

**TEENAGE PREGNANCY AND IT'S EFFECTS ON THE EDUCATIONAL  
DEVELOPMENT OF THE GIRL  
CHILD IN BENIN CITY**

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**DECLARATION**

I declare that this project work is based on a study undertaken by me in the Department of Sociology and Anthropology , University of Benin under the supervision of MR AGBAIZA .This work has not been previously submitted for award of a degree elsewhere.

All ideas and views are product of my personal research effort and all references to works of others have been duly acknowledged.

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**Date:** \_\_\_\_\_

## **CERTIFICATION**

We certify that Usi Faith Ikpomosa with the Matriculation Number SSC2004144 submitted this research work to the Department of Sociology And Anthropology , Faculty of Social Sciences, University of Benin, Benin City.

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**Mr AGBAIZA**  
**(PROJECT SUPERVISOR)**

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**Date**

## **DEDICATION**

I dedicate this project to God Almighty who made everything possible.



## **ACKNOWLEDGEMENTS**

My sincere gratitude goes to God Almighty for his abundant grace that helped me to reach this stage of my academic pursuit; for his provision, sound health both body and mind throughout the duration of this research and my study in this noble University of Benin. I am most grateful to my project supervisor, Mr Agbaiza for taking out time to read through my research and to my professor, the H.O.D of Sociology and Anthropology Prof. A.O. Dokpesi, thank you all for your continuous understanding, patience, support, and listening ear, I do not take you for granted. To the Dean, Faculty of Social Sciences Prof. Osunde and the entire members of staff of Department of Sociology and anthropology both teaching and non-teaching. I love and appreciate you all.

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**CHAPTER ONE**

**BACKGROUND TO THE STUDY**

**Introduction**

Teenage pregnancy refers to pregnancy occurring in girls under the age of 18. According to Sambo (2019), it is often unwanted, unplanned, and occurs outside of marriage. One contributing factor is early physical maturity, which varies among individuals and is often accompanied by the onset of menstruation. Ede (2016) noted that a physically mature adolescent girl may become aware of her attractiveness to the opposite sex. This awareness, combined with a lack of proper social training and self-discipline, may lead her to view sexual activity as a means of social, emotional, or financial gratification, ultimately resulting in pregnancy. Ede further emphasized that teenage pregnancy is a pressing issue due to the overwhelming challenges that young people face regarding sexual matters.

Additionally, teenage pregnancy may result from sexual abuse, a prevalent issue in society today. Nwoke (2018) highlighted that children who experience abuse at an early age may struggle with emotional trauma throughout their lives. Beyond its impact on sexual health, abuse can also hinder personal development and autonomy. Various factors contribute to the prevalence of teenage pregnancy worldwide, differing across time and regions.

Eke (2018) pointed out that several initiatives have been implemented to reduce teenage pregnancy and its associated social problems. However, the rapid population growth in developing nations, particularly in Africa, has exacerbated unemployment, poverty,

hunger, and limited access to education (Nwafor, 2016). In some cases, teenage pregnancy stems from inadequate knowledge of reproductive health and contraception, especially within the context of early marriage.

Unplanned pregnancies can be distressing and confusing for young girls, often leading to depression, frustration, fear, and other emotional difficulties. The risk of educational setbacks and child-related injuries among adolescent parents is not solely due to their young age but is influenced by broader socio-demographic factors. Many teenagers become pregnant due to curiosity about sex or peer pressure. Odo (2017) asserted that sexuality influences attitudes, thoughts, and emotions, emphasizing the importance of comprehensive sex education. The lack of proper guidance on sexual health has led to various challenges, including teenage pregnancy, school dropouts, rape, sexually transmitted infections (STIs), and HIV/AIDS.

Anderson (2022) argued that children often lack adequate sexual education, partly because some parents fail to provide the necessary guidance, necessitating the intervention of professionals. He also highlighted that many pregnant teenagers face expulsion from school, with limited chances of reintegration, which negatively affects their future opportunities and overall quality of life. In many societies, teenage pregnancy carries a stigma, leading to feelings of shame, guilt, anger, denial, and depression. Fear of judgment may prevent teenagers from confiding in friends or family, increasing their

emotional distress. Consequently, teenage pregnancy can have severe psychological effects, including resentment and long-term emotional struggles.

### **Statement of the Problem**

Teenage pregnancy has a detrimental effect on girls' academic performance, often resulting in school dropout as parents or guardians withdraw them from education. This disruption deprives them of the opportunity to acquire crucial skills during adolescence, a pivotal period for both personal and academic development. Many teenage girls engage in premarital sexual activities, which heightens their risk of unintended pregnancies and sexually transmitted infections (STIs). While pregnancy is generally viewed as a positive event when it occurs at a mature age within marriage, it is often problematic during adolescence—a phase meant for skill acquisition through formal or non-formal education.

According to Onuzulike (2022), factors such as poverty, exposure to pornography, mass media influence, and peer pressure contribute significantly to teenage pregnancy. As a result, adolescents who engage in premarital sex are particularly susceptible to unintended pregnancies, which can hinder both their educational and personal growth.

Teenage pregnancy is not a new issue in any society, whether developed, developing, or underdeveloped. Despite various efforts by governments, schools, religious organizations, and non-governmental agencies to address its root causes, the problem persists and continues to escalate at an alarming rate.

### **Purpose Of The Study**

The Objective of the study was to find out the influence of teenage pregnancy on Girl Child education in Benin City. The study specifically sought to:

1. Find out factors responsible for teenage pregnancy.
2. Ascertain the implications of teenage pregnancy on girl-child education.
3. Find out ways of reducing teenage pregnancy among girl-child.

### **Research Question**

The research question is as follows:

1. What are the factors responsible for teenage pregnancy?
2. What are the implications of teenage pregnancy on girl-child education?
3. What are the ways of reducing teenage pregnancy among girl-child education?

### **Significance Of The Study**

The study is significant as it will highlight the causes of teenage pregnancy, its impact in school, home and society, with a particular interest in its influence on Girl-Child academic performance Secondary Schools. The findings of the study will direct the educational sectors on how to handle adolescents without contributing to their frustration. It will also enable educational planners to incorporate sex education into the school curriculum to achieve solutions to social problems. The findings will expose parents not to see sex as a taboo that must never discuss with children, It will also encourage parents to observe some developmental changes in the body of their children to avoid being misled by peers.

the finding of the study will motivates the school administrators to organize moral instruction The findings of the study will motivate the school administrators to organ's weekly bases to inculcate morality on the students. their part to control their Its findings of the study will further be beneficial to the teenagers on their: sexuality and thereby adjust to positive way towards their educational attainments. To the infect teenagers, it will expose them on dangers of abortion and equally instill in them the determination and courage to continue their academic pursuit even at the point of pregnancy despite the shame and social stigma involved.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **Concept of teenage pregnancy**

Teenage pregnancy is a concerning issue that primarily affects educationally and economically disadvantaged females. It remains one of the most pressing contemporary challenges faced by nations worldwide. From developed countries like the United States to developing nations such as Nigeria, teenage pregnancy continues to be a significant concern for policymakers, social workers, and other service providers due to its adverse effects on young girls (Grunseit, 2020). Grunseit further noted that each year, more adolescent girls—many under the age of 17—become pregnant.

