

Determinants of Teenage Pregnancy and Abortion Among Adolescents in Ayobo Community, Lagos State

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Abstract

The study examined the determinants of teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State. The specific objectives were to assess the perceived of teenage pregnancy and abortion; and examine the influence of physical development, parents' socio-economic status, sex education and social media on teenage pregnancy and abortion among adolescents. This study adopted cross-sectional exploratory research design. The minimum sample size of three hundred and seventy-six (376) was calculated using power analysis. A self-designed and structured questionnaire was employed in collecting the data. The instrument consisted of different parts and made up of 33 items with six (6) sections A to E. The instrument was validated before using it for data collection. Data entered into the computer were subjected to descriptive and inferential statistical analysis at $p=0.05$ through the use of Statistical Package for Social Scientist (SPSS) version 25. The findings of the study revealed that the overall level of perceived teenage pregnancy and abortion by the respondents was 69.4% which signifies that the respondents have high perceived level of teenage pregnancy and abortion. The results also revealed that revealed that physical development, parents' socio-economic status, sex education and social media contributed 24.1%, 19.5%, 9% and 91.2% respectively of the total variance observed in the teenage pregnancy and abortion among adolescents. It is clear from the findings of this study that social media, socio-economic, physical development, parents' socio-economic status and sex education are predictors of the teenage pregnancy and abortion. Among these factors, the most prominent one is social media. It was recommended among others that parents are the first educators of

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their children, and should use religion to teach moral and ethical issues to abstain from or postpone sexual activity.

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Introduction

The concern about adolescent sexual and reproductive health has grown due to unprecedented increasing rates of early sexual debut that has implications for one's self-perception, social status and future health behaviour. Most behavioural responses of young people habitually revolve around sexual activities. Just like the western world, Nigerian youths are becoming predominantly pre-marital in their sexual activities making a high proportion of adolescents irrespective of their educational level as college students or not, living in urban or rural area to be sexually active, while many engage in unprotected sex (Achema, et al., 2015). It has also been observed that premarital activities of today's youth has given liberty to close intimacy and reckless romantic explorations during dating which ultimately lead them into an unhealthy sexual reproductive life (Alabi & Oni, 2017).

Adinma (2015) lamented on the increased incidence of adolescents' sexual behaviour as well as the decreased age of sexual debut especially for girls. The magnitude of the present day hetero-sexual behaviour can be traceable to several factors ranging from the developmental increase in height, size and weight to the high libido, lopsidedness in societal values, modern technology, and career orientation of parents. On the other hand, Hashmi (2013) affirmed that physical and emotional closeness between a boy and a girl is like a drug, the more you get the more you want. Once the momentum is underway, it is difficult to slow down to stop they will end up having sex.

However, adolescent refers to young person between the ages of 10- 19, but in the context of this research, only sexually active adolescents girls will be consider. Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally. Statistically, approximately 12 million girls aged 15–19 years and at least 777,000 girls under 15 years give birth each year in developing regions. Out of this 12million, 10 million have unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world. Of the estimated 5.6 million abortions that occur each year among adolescent girls aged 15–19 years, 3.9 million are unsafe, contributing to maternal mortality, morbidity and lasting health problems. According to the World Health Organization (2016), many adolescent girls between 15 and 19 get pregnant and about 16 million women 15-19 years old give birth each year, resulting to about 11% of all births worldwide.

Ayobo is a suburb in Alimosho local government area of Lagos State. Ayobo is surrounded by smaller towns such as Atan, Ipaja, Igbogila and Asipa. The rate at which adolescent girls involve in unprotected sexual behavior resulting to unwanted pregnancy despite increase in sex education is becoming alarming, and this in turn contributes to maternal mortality rate in developing country like Nigeria and globally knowing the determinants of termination of adolescent pregnancy will help to reduce maternal mortality and morbidity rate, also, will help to prevent future complication that may arise from unsafe abortion.

Pregnancy poses a concern to a teen's health because they have a higher risk of pregnancy and birth-related issues than adult women (Nove, et al, 2014). Despite a considerable decrease in the number of deaths among teenagers owing to difficulties during pregnancy and childbirth since 2000, pregnancy and childbirth complications were the primary causes of mortality among 15–19-year-old girls in 2016 (World Health Organization, 2016). Pregnancy at a young age has been linked to a higher risk of low birth weight, preterm delivery, and serious neonatal complications (Ganchimeg, et al, 2014). Young people's pregnancies are frequently unwanted, leading to unsafe abortions, which account for around one in ten of all maternal fatalities in Sub-Saharan Africa (Say, et al. 2014; Sedgh, et al, 2016).

