

Influence of Teenage Pregnancy on School Dropouts in Secondary Schools in Aba Metropolis, Abia State, Nigeria

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Abstract: *Teenage pregnancy is a serious social problem in our society. The United Nations report in 2013 believes that about 127 girls get pregnant. The World Health Organization official data estimated that every year 21million girls aged 15 to 19years and 2million girls aged 15years become pregnant in developing regions. Teenage pregnancy is a health issue that has an effect on all of us. A teenage mother is more likely to face critical social issues like poverty, poor education, risky behaviors that lead to poor health issues and child welfare. Some 3.9million globally between 10 to 19years undergo unsafe abortions and 20 to 24years of such teenagers born babies face high risk of low birth weight, preterm delivery and severe neonatal conditions of those born of women aged 20 to 24years. The aim of the study was to find out the influence of teenage pregnancy on school dropouts in Aba metropolis. A quantitative research method was used with 157 teachers as respondents. The result findings revealed that the influence of teenage pregnancy on dropouts after the pregnancy increased because of pregnancy related issues and negative feelings on schooling. The study recommends that school-based sexuality education curriculum should include the information of reproductive health problems such as sexually transmitted infections (STIs), HIV/AIDS and the health risk issues of teenage pregnancy.*

Key words: *teenage pregnancy, school dropouts, health risk issues*

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Introduction

Teenage pregnancies are global problems that occur in both high, middle, and low income countries. In and around the world teenage pregnancies are found more in marginalized communities commonly driven by poverty, lack of education and unemployment opportunities. In many communities, young girls face social pressure to marry and once that is done, children come. As a result, about 15million young girls are married before age 18 and 90 percent of births to girls aged 15 to 19years occur within marriage (Franjic, 2018).

Teenage pregnancy is not a new phenomenon, but it is surprising how in this era of sexual literacy and availability of contraception, teenage pregnancy is still a major problem throughout the world (Frank, 2005). Many countries have continued to experience a high prevalence of teenage pregnancy regardless of the implementation of intervention strategies to reduce teenage

pregnancy such as sex education in schools and communication awareness (Panday, Makivane, Ranchod and Letsoalo, 2009).

Some scholars believed that teenage pregnancies and childbirth are planned and wanted (Franjic, 2018). In South Africa, approximately 30% of teenagers become pregnant and the majority of the pregnancies are unplanned (Jewkes, Morrell and Christofides, 2009; Lince, 2011). In addition, they reported that the Department of Basic Education (DOE), recorded 20,000 learners who were pregnant in 2014. Primary school girls alone added to the problem among school girls'. The ministry said that out of 223 of pregnant girls come from primary school (Mashaba, 2015). The high incidence of teenage pregnancy has become a major societal and educational concern as it seems to perpetuate poverty, and low levels of education (Panday *et al*, 2009).

The effects of teenage pregnancy remains a complication relating that pregnancy and child birth are leading causes of death for ages 15 to 19 globally. Pregnant girls and their babies face greater risk. The teenagers face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or marital status, health workers bias and/or lack of willingness to acknowledge teenagers sexual health needs, and teenagers own inability to access contraceptives because of knowledge, transportation and financial constraints.

Additionally, teenagers face barriers that prevent their use of consistent and correct use of contraceptives-pressure to have children; stigma surrounding non-material sexual activity and/or contraceptive use; fear of side effects; lack of knowledge on correct use of contraception, and factors contributing to discontinuation of such drugs. For example, hesitation to go back and seek contraceptives because of negative first experiences with health workers and health system, changing reproductive needs and changing reproductive intentions (Franjic, 2018).

In some situations, teenage girls may be unable to refuse unwanted sex or resist coerced sex, which tends to be unprotected. Sexual violence is widespread violence and particularly affects teenage girls such that about 20% of girls around the globe especially sexual abuse children and teenage. Also inequitable gender norms that condone violence against women, put girls at gender risk of unintended pregnancies. For instance, if a teenager gets pregnant she might feel frightened and worried about telling her family and friends. Not talking to someone and not getting the help and support she needs, can make her feel more isolated and depressed. This can lead to problems in home and at school.