In Nigeria, data from the 2023-24 Nigeria Demographic and Health Survey (NDHS) revealed that approximately 19% of girls aged 15 to 19 had experienced pregnancy, marking a decline from 23% in 2013. Despite this reduction, teenage pregnancy remains a critical public health issue, with notable disparities across states and socio-economic groups. The statistics were based on childbirths reported in public hospitals; however, the situation is even more concerning in rural areas where traditional birth attendants are often used, and official records are not maintained. A report by Hosie (2023) further highlighted the severity of the issue, stating that one in three girls aged 15 to 19 in northern Nigeria had already given birth.

Teenage pregnancy is a multifaceted challenge that disrupts what is often described as the "best years of one's life"—a period of growth, self-discovery, and development. For

many adolescent girls, pregnancy during this stage leads to long-term physical, emotional, and socio-economic consequences. Addressing this issue requires a deeper understanding of contributing factors such as limited access to sexual education and contraception, socio-cultural pressures, and family dynamics. The stigma associated with teenage pregnancy further complicates the situation, making it difficult for young girls to seek support or openly discuss their experiences.

Comprehensive interventions are necessary to both prevent teenage pregnancy and empower young girls. These initiatives should equip adolescents with the knowledge, resources, and support needed to navigate this critical phase of life successfully. In her book *Introduction to Child Studies: Help Us to Grow into Our Dreams*, Undiyaundeye (2022) emphasized how misinformation influences the perception of adolescence. She stated that human life consists of four stages—infancy, childhood, adolescence, and teenage years—and argued that if proper guidance is lacking during adolescence, life may feel directionless afterward. While this perspective holds some truth, it presents only part of the reality. Many teenagers face internal conflicts and external pressures from parents, teachers, peers, and society, making adolescence a challenging and often overwhelming period of life.

### **Concept of the Girl-child Education**

In the Nigerian context, various definitions exist for the term "child." The National Child Welfare Policy (1989), as cited by Ada (2017), defines a girl child as any individual below the age of 14. However, Offorma (2019) describes the girl child as a biological female from birth to 18 years old, a period encompassing infancy, childhood, and both early and late adolescence. Traditionally, the girl child is perceived as a young female destined to grow into a woman, marry, and take on domestic responsibilities such as childcare and household management. She is often raised to be obedient and conditioned to see herself as the property and responsibility of her parents during childhood and her husband in adulthood. This gender-based societal structure places her at a disadvantage, restricting her potential and limiting opportunities for self-actualization.

Education plays a crucial role in an individual's mental, social, emotional, spiritual, political, and economic development (Offorma, 2019). It is recognized as a fundamental human right. Article 26 of the Universal Declaration of Human Rights, as cited by Nwangwu (2017), outlines key educational rights, including:

- The right of every individual to education, with elementary and primary education being free.
- Compulsory elementary education and accessible technical and professional education.
- Equal access to higher education based on merit.
- The right of parents to choose the type of education their children receive.

Education is a powerful tool for empowerment, enabling individuals to make meaningful contributions to society. According to UNICEF (2022), educating the girl child is essential for improving access to education, particularly in low- and middle-income countries where gender disparities remain prevalent. Girls face numerous obstacles, including financial hardships, societal expectations, and gender-based violence in schools. UNICEF emphasizes the importance of investing in girls' education to enhance their life prospects, lower child marriage rates, and improve overall health outcomes. Policies such as re-entry programs for adolescent mothers and comprehensive sexuality education are critical in fostering inclusivity and empowerment.

Additionally, UNICEF advocates for expanding Menstrual Health and Hygiene (MHH) programs and vocational training to facilitate girls' transition into the workforce. Bridging these gaps can have transformative effects on gender equality, as studies show that each additional year of education improves a girl's quality of life and benefits her community. The report further highlights the significance of strong support systems and community engagement in ensuring girls' safety and continuous access to education.

### **Effects of Teenage Pregnancy**

Teenage pregnancy has significant social and economic consequences for young girls, often resulting in stigma, discrimination, and even violence from parents or partners. Unmarried pregnant adolescents frequently face social rejection and emotional distress,

which can lead to depression and feelings of isolation. Many are forced to abandon their academic aspirations, dropping out of school and jeopardizing their future careers and employment opportunities. The educational setbacks experienced by teenage mothers contribute to lower income levels, financial instability, and an increased likelihood of single parenthood. In some cases, pregnant teenagers are compelled into early marriages, which may expose them to domestic violence (Kyei, 2022).

Furthermore, girls who become pregnant before the age of 18 are more likely to experience partner violence within marriage (Franjic, 2018). Their limited educational attainment restricts their skill set, reducing employment prospects and increasing their risk of poverty. On a broader scale, teenage pregnancy can have economic consequences for a nation, as it reduces the potential lifetime earnings of young women, thereby impacting national productivity.

Medically, teenage pregnancy poses significant risks to maternal and prenatal health. According to Marnach, Forrest, and Goldman (2023), pregnant adolescents are more likely to undergo unsafe abortions than adult women. The World Health Organization (WHO, 2023) estimates that approximately three million unsafe abortions occur annually among girls aged 15-19, making this a critical public health issue that contributes to maternal mortality. Another severe medical complication is obstetric fistula, specifically Vesico-Vaginal Fistula (VVF), which can result from prolonged obstructed labor. This condition leads to serious reproductive health challenges for young mothers. Additionally,

adolescent pregnancies are associated with increased risks of pre-eclampsia, premature birth, low birth weight, obesity, diabetes, cardiovascular diseases, and even maternal death, further underscoring the dangers of early childbearing.

Teenage pregnancy also has devastating effects on the adolescent girl's parents and aspirations. According to Undiyaundeye (2022), young mothers often face rejection and disappointment from their families, peers, and even the fathers of their children. Some parents react with anger and refuse to provide support, while societal condemnation further exacerbates the girl's distress. Hofferth (2016) examined the socio-economic, medical, and psychological impact of teenage pregnancy, noting that the outcomes for young mothers and their children depend largely on the choices they make.

Children born to adolescent mothers face significant developmental challenges. They are more likely to be born prematurely with low birth weight, which increases the risk of lifelong health complications. Additionally, these children are at a heightened risk of intellectual, language, and socio-emotional delays due to the lack of adequate parental guidance. Research suggests that developmental disabilities and behavioral issues are more common among children of teenage mothers, and statistically, daughters of adolescent mothers are more likely to experience early pregnancy themselves (Wakilbe, 2023). The lack of proper parental support also exposes them to child abuse and other societal risks, including malnutrition, HIV/AIDS, and eclampsia.

Early motherhood can also result in inadequate prenatal care. Teenage mothers are more likely to experience anemia, preterm delivery, and other complications due to delayed or insufficient maternal healthcare. In rural settings, adolescent girls aged 15-19 are at higher risk of poor pregnancy outcomes compared to women aged 20-24. Studies indicate that a significant proportion of pregnant teenagers do not receive proper prenatal care, leading to increased childhood health complications and hospitalization rates (Papri, 2016).