Teenage pregnancy is still a problem that has to be addressed urgently all around the world (United Nations Population Fund, 2013). According to the World Health Organization, women aged 15 to 19 years old were responsible for 11% of all births in 2014 (World Health Organisation, 2020). In underdeveloped nations, around 95 percent of teenage pregnancies occur, with 36.4 million women becoming mothers before the age of 18 (United Nations Population Fund, 2013). In 2018, the worldwide adolescent birth rate was expected to be 44 births per 1,000 females aged 15 to 19, with 115 births in West and Central Africa, the highest regional rate in the world. Central African Republic, Nigeria, Niger, Chad, Angola, and Mali are among the nations with the highest rate of teenage birth (above 178). While childbearing has decreased among younger teenage females, it has remained stable among older girls (UNICEF).

Teenage pregnancy is still a major public health concern that has to be addressed since it is linked to greater incidence of low birth weight, preterm delivery, respiratory illnesses, and infant death. Unintended pregnancies among teenagers may result in a greater prevalence of induced abortion. Different determining variables of adolescent pregnancy have been discovered by Ayele, et al (2018) and Yakubu and Salisu (2018), including not living with parents, poor socioeconomic position, early sexual intercourse, and a lack of contraceptive information.

Although pregnancy can bring joy to some young women and their families, an unexpected and unplanned pregnancy, which is relatively common among adolescents, can have a negative impact on their interpersonal ties due to family, friends, and a partner who may also be an adolescent (Maranhao, et al., 2012). As a result, some families suggest abortion to teenagers, even if it is done in perilous and dangerous circumstances, so that their future is not jeopardized and their personal goals are not disrupted. Teenage pregnancy is a global public health issue with unequal burden distribution across high and low income nations; it is estimated that 95 percent of adolescent births take place in low- and middle-income countries (LMICs) (UNFPA, 2013).

High rates of pregnancy before the age of 18 are linked to a number of factors. Some key findings are consistent across Sub-Saharan Africa: contraception use is not seen as important, and young people's access to contraception is poor; condoms have a bad reputation and are not commonly used; there is a lack of knowledge about the risks of pregnancy and sexually transmitted infections (STIs); married girls are expected to become pregnant within a year of marriage; and married girls are expected to become pregnant within a year of marriage (Sommer & Mmari 2015; Stoebenau, et al 2016). Young people's low use of reproductive health services and poor sexuality education both in and out of school are linked to low knowledge levels and unmet contraception needs (Chung, et al, 2018). In terms of reducing the incidence of unwanted pregnancy among teenagers, efforts to address issues at the community level (e.g., parents' understanding and support, quality of health services, community distribution of condoms and contraceptives) have had little success (Phillips & Mbizvo, 2016).

Teenage pregnancy is mostly caused by a lack of adolescent-friendly services, insufficient comprehensive sexuality education, contraception non-availability and expense, insufficient health workers, judgmental attitudes of service providers, and inadequate counseling, according to studies (Yakubu & Salisu, 2018). Teenage pregnancy and parenting are still a major public health issue that has to be addressed since they are linked to greater incidence of low birth weight, preterm delivery, respiratory illnesses, and infant mortality (Wu, et al,

2016; Sychareun, et al., 2018). Unintended pregnancies among teenagers may result in a greater rate of induced abortion (Patra, 2016). Many family-related factors have been linked to teenage pregnancy, including growing up in a single-parent household or in a large family, low parental education, single-parent (divorced or separated) families, and teenage pregnancy of the mother or siblings (Moisan, et al., 2016).

Furthermore, the specific factors and beliefs that lead to contraceptive nonuse are unknown, and there is a lack of current, evidence-based data on personal (e.g., knowledge, attitudes, and skills) and environmental (i.e., social and structural influences such as social support, reinforcements, and contraceptive access) determinants of teenage pregnancy (Krug, et al, 2017). Despite the fact that there have been some researches on teen pregnancy and abortion, there has never been a case control study on this topic in Nigeria. Therefore, this study aimed to identify the determinants of teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State. The specific objectives were to:

- 1 assess the perceived of teenage pregnancy and abortion; and
- 2 examine the influence of physical development, parents' socio-economic status, sex education and social media on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State.