Many pregnant teenagers dropout of school, and some never complete their education. That means a lot of mothers who get pregnant as teenagers live in poverty. A woman who gets pregnant as a teenager is more likely to have more than one child. One who also has little education and multiple children to care for will find it very difficult to earn a living (Cruz, Cozman, and Takiuti, 2021). Teenage pregnancy compromises young girls development opportunities, as dropping out of school hinders their formal education, resulting in employment and productive disadvantages, while making them vulnerable to poverty, violence, crime and social exclusion (Miquilena and Edgar, 2021).

Sexuality is a dynamic concept and is about much more than sexual activity and sexual orientation (Andrews, 2006). It includes what is being male or female means to people and how we express gender. How we feel about our bodies; whom we are attracted to and what we choose

to do about it; and if we have ultimate relationships, how we behave with our partners. Our ability to reproduce also comes from our sexual behaviour and our feelings about our sexuality and sexual identity can deeply be affected by our sense of our fertility (Andrew, 2006).

The disproportionate numbers of the women who abandon or kill their newborns are young, the problem must be considered alongside the large issues of teenage pregnancy and sexuality. Teenage pregnancy rates in the United States (US) dropped almost 30% in the 1990s', the most recent data suggest that both teenage pregnancy and birth rates are at an all time low. Still, it is not an uncommon occurrence. The United State has the highest rates of teenage pregnancy and birth rates in the Western industrialized World.

Each year around 750,000 women and girls between 15 and 19years of age become pregnant; more than one-half give birth and nearly one-third have an abortion (Franjic, 2018). A major reason for the decline in teenage pregnancy is that contraceptive use has increased. Contraception and abortion became more readily available in the mid-1960s and 1970s; breaking the link between sex and reproduction. According to Franjic (2018), women like men could choose whether or not to become a parent and could engage in sex solely for pleasure and without the booming fear of unwanted pregnancy. At around the same time, comprehensive sex education in schools began to shift away from preparing teenagers for marriage and parenthood and discouraging premarital sex. Sex education began to treat marriage as one context among many in which sex could take place. A focus emerged on teaching young people how to manage the "risks" of sex driven in part by concern about HIV/AIDS and a perceived crisis in teenage pregnancy.

Teenage pregnancy is in part the failure of the society, the home, school, church and the health communities to adequately teach sex education. Prevention begins with understanding and the knowledge (Dickens and Allison, 1983). People are particularly sensitive and defensive about sex education. The physical body attitudes and powerful feelings aroused particularly in teenage need to be discussed in the home and in the schools from the earliest time of a child's education. Sexual feelings are either bad or good. They are a part of the very essence of our being as are our sciences, history, philosophy and fine arts (Franjic, 2018).

In our communities, teenagers hear mixed messages about sexuality from the people and institutions around them (Molbom, 2017). These norms focus on different sexual behaviours like sex, conception, abortions or pregnancy. But sexuality norms coming from the same people are often internality and conflicting too. For example, "people communicating a practical rational may say, don't have sex, but use contraception. The moral rational is equally contradictory by saying, don't have an abortion, but don't become a teenage parent". Meta norms about how to treat teenage parents are also inconsistent, often encouraging teenagers to shun and to support them.

Even though sexuality norm sets are internally contradictory, they are still social norms, which mean that people who violate them experiences social sanctions. It is clear from interviews that families, peers, schools and communities, all strategize to control teenage behaviours and bring them in live with their particular norm sets. Their enforcer strategies are different depending on the power they have over teenagers, but young people feel this control keenly and work to achieve their own goals while avoiding sanctions.

However, throughout the long history of finding ways to control fertility, strong moral sentiments, religious beliefs, legal constraints and gender relations often limited the provision of advice and methods of childbirth control (Dutt and Matthews, 1999). Moral objectives to birth control and political gamesmanship often made it difficult or impossible to obtain and use safe and effective contraception. Economic barriers also prevented many women from obtaining safe and effective methods of birth control.

Teenage parenthood is perceived to be both a cause and consequence of social exclusion (Edwards and Byrom, 2008). Teenage parents are likely to be at increased risk of childhood accidents. This links to social exclusion which means that teenage parents are themselves likely to be in poorer access to health outcomes for themselves and their babies.

