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Vulnerability of Teenage Girls to Pregnancy in Ibarapa Central Local Government Area, Oyo State, Nigeria

Stella O. Odebode, Oluyinka A. Kolapo.¹

Abstract

The study examined the vulnerability of teenage girls to pregnancy in Ibarapa Central local government area of Oyo state, Nigeria. Simple random sampling was used to select 140 teenage girls for the study. Both qualitative and quantitative methods of data collection were used to elicit information from the respondents. While Interview Schedule was used to collect quantitative data, Focus Group Discussion Guide and In-depth Interview was used to gather qualitative data. Data were analysed using a descriptive method of analysis. Analysis of the data obtained showed that the average age of teenage girls in the study area was 15 years; the majority were Yoruba ethnic group (96.7%), lived with their relatives (77.5%) reside in multi-unit flats (62.2%) and had a primary education (76.1%). Results obtained from Focus Group Discussion and In-depth Interviews revealed causes of teenage pregnancy in the study area as: poor parental care, poverty, single parenting, peer-group, disciplinary actions from parents, the advent of technology and civilization. The study, therefore, recommends the need for enlightenment programmes on sex education by government agencies and non-governmental organizations for teenagers, parents as well as the general community.

Keywords: Teenage girls, Vulnerability, Teenage pregnancy

Introduction

Vulnerability is often related to the social marginalization experienced by some groups as a result of their social status, sex, age, migrant status or other characteristics defining their social position in the community. A vulnerable group is a population that has some specific characteristics that push it to a higher risk of falling into poverty than others living in the same community; and these vulnerable groups includes the elderly, the mentally and physically challenged, children and youths. Bruce (2007) reported that teenage girls confront distinct physical and social vulnerabilities that threaten their human rights and livelihoods. While all teenagers or adolescents are entitled to decent livelihoods, girls face disproportionate risks and distinctive consequences related to the vulnerabilities experienced; as young girls are more likely than their male peers to drop out of school, to marry at an early age, and to bear the brunt of poor sexual and reproductive health outcomes which can further increase their vulnerability.

Teenage pregnancy is a well-known phenomenon throughout the world and the topic continues to be the centre of many discussions and debates. Although pregnancy in adolescence is by no means a new phenomenon, it has become a major health but more importantly, a social issue only in recent decades. This problem of teenage pregnancy is often explained in relation to different social changes. Two events most referred to, are the growing numbers of pregnancies

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outside of marital context which is undesirable and the increased numbers of adolescents attaining secondary education with which teenage pregnancy often interferes (WHO, 2004; Garenne, Tollman & Kahn, 2000).

Teenage pregnancy poses a risk in which the victims have little or no control over critical social, health, and economic outcomes and as a result, they are socially isolated without sufficient knowledge and skills to effectively navigate life's challenges. It can also be seen as an early warning sign of inequality in a society. Barcena, (2013) suggested that marginalization or social exclusion of pregnant teenagers could prevent them from participating in specific communal activities or attaining certain privileges. According to UNICEF (2001), early marriage inevitably denies teenagers of the education they need for their personal development.

Manase, (2012) reported that teenage girls have historically been disadvantaged across Africa because they are found at the intersection of age and gender which leaves them vulnerable. Female adolescents in sub-Saharan Africa are among the most at-risk populations, yet programming has failed to adequately reach these girls. Current strategies and programs are not reaching this population because there is little knowledge documented about girl youths, as many focus on younger or older women. Many assume that information and services can reach vulnerable female adolescents through places such as schools or youth-centred programs, yet report shows that they remain marginalised and disadvantaged because majority have little or no education, little or no economic assets or opportunities, few friends or confidants and little chance to be the subjects of their own development thus they become less and less visible, less and less connected with mainstream of the societies of which they are supposed to be part. (Philips, 2006).

To realize the sustainable development goals, governments and their partners must recognize that many of the goals are directly and negatively affected by the prevalence of adolescent-girl pregnancy. Urgent investments to end this harmful practice should be part of national strategies for poverty reduction and social justice as Teenage pregnancy undermines achievement of the sustainable development goals in the following ways:

Goal 1: End Hunger and Extreme Poverty

Teenage pregnancy can have negative social and economic effects on girls, their families and communities. (Maynard 1997) opined that the costs of adolescent parenthood for society are numerous as the mother's education is often interrupted or terminated, leading to a loss or reduction in future earning power, and a life of poverty causing a generational cycle of disadvantaged families. Hence, support for girls to avoid pregnancy, stay in school and delay family formation translates into greater opportunities for them to develop skills and generate income for themselves and their present families, building an economic base to lift future generations out of poverty.

