 POPULATION OF THE STUDY

The population comprise men, women and teenagers in Oredo local government area. This is because either of the above listed group can be or have a victim of teenage pregnancy in the family. According to the national population census commission (2006), the population of Oredo local government area is 553,200.

3.4 SAMPLE SIZE

The sample size for this study is 100 persons which will be selected from 100 households across selected parts in Oredo. The researcher considers this large enough for the study. The choice of the sample size was also informed by factors such as cost, representativeness and sampling error which cannot be tolerated.

Based on our study population, it is not possible to engage the 553,300 adult population of Oredo local government at the same time. Hence, the need for a sample size. Omorigiwa (2006) defined a Sample Size as the systematic selection of representative of an entire population from which data can be obtained.

3.5 SAMPLING TECHNIQUE AND SAMPLING PROCEDURE

The sampling method to be used for this study is the simple random of the non-probability and Convenient Sampling of the non-probability sampling technique. This choice is informed by the idea that the population of the area consist working class individuals who commute from their different houses to different places daily for their work and often come back late and business owners who either goes out for their daily business or busy already in their offices. Hence, the researcher will go to the field and make use of whoever is available.

3.6 INSTRUMENT FOR DATA COLLECTION

A self developed questionnaire and interview will be the instruments used for data collection for this study. The questionnaire contains two sections, the first section seeks to ascertain the socio-demographic characteristics of the respondents while the second section will seek to get information on the knowledge and perception of respondents towards teenage pregnancy and development. This study will make use of the structured type of questionnaire in order

to obtain valid, consistent and quantifiable information while the interview questions will be drawn from the objectives of the study. The interview questions will be from the questionnaire as it covers the objectives of the study.

The use of the questionnaire and interview is preferred because it will ensure a wider coverage and enable the researcher to reach out to a large number of respondents.

3.7 METHOD OF DATA COLLECTION

This will be a two time process and a face to face basis. The researcher will administer the questionnaires and interview the respondents in the selected households personally and collect it a day later to enable the respondents fill the questionnaires at their convenience to avoid any mistakes or false information. For the interview, 5 respondents from the 100 respondents will be interviewed to get an indepth view as regards the research objectives.

3.8. METHOD OF DATA ANALYSIS

Walliman (2005) stated that data is analyzed in order to measure, make comparison, examine relationships, forecast, test hypotheses, construct concepts and theories, explore, control and explain. Borg, Gall and Gall (1993) argued that the result of quantitative studies should be presented in numerical form

So for every question contained in the questionnaire and interview schedule, both the open ended and close ended questions, SPSS version 22.0 will be used for the analysis, the questions and answers will be analyzed, using frequency and simple percentage. These will be presented in tables and analysis.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

INTRODUCTION

This chapter presents the responses from the respondents in line with the research questions and objectives. It is discussed under the sections of questionnaire response rate, analysis of socio demographic characteristics of respondents, answering of research questions in relation to the research objectives.

4.1 QUESTIONNAIRE RESPONSE RATE

NUMBER OF COPIES OF QUESTIONNAIRES ADMINISTERED	NUMBER OF COPIES OF QUESTIONNAIRES RETRIEVED	PERCENTAGE OF COPIES OF QUESTIONNAIRES RETRIEVED
100	100	100

Sources: field work 2024

Table 4.1 shows the response rate. From the table, it was shown that a total number of 100 questionnaires were administered and retrieved from all sampled respondents. A sample of 100 respondents was randomly drawn from the 553,300 population of Oredo local government area. From the analysis of the questionnaire response rate, it is evident that the response rate of respondents was high.