One of the key contributors to teenage pregnancy is the lack of comprehensive sexual education. Many adolescents lack adequate knowledge about contraception, consent, and reproductive health, making them more susceptible to unplanned pregnancies. Without proper guidance, teenagers may engage in sexual activity before they are emotionally or physically prepared. Research by Kohler, Vsi, and Hill (2018) highlights that access to consistent and comprehensive sex education remains limited in many regions, leaving young people uninformed about safe sexual practices. The absence of this knowledge not only increases pregnancy rates but also exposes teenagers to sexually transmitted infections (STIs).

To address these challenges, educational programs must incorporate information on contraception, healthy relationships, and consent. Kirby (2017) emphasizes that robust sexual education initiatives can help prevent teenage pregnancy and promote adolescent

well-being by equipping young individuals with the necessary knowledge and resources to make informed decisions about their sexual and reproductive health.

### **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**

Economic constraints often leave adolescent mothers without the necessary resources to support a child. Research indicates that nearly 60% of teenage mothers live in poverty at the time of their child's birth, and approximately 73% become dependent on welfare within five years (Mangatu & Kisimbii, 2019). The financial struggles of these young mothers significantly impact their children, who may develop little to no interest in education due to their parents' inability to provide adequate support.

Furthermore, the socio-economic status of a family plays a crucial role in shaping a teenager's well-being and academic aspirations. In many cases, financial hardship forces adolescents to take on menial jobs or engage in street hawking to contribute to their family's income. This exposure increases their vulnerability to sexual exploitation by individuals with greater financial power, thereby heightening their risk of unintended pregnancies. Studies have shown that teenage girls from economically disadvantaged

backgrounds are more likely to experience early pregnancy than their financially stable counterparts (Mangatu & Kisimbii, 2019).

### **Absence of Adequate Care and Supervision by Parents/Guardian**

In contemporary society, many parents and guardians fail to prioritize the emotional well-being of the girl child. Due to their busy schedules or overly permissive parenting styles, they often neglect their responsibilities. Adolescent girls, in particular, encounter numerous challenges that require parental guidance and support. When proper supervision and control are absent, they may become vulnerable to individuals who exploit them, sometimes resulting in unintended pregnancies. Additionally, parents who avoid discussing sexual health with their teenagers may inadvertently push them to seek advice from peers, increasing the risk of misinformation and unplanned pregnancies (WonMee, 2020).

### **Peer Influence**

Peer pressure is recognized as a major contributor to teenage pregnancy. Chiazor, Ozoya, Idowu, Udume, and Osagide (2017) emphasize that peers significantly influence adolescent socialization by shaping their values, behaviors, and beliefs. As teenagers expand their social circles, they may feel pressured to conform to group norms, sometimes at the expense of their own values. Makanjuola, Daramola, and Obembe

(2015) argue that this pressure can lead teenagers to engage in sexual activity primarily to gain social acceptance, thereby increasing their likelihood of unintended pregnancies.

Moreover, peer influence plays a crucial role in adolescents' attitudes toward sex, with many making decisions based on a desire for approval rather than informed choice. Widman, Choukas-Bradley, Helms, and Prinstein (2016) highlight that peer validation often shapes teenagers' sexual behaviors, particularly when they lack access to proper sexual education. This underscores the need for targeted interventions addressing both peer pressure and comprehensive sex education to mitigate risky behaviors that contribute to teenage pregnancy.

## **Sexual Violence**

Sexual violence is a significant predictor of teenage pregnancy, disproportionately affecting adolescent girls. Globally, approximately 20% of girls experience sexual abuse during childhood and adolescence (Franjic, 2018). Many teenage girls are unable to resist sexual coercion, with reports from the World Health Organization (2023) indicating that in certain countries, over one-third of girls' first sexual encounters were forced.

A study by Ajayi and Ezegebe (2020) found that unintended pregnancy rates were higher among survivors of sexual violence than those who had never experienced abuse. Additionally, research by Alabi and Oni (2017) revealed that 20% of teenage pregnancies resulted from rape, while around 60% of teenage mothers had previously experienced

unwanted sexual encounters. Contributing factors such as substance abuse, mental health struggles, and exposure to drugs or alcohol further increase the likelihood of sexual violence and subsequent teen pregnancies.

### **Lack of Education**

Limited access to education remains one of the primary drivers of teenage pregnancy. Higher educational attainment is widely regarded as a protective factor against early pregnancy (Sahoo, 2016). Studies indicate that declining female literacy rates are directly linked to rising teen pregnancy rates. Education equips adolescents with knowledge about contraception and sexual health, enabling them to make informed decisions about their reproductive health.

Schools provide structured environments that help combat teenage pregnancy by offering regulated learning settings and access to trusted educators. Huang (2017) asserts that students spend significant time in school under the guidance of teachers, making it an ideal platform for fostering awareness about sexual health and preventing early pregnancies.

### **Consequences of Teenage Pregnancy on Girl Child in Benin City Society**

Several researchers have identified poverty as both a cause and a consequence of teenage pregnancy and the subsequent challenges of young motherhood. Mohase (2016) explains

that in rural communities, financial hardship and cultural expectations often force young girls to leave school, increasing their likelihood of entering early relationships that frequently lead to unintended pregnancies. This cycle of early motherhood and financial struggle perpetuates poverty, suggesting that efforts to reduce teenage pregnancy could also contribute to poverty alleviation (Yampoikaya, Brown, & Greenbaum, 2022). However, teenage pregnancy continues to pose a significant social challenge, negatively affecting young girls' development. Due to their age and lack of stable support systems, many teenage mothers drop out of school, limiting their future opportunities and reinforcing the cycle of poverty (Kuller & Twumasi, 2018).

Mohase (2016) further highlights various social consequences of teenage pregnancy, including school dropout, involvement in criminal activities, social isolation, child neglect, poverty, and disruptions in family life. Research suggests that school dropout is often a precursor to teenage pregnancy rather than solely a result of it (Bonell et al., 2014). Academic challenges manifest in three main ways: first, disengagement from school may lead to absenteeism or eventual dropout (Hosie, 2017); second, poor academic performance and low educational attainment contribute to limited opportunities; and third, a lack of motivation and confidence in education as a pathway to future employment discourages young girls from pursuing their studies. Consequently, many teenage mothers face persistent poverty, reinforcing the cycle of early pregnancy, educational disadvantage, and economic hardship.

The World Health Organization (2020) notes that early pregnancy has extensive emotional, psychological, and economic implications for young mothers. Teenage pregnancies are associated with an increased risk of infections, complications during childbirth, and maternal mortality. These risks are further amplified in cases involving unsafe abortions. Maternal mortality rates are notably higher among teenage mothers, placing a strain on healthcare systems and families who may struggle to support young mothers facing severe health challenges. Additionally, the incomplete physical development of teenage girls increases their vulnerability to life-threatening complications such as obstructed labor and uterine rupture, which can result in death during childbirth (WHO, 2016). A 2011 Demographic and Health Survey found that 20% of teenage girls aged 15–23 had undergone an abortion, significantly increasing their risk of disability and mortality.

