

Teenage Pregnancy and Prevalence of Abortion among In-school Adolescents in North Central, Nigeria

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Abstract

This descriptive cross-sectional study was carried out in public secondary schools in Ilorin to determine pregnancy outcomes among adolescents. Multistage sampling technique was used to select 521 respondents for the study. The research instrument was a semi-structured interviewer administered questionnaire.

All respondents were between 10-19 years (Mean=15.84±2.269) with 53% being males. About one third (28.2%) of all the respondents were sexually active; 63.9% were males and 36.1% were females. Female respondents who had ever been pregnant constitute 5.7% of all sexually active female respondents while 17% of all sexually active males had ever impregnated a girl. Abortion prevalence was 100% for females while 87.5% of males that have ever gotten a girl pregnant told the girls to abort the pregnancies. All the abortions were induced and done by unqualified personnel.

Youth programmes should be designed to provide adolescents with adequate knowledge on reproductive and sexual issues including pregnancy prevention.

Keywords: Teenage pregnancy, Abortion, Adolescents, North Central Nigeria

1. Introduction

Teenage pregnancy is a major public health and social problem the world over and its incidence is on the increase (Aboyeji 1997, Boyd 2000). Concern about the increase in unmarried adolescent pregnancy has been expressed throughout Africa (Letanro 1993). There is consensus that this is a phenomenon with detrimental effects for African society. The observed consequence include contributions to higher infant mortality (Becker 1993), potential barriers to the development of the woman, increased maternal morbidity and mortality (Garenne 1997) and the spread of sexually transmitted diseases (Gyepi-Gabrah 1987). It is contributing substantially to overall fertility in Sub-Saharan Africa. Taken as a region, the countries of Sub-Saharan Africa have the highest level of early child bearing in the world (Barker et al 1992).

Teenage pregnancy constitutes a health hazard both to the mothers and the fetus. The mother is at increased risk of pregnancy-induced hypertension, anaemia, obstructed labour and its sequelae (Okpani et al 1995, Ojengbede et al 1987, Uwaezuoke et al 2004). They are also three times more likely to die as a result of the complications of pregnancy and delivery than those aged 20-24 (Aboyeji et al 2001, UNFPA 2000). The fetus is prone to be delivered preterm, small for gestational age and has an increased risk of peri-natal death (Ojengbede et al 1987, Uwaezuoke et al 2004, Aboyeji et al 2001).

The main issues that have strongly influenced the pattern of adolescent pregnancy include the declining age at menarche and the increase in the number of years spent in school. This influences the timing of marriage. Adolescents who have finished at least 7 years of schooling (in developing countries) are more likely to delay marriage until after the age of 18 years (Salako et al 2006). This increases the length of time that they are exposed to the risk of adolescent pregnancy.

The reason for teenage pregnancy varies from country to country and from region to region within the same country. Factors that are associated with teenage pregnancy include rapid urbanization, low socioeconomic status, low educational and career aspiration, residence in a single parent home and poor family relationship (Adegbenga et al 2003). In 1999, Nigeria's adolescent fertility rate was 111 births per 1,000 women ages 15 to 19, and Nigerian women averaged more than five births during their lifetime.

The emotional trauma associated with an unwanted pregnancy in adolescents can be overwhelming. The society is absolutely judgmental when it comes to issues of adolescent pregnancy. This attitude has however not diminished in no way the incidence of unwanted pregnancies amongst Nigerian adolescents (Eugene 2000). In a study in the southwest of Nigeria, nearly half of the females have been pregnant before as well as two thirds of those not currently enrolled in school (James-Iraore 2001). This study examined the prevalence of teenage pregnancy and abortion among in school adolescents in Ilorin.

2. Methods

A descriptive cross sectional study design was used in this study. Multi-stage sampling technique was used in view of the large size of the study area. Six public secondary schools were selected for the study, two from each of the 3 LGAs that make up Ilorin metropolis. The final study population were 521 adolescents between the ages of 10 – 19 yrs from the study schools. Interviewer administered structured questionnaire was used for the study. The study was carried out from January 2006 to June 2006

The quantitative data obtained was fed into a computer and analysis was done with EPI- INFO version 6 software. The results were displayed in tables and charts. Cross tabulation of variables was also done. Chi-square test was used to test for significant associations between variables. A p-value of less than 0.05 was considered as statistically significant.

3. Result

The modal age for the study was the 16 – 17years age group, constituting 37.8% of all respondents. The mean age was 15.63±2.11. About half of the respondents (53%) were males, while a majority of the respondents (74.8%) were Yoruba by ethnicity. Respondents who are Christians accounted for 48.1% while 60% were from monogamous families.

About one third (28.2%) of all the respondents were sexually active out of which 63.9% were males and 36.1% were females. Significantly more males have initiated sexual intercourse in this study ($p < 0.05$) (Table 3). Female respondents who have ever been pregnant constitute 5.7% of all sexually active female respondents out of which

66.3% have been pregnant only once while 33.3% have been pregnant more than once (Table 4). On the other hand, 17% of all sexually active males had impregnated a girl in the time past out of which 75% have gotten a girl pregnant once while the remaining 25% have gotten a girl pregnant more than once (Table 5).

All the females that have ever been pregnant claimed that they aborted the pregnancies giving an abortion prevalence of 100% among the females while 87.5% of all the males that have ever gotten a girl pregnant said that they told the girls to abort the pregnancies. Only 12.5% of the males had their partners delivering the baby. It is noteworthy that 89.5% of all the pregnancies (Male Partners + Females) reported in this study were eventually aborted (Table 6).

