

ranging from *Not at all*, *Rarely*, *Undecided*, *Occasionally* and *Very often*. Responses were assigned scores of 0, 1, 2, 3, and 4 to highlight the practice of respondents.

Inclusion Criteria: Female adolescents willing to participate were included in the study.

Exclusion Criteria: Male adolescents and Female adolescents who refused to grant a consent for the study.

Ethical consideration

Ethical approval for the study was obtained from the Babcock University Health Research Ethics Committee (BUHREC). An informed consent was obtained from the participants to participate in the study.

Results

Socio-demographic characteristics of respondents

The demographic characteristics of the respondents on Table 1 showed that majority 176 (67.7%) of the respondents fall between the age group 14-16 years, followed by 17-19 years 66 (25.4%). A total of 258 (99.25%) of the respondents are single and only 2 (0.8%) were married. For class, respondents from SS1 class were 128 (49.23%) and respondents from SS2 class were 132 (50.77%). As regard the ethnic origin, majority of the respondents were Isoko 244 (93.8%).

Knowledge on teenage pregnancy

The level of knowledge of teenage pregnancy was measured on 8-point reference scale and the mean score for all respondents is 6.40 ± 1.02 valid for 260 respondents (n=260) with a prevalence of 80%. The score translates to the fact that majority 128 (49.2%) of the respondents had good knowledge as regards teenage pregnancy, and 121 (46.5%) had fair knowledge. Majority of the respondents 224 (86.2%) knew that teenage pregnancy is the conception of a female below 20 years old. Almost all the respondents 256 (98.5%) and 252 (96.9%) knew that unprotected sex can lead to teenage pregnancy and can lead to bad health consequences. In all, 156 (60.0%) of the respondents knew that contraceptives can prevent teenage pregnancy. Despite the percentage of good knowledge reported in this study, 189 (72.7%) of the respondents agreed that the risk of diseases and unplanned pregnancy is not a good reason to avoid sex before marriage. Also, 161

(69.9%) of the respondents were of the view that birth control/condom is not important (Table 2).

Environmental Factors Predisposing to Teenage Pregnancy among Female Adolescents

The environmental factors of respondents were measured on a 104-point reference scale. The mean score for all respondents is 61.67 ± 10.50 valid for 260 respondents (n=260). This translates to the fact that majority of the respondents 208 (80.0%) were negatively influenced by environmental factors.

Furthermore, 223 (89.6%) of the respondents were negatively influenced by their peers. The result also revealed that 25.0% of the respondent strongly disagreed that their peers can change their decision to avoid sex, while 31.9% disagreed and 23.8% stayed undecided to the same fact. Also, 36.2% of the respondents strongly disagreed that their peers advised them to use contraceptives, 11.9% disagreed and 16.5% stayed undecided to the same fact (Table 3).

As regards media as an environmental factor, 196 (75.4%) of the respondents were negatively influenced by media. More than half (61.5%) of the respondents occasionally viewed pornographic contents on the internet while 30.0% occasionally obtained information about sex from books. Also, 76.9% sometimes imitate sexual activities displayed on media (Table 4).

The result of this study also showed that family support as an environmental factor was highly significant. More than half 149 (57.3%) of the respondents were negatively influenced by their family. About one third (34.2%) of the respondents revealed that their parents do not educate them on sexual/reproductive health. Also, two fifths (40.0%) of the respondents revealed that their parents do not tell them to stay away from risky behaviors that could lead to unplanned pregnancy (Table 5).

Practices predisposing to teenage pregnancy among female adolescents

The practices predisposing to teenage pregnancy were measured on a 44-point rating scale. The mean score for all the respondents is 35.58 ± 4.12 valid for 260 respondents (n=260). This translates to the fact that majority of the respondents 201 (77.3%) had poor practice predisposing to teenage pregnancy (Figure 1). The research hypotheses for this study proposed a

significant association between knowledge and practices predisposing to teenage pregnancy ($r=0.063$; $p=0.048$), among female adolescents in selected secondary schools in Isoko South LGA, Delta State, Nigeria. There was also a significant relationship between environmental factors and practices predisposing to teenage pregnancy ($r=0.374$; $p=0.000$), among female adolescents in selected secondary schools in Isoko South LGA, Delta State, Nigeria.