4.2 SOCIO DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

4.2. TABLE1 AGE OF RESPONDENTS

AGE OF RESPONDENTS	RESPONSE	FREQUENCY	PERCENTAGE
	16-21	30	30%
	22-27	25	25%
	34-39	25	25%
	47 AND ABOVE	20	20%
	TOTAL	100	100%

Sources: field work 2024

Table 4.2.2

SEX	RESPONSE	FREQUENCY	PERCENTAGEE
	MALE	30	30%
	FEMALE	70	70%
	TOTAL	100	100%

Sources: field work 2024

Table 4.2.3

MARITAL STATUS	RESPONSE	FREQUENCY	PERCENTAGE
	SINGLE	45	45%
	MARRIED	55	55%
	TOTAL	100	100%

Sources: field work 2024

Table 4.2.4

Table EDUCATIONAL QUALIFICATION	RESPONSE	FREQUENCY	PERCENTAGE
	Primary school	40	40%
	SSCE	50	50%
	Graduate	10	10%
	Total	100	100%

Sources: field work 2024**Table 4.2.5**

INCOME LEVEL	RESPONSE	FREQUENCY	PERCENTAGE
	Less than 30,000	40	40%
	30,001-50,000	30	30%
	50,001-70,000	30	30%
	Total	100	100%

Sources: field work 2024**Table 4.2.6**

RELIGION	Response	Frequency	Percentage
	Christianity	70	70%
	Islam	30	30%
	Total	100	100%

Sources: field work 2024

Table 4.2.7

ETHNICITY	RESPONSE	FREQUENCY	PERCENTAGE
	Benin	50	50%
	Esan	30	30%
	Igbo	20	20%
	Total	100	100%

Source, field work 2024

AGE

Table 4.2.1 above shows the age of the entire respondents as at the time of the study. 30% of the entire respondents was within the ages of 16-21, 25% was within 22-27, another 25% within the ages of 34-39 while the other 20% was within the ages of 47 and above.

Sex

From the result above in table 4.2.2, it shows that a greater number of female participated in the result. This is evidently shown as 70% of the entire respondents are females while the other 30% are male.

Marital Status

The marital status of the respondents was captured as followed in table 4.2.3, 45% of the entire respondents were single as at the time of the research while 55% was married. This shows that a greater percentage of the respondents were married as at the time the research was conducted.

Educational Qualification

Table 4.2.4 above shows the educational qualification of the entire respondents. From the results above, majority of the respondents are SSCE holders which was represented by 50%, followed by primary school which was represented by 40% and lastly graduates which was presented by 10%.

Income Level

The results in table 4.2.5 show the income level of the respondents. Findings from this as shown on this table shows that 40% of the entire respondents earn less than 30,000 a month. While respondents that earn 30,001-50,000 and 50,001-70,000 were represented by 30% respectively.

Religion

To capture the religious affiliations of respondents, it was added to the socio-demographic characteristics of the study. The results from table 4.2.6 show that 70% of the entire respondents are Christians while the other 30% are Muslims.

Ethnicity

The table 4.2.7 above shows the ethnicities of respondents. Respondents that are Benin was represented by 50%, those that are Esan by 30% and the Igbos amongst the respondents make up 20% of the entire respondents.

4.3 ANALYSIS OF DATA IN ACCORDANCE WITH RESEARCH OBJECTIVES.

RESEARCH OBJECTIVE ONE: IDENTIFY THE CAUSES OF TEENAGE PREGNANCY IN OREDO LOCAL GOVERNMENT AREA.

Items on the questionnaire that relates to objective one were analyzed as follows:

Table 4.3a

WHAT DO YOU THINK IS THE CAUSE OF TEENAGE PREGNANCY?	RESPONSE	FREQUENCY	PERCENTAGE
	FAMILY BACKGROUND	20	20%
	PEER INFLUENCE	30	30%
	LACK OF PROPER SEX EDUCATION	50	50%
	Total	100	100%

Source, field work 2024

This items captures the respondents' view on the causes of teenage pregnancy. Majority of the respondents said that it is the lack of proper sex education that causes teenage pregnancy. This is affirmed by 50% of the entire respondents saying that. 30% of the respondents said that teenage pregnancy occurs due to peer influence, the pressure to do what others are doing while 20% of the respondents said that it is due to family background.

