

## **Problems of Teenage Mothers as expressed by in-School Adolescents in Kwara State**

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### **Abstract**

*This study examined the problems of teenage mothers as expressed by in-school adolescents in Kwara State. Descriptive survey research design was employed. Proportional sampling technique was used to select 600 respondents that participated in the study. The distribution of respondents by gender indicated that 330(55%) were male while 270(45%) were female. On the other hand, the distribution of respondents by age revealed that 426 respondents were within 13-16 years of age range representing 71% of the total sample while 174 respondents fall within the age range of 17 years and above which represent 29% of the total sample. Problems of teenage mothers questionnaire was used for data collection. The data collected were analyzed with the use of simple percentage and t-test procedures. The reliability of the instrument was determined using Pearson Product Moment Correlation Coefficient and a reliability coefficient of 0.68 was obtained. Findings showed that most severe problems of teenage mothers are that they experienced difficulties in getting married as a single parent. Also, complications during child birth due to their age was the least problem faced by the teenage mothers because the result revealed that not all pregnant teenagers usually experience birth complication during child delivery. Significant differences were found on the basis of gender and age. Thus, it was recommended that family, school, health and religious groups should work as a multi-disciplinary team in addressing the problems of teenage mothers and the school counselors should offer sexuality education to the teenagers/adolescents.*

**Key words: Problems, Teenage mothers, in- School Adolescents**

## **Introduction**

Teenage is often used interchangeably with adolescence. A teenager is conceptualized as a young person between ages 13 and 19 years. The teenage year is a period of transition between the end of childhood and when adulthood begins and is often called adolescence period (Anayochukwu, 2022). The World Health Organization (WHO, 2014) defines adolescence as a period covering ages between 10 and 19 years. Views and opinions vary among authors and researchers on the specific age at which it begins or ends. Turner and Helms (2003) reported that the teen years fall between the ages of 13 and 19 years. Adesomowo (2008) reported that the teen years starts at either 11 or 12 years and lasts to 19 years when the character of a person takes the permanent form.

According to Nwosu (2005), adolescents include all persons aged 13 to 19 years which constitute about 20 per cent of the world population. Mustapha & Ngohi (2015) considered teenagers as children who have reached the age of 13 to 19 years, the period in which the capacity for reproduction is attained and marked by changes in both primary and secondary sexual characteristics which start from menarche in girls, development of body contours and emergence of pigmented pubic hairs. This is a period of transition from childhood to adulthood and a distinct and important biological and social stage of development (Achema & Moses, 2015).

Pregnancy is a physiological process, presenting with history of missed period, fatigue, breast enlargement and tenderness, abdominal distension, nausea and vomiting together with light-headedness (Langham, 2015). Pregnancy in a girl between ages 10 and 19 years is termed adolescent or teenage pregnancy. Teenage pregnancy refers to pregnancy of a woman of less than 19 years. It refers to those who got pregnant before reaching legal adulthood, which is those between the ages of 13-19 years (Amadi&Udus, 2018). Teenage pregnancy is defined as that which occurs in the young girl between the age of 13 and 19 years when the reproductive organs and system are not fully developed (Doris O. M, Ekpoanwan E. E & David A. U, 2015).

Teenage pregnancy is a common occurrence globally. World Health Organization (WHO) statistics showed that about sixteen million adolescents aged 15-19 years give birth each year and most of these births occur in the developing countries (WHO, 2014). The trend seems to be increasing. Teenage pregnancy accounted for 40 percent of maternal deaths in Sierra Leone where early marriage is supported by traditional practice. This phenomenon is described as a social problem in which adult practices and functions such as sexual intercourse, reproduction and mothering are undertaken by a person who owing to her age and developmental status is not yet an adult (Doris *et al.*, 2015).

Each year about 750,000 women and girls between 15 and 19 years of age become pregnant; while more than one-half give birth and nearly one-third has an abortion (Ihedioha, 2021). Teenage pregnancy constitutes a public health problem and has been identified as a problem for teenagers, the families and the society at large. It is a major contemporary social problem confronting many countries in the world. In developed and developing countries, teenage pregnancy continues to receive increasing attention. This is because of the early age at which adolescents engage in sexual activity with the result of unplanned pregnancy and the likely complications (Marnachet *et al.*, 2013). Such pregnancies are risks to both mother and baby (National Population Commission & ICF, 2013). The health hazards that gush from it cannot be underscored as most of the teens who are exposed to unintended pregnancy taste the bitter pills of some deadly sexually transmitted diseases, acquired immunodeficiency syndrome, Syphilis, Herpes, Chlamydia, Gonorrhoea, Human Papillomavirus. All these perilous diseases have in more recent times doubled as a result of the sexual behaviour of the teenagers (Anayochukwu, 2022).

