

Attitude of Secondary School Students in Port Harcourt to Teenage Pregnancy

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Abstract

Background: Early initiation of coitus in adolescence is often done without birth control and may result in pregnancy which is at high risk for poor maternal and infant outcome. There is also significant psychosocial morbidity for the adolescent mother, father, and the child. Also, affected females may ultimately suffer from poor educational achievement. In Nigeria, data on teenage pregnancy and sexuality issues are scanty, possibly due to aversion for the topic because of socio-cultural and religious reasons. Pregnancy is the most common cause of school drop-out for adolescent girls [1]; as such prevention should be the primary goal.

Objective: To evaluate the attitude of secondary school students in Port Harcourt towards teenage pregnancy.

Methods: This is a cross sectional study of secondary school students in Port Harcourt using a structured, anonymous, self-administered questionnaire. Information sought included student's Bio-data, sexual activity if any, contraception use, and actions taken if pregnant occurred.

Results: There were 1050 students; 486 males and 564 females. Age ranged from 10-19 years. Ninety-six students (9.14%) were sexually active. Of these, 50 (52.1%) used contraception. Five hundred and forty-eight students (52.2%) will blame affected females for becoming pregnant. Six hundred and ten (58.1%) will inform their parent if they become pregnant or impregnate a girl; while 36 will seek abortion.

Conclusion: Secondary school students had poor attitude towards teenage pregnancy and contraception issues, but will inform their parents should a pregnancy occur. Majority of girls prefer to drop out of school if pregnant. There is thus an urgent need to address adolescents' sexuality and pregnancy related issues via sexuality education in schools.

Keywords: Teenage pregnancy; Students; Attitude

Introduction

Teenage pregnancy is defined as pregnancy occurring between the ages of 13 to 19 years [1]. It usually results from sexual activity at an early age coupled with non-use or improper use of contraceptives [1]. Annually, about 13 million children are born to adolescents worldwide [1]. The annual number of live births per 1000 girls aged 15-19 years worldwide is estimated at 50 per 1000 for the period 2000-2005, with the highest rate occurring in Sub-Saharan Africa at 127 per 1000 [2]. It is 71 per 1000 in Latin America and the Caribbean and 18 per 1000 in East Asia [1,2]. The highest rate of teenage pregnancy in the world is in sub-Saharan Africa and some parts of Asia where women tend to marry early and teenage pregnancy occurs within marriage [2,3]. In some African societies, early pregnancy is often seen as a blessing because it is a proof of the young woman's fertility [3,4]. In a survey done in Niger, 87% of pregnant adolescents were married while 53% had given birth before the age of 18 years [4]. Internationally, the United States leads all other industrialized countries in the number of births to 15-19 yr olds, with 41.2 births per 1000 in 2004 [1]. Most of these pregnancies were unintended, and a significant proportion of young women voluntarily terminate the pregnancy [1,5].

Pregnant teenagers are more prone to poor outcome medically due to higher risk or premature birth, lack of prenatal care, and nutritional deficiency from poor eating habits [6-9]. In developing countries, complications of teenage pregnancies are leading causes of mortality and morbidity among women 15-19 years [10]. Illegal abortion also holds many risks for teenage girls in Sub-Saharan Africa [11,12]. Other impact of teenage pregnancy on mothers include high school drop-out rate as only 10-12% of teenage mothers complete school [1,5]. They tend to be poorer because of lack of career opportunities due to poor schooling [1,5].

Many health educators have argued that comprehensive sexuality education would effectively reduce the number of teenage pregnancies [13,15], and that the sexually active female teenager's success in avoiding unintended pregnancy is determined by her ability to use an effective contraceptive method consistently. Barriers to contraception use include inaccurate information (from peers or media), inaccessibility and acceptability by teenagers [5]. Many developing nations like Nigeria often have small scale and uncoordinated programs for reproductive health aimed at teenagers. This study aims to explore the attitude of adolescents in Port Harcourt towards teenage pregnancy and as such generate information on the education needs of adolescents which may be used for intervention programmes. It will also contribute to the bank of information on adolescent reproductive health in Nigeria.