Table 4.3b

DO YOU THINK	RESPONSE	FREQUENCY	PERCENTAGE
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THE NEIGHBOURHOOD A TEENAGER GROWS UP CONTRIBUTES TO CHANCES OF BEING VICTIM OF TEENAGE PREGNANCY?	YES	70	70%
	NO	30	30%
	Total	100	100%

Source, field work 2024

From the table above, it shows that 70% of the entire respondents are of the view that the neighborhood in which a teenager grows up is a crucial factor in being a victim of teenage pregnancy. The other 30% said that it does not contribute in any way.

RESEARCH OBJECTIVE TWO: INVESTIGATE THE FAMILY BACKGROUND OF VICTIMS OF TEENAGE PREGNANCY IN OREDO LOCAL GOVERNMENT.

Items on the questionnaire that relates to research objective two were analyzed as follows:

Table 4.3c

DO YOU THINK TEENAGERS FROM POOR FAMILIES ARE LIKELY TO BE VICTIMS OF TEENAGE PREGNANCY?	Response	Frequency	Percentage
	Yes	80	80%
	No	20	20%
	Total	100	100%

Source, field work 2024

The result from the table above shows that 80% of the entire respondents said that teenagers from a poor are more likely to be victims of teenage pregnancy while 20% said they are not.

Table 4.3d

WOULD YOU SAY THAT PARENTS OCCUPATION PLAY A ROLE IN TEENAGERS FALLING VICTIMS OF TEENAGE PREGNANCY?	Response	Frequency	Percentage
	Yes	50	50%
	No	50	50%
	Total	100	100%

Source, field work 2024

From the results above in table 4.3d, it shows that half of the respondents said that occupation of parents play a role in their children being victims of teenage pregnancy while the other half said parents occupation has nothing to do with that. This was represented by 50% respectively.

Table 4.3e

DO YOU THINK CHILDREN WITH STRICT PARENTS ARE MORE LIKELY TO FALL VICTIMS OF TEENAGE PREGNANCY?	Response	Frequency	Percentage
	Yes	30	30%
	No	70	70%
	Total	100	100%

Source, field work 2024

Majority of the respondents said that children with strict parents are less likely to be victims of teenage pregnancy. This was affirmed by 70% of the entire respondents while the other

30% of the respondents believe that children with strict parents are more likely to be victims of teenage pregnancy.

RESEARCH OBJECTIVE THREE: FIND OUT THE LEVEL OF SEX EDUCATION TEENAGERS HAVE IN OREDO LOCAL GOVERNMENT AREA.

Items on the questionnaire that relates to research objective three were analyzed as follows:

Table 4.3f

DO YOU KNOW	Response	Frequency	Percentage
WHAT IS SEX EDUCATION?	Yes	80	80%
	No	20	20%
	Total	100	100%

Source, field work 2024

From the results above, although majority of the respondents know what sex education is which is represented by 70%, however, 20% of the entire respondents do not know what sex education is and have never heard of it.

Table 4.3g

THROUGH WHAT	Response	Frequency	Percentage
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MEANS DID YOU GET SEX EDUCATION?	Social media	20	20%
	Peer group	40	40%
	Television	20	20%
	Total	80	80%
	Missing system	20	20%
	Total	100	100%

Source, field work 2024

The results above shows the various means through which the respondents have gotten sex education. 40% of the respondents said they got sex education through their peers, 20% said it was through social media, while the other 20% said it was through the television/radio.

Table 4.3h

DO YOU TEACH YOUR CHILDREN ABOUT SEX EDUCATION?	Response	Frequency	Percentage
	Yes	70	70%
	No	30	30%
	Total	100	100%

Source, field work 2024

From the table above, 70% of the respondents said they teach their sex education while the other 30% said they do not.

Table 4.3i

DID YOUR PARENTS	Response	Frequency	Percentage
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TEACH YOU ABOUT SEX EDUCATION?	Yes	40	40%
	No	60	60%
	Total	100	100%

Source, field work 2024

From this table, a higher percentage of the respondents said that they were not taught about sex education by their parents as it was represented by 60% while the other 40% said they were taught.