### Strategies to Reduce Teenage Pregnancy in Benin City

#### Comprehensive Sexual Education:

Introducing comprehensive sexual education in schools is a crucial step in addressing teenage pregnancy in Benin City. This curriculum should cover topics such as human anatomy, reproductive health, contraception, and the consequences of early sexual activity. Research indicates that adolescents with access to accurate sexual health information are more likely to make informed and responsible decisions, thereby reducing unintended pregnancies (Kirby, 2017).

### Access to Contraceptive Services:

Ensuring that adolescents, particularly girls, have access to contraceptive services is essential in reducing teenage pregnancy. This includes offering a variety of contraceptive options, counseling services, and maintaining confidentiality. Studies show that when young people have access to contraceptives, the rate of teenage pregnancies significantly declines (Guttmacher Institute, 2017). Overcoming cultural and religious barriers that discourage contraceptive use is vital in ensuring effective implementation.

### Empowerment through Education and Economic Opportunities:

Providing young girls with educational and economic opportunities serves as a preventive measure against teenage pregnancy. When girls are engaged in school and perceive a promising future, they are less likely to become pregnant at an early age. Programs that offer vocational training, scholarships, and mentorship present viable alternatives to early marriage and motherhood (UNICEF, 2014). Education not only protects girls from early pregnancy but also enhances their social and economic standing within their communities.

### Parental and Community Engagement:

The involvement of parents and the broader community is crucial in tackling teenage pregnancy. Parents play a key role in shaping their children's attitudes toward relationships and sexuality. Initiatives that encourage parental participation in sexual education and open discussions on reproductive health can promote responsible decision-

making among teenagers. Furthermore, religious and community leaders can advocate for adolescent reproductive health programs, reinforcing efforts to reduce teenage pregnancy (Bode-Adeyemo & Onifade, 2021).

#### Addressing Gender Inequality:

Tackling gender inequality requires systemic interventions that promote equal access to education, fair wages, and inclusive opportunities. Gender disparities are deeply embedded in economic, social, and political structures, limiting individuals' access to resources and career advancement. Research suggests that policies aimed at eliminating gender discrimination and fostering equitable opportunities can significantly reduce inequalities (UN Women, 2020). Educational programs that challenge stereotypes and encourage leadership diversity contribute to shifting societal perceptions and advancing gender equity (World Economic Forum, 2022). However, achieving gender equality also requires the active commitment of organizations and policymakers in enforcing gender-sensitive policies and supporting empowerment initiatives. Effective interventions should adopt an intersectional approach, considering factors such as race, socioeconomic status, and cultural background, which may influence gender disparities.

#### Youth-Friendly Health Services and Counseling:

Establishing youth-friendly health services and counseling programs for at-risk adolescents, including teenage mothers, is essential in preventing repeat pregnancies. Healthcare facilities should provide confidential and non-judgmental services tailored to

young people's needs. Counseling should focus on life skills, reproductive health education, and support for continued education or vocational training (Oladeji, 2018). A holistic approach that integrates healthcare, education, and social support can help young mothers navigate challenges and secure better futures.

### Teenage Pregnancy and Its Impact on Female Education in Nigeria

Teenage pregnancy remains a pressing global issue, particularly in marginalized communities characterized by high illiteracy rates, poverty, and unemployment. According to the Centers for Disease Control and Prevention (CDC), in 2017, approximately 194,000 births were recorded among American girls aged 15 to 19. However, Franjic (2018) asserts that adolescent pregnancy is a critical social issue, as young girls are often denied the right to make informed reproductive choices. Many face restrictive laws that limit access to contraception based on age or marital status, discrimination from healthcare providers, and a lack of knowledge due to inadequate sexual education. In the developing world, at least 10 million unintended pregnancies occur annually among girls aged 15–19 (WHO, 2020).

Teenage pregnancy, defined as conception occurring between the ages of 13 and 19 (Alabi & Oni, 2017), affects millions of young girls globally. The World Health Organization (2014) estimates that 16 million girls aged 15–19 and about 1 million girls younger than 15 give birth each year. These young mothers face both physical and psychological challenges, typically reserved for adults (Amadi, 2019). Pregnancy at any

stage is life-changing, and in many cases, teenage pregnancies result from sexual violence, with adolescent girls often unable to resist coercion. Franjic (2018) reports that approximately 20% of girls worldwide experience sexual abuse during childhood and adolescence, further exacerbating the risks associated with early pregnancy.

The increasing prevalence of teenage sexual activity leads to numerous consequences, including school dropouts, criminal involvement, unsafe abortions, child neglect, and even maternal mortality. Briggs (2021) identifies complications such as high blood pressure, pre-eclampsia, eclampsia, malnutrition, vesicovaginal fistula, rectovaginal fistula, and death as common risks associated with teenage pregnancy. In severe cases, high blood pressure combined with proteinuria can escalate to eclampsia, which may result in extreme hypertension, seizures, cerebral hemorrhage, and death. The World Health Organization (2023) emphasizes that pregnancy-related complications are the leading cause of death among girls aged 15 to 19 worldwide.

Beyond health risks, teenage pregnancy significantly hinders educational attainment, leaving young mothers economically disadvantaged and dependent on society. Brown (2021) explains that many pregnant teenagers ultimately drop out of school, reinforcing cycles of poverty and social vulnerability. Action Health Incorporated (2019) also identifies teenage pregnancy as a major cause of school dropout among girls. If left unchecked, the rising incidence of teenage pregnancy could lead to broader social

challenges, including increased mortality rates, decreased educational enrollment, and long-term economic consequences (Alabi & Oni, 2017).

## **THEORETICAL FRAMEWORK**

The theoretical framework for this study is based on the Theory of Reasoned Action (TRA) developed by Ajzen and Fishbein (1980). This theory is widely regarded as one of the most influential models for predicting and understanding intentional behavior (Hagger, 2019). According to the TRA, an individual's engagement in a particular behavior is primarily determined by their intention to perform that behavior, which in turn is shaped by their expectations regarding its outcomes. In the context of teenage sexual behavior, key factors influencing these intentions include attitudes, values, beliefs, and subjective norms. Adolescents' attitudes toward sex, along with peer influences, play a crucial role in shaping their decisions regarding early sexual activity.

As noted by Ajzen and Fishbein (2018), attitudes comprise an individual's accumulated beliefs and evaluations over time, which can manifest as either favorable or unfavorable dispositions toward teenage sexual behavior. Attitudes involve both beliefs and emotional responses toward certain actions and the perceived positive or negative outcomes associated with them (Montano & Kasprzyk, 2018). Subjective norms, on the other hand, refer to an individual's perception of social expectations—particularly whether significant others approve or disapprove of a given behavior—and the extent to which the

person feels motivated to conform to those norms (Montano & Kasprzyk, 2018; Fishbein & Ajzen, 2018). The TRA further posits that adolescents are likely to consider anticipated consequences before engaging in certain behaviors, including premarital sex and teenage pregnancy.