Adolescent pregnancy was identified to be associated with higher rates mortality for mother and infant. It was asserted that, teenage mothers are at risk of socio-economic disadvantage in their life time than those who delay child bearing until they are above twenty years of age; the younger the mother, the greater, the likelihood that, she and her baby will experience health complications. The vulnerability of adolescent female heightens due to biological and social reasons and they are prone to pregnancy

and childbearing complications such as, obstructed labour, retardation of fetal growth, premature birth, low birth weight, birth injuries, serious childhood illnesses and mental/physical disabilities, eclampsia and Vesico-vaginal fistula (VVF). They are also prone to abortion, sexually transmitted infections and other social vices such as substance abuse (Achemaet *al.*, 2015).

Teenage pregnancy affects the academic performance of adolescents as it could lead to lack of involvement at school and/or drop out of school, and the children of teenage mothers are likely to be at greater risk of low intellectual mothers and academic achievement. It also hampers further education of female adolescents and consequently earning capacity and over all well-being (Achemaet *al.*, 2015). Isiakaet *al.* (2019) asserted that “the social results of teenage pregnancy are unfortunate”. Some end up having low self-esteem. In most cases unwanted pregnancy affects a teen psycho-social process of development. They suffer high rate of abuse and neglect and it was believed that parenting teenagers have not had time to resolve their own stages of role identity and intimacy. Some other problems that can be attributed to the child, as identified by Mustapha & Ngohi (2015) include, low birth weights resulting in respiratory infections and failure to thrive, higher risk of dying at infancy, feeling rejected and having emotional problems, stigmatization, poverty and lack of stability leading to vicious cycle of the children also becoming teenage parents and inadequate nutrition due to poor breastfeeding.

Onuekwe (2021) further observed that adolescent mothers are less likely to stimulate their infant through affectionate behaviours such as touch, smiling, and verbal communication; or to be sensitive and accepting towards their needs. Mothers who had less social support were likely to show anger towards their children or to rely upon punishment. Daughters born to adolescent parents are more likely to become teen mothers themselves. Also sons born to young women in their teens are three times more likely to serve terms in prison. Cruz *et al.* (2021) asserted that 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. 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).

### **Statement of the Problem**

Teenage pregnancy is a common occurrence globally. About sixteen million adolescents aged 15-19 years give birth annually while most of these births occur in the developing countries (World Health Organization, 2014). This trend seems to be on the increase. Teenage pregnancy constitutes a public health concern and has been identified as a problem for teenagers, the families and society at large. It is a major contemporary social problem confronting several developing countries in the world. Miquilena and Edgar (2021) opined that a woman who gets pregnant as a teenager is more likely to have more than one child. More so, one who also has little education and multiple children to take care will find it very difficult to earn a living.

According to Isiaka *et al.* (2019) among the problems of pregnancy among teenagers include first trimester's bleeding, severe anaemia, prolonged and obstructed labour, cephalopelvic disproportion, and toxaeimias in pregnancy, stillbirth and high prenatal mortality. Teenage pregnancies and child bearing as opined by Jatau (2012) has posed problems in recent past decade. This is because the birth of a child which should be a joyful and hopeful occasion probably often results in termination of female education, unemployment, family breakdown, emotional stress and usually high risk of health problems for the teenage mother, child and ultimate dependence of both on relations. Moreover, the facts about the problems associated with teenage mothers in Kwara State have not been studied by previous researchers. Given these challenges, the need for a study of this nature in kwara State is desirable and cannot be over-emphasized.

### **Research Objectives**

The broad objective of this study is to examine the problems of teenage mothers as expressed by in- school adolescents in Kwara State. The specific objectives are to:

1. Examine the problems of teenage mothers as expressed by in-school adolescents in Kwara State.
2. Examine if there is any significant difference in the problems of teenage mothers as expressed by in-school adolescents in Kwara State on the basis of gender?
3. Examine if there is any significant difference in the problems of teenage mothers as expressed by in-school adolescents in Kwara State on the basis of age.

### ***Research Questions***

The following research questions guided the study:

1. What are the problems of teenage mothers as expressed by in-school adolescents in Kwara State?
2. Is there any significant difference in the problems of teenage mothers as expressed by in-school adolescents on the basis of gender?
3. Is there any significant difference in the problems of teenage mothers as expressed by in-school adolescents on the basis of age?

### ***Research Hypotheses***

The following research hypotheses were tested in the study:

1. There is no significant difference in the problems of teenage mothers as expressed by in-school adolescents on the basis of gender.
2. There is no significant difference in the problems of teenage mothers as expressed by in-school adolescents on the basis of age.