Goal 2: Achieve Universal Primary Education

Adolescent pregnancy abruptly limits and ends girls' potential because they are taken out of school to be mothers. Children of mothers with little education are less likely to be educated. The manifestation of women's exclusion can be the speeding up of the transition to adulthood through early (teenage) pregnancy effectively closing off the opportunity to improve employability through further education and work experience. Research shows that very often teenage pregnancy has a negative impact on employment and earnings as workers that possess high school diploma or its equivalent earn more than those that dropped out of high school (Beutel, 2000).

Goal 3: Promote Gender Equality and Empower Women

According to WHO report (2009), about 3.6 to 50.0% of young women aged 15-19 years are being subjected to an act of physical or sexual violence by their male partners. Studies have indicated a strong link between early childhood sexual abuse and subsequent teenage pregnancy, especially in developing countries. Girls often get pregnant without any say in the decision, and often with much older men or husbands. Large spousal age gaps also mean huge power differentials between girls and their partners/ husbands. Girls who get pregnant before age 18 are more likely to experience violence within marriage or a partnership than girls who postpone childbearing.

Goal 4: Reduce Child Mortality

Research has shown that children born to younger mothers have greater risks of mortality before the age of five and of being stunted or underweight. More so, babies born to adolescent mothers face a substantially higher risk of dying than those born to women aged 20 to 24. According to 2014 World Health Statistics which reported that complications during pregnancy and childbirth are the second cause of death for 15 to 19-year-old girls globally as every year some 3 million girls aged 15 to 19 undergo unsafe abortions which contribute to maternal death, child mortality and to lasting health problems.

Goal 5: Improve Maternal Health

Every year, nearly 16 million adolescent girls aged 15 to 19 years and two million girls under the age of 15 years give birth the majority of who are from low-end middle-income countries (WHO 2014). These youngest, first-time mothers face significant risks during pregnancy, including obstetric fistula and maternal death. Because they start childbearing early, a married girl will likely have more children and at shorter intervals during her lifetime. These factors, young age, multiple children and a short interval between births are all linked to a higher risk of death and disability due to pregnancy or childbirth.

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

Carrera, (2000) opined that unrestricted interaction with the opposite sex ignite the sparks of lust in teenagers very easily, especially when alcohol and drugs are involved; as the use of drugs and alcohol may possibly encourage unintended sexual activity which exposes young girls to the risk of HIV and other sexually-transmitted infections (STIs). The rates of teenage pregnancy have been on the increase, particularly in the poorest countries (World Health Organization, 2008); and this has posed a great threat and danger to child development. More than one-third of women from developing countries give birth before the age of 20 (Hanna, 2001; Furstenberg, 1998; Singh and Darroch (2000).

Despite the high prevalence of teenage pregnancy in rural households in Nigeria, studies addressing issues relating to vulnerability of teenage girls to pregnancy in the country are scarce as most studies have focused more on sexual and reproductive health without focusing on factors such as beliefs, attitudes, values, interaction with parents, peers and partners, objective opportunities and subjective aspirations of teenage girls which could undermine the basis for assessing their vulnerability to pregnancy. A dearth of information along this line has therefore necessitated this study.

The general objective of the study is to determine the vulnerability of teenage girls to pregnancy in Ibarapa Central Local Government Area of Oyo state. The specific objectives are to:

1. describe the personal characteristics of the respondents
2. determine the knowledge of the causes of teenage pregnancy in the study area
3. identify respondents' attitude towards teenage pregnancy
4. examine the effect of teenage pregnancy on the community

Methodology

This study was carried out in Ibarapa Central Local Government Area of Oyo state, Nigeria. The local government area has ten (10) political wards. It is homogenous comprising mainly Yoruba ethnic group, located between $7^{\circ}15^1$ North and $3^{\circ}30^1$ East of the equator; bordered by Ibarapa North Local Government Area in the North and Ibarapa East Local Government Area in the East, Republic of Benin and Ogun State of Nigeria, in the West and South respectively. This location enjoys the wet and dry seasons. Average annual rainfall is estimated to be 1,278mm while sunshine hours range from 2.4 hours in August to 7 hours in February with an average temperature of 27°C . Based on the prevailing climatic and soil characteristics, three vegetation zones are identified in the area. These are Forest, Savannah and Derived savannah. The forest zone with high relative humidity favours the cultivation of tree crops such as cocoa, kolanut, citrus and oil palm as well as arable crops such as yam, cassava, maize and rice. The derived savannah has a mixture of forest and savannah vegetations. (Sanusi, 2011)

Methods for Primary Data Collection

The study employed both quantitative and qualitative methods of data collection. A structured questionnaire was used to elicit information from 140 respondents using multi-stage random sampling. There are ten political wards in Ibarapa Central Local Government Area. Fifty percent of the wards in Ibarapa Central Local Government Area were randomly selected to give a total of five wards. Two villages were randomly selected from each of the wards to give a total of 10 villages. Fourteen teenage girls were randomly selected from each of the villages to give one hundred and forty respondents. While for the qualitative data collection, focus group discussion was carried out with groups of pregnant teenagers, non-pregnant teenagers, adult men and adult women. In-depth interview was also carried out with key informants, such as the Monarch, community leaders, health workers and religious leaders.