### Fishbein and Freud's Theories: A Comparative Perspective

While Fishbein's Theory of Reasoned Action is considered a robust model for understanding human behavior, some researchers have questioned its testability. A similar critique has been made of Freud's psychoanalytic theory, particularly regarding its Oedipus Complex concept. Freud theorized that young children face an internal conflict between conforming to parental expectations or facing severe consequences. In most cases, children internalize their same-sex parent's values, though as they mature, their dependence on parental guidance diminishes. Over time, they develop defense mechanisms that enable them to engage in desired behaviors while maintaining an illusion of conformity. Additionally, as children grow older, their cognitive and physical independence increases, further reducing parental influence.

This developmental shift aligns with Fishbein's theory in that younger children, being more dependent and less equipped with psychological defenses, are more likely to be

influenced by normative expectations—that is, by what they believe their parents or authority figures expect of them. In contrast, as they mature, adolescents become more autonomous, leading their behaviors to be shaped more by personal attitudes and evaluations than by external pressures.

A study conducted by Trafimow, Brown, Grace, Thompson, and Sheeran (2021) tested this hypothesis in a large sample of children aged 8 to 16. The researchers examined the children's attitudes, subjective norms, and intentions regarding 30 different behaviors using both between-participant and within-participant correlational and regression analyses. Contrary to Freud's hypothesis, the findings revealed that children of all age groups were generally more influenced by attitudinal factors than by normative control, with no significant variation across age groups. This suggests that, rather than transitioning from normative control in early childhood to attitudinal control in adolescence, children across different ages predominantly rely on attitudinal influences when forming behavioral intentions.

For example, the study found that younger children held more positive attitudes and intentions toward behaviors such as "pretending to be asleep" than older children. However, while there were age-related differences in responses to specific behaviors, the overall relationships between attitudes, norms, and behavioral intentions remained

consistent across all age groups. This challenges the assumption that social norms exert a stronger influence on younger children compared to older ones.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **Introduction**

This chapter is concerned with the various methods and procedures that would be used in the study. It is presented under the following subheadings:

- Research Design
- Population of the Study
- Sample and Sampling Techniques

- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Method of Data Collection
- Method of Data Analysis

### **Research Design**

The study adopted a descriptive survey research design due to its effectiveness in collecting, organizing, analyzing, and interpreting data from a specific population. This design also allows for gathering people's perspectives on the phenomenon being investigated.

### **Population of the Study**

The population refers to the total set of individuals or objects relevant to the research. This study focuses on Ovia North East Local Government Area in Edo State, which had a population of 153,849 based on the 2006 census data.

### **Sample Size and Sampling Techniques**

A sample represents a subset of the population (Mbachu, 2016) and serves as a basis for generalizing findings to the larger population. The sample size for this study consists of 120 respondents who were carefully selected for data collection.

### **Research Instrument**

The study employed a structured questionnaire as the primary data collection tool. The questionnaire was divided into two sections:

## **CHAPTER FOUR**

### **DATA PRESENTATION, ANALYSES AND INTERPRETATION OF RESULTS**

#### **Introduction**

This chapter presents the analysis, interpretation, and discussion of the data collected through a structured questionnaire. The analysis is divided into two sections:

Section A focuses on the demographic characteristics of the respondents.

Section B addresses the research questions and objectives, drawing conclusions based on the responses. Tables and percentages were used to facilitate clear data interpretation.

Responses were categorized as favorable ("Strongly Agree" and "Agree") or unfavorable

("Strongly Disagree" and "Disagree"). Out of 120 distributed questionnaires, 118 were returned and used for analysis. The findings are summarized in alignment with the study's objectives.

**Section A; Demographic information**

**Sex respondents**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>Male</b>	58	49.2	49.6	49.6
	<b>Female</b>	58	49.2	49.6	99.1
	<b>3</b>	1	.8	.9	100.0
	<b>Total</b>	117	99.2	100.0	
<b>Missing</b>	<b>System</b>	1	.8		
<b>Total</b>		118	100.0		

*Source: Author's Field Survey, 2025*

The above table shows that 49.2% of the respondents were male and 49.6% were female.

**Age Respondent**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>18-25</b>	87	73.7	74.4	74.4
	<b>26-30</b>	27	22.9	23.1	97.4
	<b>31-35</b>	2	1.7	1.7	99.1
	<b>41 and above</b>	1	.8	.9	100.0
	<b>Total</b>	117	99.2	100.0	
<b>Missing</b>	<b>System</b>	1	.8		

<b>Total</b>	118	100.0		
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*Source: Author's Field Survey, 2025*

The table above shows that 73.7% of the respondents were age brackets 18-25, 22.9 % of the respondents were age brackets of 26-30, 1.7% of the respondents were age of 31-35 and 0.9% of the respondents were age brackets of 41 and above this show that majority of the respondent are within the age bracket 18-25

### **MARITAL STATUS RESPONDENT**

		<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Valid</b>	<b>Single</b>	93	78.8	79.5	79.5
	<b>Married</b>	23	19.5	19.7	99.1
	<b>4</b>	1	.8	.9	100.0
	<b>Total</b>	117	99.2	100.0	
<b>Missing</b>	<b>System</b>	1	.8		
<b>Total</b>		118	100.0		

*Source: Author's Field Survey, 2025*

Under the marital status; 78.8% of the respondents are single, 19.5% of the respondents are married.

### **Do you feel well-informed about reproductive health**

		<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Valid</b>	<b>Yes</b>	91	77.1	83.5	83.5

<b>No</b>	18	15.3	16.5	100.0
<b>Total</b>	109	92.4	100.0	
<b>Missing System</b>	9	7.6		
<b>Total</b>	118	100.0		

*Source: Author's Field Survey, 2025*

The table above show that majority of the respondent feel well informed about their reproductive health with 77.1% agreed they are well inform 15.3% were not informed this show that majority of the respondents were well inform about their reproductive health.

## **RESEARCH QUESTION ONE: FACTORS RESPONSIBLE FOR THE TEENAGE PREGNANCY**

### **Question 1: Poverty and financial instability contribute to teenage pregnancies**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Valid SA</b>	55	46.6	46.6	46.6
<b>A</b>	37	31.4	31.4	78.0
<b>SD</b>	18	15.3	15.3	93.2
<b>D</b>	8	6.8	6.8	100.0

<b>Total</b>	118	100.0	100.0	
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*Source: Author's Field Survey, 2025*

The table above revealed that 46.6 percent of the total respondents strongly agreed; 31.4 percent of the total respondents agreed; 15.3 percent of the total respondents strongly disagreed while 6.8 percent of the population disagreed that Poverty and financial instability contribute to teenage pregnancies.