While some teenagers view their pregnancy as positive and fulfilling, others reveal negative consequences. Research reveals that young parents experience poorer health and social outcomes which is linked to inadequate access to appropriate care and support (Franjic, 2018).

In teenage pregnancies, there are increased risks of abortion, premature delivery, fading growth, gesture developments, physical and maturity of personality are also not completed. They are as a rule, weakly controlled because very often pregnancies are hidden from the ambience. This group is known for its high incidence, conditionally sexually opposed diseases. The most common infections are Chlamydia trachomatis, human papillomavirus, mycoplasma and trichomonas vaginalis. These infections can increase the risk of abortion and premature birth. The uterus has not reach its full “majority” which increases susceptibility to infections. Increased blood vessels loading may lead to gestational development, a condition of mother and child risk, with increased blood pressure and child growth lag behind. The loading of the gland with internal digestion can lead to sugar metabolism disorders, with accelerated growth of an immature child. Prematurely increased skeletal load can result in permanent deformities of their musculo-skeletal apparatus. All this can lead to apathology of birth, with the greater need for operational endings in pregnancy (Franjic, 2018).

The risks of teenage pregnancy are numerous on school dropouts in and around the secondary schools. According to Cherry, Dillon, and Rugh (2001) every day at least 1,600 mothers die worldwide for complications of pregnancy or childbirths -the equivalent of four jumbo jets crashing every day with no survivors. At least 99% of maternal deaths take place in the developing world. Nearly half of all deliveries in developing countries take place without the help of a skilled professional. Less than one third of the new mothers get postnatal care, even though most maternal deaths occur soon after child birth. In each death, between 30 and 100 more women suffer short or long term illnesses related to pregnancy and childbirth. Teenage girls bear the burden. 11% of all births (15million a year) are to teenage girls (Franjic, 2018; Andrews, 2006). Girls aged 15 to 19 are twice as likely to die from childbirth as women in their 20s. Girls under age 15 are five times more likely to die from child birth. Teenage maternal mortality and morbidity represent a substantial public health problem at the global level (link: <https://goo.gl/zgsyoa>, 2017).

An estimated 2.0 to 4.4 million teenagers in developing countries undergo unsafe abortions each year. Teenage mothers are likely to have low birth weight babies who are at risk of malnourishment and poor development. Infant and child mortality also is highest among children born to teenage mothers. Teenage pregnancy also have negative social and economic effects on girls, their families and their communities. Unmarried pregnant teenager face stigma or rejection by parents and peers and threats of violence. Girls who become pregnant before age 18 are more likely to experience violence within marriage or a partnership. With regards to education, school-leaving can be a choice when a girl perceives pregnancy to be a better option in her circumstances than continuing education, or can be a direct cause of pregnancy or early marriage.

An estimated 5% to 33% of girls aged 15 to 24 years who drop out of school in some countries do so because of early pregnancy or marriage. Based on their subsequent lower education attainments, may have fewer skills and opportunities for employment, often perpetuating cycles of poverty; child marriage reduces future earnings of girls by an estimated 9%. This can also have an economic cost, with countries losing out on the annual income that young women would have carried over their lifetime, if they had not had early pregnancies.

According to Cruz (2001) abortion is a matter of a woman's right to exercise control over own body. Moralists who judge actions by their consequences alone could argue that abortion is equivalent to a deliberate failure to conceive a child and since contraception is widely available, abortion should be too. Some think that even if the fetus is a person, its right are very limited and do not weigh significantly against the interests of people or existing children already been born, such as parents or existing children of the family. The interests of society at large might outweigh any right accorded to the fetus in some circumstances, such as if, for example, over population of famine threatened that society. In such cases, abortion might been seen as moving a neutral act to one which should be encouraged (Franjic, 2018).