RESEARCH OBJECTIVE FOUR: EXAMINE THE CONSEQUENCES OF TEENAGE PREGNANCY.

Items on the questionnaire that relates to research objective four were analyzed as follows:

Table 4.3j

DO YOU THINK	Response	Frequency	Percentage
VICTIMS OF TEENAGE PREGNANCY LIVE A FULFILLED LIFE?	Yes	10	10%
	No	90	90%
	Total	100	100%

Source, field work 2024

From the table above, it shows that 90% of the respondents said that victims of teenage pregnancy end up living unfulfilled lives as most of their dreams are cut short. While the other 10% of the respondents said that their lives still turn out just fine.

Table 4.3k

DO YOU THINK	Response	No	Percentage
TEENAGE PREGNANCY WILL AFFECT THE HEALTH OF THE YOUNG MOTHER?	Yes	80	80%
	No	20	20%
	Total	100	100%

Source, field work 2024

The results from the table above shows that teenage pregnancy can affect the health of the young mother as 80% of the entire respondents said this. The other 20% said that it does not affect the health of the young mother.

Table 4.31

DO YOU	Response	Frequency	Percentage
CONSIDER GETTING PREGNANT AT A YOUNG AGE A GOOD THING?	Yes	80	80%
	No	20	20%
	Total	100	100%

Source, field work 2024

Table 4.31 shows that 80% of the respondents said that getting pregnant at a young age is not a good thing while the other 20% believe that it is a good thing.

4.4 CONTENT ANALYSIS OF THE INTERVIEW IN ACCORDANCE TO THE OBJECTIVES OF THE STUDY.

RESEARCH OBJECTIVE ONE: IDENTIFY THE CAUSES OF TEENAGE PREGNANCY IN OREDO LOCAL GOVERNMENT AREA.

"I do not think that family background plays a role in young people getting pregnant. I have seen pastor's children who got pregnant right under their parents nose. I will say it is lack of proper sex education. Most people shy to expose their children to anything about sex and it is bad."(IDI/FEMALE/MRS A)

"I will say the neighborhood a child grows up contribute to her behavior. Because you'll not compare a child from GRA where everyone is minding their business to someone who grows up in a slum with touts and deviants." (IDI/FEMALE/MRS B)

"I think peer pressure plays a role in teenagers getting pregnant. Yes I remember one girl back then in my street when I was growing up. She used to be a very nice and well mannered girl until she started moving with some group of people. Her behavior started changing and then one day we heard that the girl is pregnant, it was even my mum that told us. She even use to use this girl as an example when talking to my sisters. We were shocked" (IDI/MALE/ MISTER A)

"I think this narrows down to the upbringing a girl has, because if somebody is brought up by godly parents, that parents cannot open leg anyhow outside".(IDI/FEMALE/MRS C)

RESEARCH OBJECTIVE TWO: INVESTIGATE THE FAMILY BACKGROUND OF VICTIMS OF TEENAGE PREGNANCY IN OREDO LOCAL GOVERNMENT.

"I would say that a family being poor doesn't guarantee that their daughters will be victims of teenage pregnancy. Myself and my siblings were raised by my late mum in a very average lifestyle but we all turned out great. None of my sisters got pregnant before marriage."(IDI/FEMALE/MRS A)

"I personally think a parent's occupation has nothing to do with their child being a victim of teenage pregnancy. You might be a banker, teacher, or roadside seller and your child still brings unwanted pregnancy home to you. Occupation means nothing."(IDI/FEMALE/MRS B)

"A parent being strict doesn't guarantee that their child will turn out good in life. Parents should learn to loosen up and be their children's friend. That way, they can tell them intimate things and get advice from them."(IDI/MALE/MISTER A)

RESEARCH OBJECTIVE THREE: FIND OUT THE LEVEL OF SEX EDUCATION TEENAGERS HAVE IN OREDO LOCAL GOVERNMENT AREA.