**Question 2: misinformation about sexual health from peers and the internet contribute to teenage pregnancies**

		<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Valid</b>	<b>SA</b>	54	45.8	46.2	46.2
	<b>A</b>	44	37.3	37.6	83.8
	<b>SD</b>	8	6.8	6.8	90.6
	<b>D</b>	11	9.3	9.4	100.0
	<b>Total</b>	117	99.2	100.0	
<b>Missing</b>	<b>System</b>	1	.8		
<b>Total</b>		118	100.0		

*Source: Author's Field Survey, 2025*

It was also revealed that 45.8 percent of the total respondents strongly agreed; 37.3 percent of the total respondents agreed; 6.8 percent of the total respondents strongly disagreed while 9.3 percent of the population disagreed that misinformation about sexual health from peers and the internet contribute to teenage pregnancies

**Question 3: Lack of proper sexual education in schools is a factor in teenage pregnancy**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>SA</b>	50	42.4	42.7	42.7
	<b>A</b>	52	44.1	44.4	87.2
	<b>SD</b>	7	5.9	6.0	93.2
	<b>D</b>	8	6.8	6.8	100.0
	<b>Total</b>	117	99.2	100.0	
<b>Missing</b>	<b>System</b>	1	.8		
<b>Total</b>		118	100.0		

*Source: Author's Field Survey, 2025*

It was also revealed that 42.4 percent of the total respondents strongly agreed; 44.1 percent of the total respondents agreed; 5.9 percent of the total respondents strongly disagreed while 6.8 percent of the population disagreed that Lack of proper sexual education in schools is a factor in teenage pregnancy

**Question 4: Youth-friendly reproductive health services are not widely available**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>SA</b>	35	29.7	30.2	30.2
	<b>A</b>	60	50.8	51.7	81.9
	<b>SD</b>	7	5.9	6.0	87.9
	<b>D</b>	14	11.9	12.1	100.0
	<b>Total</b>	116	98.3	100.0	

<b>Missing System</b>	2	1.7		
<b>Total</b>	118	100.0		

*Source: Author's Field Survey, 2025*

It was also revealed that 29.7 percent of the total respondents strongly agreed; 50.8 percent of the total respondents agreed; 5.9 percent of the total respondents strongly disagreed while 11.9 percent of the population disagreed that Youth-friendly reproductive health services are not widely available

**Question 5: Lack of parental guidance increases the risk of teenage pregnancy**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>SA</b>	64	54.2	54.7	54.7
	<b>A</b>	44	37.3	37.6	92.3
	<b>SD</b>	6	5.1	5.1	97.4
	<b>D</b>	3	2.5	2.6	100.0
	<b>Total</b>	117	99.2	100.0	
<b>Missing</b>	<b>System</b>	1	.8		
<b>Total</b>		118	100.0		

*Source: Author's Field Survey, 2025*

It was also revealed that 54.2 percent of the total respondents strongly agreed; 37.3 percent of the total respondents agreed; 5.1 percent of the total respondents strongly disagreed while 2.5 percent of the population disagreed that Lack of parental guidance increases the risk of teenage pregnancy

**Question 6: Social stigma around discussing sexual health prevents teens from learning**

		<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Valid</b>	<b>SA</b>	40	33.9	34.2	34.2
	<b>A</b>	52	44.1	44.4	78.6
	<b>SD</b>	12	10.2	10.3	88.9
	<b>D</b>	13	11.0	11.1	100.0
	<b>Total</b>	117	99.2	100.0	
<b>Missing</b>	<b>System</b>	1	.8		
<b>Total</b>		118	100.0		

*Source: Author's Field Survey, 2025*

It was also revealed that 33.2 percent of the total respondents strongly agreed; 44.1 percent of the total respondents agreed; 10.2 percent of the total respondents strongly disagreed while 11.0 percent of the population disagreed that Lack of parental guidance increases the risk of teenage pregnancy

**RESEARCH QUESTION 2: ASCERTAIN THE IMPLICATIONS OF TEENAGE PREGNANCY ON GIRL-CHILD EDUCATION.**

**Question 7: Teenage pregnancy does not negatively impacts the academic performance of girls in Benin City**

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid SA</b>	24	20.3	20.3	20.3
<b>A</b>	24	20.3	20.3	40.7
<b>SD</b>	51	43.2	43.2	83.9
<b>D</b>	19	16.1	16.1	100.0
<b>Total</b>	118	100.0	100.0	

*Source: Author's Field Survey, 2025*

The table above revealed that 20.3 percent of the total respondents strongly agreed; 20.3 percent of the total respondents agreed; 43.2 percent of the total respondents strongly disagreed while 16.1 percent of the population disagreed that Teenage pregnancy does not negatively impacts the academic performance of girls in Benin City

**Question 8: Pregnant teenagers are more likely to drop out of school than their peers**

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid SA</b>	57	48.3	48.3	48.3
<b>A</b>	54	45.8	45.8	94.1
<b>SD</b>	4	3.4	3.4	97.5
<b>D</b>	3	2.5	2.5	100.0
<b>Total</b>	118	100.0	100.0	

*Source: Author's Field Survey, 2025*

The table above revealed that 48.3 percent of the total respondents strongly agreed; 45.8 percent of the total respondents agreed; 3.4 percent of the total respondents strongly disagreed while 2.3 percent of the population disagreed that Pregnant teenagers are more likely to drop out of school than their peers

**Question 9: Teenage mothers in Benin City face stigma and discrimination that affects their education**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>SA</b>	51	43.2	43.6	43.6
	<b>A</b>	50	42.4	42.7	86.3
	<b>SD</b>	4	3.4	3.4	89.7
	<b>D</b>	12	10.2	10.3	100.0
	<b>Total</b>	117	99.2	100.0	
<b>Missing</b>	<b>System</b>	1	.8		
<b>Total</b>		118	100.0		

*Source: Author's Field Survey, 2025*

The table above revealed that 43.2 percent of the total respondents strongly agreed; 42.4 percent of the total respondents agreed; 3.4 percent of the total respondents strongly disagreed while 10.2 percent of the population disagreed that Teenage mothers in Benin City face stigma and discrimination that affects their education

**Question 10: Teenage pregnancy leads to a lower chance of completing secondary education for girls**

		<b>Frequenc y</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Valid</b>	<b>SA</b>	51	43.2	43.6	43.6
	<b>A</b>	43	36.4	36.8	80.3
	<b>SD</b>	13	11.0	11.1	91.5
	<b>D</b>	10	8.5	8.5	100.0
	<b>Total</b>	117	99.2	100.0	
<b>Missing</b>	<b>System</b>	1	.8		
<b>Total</b>		118	100.0		

*Source: Author's Field Survey, 2025*

The table above revealed that 43.2 percent of the total respondents strongly agreed; 36.4 percent of the total respondents agreed; 11.0 percent of the total respondents strongly disagreed while 8.5 percent of the population disagreed that Teenage pregnancy leads to a lower chance of completing secondary education for girls

**Question 11: Peer pressure and lack of sexual education contribute to the high rates of teenage pregnancy in Benin City**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>SA</b>	58	49.2	50.4	50.4
	<b>A</b>	49	41.5	42.6	93.0
	<b>SD</b>	5	4.2	4.3	97.4
	<b>D</b>	3	2.5	2.6	100.0
	<b>Total</b>	115	97.5	100.0	
<b>Missing</b>	<b>System</b>	3	2.5		
<b>Total</b>		118	100.0		