Objective

To evaluate the attitude of secondary school students in Port Harcourt towards teenage pregnancy

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Methodology

This was a cross-sectional study of secondary school students participating in a series of debate organized by the Medical Women's Association of Nigeria (MWAN) Rivers State Branch over 4 weeks from 1st to 31st May, 2009. Schools in these debates were selected proportionally from private and public schools within Port Harcourt as follows:

There are 52 secondary schools in Port Harcourt, 36 private and 16 public schools which gives a ratio of 2.3:1. Based on this, 4 private and 2 public schools (total of six schools) were determined to participate. Thus, two co-educational schools (one public and one private), two all boys (one public and one private) and two all girls (private schools) were randomly selected from a list of all the schools. These six schools were spread across the three school districts in Port Harcourt – Diobu, Township and Elekahia districts (two schools per district).

All students spanning all the classes of Junior and Senior secondary school (JSS1 to SSS3) present on the days of the study were included in the study. Permission for the study was obtained from the school authorities of participating schools and assent was obtained from participating students.

A structured, anonymous self-administered questionnaire was used to seek information on students' Bio-data, sexual activity if any, contraception use, and actions taken if pregnancy occurred, who should be blamed for teenage pregnancy and what impact pregnancy would have on their education. Data was analyzed using SPSS 11.

Results

There were a total of 1050 students across all arms of Junior and Senior Secondary School (JSS and SSS); 486 were males and 564 females. Age ranged from 10-19years, with a median of 15years, and male to female ratio of 1:1.2. Six hundred and ninety-four students (66.1%) live with both parents, 168 (16.0%) live with a single parent (father or mother) and 148 (14.1%) live with other relations such as uncles, aunties, siblings, while 8 students (0.76%) lived with unrelated guardians. Most of the females students 414 (73.4%) had attained menarche.

Ninety-six students (9.1%) were sexually active (Table 1), on average, engaging in sexual activity at least two to four times a month. Of these, 50 (52.1%) responded positively to use of contraception (Table 2) while 46 (47.9%) did not use. Of those who use contraception, 56% (28 students) use condom, 20% (10 students) use withdrawal method, while 12% (6 students) use contraceptive pills. Six students (12.0%) used a combination of methods including topical and oral administration of local herbs. Table 3 showed that 548 (52.2%) students will blame affected females for becoming pregnant, 62 (5.9%) blame the participating male, 146 (13.9%) will blame affected girls' parents, while 120 (11.4%) chose to blame general societal decadence and permissiveness. Four students (0.38%) will blame extreme societal religiosity for making sexuality issues a "taboo" for discussion in schools. One hundred and seventy students did not respond to this specific question.

Six hundred and ten (58.1%) students (males and females) will inform their parents if they become pregnant or impregnate a girl. Table 4 shows the actions that the girls would take if they were to

Sex	Student population	Sexually active	Proportion (%)
Male	486	50	10.28
Female	564	46	8.16
Total	1050	96	9.14

Table 1: Proportion and sex distribution of sexually active students.

Methods	Frequency	Percentage (%)
Condom	28	29.2
Withdrawal method	10	10.4
Contraceptive pills	6	6.3
Local herbal concoctions	6	6.3
No Contraceptives	46	47.9
Total	96	100%

Table 2: Contraception use by sexually active students.

Who to blame for teenage pregnancy	Proportion	Percentage (%)
Involved females	548	52.2
Participating male	62	5.9
Girl's parents	146	13.9
Permissive society/ societal decadence	120	11.4
Lack of sexuality education in schools	4	0.38
No response	170	16.2
Total	1050	100

Table 3: Students opinion on who should be blamed for a teenage pregnancy.

Action taken	Frequency	Percentage (%)
Inform parents	386	68.4
Consult a doctor	128	22.7
Consult peers	18	3.2
Abort the pregnancy	32	5.7
Total	564	100.0

Table 4: Actions that would be taken by female students in case of unplanned pregnancy.

Action	Frequency	Percentage (%)
Deny it	60	12.3
Inform Parent	236	48.6
consult peers for advice	40	8.2
Opt for abortion	36	7.4
Don't know	114	23.5
Total	486	100.0

Table 5: Action that would be taken by males if they should impregnate a girl.

become pregnant, 386 students (68.4%) will inform their parents, while 32 students (5.6%) will seek abortion. Table 5 shows the actions that would be taken by male students should they impregnate a girl. Most, 236 (48.6%) will inform their parents, 114 (23.5%) will not know what to do, 60 (12.4%) will deny the pregnancy, while 36 (7.4%) will assist the girl to seek abortion.