Respondents' Personal Characteristics

The age distribution in Table 1 shows that more than half (50.7%) of the respondents were between the age group of 16-18 years, 42.8% were between 13-15 years of age while the remaining 6.5% were above 18 years of age. The mean age of the respondents is 15 years. This implies that respondents in the study area are in the early adolescent age. This could make them vulnerable to sexual activities and consequently result in teenage pregnancy. Research has shown that sexual idea and activity increase over the adolescent period as teenagers engage in a spectrum of sexual behaviours ranging from fantasy and self-stimulation to various forms of intercourse (Halpern, C.T.,Udry, J.R.,Campbell, B and Suchindran, C. 1993).

The adolescent stage is a critical stage of life in which teenagers are more vulnerable to sexual activities due to several challenges that accompany the transition of adolescent stage to adulthood such as adjusting to the altered appearance and functioning of sexually maturing body, learning to deal with sexual desires, confronting sexual attitudes and values, experimenting with sexual behaviour, and integrating these feelings, attitudes and experiences into a developing sense of self, in responding to these challenges, they are influenced by the social and cultural context in which they live (Crockett, L.J; Raffaelli .M; and Moilanen, K.L 2003). According to the Sexual Behaviour Survey report (2003), some teenage girls initiate sexual activity before or at the age of 15. Table 1 likewise shows that about 59.4% of the respondents indicated a household size of 6-10, 34.1% indicated household size between 1-5 while a minority (6.5 %) indicated more than 10 household size. The average household size is 7, which suggest that most of the respondents in the study area have large household size. The implication of this is that as the number of children in family increases, the household tends to become more overcrowded leading to poor parental attention, inability to meet children's needs and frustration on the part of the teenagers. Eventually, teenage girls seek financial assistance outside their homes which in turn, make them vulnerable to teenage pregnancy.

Table 1 further show that 76.1% of the respondents had primary education, 18.1% had secondary education, and 2.9% had a vocational education while the remaining 2.9% had no formal education. This could be attributed to the operation of Universal Basic Education scheme (UBE) of the Federal Government of Nigeria, to ensure that rural people have at least primary education. This shows that the respondents can still be enlightened on sex education and its implications.

Table 1: Distribution of Respondents' Personal Characteristics

Variables	Freq.	%
Age	> 18	6.5
	16-18	50.7
	13-15	42.8
Household size	6-10	59.4
	1-5	34.1
	> 10	6.5
Educational status	Primary education	76.1
	Secondary education	18.1
	Vocational education	2.9
	No formal education	2.9

Causes of Teenage Pregnancy

Table 2 revealed that large proportion (87.7%) of the respondents indicated poor parenting as a major cause of teenage pregnancy. Research has shown that the environment in which a child is brought up is considered to be a factor that contributes to teenage pregnancy as women and girls that are often exposed to abuse, domestic violence and family strife are most likely to become pregnant as teenagers (Sceitz and Apfel, 1999). Deitz and Marks, (2001); Elis (2003) and Quigley, (2003) opined in their studies that one-third of teenage pregnancies would have been prevented through the elimination of exposure of teenage girls to abuse, violence and family strife resulting in poor parenting because “family dysfunction has enduring and unfavourable health consequences

for women during the adolescent years, the childbearing and beyond". Studies conducted by Elis, 2003 and Quigley, 2003 showed that girls whose fathers abandoned the family early in lives had the highest rate of early sexual activity and teenage pregnancy, while girls that the fathers left them at a later age had a lower rate of sexual activity; and the lowest rates occur among girls whose fathers were with them throughout childhood. 82.6%, 80.4% and 78.3% also reported poverty in the family, idleness and large household size respectively as major causes of teenage pregnancy in the study area.