### ***Methodology***

This study is a descriptive research survey type. This is thought to be appropriate according to Cohen *et al.* (2011) who submitted that descriptive research report finding as they are, since this is what is expected of this study. The target populations for the study consist of all in-school adolescents in Kwara State. Since there are three senatorial districts in Kwara State namely; Kwara South, Kwara Central, and Kwara North with unequal number of Local Government, hence, proportional sampling technique was used. Each of the senatorial districts was divided into stratum and nine Local Government Areas were proportionally selected from all the sixteen Local Government

Areas across the senatorial districts.

Therefore, in Kwara South with seven Local Government Areas, Kwara Central with five Local Government Areas, and Kwara North with four Local Government Areas. Four, three and two Local Government Areas were selected respectively. Five Secondary Schools were selected from each of the Local Government Areas that has been proportionally selected, giving a total number of forty five Secondary Schools that were used. This implies that twenty, fifteen and ten Secondary Schools were proportionally selected from each of the three senatorial districts respectively.

Consequently, fifteen respondents were selected from each of the forty five Secondary Schools such that we have three hundred, two hundred and twenty five and one hundred and fifty respondents in each of the three senatorial districts respectively. By implication, a total sample of six hundred and seventy five respondents were used for the study but only six hundred copies of the questionnaires were completed and returned for analysis.

The instrument used for the study was a researcher-designed questionnaire, Problems of Teenage Mother Questionnaire tagged (POTMQ). The questionnaire consists of two sections. Section A deals with demographic information on the background of the respondents and Section B consists of questions on problems of teenage mothers. The instrument was given to four experts in Counsellor Education Department, University of Ilorin that validated the instrument. The reliability of the instrument was determined using test-retest reliability method. The instrument was administered to the same set of in-school adolescents from broken homes within an interval of four weeks. The two sets of scores obtained from the two administrations were correlated; using Pearson Product Moment Correlation Coefficient, the correlation coefficient obtained was 0.68 at 0.05 level of significance. The instrument was administered to in-school adolescents with the assistance of the research assistant. The data gathered from the study were analyzed using frequency counts and percentages, while t-test was used to test the null hypotheses formulated. The student's responses were based on four like type scale of Strongly Agree, Agree, Disagree and

Strongly Disagree, and the mean rating is 2.5, with the mean values of each item compared in order to determine the expression of in-school adolescent in Kwara State on the problems of teenage mothers. Any mean value which is equal to or greater than 2.5 means agreement to the questionnaire item, but when the mean value is less than 2.5 it means disagreement.

### **Results**

The results are presented based on the demographic information, research questions and hypotheses.

The distribution of respondents by gender indicated a total of 600 respondents of which 330 (55.0%) were male while 270 (45.0%) were female. On the other hand, the distribution of respondents by age range indicated that 426 (71.0%) were within 13-16 years of age range while 174 (29.0%) of respondents fall within the age range of 17 years.

Research Question 1: What are the problems of teenage mothers as expressed by in-school adolescents?

**Table 1: Means Orders of Respondents' Score on Problems of teenage mothers as expressed by In-school Adolescents**

	<b>Teenage mothers usually experience the following problems:</b>	<b>Mean</b>	<b>Rank</b>
10	Difficulties in getting married as a single parent	2.72	1 <sup>st</sup>
13	Financial embarrassment	2.60	2 <sup>nd</sup>
11	Lack of money for the up keep of their babies	2.56	3 <sup>rd</sup>
15	Financial difficulties in meeting the school needs	2.54	4 <sup>th</sup>
8	Social stigmatization as a single parent	2.52	5 <sup>th</sup>
7	Risk of rejection by family	2.50	6 <sup>th</sup>
4	Lack balanced diet for the baby and mother	2.48	7 <sup>th</sup>
12	Inability to obtain the basic necessities of life	2.41	8 <sup>th</sup>
9	Social interaction difficulties	2.40	9 <sup>th</sup>

6	Living as a single parent	2.37	10 <sup>th</sup>
3	Lack of proper medical attention	2.35	11 <sup>th</sup>
14	Inability to take care of themselves	2.33	12 <sup>th</sup>
2	Exposure to sexually transmitted diseases	2.27	13 <sup>th</sup>
5	Sickness or chronic illness during pregnancy	2.25	14 <sup>th</sup>
1	Complications during birth due to their age	2.23	15 <sup>th</sup>

Table 1 revealed the responses of in-school adolescents in Kwara State on problems of teenage mothers. Item 10 shows that 2.72 of the respondents agreed that they have difficulties in getting married as a single parent. However, 2.56 of the in-school adolescents agreed that they lack of money for the up keep of their babies. On the other hand, 2.25 of the respondents disagreed that they do experience sickness or chronic illness during pregnancy. However, 2.23 of the respondents disagreed that they do not have complications during birth due to their age.

### ***Testing of Null Hypotheses.***

**Ho1:** There is no significant difference in the problems of teenage mothers as expressed by in-school adolescents on the basis of gender.