Research Hypotheses

The following hypotheses were tested in this study are as follows:

Ho1: There is no significant influence of physical development on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State.

Ho2: There is no significant influence of parents' socio-economic status on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State.

Ho3: There is no significant influence of sex education on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State.

Ho4: There is no significant influence of social media on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State.

Methodology

This study adopted cross-sectional exploratory research design whereby data were collected at one point in time. This study was done with adolescents in the selected areas of Ayobo community, Lagos State which included Anishere, Owonikoko, Kimishe, Kuffo and Kaka. The study focused on students who dropped out of school due to pregnancy in the previous years, as well as certain key informants knowledgeable with the topic, in addition to gathering comments from teenagers between the ages of 13 and 19. The study included 750 teenage residents of the selected areas of Ayobo community, Lagos State. The minimum sample size of three hundred and seventy-six (376) was calculated using power analysis which was employed by Bartlett, et al (2001) in organised research to determine appropriate sample size. Purposive sampling was employed to get the community, wards and local government from which data were collected. Additionally, simple random sampling was adopted to get respondents who were within the specified age and who likely dropped out from schooling because of teenage pregnancies.

A self-designed and structured questionnaire was employed in collecting the data. The instrument consisted of different parts and made up of 33 items with six (6) sections A to F. The instrument was evaluated for face and content validity by experts in Nursing Science and Tests & Measurement in order to determine the instrument's relevance, clarity of statement,

and logical correctness. A pilot test of 38 (10 percent of the sample size) participants was employed to assess the instrument's reliability. With the help of Statistical Package for Social Sciences (SPSS) version 25, the questionnaire was coded and analyzed using Cronbach's Alpha. It was revealed that the outcome of the reliability which includes (Physical development on teenage pregnancy and abortion = 0.950), (Parents' socio-economic status on teenage pregnancy and abortion = 0.923), (Sex education on teenage pregnancy and abortion = 0.961) and (Social media on teenage pregnancy and abortion = 0.950) shows that the instrument was reliable.

A letter of permission was submitted to the authority of Ayobo community, Lagos State for permission to carry out the study on adolescence within the environment. The researchers collected data from the respondents and the data collection took a period of one month. The researchers performed data screening by double-checking all surveys for accuracy before compiling the results. Data entered into the computer were subjected to descriptive and inferential statistical analysis at $p=0.05$ through the use of Statistical Package for Social Scientist (SPSS) version 25.

Results

Table 1: Respondents' Socio-Demographic Characteristics

| Variables | Frequency | Percentages (%) |
|---|-----------|-----------------|
| Age | | |
| 13-14yrs | 41 | 11.2 |
| 15-16yrs | 218 | 59.6 |
| 17 yrs Above | 107 | 29.2 |
| Total | 366 | 100.0 |
| Mean age = 15.83, Std. Dev. = 5.41 | | |
| Class | | |
| JSS | 79 | 21.6 |
| SS1 | 121 | 33.1 |
| SS2 | 111 | 30.3 |
| SS3 | 55 | 15.0 |
| Total | 366 | 100.0 |
| Religion | | |
| Islam | 68 | 18.6 |
| Christianity | 245 | 66.9 |
| Others | 53 | 14.5 |
| Total | 366 | 100.0 |
| People currently living with | | |
| Parents | 264 | 72.1 |
| Non parents | 102 | 27.9 |
| Total | 366 | 100.0 |

The result of the analysis of the respondents' socio-demographic characteristics based on age showed that majority (59.6%) of the respondents are within the age bracket of 15-16years; 121 (33.1%) were in SS1; and 245 (66.9%) were Christians. Results on who the students currently live with showed that 264 (72.1%) lived with their parents.