"My mum did not teach me anything about sex education. It was the little I learnt from my peer group that I held on to. But right now, I am teaching my children about sex. I tell them things they should know though it is not everything as they're still very young at the moment."(IDI/FEMALE/MRS A)

"My parents were both teachers before they retired. They told us everything we needed to know about sex. And they kept warning my sisters not to bring unwanted pregnancy home because it will end their dreams abruptly. They equally warned me to keep my manhood in my trousers and wait till I am ready to marry. That was the exact words my mum would always use."(IDI/MALE/MISTER A)

RESEARCH OBJECTIVE FOUR: EXAMINE THE CONSEQUENCES OF TEENAGE PREGNANCY.

"I don't think any young girl that got pregnant at an early age will fulfill her dreams. When you're a mother, you are faced with responsibilities. You don't even think for yourself anymore."(IDI/FEMALE/MRS A)

"Getting pregnant at a young age has effects on the girl. Most of these girls are not fully mature to under delivery. They end up having health implications after child delivery."(IDI/FEMALE/MRS B)

"Getting pregnant at an early age has nothing to do with a girl's fulfillment in life. I personally think it is about the girl involved. If you're determined, you will definitely pick yourself up and make things better, both for yours and your baby."(IDI/MALE/MISTER A)

"The only bad thing I think that comes with teenage pregnancy is the lack of emotional support and the health issues that comes with the pregnancy."(IDI/MALE/MISTER B)

"No nono, I don't support a girl getting married at a very young age please. Ahhh, gone are those days that girls are turned to baby manufacturing machines. Let me tell you one thing as a woman, any girl that gets pregnant at a young age is never fulfilled, especially when your peers turn out to be better and we'll established in life. That girl will forever live in regret."(IDI/FEMALE/MRS C)

DISCUSSION OF FINDINGS

Objective One: Findings from the study show that family background do not play a role in teenagers being victims of teenage pregnancy. It is in line with the study of Alenkhe and Akaba (2020) who states that peer pressure is a strong factor in teenage pregnancy.

Objective Two: The findings from the study shows that family background has a role to play in teenage pregnancy but not in all cases. It also shows that parents occupation has a role to play.

Objective Three: From the findings of the study, teenagers in Oredo Local Government has little or no proper sex education as most of their parents are not ready to discuss sexual matters with them. This makes them vulnerable to teenage pregnancy and its consequences.

Research Four: From the findings of the study, teenagers who are victims of teenage pregnancy live an unfulfilled life as their dreams and aspirations in life are cut short.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 SUMMARY

It is expedient to do a review of the five chapters this project work is comprised of. The first chapter of the work is the introductory part which also includes the objectives of the study, research questions, scope of the study and the significance of the study. The second chapter reviewed some existing literatures that are relevant to the subject matter and also discussed some theories related to the topic. The third chapter stated the "science of how" which is the methodology, consists of the research design, population of the study, sample size and sampling method, it guided the researcher on how the research was to be conducted. Chapter four of the research is analysis and data presentation, the researcher analyzed the data collected from the respondents with SPSS version 22.0 and presented the data in tables, frequencies and percentages.

The study was carried out to critically analyze teenage pregnancy and youth development in Oredo local government, Edo State. It used Oredo local government area as the Area of study. The study took sample from the 533,300 population of Oredo local government area. It made use of four hypothesis. A 100% response rate was obtained from the questionnaires that were administered in the field.

5.2 CONCLUSION

This study reveals that most residents in Benin City know what teenage pregnancy is. This is because they're either victims of teenage pregnancy or know someone who is according to what some of them said. Most of the respondents said that teenage pregnancy is evident in

the area. They agreed that this is caused by some reasons like lack of proper sex education and neighborhood. They said that most teenagers fall victims of teenage pregnancy despite the strictness of their parents. From the study, it was also gathered that most teenagers that are victims of teenage pregnancy end up not living fulfilled lives. In order to curb the menace of teenage pregnancy, parents should teach their children about sex and the right things they need to know about sexuality.