**Table 2: The Results of t-test Showing Problems of Teenage mother as expressed by in-school Adolescents on the Basis of Gender**

Gender	No	Means	Standard Deviation	Df	Calculated t-value	Critical t-value
Male	330	23.9909	7.066	598	41.46*	1.960
Female	270	45.9593	5.623			

Table 2 showed that there is a significant difference in the problems of teenage mothers as expressed by in-school adolescents on the basis of gender since calculated t-value (41.46) was greater than the critical t-value (1.960) with 598 degrees of freedom and 0.05 level of significance. Hence, the null hypothesis 1 is hereby rejected. Female respondents are mostly affected by the problems of the teenage mothers with the mean

score of 45.96 greater than the mean score of 23.99 of male.

**Ho 2:** There is no significant difference in the problems of teenage mothers as expressed by in-school adolescents on the basis of age.

**Table 3: The Results of t-test Showing Problems of Teenage mother as expressed by in-school Adolescents on the Basis of Age**

Age	No	Means	Standard Deviation	Df	Calculated t-value	Critical t-value
13 – 16	426	42.5172	7.136	598	10.80*	1.960
17 year and above	174	34.0493	9.282			

Table 3 showed that there is a significant difference in the problems of teenage mothers as expressed by in-school adolescents on the basis of age since calculated t-value (10.80) was greater than the critical t-value (1.960) with 598 degrees of freedom and 0.05 level of significance. Hence, the null hypothesis 2 is hereby rejected. Respondents in the age range of 13 to 16 years are mostly affected by the problems of the teenage mothers with the mean score of 42.52 greater than the mean score of 34.05 of respondents within the age range of 17 years and above.

### **Discussion**

The finding from the study revealed that item 10 with the mean value of 2.72 was ranked first as the problem encountered by the teenage mothers and the item states that they have difficulties in getting married as a single parent. For instance, most men in our contemporary society avoid getting married to a teenager/adolescent who has had a child out of wedlock. This finding confirms the report of Idowu&Omoso (2003) who revealed that majority of teenage pregnancies occurred as a mistake, overzealousness of sex while both of the male and the female are not fully matured and ready for responsibilities. Here, the male can still go ahead to re-marry another person easily; but the female faces a lot of problems in getting another man to love, like and marry her again. This is because most of the eligible males are not ready to shoulder the responsibility of the child that does not belong to them biologically. They believed that the woman is “*fairly used*” and not new again. However, item 11 which states that

the respondents lack of money for the up keep of the babies ranked third with the mean value of 2.56. This finding supports the study of Mustapha & Ngohi (2015) who revealed that teenage parents often don't have the financial resources to cater for their offspring's. This was further buttressed by Charles and Collins (2020) that adolescent mother lacks the financial capacity to raise a child. Meanwhile item 1 with the mean value of 2.23 which states that respondents experience complication during birth due to their age was ranked last. This disagreed with the opinion of Alabi and Oni (2017) that a woman must be physically and medically matured before procreating. Although some teenagers died or lose their babies in the process of giving birth because the body of a teenage girl is not always mature enough to handle pregnancy and the stress involved.

Another finding from the study showed that there is a significant difference in the problems of teenage mothers as expressed by in-school adolescents in Kwara State on the basis of gender. This finding agrees with the finding of Oringanje, *et al.* (2009) in which the outcome of the finding showed that, a significant difference existed among the male and female respondents in their responses on the problems of teenage pregnancy. Also, it was found in the study that there is a significant difference in the problems of teenage mothers as expressed by in-school adolescents in Kwara State on the basis of age. This finding agrees with the finding of Banerjee, *et al.* (2009) which showed that a significant difference existed among the respondents on the problems of teenage pregnancy based on age. The plausible reason for the outcome of this finding might be as a result of the fact that the respondents belongs to different age groups, consequently, they might view the problems differently. However, this finding negates the finding of Hofferth and Reid (2002) in which the outcome of the study did not show a significant difference among the respondents on the problems of teenage pregnancy based on age.

### ***Conclusion and Recommendation***

The study established that in-school adolescents with the mean value of 2.72 agreed that teenage mothers usually experience difficulties in getting married as a single parent. However, respondents with the mean value of 2.56 perceived that they lack money for the up keep of their babies. While on the other hand respondents with

mean value of 2.23 perceived that they do not experience complications during child birth due to their age. It was also established from the study that gender and age are consider to be significantly different in the problems of teenage mothers as expressed by in-school adolescents in Kwara State.

Therefore, based on the findings of this research study, the following recommendations are put forward:

1. The family, school, health agencies and religious groups should work as multidisciplinary team in addressing the problems of teenage mothers.
2. More so, training should be offered to school counselors and teachers on how to present lectures to students on sexuality education and parents should be offered guidelines on how to assist their teenagers about life skills.

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