Table 2: Perceived Teenage pregnancy and abortion

| S/N | Speaking for yourself, if you became pregnant, under what conditions would you agree or | SA | A | D | SD |
|-----|---|----|---|---|----|
|-----|---|----|---|---|----|

| | | | | | |
|---|--|-------------|---------------|---------------|-------------|
| | disagree that it would be acceptable to terminate the pregnancy? | | | | |
| 1 | She does not feel ready to have a baby | 8 (2.2) | 350 (95.6) | 8 (2.2) | - |
| 2 | She does not want to marry the baby's father. | 16 (4.4) | 334 (91.3) | 16 (4.4) | - |
| 3 | She does not want her parents to know she's pregnant | 25 (6.8) | 341 (93.2) | - | - |
| 4 | Her parents want her to get an abortion | - | 132 (36.1) | 234 (63.9) | - |
| 5 | Continuing the pregnancy would affect her education | - | 290 (79.2) | 68 (18.6) | 8 (2.2) |
| 6 | Continuing the pregnancy would injure her health: physical, emotional, psychological, familial & age-related | 8 (2.2) | 118 (32.2) | 224 (61.2) | 16 (4.4) |
| 7 | The pregnancy as a result of rape | 16 (4.4) | 298 (81.4) | 52 (14.2) | - |
| 8 | The family has a very low income and feels they cannot raise any child at the moment | - | 342 (93.4) | 16 (4.4) | 8 (2.2) |
| Mean = 22.2 (69.4%); Std. Dev. = 1.53; Minimum score 14.00; Maximum score = 32.0 | | | | | |

Table 2 revealed that almost all (97.8%) the adolescents that participated in this study agreed that when one does not feel ready to have a baby, abortion can take place when pregnant; 350 (95.7%) agreed that female adolescents can abort when she does not want to marry the baby's father; and all agreed that she can abort when she does not want her parents to know she's pregnant. Also, 132 (36.1%) agreed on when her parents want her to get an abortion; 290 (79.2%) agreed on continuing the pregnancy would affect her education; 126 (34.4%) on Continuing the pregnancy would injure her health: physical, emotional, psychological, familial and age-related; 314 (85.8%) agreed to the pregnancy as a result of rape; and 342 (93.4%) agreed on the family that has a very low income and feels they cannot raise any child at the moment.

This study observed that the overall level of perceived teenage pregnancy and abortion by the respondents was 69.4% which signifies that the respondents have high perceived level of teenage pregnancy and abortion.

Test of Hypotheses

Ho1: There is no significant influence of physical development on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State.

Table 3: Summary of Multiple Regression Analysis of influence of physical development on teenage pregnancy and abortion among adolescents

| Source of variation | Sum of Squares | Df | Mean Square | F-Ratio | P |
|---------------------|----------------|-----|-------------|---------|-------------------|
| Regression | 208.830 | 1 | 208.830 | 116.801 | .000 ^b |
| Residual | 650.801 | 364 | 1.788 | | |
| Total | 859.631 | 365 | | | |

R = .493; Multiple R (Adjusted) = .243; Multiple R² (Adjusted) = .241; Stand error estimate = 1.337

Adolescents' physical development yielded a coefficient of multiple regression (R) of .493 and a multiple correlation square of .241. This shows that 24.1% of the total variance in the teenage pregnancy and abortion among adolescents is accounted for by physical development. The Table also indicates that the analysis of variance of the multiple regression data produced an F-ratio value significant at .000 level ($F_{(1,364)} = 116.801$; $P = .000 < .05$). Therefore, physical development influenced the teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State. Therefore, the hypothesis that stated "There is no significant influence of physical development on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State" was rejected.

Ho2: There is no significant influence of parents' socio-economic status on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State.

Table 4: Summary of Multiple Regression Analysis of influence of parents' socio-economic status on teenage pregnancy and abortion among adolescents

| Source of variation | Sum of Squares | Df | Mean Square | F-Ratio | P |
|---------------------|----------------|-----|-------------|---------|-------------------|
| Regression | 169.924 | 1 | 169.924 | 89.679 | .000 ^b |
| Residual | 689.707 | 364 | 1.895 | | |
| Total | 859.631 | 365 | | | |

R = .445; Multiple R (Adjusted) = .198; Multiple R² (Adjusted) = .195; Stand error estimate = 1.377

Parents' socio-economic status yielded a coefficient of multiple regression (R) of .445 and a multiple correlation square of .198. This shows that 19.8% of the total variance in the teenage pregnancy and abortion among adolescents is accounted for by parents' socio-economic status. The Table also indicates that the analysis of variance of the multiple regression data produced an F-ratio value significant at .000 level ($F_{(1,364)} = 89.679$; $P = .000 < .05$). Therefore, parents' socio-economic status influenced the teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State. Therefore, the hypothesis that stated "There is no significant influence of parents' socio-economic status on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State" was rejected.