This study is linked to personality theory of Freud (1923). According to Allport as cited in Mcleod (2017) personality is defined as the dynamic organization within the individual of those psycho physical systems that determine his characteristic behaviour and thought. The personality theory of Freud's dynamic assumes that there is an interaction between nature (innate instincts) and nurture (parental influences). Freud's theory involves several factors-instinctual drives-food, sex, aggression, unconscious processes; early childhood influences (i.e psychosexual stages)-especially the parents. Freud believes that personality development depends on the interplay of instinct and environment during the first five years of life and that parental behaviour is crucial to normal and abnormal development.

Personality and mental health problems in adulthood can usually be traced back to the first five years. Freud emphasized that children are basically driven to seek pleasure by gratifying the Id's desire (Freud, 1920). According to him, sources of pleasure are determined by the location of the libido (life-force). According to Freud, as a child moves through different developmental stages, the location of the libido and the sources of pleasure change (Freud, 1905). Environmental and parental experiences during childhood influence an individual's personality during adulthood. For example, during the first two years of life, the infant who is neglect (insufficiently fed) or who is over-protected (over-fed) might become an orally-fixated person (Freud, 1905).

Freud (1923) divided the personality structure into three parts (that is, the Id, ego and super ego also known as the psyche) all developing at different stages in our lives. These are systems, not parts of the brain, or in any way physical. The Id is the primitive instinctive component of personality. It consists of all the inherited (that is, biological) components of personality, including the sex (life) instinct. It operates on the pleasure principle of Freud (1920) which is the idea that every wishful impulse should be satisfied immediately, regardless of the consequences.

The ego develops in order to mediate between the unrealistic Id and the external real world (like a referee). It is the decision-making component of personality. The ego operates according to the reality of principle, working our realistic ways of satisfying the Id's demands, often compromising or postponing satisfaction to avoid negative consequences of the society. The ego considers social realities and norms, etiquette and rules in deciding how to behave.

The superego incorporates the values and morals of society which are learned from one's parents and others. It is similar to a conscience, which can punish the ego through causing feelings of guilt. Freud's theory explains that the personality of an individual can change overtime meaning that it can be molded or remolded over and over again. Therefore Freud's theory of personality explains the issues that lead to teenage pregnancies among the young people all over the globe. However, it is against this backdrop that teenage pregnancy has attracted the interest of the researcher.

Method

Research Questions

1. Does teenage pregnancy affect female dropouts in their later lives in Aba Metropolis?
2. Does teenage pregnancy affect education progress of dropouts in Metropolis?
3. Does society treat pregnant teenagers as failures in Aba metropolis?

Research Setting

The research was carried out at the public secondary schools in Aba metropolis of Abia State, Nigeria.

Research Participants

One hundred and fifty-one (151) participants were randomly drawn from teachers in the ten public secondary schools in Aba metropolis. The sample was arrived at by using stratified random technique (Teacher Principal Status dichotomy) in the state school system.

Instrumentation and Analyses Procedures

A self structured questionnaire was employed in the study which included two major parts. The first part was about the demographic data of the research participants; name of the school, gender, status (teachers/ principal). While the second part is a set of structured questionnaire in line with modified Likert Scale which adopts the following response options: Strongly Agree (SA) – 4; Agree (A) – 3; Disagree (DA) – 2; and Strongly Disagree (SDA) – 1 point respectively. After collecting the data, the researcher used simple percentage statistical techniques (arithmetic mean and frequency) method to analyze and code the data. The obtained results were then analyzed and interpreted and were used to develop the tentative and

preliminary ideas about the issues under investigation during data collection. This was also done in order to identify possible theme focus of the study.

Results

Research Question 1

Does teenage pregnancy affect female dropouts in their later lives in the society?

Table 1: Frequency of teenage pregnancy and dropouts effects (n=151)

Options	Responses	Percentage responses (%)
Strongly agree (SA)	18	12
Agree (A)	20	13
Disagree (DA)	65	43
Strongly disagree (SDA)	48	32
Total	151	100

The result findings above shows that greater number of the respondents 65(43) disagree with the assertion; 18(12) strongly agree; 20(13) agreed; while 48(32) strongly disagree respectful. This indicates that teenage pregnancy does not affect dropouts. This result findings is contradiction to Cruz, Cozman, and Takiuti (2021) who advocated that teenage dropout with little education and multiple children to care for find it very difficult to earn a living. It also collaborates with Miquilena and Egdar (2021) who claimed that dropping out of school hinders formal education, resulting in employment and productive disadvantages while making them vulnerable to poverty, violence, crime and social exclusion.