This finding corroborates the position of Whitbeck and Hoyt (1999) who reported the existence of high rates of family structure, poor parenting, and poverty as major causes of teenage pregnancy. However, less than half of the respondents were aware that low aspiration (26.1%) and single parenting (39.9%) could cause teenage pregnancy. The fact that most of the respondents are not aware that low aspiration could cause teenage pregnancy suggests that teenage girls in the study area are ignorant about life, hence; need to be motivated on goal attainment. The statements below were gathered from the survey from the Focus Group Discussion.

"My parents being peasant farmers sell their produce at a low cost as a result of the exploitation of middle men. Thus, leaving them with minimal or no profit to cater for us"

"After school, I visit my friends around the neighbourhood since there is nothing to do at home"

"Since we are many in my house, my parents do not have money to cater for us. So in the process, we are forced to move out to get money in order to meet our basic needs".

"My father at times tells me to go out in search of money to buy food"

In addition, adult males during the focus group discussion also reported that some social systems within the study area are a contributory factor to the cause of teenage pregnancy. Some of the social systems mentioned are Night market (*Ita-Ale*) and Social clubs (Egbe).

Table 2: Distribution of respondents' knowledge based on causes of Teenage Pregnancy

Causes	Freq.	%
Poverty in the family	114	82.6
Large household size	108	78.3
Low self-esteem	101	73.2
Single parenting	55	39.9
Poor school performance	94	68.1
Idleness	111	80.4
Poor parenting	121	87.7
Poor education of young girls	103	74.6
Lack of opportunity & low socio-economic status	103	74.6
Low aspiration	36	26.1

*Multiple responses

Attitude of Teenage Girls towards Pregnancy

It was gathered from the study that some of the pregnant teenagers in the study area opined that teenage pregnancy is as a result of individuals' destiny which cannot be changed; while, some perceived teenage pregnancy as a normal phenomenon. In alluding to the phrase "iya lagbaja" (a name by which a mother goes), some of the respondents in the study identified desire for respect based on a transition in status (girlhood to motherhood) as a factor in pregnancy. Some others see teenage pregnancy as a shameful occurrence and reproach, as it hinders them from socialising with their peers.

The statement below was gathered during the focus group discussions with the teenage girls.

"I desire to be pregnant as a teenager because when I give birth, people will give me money"

"When I give birth people will come and it is always a time for merry making"

This implies that there is a prioritization of child celebration over prevention of early pregnancy, as the arrival of a child affords immediate monetary gains.

Effects of Teenage Pregnancy

Report from the in-depth interview reveals the effect of teenage pregnancy on the community as: untimely death, abortion, school dropout, juvenile delinquency and sexually transmitted diseases. A female teacher during the in-depth interview reported that teenage pregnancy has a great influence on the development of the community, as many youths who meant to impact the community with their various skills and career have become victims of this menace. She also added that many job opportunities that the youths in the community would have enjoyed have been left in the hands of expatriates who sometimes refuse to stay in the community. In addition, a health worker reported that some teenage girls in the community visit quack doctors to commit abortion, while some make use of contraceptives such as condoms, injections, etc. She added that some teenage girls go for family planning so as to enable them to complete their education. The study also discovered some traditional methods used by teenagers in the study area. These include:

1. The use of charmed rings by teenagers, which they wear when they are about to indulge in pre-marital sex.
2. Concoction: Herbal mixture was taken by teenage girls before engaging in pre-marital sex, usually got from native doctors.
3. Charmed beads worn by teenage girls around their waist.

Conclusion

Several factors were discovered in the course of the study which could make teenage girls vulnerable to pregnancy. Amongst such factors are large household size, poor disposition towards teenage pregnancy, poor parenting, poverty, single parenting and peer group influence. Owing to the fact that many of the parents in the study area are peasant farmers they attributed other causes

of teenage pregnancy as poverty resulting from the activities of middle men who often rob them of their profit. The study also reveals various effects of teenage pregnancy and preventive measures detrimental to their health ranging from traditional to modern which teenage girls have devised for themselves. Hence, a proper consideration of the various factors in putting up intervention programmes will go a long way in reducing the high prevalence of teenage pregnancy in the study area and other rural communities in Oyo state.

Recommendations

Based on the results obtained from this research, the following recommendations are made:

1. Enlightenment programmes on sex education should be organized by government agencies and non-governmental organizations for teenagers, parents as well as the general community.
2. Campaign against teenage pregnancy in schools, religious centres, market places and social group gatherings should be encouraged in the study area.
3. Sensitization programmes on gender discrimination and the importance of girl education should be organised for parents in the study area.
4. Youth empowerment programmes such as skill acquisition, career talks etc, should be organised for secondary school students in the study area.
5. Establishment of farmers' organisation and farmers' union should be encouraged to curb activities of middle men in the study area.

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