5.3 RECOMMENDATIONS.

The study recommends that:

1. The federal government should develop and evaluate programs in communities where teen births are highest. These programs should aim to reduce pregnancies, births, and abortions among teens.
2. Educate people about sexuality. Provide comprehensive sex education to adolescents.
3. Open Communication. Foster open dialogue between parents, guardians, and teenagers. Discuss relationships, boundaries, and responsible behavior.
4. Raise awareness about the health risks of unprotected sex and teenage pregnancies. Increase contraceptive use. Encourage the use of effective contraceptive methods (condoms, hormonal, and emergency contraceptives).
5. NGOs should provide Peer Education and Support: Encourage peer-led discussions on sexual health.
6. Ensure easy access to contraceptives for sexually active teens as abstinence is not really why teenagers will adhere to.

7. Promote positive role models and healthy relationships.
8. Teach them about the importance of emotional readiness and informed decision-making.

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APPENDIX
QUESTIONNAIRE
DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN,BENIN CITY, NIGERIA

Dear Respondent,

I am Otiyeke Hope Iragbocosa, an undergraduate student of the department of sociology and Anthropology, University of Benin, Benin City. I am conducting a research on the impact of Teenage Pregnancy on Youth Development in Ordeo Local government area of Edo state. This research work is purely for academic purpose as it is part of the requirements for the award of Bachelors (BSC) degree in sociology and Anthropology. Every information gotten in the course of this study will be handled with strict confidentiality. Thank you for agreeing to be part of this exercise.

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. Age: 16-21 () 22-27 () 28-33() 34-39 () 40-46 () 47 and above ()
2. Sex: male () female () widowed ()
3. Marital status: single () Married () divorced () separated ()
4. Occupation
5. Educational qualification., No formal education () primary school () SSCE () graduate () MSc() Ph.D () others ()
6. Income level: less than 30, 000 () 30,001–50,000 () 50,001-70,000 () 70,001 - 90,000 () above 90,000.
7. Religion: Christianity () Islam () African religion () others ()
8. Ethnic group.....

SECTION B: KNOWLEDGE OF THE RESEARCH TOPIC

9. Do you know what teenage pregnancy is? Yes () No ()

10. In your own words, what is teenage pregnancy

.....

Objective One: Causes of teenage pregnancy

- 11. Are you a victim of teenage pregnancy Yes () No () I know some who is ()
- 12. If no, do you know someone who is? Yes () No ()
- 13. What do you think is the cause of teenage pregnancy? family background () parental upbringing () peer influence () early marriage () lack of power sex education () others ()
- 14. Do you think the neighborhood a teenager grows up contributes to chances of being victim of teenage pregnancy? Yes () No ()

Objective two: Family background of teenage pregnancy victims

- 15. Do you think children from poor families are more likely to be victims of teenage pregnancy? Yes () No ()
- 16. Would you say that parents occupation plays a role in teenagers falling victim to teenage pregnancy? Yes ()
- 17. Do you have strict parents? Yes () No ()

Objective three: Access to proper sex education

- 18. Do you know what is sex education? Yes () No ()
- 19. What is sex education?
- 20. Through what means did you get sex education? Social media () family () peer group () church () NGOs () television/radio () others ()
- 21. Do you teach your children about sex education? Yes () No ()
- 22. Did you parent teach you about sex education? Yes () No ()

Objective four: Consequences of teenage pregnancy

- 23. Do you think victims of teenage pregnancy live a fulfilled life? Yes () No ()
- 24. Do you consider getting pregnant at a young age a good thing? Yes () No ()

25. Do you think teenage pregnancy will affect the health of the young mother? Yes ()
No ()
26. Have you seen a secondary school student that got pregnant and still finished school?
Yes () No ()
27. Does your socio-cultural subgroup support and condone teenage pregnancy? Yes ()
No ()