4. Discussion

The prevalence rate of sexual activity of 28.2% found in this study is comparable with the rate obtained among female secondary school students in Port – Harcourt, Nigeria (Anochie et al 2001). Ameh (Ameh et al 2009) in their study reported a prevalence of 12.6% sexual activity among secondary school students in Northern Nigeria, while Kaufman (Kaufman et al 1998) in the USA reported 40% of women aged 15 – 19 years as being sexually active. The higher prevalence in the USA might be due to better reporting while lower rate in Northern Nigeria could be due to concealment of cases.

Teenage pregnancy is one of the most unfavorable and usually unplanned outcomes of adolescent sexual activity. This study showed that female respondents who have ever been pregnant constitute 5.7% of all sexually active female respondents. This is similar to the findings by Ameh et al in Northern Nigeria (Ameh et al 2009), USA (Kaufman et al 1998), and Thailand (Watcherance et al 2006) where female respondents who have been pregnant is 8.8%, 8.4% and 9% respectively. Reports from Port – Harcourt Nigeria (James-Iraore 2001), showed that pregnancy rate among sexually active female is as high as 27%. This could be due to rapid urbanization and influx of expatriates and lack of use of contraceptives in the area where the study was done. The consequences of these teenage pregnancies especially in this part of the world include high school dropout rates and high maternal and perinatal mortality rates among other consequences (Okpani et al 1995, Ojengbede et al 1987, Uwaezuoke et al 2004, Aboyeji et al). This high school dropout rate is not acceptable considering the fact that for any sustainable development to take place, education must be accorded its rightful place. Also these consequences put a strain on the already fragile health system thereby rendering it the more ineffective.

This study also established that pregnancy in teenagers is unwanted as evidenced by the high prevalence of induced abortion reported by the respondents; 100% among the females and 87.5% among the males. This finding is similar to the findings from a study conducted by Abiodun et al in Ilorin where 63.5% of female students aged 15 – 24 years in tertiary institutions have had induced abortion (Abiodun et al 2009). This is also in agreement with the report by Gilda et al where 50% of their respondents reported having had unwanted pregnancies (Gilda et al 2006). It is noteworthy that all the abortions were said to have been done by unqualified people. This is a serious setback for adolescent reproductive health and indeed for the campaign to reduce maternal mortality. Unsafe abortion has been documented as one of the leading causes of maternal mortality especially in developing countries to which Nigeria belongs.

Reasons given for resorting to abortion include; not being married, being too young, still in school and partners not wanting the child among other reasons. This shows that adolescents either do not consider the consequences of engaging in premarital sexual activity or that they simply don't know that they can become pregnant from such behavior. This calls for concerted efforts by all stakeholders to ensure that adolescents are guided and given the right messages and services so as to be able to make informed choices when it comes to their reproductive life.

Reproductive health, generally has been synonymous with females health, and males reproductive health has received little attention (Gilda et al 2006). This study however showed that 17% of all sexually active males had impregnated a girl in time past and delivering the baby. Hence, the role of the male counterpart in teenage pregnancy, abortion and contraceptives cannot be overemphasized.

It is concluded from the study that prevalence of teenage pregnancy and induced abortion is very high among in school adolescents in the study area. Youths programmes should be designed specifically to target adolescents to provide them with adequate knowledge on reproductive and sexual issues, change their attitude about sexual risk and motivate them to understand behaviour that reduce sexual risks especially the consistent use of condoms which has a dual purpose of both preventing unwanted pregnancies and also preventing sexually transmitted infections.

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Table 1. Sociodemographic characteristics of the respondents

Variables	Freq (%) (N=521)
AGEGROUP (in years)	
10 – 11	11 (2.1)
12 – 13	64 (12.3)
14 – 15	180 (34.5)
16 – 17	184 (35.3)
18 – 19	82 (15.7)
SEX	
Male	276 (53)
Female	245 (47)
ETHNIC GROUP	
Yoruba	390 (74.9)
Hausa	79 (15.2)
Ibo	27 (5.2)
Others	25 (4.8)
TYPE OF FAMILY	
Monogamous	316 (60.7)
Polygamous	205 (39.3)
RELIGION	
Christianity	248 (47.6)
Islam	273 (52.4)

Table 2. Distribution of respondents who are sexually active

Ever Had Sex	Freq (%) (N=521)
Yes	147 (28.2)
No	374 (71.8)

Table 3. Respondents who are sexually active by gender

HADSEX	Male (%)	Female (%)
Yes	94 (35.6)	53 (25.2)
No	182 (64.4)	192 (74.8)
Total	276 (100)	245 (100)

$p = 0.0016$, $\chi^2=9.89$, $df=1$

Table 4. Sexually active females who have ever been pregnant

Variable	Freq (%) (N=53)
Ever Been Pregnant	
Yes	3 (5.7)
No	50 (94.3)
Number of Times Pregnant (n=3)	
1	2 (66.7)
2	1 (33.3)
>2	0

Table 5. Sexually active males who have ever got a girl pregnant

Variable	Freq (%) (N=94)
Ever Impregnated a girl	
Yes	16 (17)
No	78 (83)
Number of Times They Have Impregnated a Girl	
1	12 (75)
2	4 (25)
>2	0

Table 6. Distribution of respondents by pregnancy outcomes

Variable	Freq (%)
Pregnancy Outcome (Females)	
Abortion	3 (100)
Delivered	0
Miscarriage	0
*Pregnancy Outcome (Males)	
Abortion	14 (87.5)
Delivered	2 (12.5)
Miscarriage	0
Total number of Pregnancies (Male Partners + Females)	19
Total number of Abortions (Males Partners + Females)	17 (89.5)

*What the males told the girls to do to the pregnancy or what the girl did to the pregnancy