Ho3: There is no significant influence of sex education on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State.

Table 5: Summary of Multiple Regression Analysis of influence of sex education on teenage pregnancy and abortion among adolescents

| Source of variation | Sum of Squares | Df | Mean Square | F-Ratio | P |
|---------------------|----------------|-----|-------------|---------|-------------------|
| Regression | 10.356 | 1 | 10.356 | 4.439 | .036 ^b |
| Residual | 849.275 | 364 | 2.333 | | |
| Total | 859.631 | 365 | | | |

R = .110; Multiple R (Adjusted) = .012; Multiple R² (Adjusted) = .009; Stand error estimate = 1.527

Sex education yielded a coefficient of multiple regression (R) of .110 and a multiple correlation square of .009. This shows that 9% of the total variance in the teenage pregnancy and abortion among adolescents is accounted for by sex education. The Table also indicates that the analysis of variance of the multiple regression data produced an F-ratio value significant at .000 level ($F_{(1,364)} = 4.439$; $P = .036 < .05$). Therefore, sex education influenced the teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State.

Therefore, the hypothesis that stated "There is no significant influence of sex education on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State" was rejected.

Ho4: There is no significant influence of social media on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State.

Table 6: Summary of Multiple Regression Analysis of influence of social media on teenage pregnancy and abortion among adolescents

| Source of variation | Sum of Squares | Df | Mean Square | F-Ratio | P |
|---------------------|----------------|-----|-------------|----------|-------------------|
| Regression | 783.895 | 1 | 783.895 | 3767.525 | .000 ^b |
| Residual | 75.736 | 364 | .208 | | |
| Total | 859.631 | 365 | | | |

R = .995; Multiple R (Adjusted) = .912; Multiple R² (Adjusted) = .912; Stand error estimate = .456

Social media yielded a coefficient of multiple regression (R) of .995 and a multiple correlation square of .912. This shows that 91.2% of the total variance in the teenage pregnancy and abortion among adolescents is accounted for by social media. The Table also indicates that the analysis of variance of the multiple regression data produced an F-ratio value significant at .000 level ($F_{(1,364)} = 3767.525$; $P = .000 < .05$). Therefore, social media influenced the teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State. Therefore, the hypothesis that stated "There is no significant influence of social media on teenage pregnancy and abortion among adolescents in Ayobo community, Lagos State" was rejected.

Discussion of Findings

The result of the analysis of the respondents' socio-demographic characteristics based on age showed that majority (59.6%) of the respondents are within the age bracket of 12-14years; 202 (55.2%) were female; 121 (33.1%) were in SS1; and 245 (66.9%) were Christians. Results on who the students currently live with showed that 264 (72.1%) lived with their parents.

This study observed that the overall level of perceived teenage pregnancy and abortion by the respondents was 69.4% which signifies that the respondents have high perceived level of teenage pregnancy and abortion. This is in support of the findings of Sedgh et al. (2016) that young people's pregnancies are frequently unwanted, leading to unsafe abortions, which account for around one in ten of all maternal fatalities in Sub-Saharan Africa. Also, it is line with the report of Ganchimeg et al. (2014) that teenage pregnancy is common in the recent times and has been linked to serious neonatal complications. Although pregnancy can bring joy to some young women and their families, an unexpected and unplanned pregnancy, which is relatively common among adolescents, can have a negative impact on their interpersonal ties due to family, friends, and a partner who may also be an adolescent (Maranhao, et al, 2012). As a result, some families suggest abortion to teenagers, even if it is done in perilous and dangerous circumstances, so that their future is not jeopardized and their personal goals are not disrupted.

The outcome of this study revealed that 24.1% of the total variance in the teenage pregnancy and abortion among adolescents is accounted for by physical development. This implies that adolescents physical development is a contributive factor to the teenage pregnancy and abortion observed among adolescents in Ayobo community, Lagos State. This result

corroborated the findings of Ilesanmi, et al (2015) who reported the physical development of the adolescents make them feel they are adults, failed to use reproductive health services, and that young males and females are confronted with sexual health issues stemming from preventable problems of unintended pregnancy, unsafe abortion, and sexually transmitted infections (STIs) like HIV/AIDS. They concluded that the sexual behaviour of the young adults, either being promiscuous or not, failed to propel them to make use of RHS.