On the impact of an unintended pregnancy on their education, the entire female students 564 (100%) feel they will drop-out of school because they cannot cope with the "shame" of it in school. Five hundred female students (88.7%) feel they will like to return to school and complete their education after delivery, but preferably at a different school.

Discussion

This study shows that secondary school students in Port Harcourt have poor attitude towards teenage pregnancy generally, and poor or inadequate use of contraception amongst those that are sexually active. As seen in Table 1, sexual activity was found in 9.14% of the study population, which is similar to findings by Adeokun et al. [16] in Northern Nigeria, where 9% of adolescents in secondary schools were sexually active but is slightly lower than the findings by Ameh et al. [17] in Zaria where 12.6% of secondary school students engaged in sexual activity. The difference may be due to the broader age group of 10 to 27 years used in the Zaria study, thus they had more young adults who may be more likely to have been engaged in sexual activity when compared to the younger adolescents of 10 to 19 years in the present study. Orji et al. [18] in Ilesha, South-Western Nigeria also got a higher result of 50% sexual activity among teenage secondary students but their study population was much lower – 300 students compared to the 1050 students in this study.

Of those that were sexually active, only about 52.2% (Table 2) responded to use some form of contraception albeit inconsistently and sometimes incorrectly. This percentage is higher than the 9.3% contraception used among sexually active teenagers found by Bassey et al. [19] in Calabar and 14.3% in Ilesha possibly due to differences in methodology and sample size as the Calabar study used semi-structured questionnaires and sampled only Girls secondary schools. Also a smaller proportion of students -480 were studied compared to the present study.

About half -52.2% (Table 3) of adolescents in the study population are of the opinion that a pregnant teenager is to be blamed for her situation. It would have been expected that they would have more empathy for their pregnant peers, and the fact that they felt otherwise may be attributed to be a fall out of the prevailing social stigma in their community, as teenage pregnancy (especially if outside of marriage) is thought to be a dishonourable and shameful act and frowned-at in most Nigerian communities [16]. Only a minority of the students (0.38%) felt that the lack of correct and appropriate information and education on adolescent sexuality issues due to societal cultural/religious bias may lead to unintended pregnancies in teenagers. This may suggest that the majority of the students in the present study did not recognize the import of sexuality education in schools as a means of conveying correct and appropriate information about adolescent sexuality. In contrast in the study by Adeokun et al. [16], 84% of the students opined that adolescents should be given sexuality education.

Most of the girls (68.4% -Table 4) and almost half of the boys (48.6% -Table 5) opined that they will inform their parents if they become pregnant or impregnate a girl. This is preferable, as studies have shown that pregnant teenagers who are supported by their families coped better and are more likely to return to school and complete their education [1,5]. However, in some communities where teenage pregnancy is a social stigma, families may exhibit hostility or lack of support towards their pregnant teenagers leading to poorer outcomes for such adolescents [16]. This may be why some of the responders in this study felt they would rather inform a friend or seek a clandestine abortion before the pregnancy is discovered. This is worrisome as unsafe abortion especially in developing countries like Nigeria is a common cause of morbidity and a leading cause of death in

pregnant females [12]. Many of the female students will prefer to drop out of school should they become pregnant as they cannot deal with the shame of it while schooling, but will like to continue and finish their education afterwards. Because the females are usually the central figure in a teenage pregnancy, little attention is sometime given to the participating male who may sometimes not be an adolescent [1,5]. However, most of the male students felt that they would inform their parents if they impregnate a girl, others would be at loss of what to do, while a few will outrightly deny the pregnancy or help their pregnant partner secure an abortion (Table 3). Adolescent fathers often suffer the same social and economic risks of the teenage mother, with many fewer resources and programs to assist them [1].

That the teenagers in this study had poor attitude towards adolescent sexuality issues including teenage pregnancy and poor practice of contraception among the few that are sexually active, underscore the dire need for sexuality education in secondary schools in Nigeria.

Conclusion

Secondary school students in Port Harcourt have a poor attitude towards teenage pregnancy and would blame affected teenagers for their situation. Most would however inform their parents if they become pregnant or impregnate a girl. Thus adolescent sexuality education in secondary schools in Port Harcourt, as an adjunct to imbibing good values and attitudes is recommended.

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