Discussion

The findings of this study revealed that 128 (49.2%) of the respondents had a good knowledge of teenage pregnancy. This is in tandem with a study where they reported a good knowledge of respondents^[16]. This study also showed that about half of the respondents 121 (46.5%) had a fair knowledge of teenage pregnancy. This is line with a study which stated that ignorance on basics of sexuality and pregnancy was 60%^[17]. The result of this study further revealed that 156 (60%) of the respondents agreed that contraceptives can prevent teenage pregnancy, but 161 (61.9%) of the respondents believed that condom is not important. This is similar to a study carried out where 81.6% of the respondents were of the opinion that thorough contraceptives can prevent adolescent pregnancy and 38.1% believed that condom use is an attempt to prevent teenage pregnancy^[16]. Respondents in this study agreed that adolescents are not physically ready for pregnancy and childbirth. This is supported by

studies where it was revealed that adolescents under 15 years old are not physically ready for pregnancy and childbirth^[2,3].

Majority of the respondents 208 (80.0%) in this study, were negatively influenced by environmental factors. This is in correlation with a study which showed that teenage pregnancy was associated with social environment such as family influence, peer group influence and media promoted sexual behaviors that could easily influence adolescents^[11]. The findings in this study showed that majority of the respondents 233 (89.6%) were negatively influenced by peer pressure, 196 (75.4%) by media, and 149 (57.3%) by family support. This is supported by studies which revealed that 71.8% of adolescents were pressured to have sex, 57% surf the internet for sexually related advice and 53.4% of respondents identified reluctance of parental involvement as a factor predisposing to teenage pregnancy^[17, 18, 19].

In this study, majority of the respondents 201 (77.3%) had poor practice predisposing to teenage pregnancy. Another study conducted showed a contradictory result where 60% of the single participants utilized contraceptive as a means of preventing unplanned pregnancy^[20]. Also, substance use related behavior among adolescent respondents who smoked cigarettes was 22.5% with 53.4% having used alcohol, 28.5% admitted to binge drinking, 14.6% of adolescents smoke marijuana, 10.3% sniffed glue, 7.3% take heroine, and 6.6% use injectable drugs^[12].

Table 1. Socio-demographic characteristics for quantitative respondents

Variables	Respondents in the study N=288	
	Frequency (N)	Percentage (%)
Age		
• 11-13 years	18	6.9
• 14-16 years	176	67.7
• 17-19 years	66	25.4
Marital status		
• Single	258	99.2
• Married	2	0.8
Class		
• SS1	128	49.23
• SS2	132	50.77
Ethnic Origin		
• Isoko	244	93.8
• Urhobo	5	1.9
• Igbo	7	2.7
• Yoruba	1	0.4
• Others	3	1.2

Table 2. Knowledge of respondents about teenage pregnancy

S/N	Knowledge	TRUE	%	FALSE	%
1	Teenage pregnancy is the period of conception of a female below 20 years old	224	86.2	36	13.8
2	Unprotected sex can lead to teenage pregnancy	256	98.5	4	1.5
3	Contraceptives cannot prevent teenage pregnancy	104	40.0	156	60.0
4	The risk of diseases and unplanned pregnancy is not a good reason to avoid sex before marriage	189	72.7	71	27.3
5	Teenage pregnancy can lead to bad health consequences	252	96.9	8	3.1
6	Birth control/condom is not important	161	61.9	99	38.1
7	Teenage pregnancy can lead to school drop-out	251	96.5	9	3.5
8	Adolescents are not physically ready for pregnancy and childbirth	226	36.9	34	13.1

Table 3. Frequency distribution of peer influence

S/N	PEER INFLUENCE	Percentages of Respondents (%) N=260				
		SA	A	UD	D	SD
1	I have sex because my friends have all tried it	1.9	3.5	37.7	51.5	5.4
2	My peers do not encourage me to have sex	14.6	3.5	28.8	37.3	15.8
3	My peers say that sex makes me more matured	13.7	4.6	25.0	48.8	7.7
4	My peers advise me to use contraception/condoms	31.2	4.2	16.5	11.9	36.2
5	Peer influence cannot result to teenage pregnancy	24.2	5.8	26.5	29.2	14.2
6	Peer pressure to have sex is very common	7.3	1.5	41.2	39.6	10.4
7	My peers cannot change my decisions to avoid sex	11.9	7.3	23.8	31.9	25.0
8	I feel sex is safe because my peers say so	3.1	5.8	32.3	55.4	3.5
9	I give in to what my peers do to be part of the group	6.5	10.0	26.2	48.8	8.5