Research Question 2

Does teenage pregnancy affect education of dropouts in the community of aboard (n=151).

Table 2: Frequency of teenage pregnancy and progress in education.

Options	Responses	Percentage responses (%)
Strongly agree (SA)	33	22
Agree (A)	95	63
Disagree (DA)	15	10
Strongly disagree (SDA)	8	5
Total	151	100

The table above indicated that 33(22) of the respondents strongly disagree that teenage pregnancy hinders educational progress of affected female dropouts, 95(63) agree with the statement while 15(10) and 8(5) strongly disagree with it respectfully. The result of the finding is in agreement with Kosmin (2003) who advocated that teenage pregnancy and early motherhood can be associated with poor educational achievement, poor health status, and lack of parental support. Duncan (2011) maintains that teenage parents experience reduction in their educational attainment compared to teenagers who are not parents. Also Anochie and Ikpeme (2011) agreed that teenage mothers are likely to have challenges in their educational attainment and in the long run become burdens to society at large.

Research Question 3

Does the society treat pregnant teenagers as failures in Aba metropolis?

Table 3: Frequency of teenage pregnancy and societal regard for pregnant teenagers (n=151).

Options	Responses	Percentage responses (%)
Strongly agree (SA)	88	58
Agree (A)	34	23
Disagree (DA)	19	13
Strongly disagree (SDA)	10	6
Total	151	100

The above result findings show that greater percentage of the respondents 88(58) strongly agree that pregnant teenagers are regarded as failures in Aba Metropolis; 34(23) agree to the assertion, while 19(13) disagree and 10(6) strongly disagree with the statement respectfully. This result finding collaborates with the perception proposed by Maemeko (2018) who postulates that teenage pregnancy for secondary school students impacts on their lives and their parents as they would be forced to withdraw from school. It also supports Cruz *et al* (2021) position that teenage mothers end up having many children to care for and thus have difficulty to earn a living and Miquilena and Edgar (2021) who advocates that teenage pregnancy compromises young teenage girls' development opportunities, as dropping out of school hinders their formal education, resulting in employment and productive disadvantages, while making them vulnerable to poverty, violence, crime, and social exclusion.

Discussion

In this research the prevalence of teenage pregnancy was high among the girls between below 20yrs and it is worrisome compared to other parts of the state. The study establishes that percentage of teenage pregnancy before 20yrs was 43% and that it had no consequences on their later lives. The result also revealed that teenage pregnancy had consequences on the education of the teenagers in the secondary schools and 58% agreed that teenage pregnant mothers are regarded as failures in the society and that many pregnant teenagers drop out of school and never completed their education. That means a lot of teenagers who get pregnant live in poverty in the society.

Conclusion

Teenage pregnancy over the years has constituted sign of educational and socio-economic challenges to the societies. This rise in the teenage pregnancy can be attributed to lack of education, sexual violence and peer pressure. This study establishes that there is a number of consequences of teenage pregnancy which include: early child marriages, sexually transmitted infections (STIs), mortality rates, school dropout and depression and mostly reduction in school enrolment. Teenage pregnancy has a number of consequences on the teenagers, parents, the girl child or baby, health sector and the society at large.

Recommendations

Based on the findings of this study, it is recommended that pregnant learners be encouraged to study, in order to improve their academic performances. To help achieve these, the affected teenagers should be encouraged to perform better academically like other learners. However, the following recommendations were made:

- School based daycare facilities should be provided for the teenagers and their parents

- Learners who are not pregnant in the school should avoid discriminating against those that are pregnant.
- curriculum school- based sexuality education should inter alia include the information of reproductive health problems such as sexually transmitted infections (STIs), HIV/AIDS and the health risks of teenage pregnancy.
- Government in collaboration with education departments and communities, should establish health clinics that are linked to schools.
- The educators should consider giving emotional support to pregnant teenagers by showing love and empathy to the affected teenagers.

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