*Source: Author's Field Survey, 2025*

The table above revealed that 49.2 percent of the total respondents strongly agreed; 41.5 percent of the total respondents agreed; 4.2 percent of the total respondents strongly disagreed while 2.5 percent of the population disagreed that Peer pressure and lack of sexual education contribute to the high rates of teenage pregnancy in Benin City

**Question 12: Comprehensive sexual education in schools can reduce teenage pregnancy rates**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>SA</b>	69	58.5	58.5	58.5
	<b>A</b>	43	36.4	36.4	94.9
	<b>SD</b>	5	4.2	4.2	99.2
	<b>D</b>	1	.8	.8	100.0
	<b>Total</b>	118	100.0	100.0	

*Source: Author's Field Survey, 2025*

The table above revealed that 58.5 percent of the total respondents strongly agreed; 36.4 percent of the total respondents agreed; 4.2 percent of the total respondents strongly disagreed while 0.8 percent of the population disagreed that Comprehensive sexual education in schools can reduce teenage pregnancy rates.

**Question 13: Reducing poverty can contribute to lowering teenage pregnancy rates**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>SA</b>	49	41.5	41.5	41.5
	<b>A</b>	52	44.1	44.1	85.6
	<b>SD</b>	6	5.1	5.1	90.7
	<b>D</b>	11	9.3	9.3	100.0
	<b>Total</b>	118	100.0	100.0	

*Source: Author's Field Survey, 2025*

The table above revealed that 41.5 percent of the total respondents strongly agreed; 44.1 percent of the total respondents agreed; 5.1 percent of the total respondents strongly disagreed while 9.3 percent of the population disagreed that reducing poverty can contribute to lowering teenage pregnancy rates

**Question 14: Religious organizations can play a role in guiding teens about safe practices**

			Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>SA</b>	65	55.1	55.1	55.1
	<b>A</b>	45	38.1	38.1	93.2
	<b>SD</b>	2	1.7	1.7	94.9
	<b>D</b>	6	5.1	5.1	100.0
	<b>Total</b>	118	100.0	100.0	

*Source: Author's Field Survey, 2025*

The table above revealed that 55.1 percent of the total respondents strongly agreed; 38.1 percent of the total respondents agreed; 1.7 percent of the total respondents strongly disagreed while 5.1 percent of the population disagreed that Religious organizations can play a role in guiding teens about safe practices

**Question 15: Addressing gender inequality in the community can lower teenage pregnancy rates**

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid SA</b>	45	38.1	38.1	38.1
<b>A</b>	44	37.3	37.3	75.4
<b>SD</b>	11	9.3	9.3	84.7
<b>D</b>	18	15.3	15.3	100.0
<b>Total</b>	118	100.0	100.0	

*Source: Author's Field Survey, 2025*

The table above revealed that 38.1 percent of the total respondents strongly agreed; 37.3 percent of the total respondents agreed; 9.3 percent of the total respondents strongly disagreed while 15.3 percent of the population disagreed that Addressing gender inequality in the community can lower teenage pregnancy rates.

**Question 16: Providing confidential counseling for teenagers would help prevent unplanned pregnancies**

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid SA</b>	71	60.2	60.2	60.2
<b>A</b>	44	37.3	37.3	97.5
<b>SD</b>	2	1.7	1.7	99.2
<b>D</b>	1	.8	.8	100.0
<b>Total</b>	118	100.0	100.0	

*Source: Author's Field Survey, 2025*

The table above revealed that 60.2 percent of the total respondents strongly agreed; 37.3 percent of the total respondents agreed; 1.7 percent of the total respondents strongly disagreed while 0.8 percent of the population disagreed that Providing confidential counseling for teenagers would help prevent unplanned pregnancies

**Question 17: Establishing youth-friendly health centers in communities is essential in reducing teenage pregnancy**

		<b>Frequenc y</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Valid</b>	<b>SA</b>	54	45.8	47.0	47.0
	<b>A</b>	47	39.8	40.9	87.8
	<b>SD</b>	4	3.4	3.5	91.3
	<b>D</b>	10	8.5	8.7	100.0
	<b>Total</b>	115	97.5	100.0	
<b>Missing</b>	<b>System</b>	3	2.5		
<b>Total</b>		118	100.0		

*Source: Author's Field Survey, 2025*

The table above revealed that 45.8 percent of the total respondents strongly agreed; 39.8 percent of the total respondents agreed; 3.4 percent of the total respondents strongly disagreed while 8.5 percent of the population disagreed that Establishing youth-friendly health centers in communities is essential in reducing teenage pregnancy

**Findings of the Study**

The findings of the study revealed that Poverty and financial instability contribute to teenage pregnancies, misinformation about sexual health from peers and the internet contribute to teenage pregnancies, Lack of proper sexual education in schools is a factor in teenage pregnancy. Lack of parental guidance increases the risk of teenage pregnancy. The findings are in agreement with Mangatu and Kisimbii (2019), observed that 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. teenage females from poor family background have a higher probability of being pregnant.

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 (Sahoo, 2016). 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).

The study also reveal that pregnant teenagers are more likely to drop out of school than their peers. Teenage mothers face stigma and discrimination that affects their education. Teenage pregnancy leads to a lower chance of completing secondary education for girls. Peer pressure and lack of sexual education contribute to the high rates of teenage pregnancy. This study is in line with Mohase (2016). explain that in rural communities, economic constraints and cultural norms can prompt young girls to leave school, pushing them into early relationships that often result in early pregnancies, thereby trapping them

in a cycle of poverty. This perspective suggests that reducing teenage pregnancy could also reduce poverty. Mohase outlines various social consequences associated with teenage pregnancy, such as school dropout, criminal activity, social isolation, child neglect, poverty, and disrupted domestic life. He further suggests that school dropout is often a predictor of teenage pregnancy, rather than simply a consequence.

Lastly the study also reveals that comprehensive sexual education in schools can reduce teenage pregnancy rates. Reducing poverty can contribute to lowering teenage pregnancy rates. Religious organizations can play a role in guiding teens about safe practices. Addressing gender inequality in the community can lower teenage pregnancy rates. Providing confidential counseling for teenagers would help prevent unplanned pregnancies. Establishing youth-friendly health centers in communities is essential in reducing teenage pregnancy the study is in agreement with Kirby (2017) stated that implementing comprehensive sexual education in schools is one effective strategy to reduce teenage pregnancy in Benin City. This education should encompass human anatomy, reproductive health, contraception, and the implications of early sexual activity. Research indicates that well-informed adolescents are more likely to make responsible decisions that reduce unintended pregnancies

## CHAPTER FIVE

### SUMMARY OF FINDING CONCLUSION AND RECOMMENDATION

#### **Summary of finding**

The study highlights multiple factors contributing to teenage pregnancy, including poverty, lack of sexual education, misinformation from peers and the internet, and inadequate parental guidance. These findings align with previous research on Socio-Economic Challenges; Poverty and financial instability force some teenagers into menial jobs or hawking to support their families, exposing them to sexual exploitation and unintended pregnancies. Girls from poor backgrounds are at a higher risk.