The outcome of the second hypothesis revealed that parents' socio-economic status contributed 19.5% of the total variance observed in the teenage pregnancy and abortion among adolescents. This is an indication that family poor economic situation or economic imbroglio can expose the false value society we all are living in which the economic situation seems to be deteriorating and as such not making the parents to meet the needs of the family and thus, exposing the adolescents sexual relationships with older adults who lured them with material things. Socioeconomic status (SES) was found to influence adolescent sexual behavior (Ssekamatte et al., 2020). In this study parents' socio-economic status was found to statistically significant influence the adolescents' sexual behavior in terms of pregnancy and abortion. This supports the study that showed poor SES of parents as being the major factor that exposed adolescents to risky sexual behavior (Envuladu et al., 2013) and it disagreed with the study which opined that adolescents from wealthier families were more exposed to risky sexual behavior (Bhandari, 2014).

This concurred with Grolnick, et al (2017) who said that parent level of education is very important. Since many jobs require graduates, parent with lower level of education in most cases are less likely to secure a well-paying job. This parent will not be in a good position to cater for family needs of their children and more likely they will fall under low socio-economic status.

This study revealed that 9% of the total variance in the teenage pregnancy and abortion among adolescents is accounted for by sex education. This implies that sex education influenced the teenage pregnancy and abortion among adolescents that participated in the study. This is supported by the findings of Ayodele, et al (2015) in their study that examined the extent at which positive sexual behaviour will be fostered through life skills training among Nigerian adolescents revealed that individual participants in the training groups were able to translate the knowledge into action, behave in healthy ways, and given the desire to do so.

The results of the forth hypothesis showed that 91.2% of the total variance in the teenage pregnancy and abortion among adolescents is accounted for by social media. It could be said that a very important factor contributing to early sexual initiation in adolescents is exposure to sexually explicit content especially in electronic media. Adolescents use electronic media in large numbers and are therefore uniquely positioned to be particularly vulnerable to its effects - pregnancy and abortion. Adolescents usually use Television, Radio, the Internet and Social Networking Sites (SNS) such as Facebook and Twitter for information and other usage. This corroborated other studies on the association between mass media exposure and reproductive health decision-making capacities and behaviour in Ghana (Owoo, et al, 2019) and other parts of SSA (Wusu, 2013). Specifically, Owoo, et al (2019) found that mass media exposure has strong association with abortion self-efficacy among women in their reproductive age. The study therefore concluded that social media contributed to teenage pregnancy among secondary school students.



Conclusion

It is clear from the findings of this study that social media, socio-economic, physical development, parents' socio-economic status and sex education are predictors of the teenage pregnancy and abortion. Among these factors, the most prominent one is social media. In order to improve the sexual wellness of the youths in Nigeria, the realities of adolescent sexual behaviour must be accepted. It is imperative for stakeholders to look beyond school-based sexuality education and the communities should be better equipped to fill in the gaps of school-based sexuality education or completely take on the role of providing sexuality education to young people.

The study concludes that in relation to the changing dynamics of romantic relationship with openly sexual content from the media, focus should be on how to reach out to young men and women on how to behave in relation to sexual activities, contraceptive choice and use and what their role is in decision making with their partners.

Recommendations

1. Parents are the first educators of their children, and should use religion to teach moral and ethical issues to abstain from or postpone sexual activity. It is therefore important for the community and individual families to improve the quality of life of their families and their economic status.
2. The parents/guardians need to be equipped with knowledge and skills regarding reproductive health issues, so that they can communicate with their children adequately.
3. Community centres should be used to provide information for the youth on reproductive health issues, including dramas, seminars and workshops.
4. Reproductive health services should be accessible to, friendly and affordable for adolescents.
5. Health care workers should be sensitive to the needs of adolescents by creating supportive environments and programmes to prevent and address the causes of adolescent pregnancies.
6. Girls should receive education about menstruation, sexual intercourse, pregnancy and contraceptives before they reach the age of 13 when a number of them have already had their menarche and some even their sexual
7. Government should also ensure regular, periodic mass media campaigns to target adolescents and provide education/knowledge on family planning and safe abortion practices. This could go a long way to ensure that cases of unintended pregnancies and unsafe abortion are reduced to the starkest minimum.

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