Table 4. Frequency distribution of media

S/N	MEDIA	Percentages of Respondents (%) N=260				
		NA	R	UD	O	VO
1	I obtain information about sex from TV	18.1	1.5	23.5	45.0	11.9
2	I sometimes view pornographic contents on the internet	7.7	5.8	16.5	61.5	8.5
3	I obtain information about sex from books	11.5	6.2	33.8	30.0	18.5
4	I obtain information about sex from social media	23.5	3.5	17.3	41.9	13.8
5	Adolescents are influenced negatively on social media	41.5	11.2	0	34.2	13.1
6	I sometimes imitate the sexual activities displayed on media	4.2	9.6	4.2	76.9	5.0
7	Exposure to sexual content on media have negative effects	30.8	11.5	0	42.3	15.4
8	Early sexual initiation on TV shows is portrayed as normal	26.2	17.7	0	28.1	28.1

Table 5. Frequency distribution of family support

S/N	FAMILY SUPPORT	Percentages of Respondents (%) N=260				
		NA	R	UD	O	VO
1	My parents educate me on sexuality/reproductive health	34.2	3.8	0	31.2	30.8
2	My family does not frown against sex before marriage at all	11.5	18.8	0	23.1	46.5
3	My family encourages me to use birth control/condoms	10.4	15.8	0	9.2	64.6
4	My parents tell me to stay away from risky behaviors that could lead to unplanned pregnancy	40.0	3.5	0	48.8	40.0
5	My parents set rules on late night movement	36.2	3.1	0	54.6	6.2
6	My parents feel uncomfortable talking to me about sexuality/reproductive health	6.9	11.9	12.7	40.8	27.7
7	Parents do not have the time to teach their children about sexuality/reproductive health	31.9	8.8	0	28.5	30.8
8	My parents set rules on my choice of entertainment	38.1	5.0	0	35.8	21.2
9	My parents give me advice on my choice of friends	35.0	0.8	0	57.7	6.5

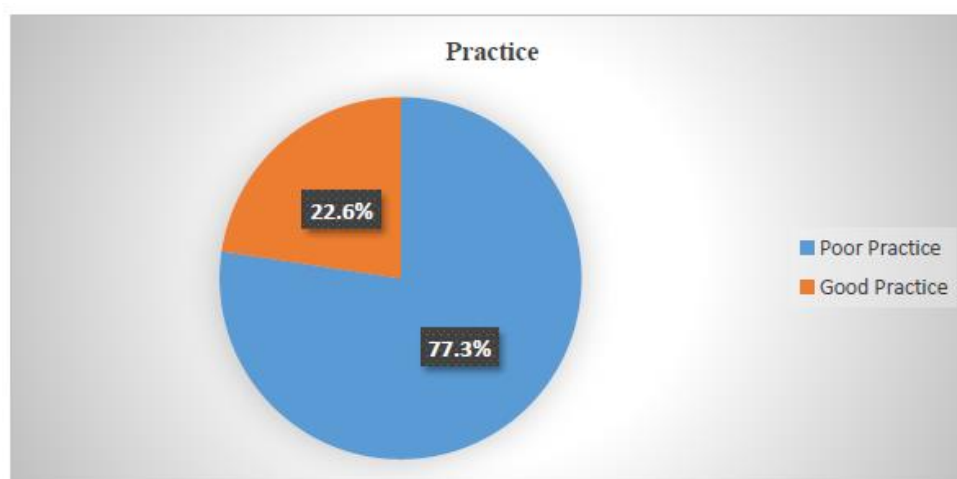


Figure 1. Practice of respondents predisposing to teenage pregnancy

Conclusion

Factors predisposing to teenage pregnancy is complex. The study was carried out among female adolescents in selected secondary schools in Isoko South Local Government Area, Delta State. The study revealed that although there was an average knowledge of teenage pregnancy among the respondents, more than half of the respondents were negatively influenced by environmental factors such as peer influence, media, and family support that could lead to teenage pregnancy among female adolescents. This is evident from their responses showing that 89.6% were negatively influenced by their peers, 75.4% by media and 42.7% by parental support such that

parents do not educate their children about sexuality/reproductive health, the risky behaviors and consequences of teenage pregnancy. Therefore, parents have a major role to play in the mental regulation of their adolescents on improving and taking control of their own health. There is need for health programs to aid policy formulation that would be geared towards empowering adolescents so as to reduce the occurrence of teenage pregnancy.

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