Consequently, proper education for the girlchild implies that she will play a prompt role in national reconstruction. This can be seen from the numerous phenomenal contributions from educated women, who have proved to be true amazons in their chosen fields of endeavour. A good number of women are currently holding powerful positions in the country as academicians, medical professionals, sports women, seasoned administrators, captains of industries, Governors, drivers of public policy and programmes, broadcasters, etc. There is still room for improvement if the education of the girl-child is given priority in the country. Perhaps with more women holding the mantle in a male-dominated political arena, the socio-political state of affairs in the country and the world at large will definitely improve.

Lastly, girl-child education besides being a potent force for eliminating poverty is a fundamental human right all female children are entitled, in view of this wide social implications for balanced development, it also creates a productive future for them by adequately equipping the girl-child with the necessary skills and knowledge to survive in today's globalized, knowledge-driven economy. It furthermore furnishes her the educational wherewithal needed for her to adopt healthy lifestyles, which in turn can place her in a better position to fight against all forms of criminality, abuse and injustice against women in all parts of the world

Educational Deficits; A lack of education is a significant driver of teenage pregnancies. Higher educational attainment acts as a protective factor, equipping teens with knowledge about contraception and sexual health. Schools provide a supportive environment to combat teen pregnancy

Impact on Education: Teenage pregnancy leads to stigma, school dropouts, and limited chances of completing secondary education. This study also find out that in rural areas, economic hardships and cultural norms often push girls into early relationships, perpetuating cycles of poverty and teenage pregnancy.

Preventive Measures: Comprehensive sexual education, poverty reduction, religious guidance, and gender equality can significantly lower teenage pregnancy rates. advocates for youth-friendly health centers and confidential counseling, stressing that informed teens make better decisions.

## **Conclusion**

It is concluded that pregnancy among teenagers is both a medical and a public health concern that might negatively impact the social and physical development of the girl child and affect reproductive quality within a given society. We should take steps not only to improve the reproductive outcome but also to decrease the incidence of teenage pregnancy by increasing public awareness, ensuring female education, and enforcing marriage law. Teenage pregnancy needs to be tackled as a priority to ease the burden of socioeconomic and health problems.

Education is the right of every girl-child, a key to transforming her life and making her a responsible member of the society. Without education girls are denied the opportunity to develop their full potentials and play productive roles in the society. Even though efforts have been made to improve girl-child education in Nigeria, much still needs to be done if the girl-child must realize their potentials and fully contribute to the political, socio-economic and technological transformation of the country. On the whole, girl's education has been riddled with a lot of barriers ranging from parental to societal attitude. This can be viewed from early marriage and child bearing, household duties, parent's perceptions that schooling is more beneficial for their sons than for their daughters, worries about girls' safety outside the home environment and limited job opportunities for women in sectors that require higher education.

The need to have access to the benefits of formal and non-formal education to the same level and the same quality as that given to their male counterparts so that they can be able to make their full inputs to the socio-economic development of Nigeria. Hence, the place of monitoring, inspection and evaluation in the whole exercise of girl-child education project remains paramount at all times. Having a balanced educated society would serve as the needed impetus to the realization of the Millennium Development Goals (MDGs), targets on the eradication of poverty and hunger, diseases and maternal mortality rate. It is against this background that the various challenges against girl-child education must be totally removed for effective and balanced development in Nigeria.

### **Recommendations**

In light of the above importance of educating the girl – child, the following recommendations were made: The people must be sensitized to the community and social benefits of educating girls. Parents especially women, should be given opportunities for income generating activities by both the various Non – Governmental Organization (NGOs) and governmental agencies to make funds available for the education of the girl – child.

- There is need for community participation in the planning and management of education so that those who had hitherto being gender biased would see the need for the education of the female and will work towards such.

- The media should be employed to inform and instruct on the importance of the girl - child education to the nation. The planning of education generally should be focused, realistic and interactive. The educative process involves changes, transition, adaptation and modification, so the education of the girl-child must be rooted in the immediate practical and social life of the girl-child.
- Gender education policies should be established to consider the interest of the girl – child so that she is motivated to learn.
- Government should strengthen families by providing jobs in order to be able to provide the needs of their members including the adolescent girls

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**APPENDIX**  
**DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY**  
**FACULTY OF SOCIAL SCIENCE**  
**UNIVERSITY OF BENIN**  
**BENIN CITY**

**Dear Respondent,**

I Usi Faith Ikpomosha an undergraduate student of the Department of **Sociology and Anthropology**, Faculty of Social Sciences University of Benin. I am conducting this research on **“Teenage Pregnancy And Its Effects On The Educational Development Of The Girl Child In Benin City”** Please assist in filling and returning this questionnaire to aid in the above research. All respondent information will be treated with confidence and used for the research purpose only.

**Instruction**

Kindly tick (  ) on that which agrees with your opinion.

**Section A: Personal Data)**

**Demographic Information (Optional):**

1. Gender: Male (  ), Female (  )
2. Age: 18-25 (  ), 26-30(  ), 31-35(  ) 41 and above (  ).
3. Marital Status: Single (  ), Married (  ).
4. Do you feel well-informed about reproductive health? (Yes (  ) No (  )

**SECTION B (KEY):** SA= Strongly Agree, A= Agree, D = Disagree, SA= Strongly disagree

S/N	Items	SA	A	SD	D
<b>RQ1</b>	<b>factors responsible for the teenage pregnancy.</b>				
1	Poverty and financial instability contribute to teenage pregnancies				
2	misinformation about sexual health from peers and the internet contribute to teenage pregnancies				
3	Lack of proper sexual education in schools is a factor in teenage pregnancy.				
4	Youth-friendly reproductive health services are not widely available.				
5	Lack of parental guidance increases the risk of teenage pregnancy.				
6	social stigma around discussing sexual health prevents teens from learning.				
<b>RQ2</b>	<b>Ascertain the implications of teenage pregnancy on girl-child education.</b>				
7	Teenage pregnancy does not negatively impacts the academic performance of girls in Benin City				
8	Pregnant teenagers are more likely to drop out of school than their peers.				
9	Teenage mothers in Benin City face stigma and discrimination that affects their education				
10	Teenage pregnancy leads to a lower chance of completing secondary education for girls.				

11	Peer pressure and lack of sexual education contribute to the high rates of teenage pregnancy in Benin City.				
<b>RQ3</b>	<b>Ways of reducing teenage pregnancy among girl-child</b>				
12	Comprehensive sexual education in schools can reduce teenage pregnancy rates.				
13	Reducing poverty can contribute to lowering teenage pregnancy rates.				
14	Religious organizations can play a role in guiding teens about safe practices.				
15	Addressing gender inequality in the community can lower teenage pregnancy rates.				
16	Providing confidential counseling for teenagers would help prevent unplanned pregnancies.				
17	Establishing youth-friendly health centers in communities is essential in reducing teenage pregnancy				