Teenage Pregnancy: Teenagers’ Perceptions, Experiences, Sexuality and Contraception

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Abstract

The purpose of this qualitative study was to explored teenagers perceptions of teenage pregnancy, their understanding of contraceptives and sexuality using the Theory of Reasoned Action. The study was contextual and comparative. Forty teenagers responded to the in-depth interview. Tesch’s content analysis method was utilised and the questionnaire was analysed using descriptive statistics. Findings revealed that no concrete teenage pregnancy prevention programme was in existence in the communities. Half of the teenagers had inadequate knowledge of contraceptives and almost all the participants indicated their disapproval for contraceptive usage among teenagers. Only two participants mentioned contraceptives as a preventive strategy for teenage pregnancy. Teenage pregnancy is still a common occurrence in Nigeria and teenage pregnancy intervention programmes are still not visible within the communities hence, government and all policy makers need to make more efforts in the establishment and sustenance of efficient and accessible teenage pregnancy intervention programmes and initiatives.

INTRODUCTION

Teenage pregnancy refers to girls who become pregnant before reaching the age of legal adulthood, although this varies across the world [1]. Becoming a parent, even at any age have the aptitude of breeding a life-changing experience [2]. Regardless of race, education and socio-economic status, parenting places great burdens on a person’s life. Parenthood is indicated to naturally come with numerous responsibilities, hence when teenagers become parents, these new responsibilities can be very over-helming and frightening. This become more challenging and perturbing for the teenage parent if there is no family support, especially from her own parents [2].

Globally, early pregnancy and childbirth is closely linked to a host of critical social disadvantages. Unwanted early pregnancies are likely to impact more upon females than males, resulting in life-long problems, such as poverty and income disparity, decrease in overall child well-being, raising children without a partner and low educational status [3-5]. According to Aikoye [6], salient factors that are responsible for teenage pregnancy include poverty, sexual abuse, ignorance culture and religious beliefs. Despite the negative consequences of teenage pregnancy and childbirth, the rate of teenage pregnancy is still high worldwide.

In the United States of America (USA), teenage pregnancy is reported to have occurred throughout the country’s history. Although teenage pregnancy and birth rates have dramatically drop over the past twenty years, the rate of teenage pregnancy and childbirth still remain extreme higher than in other similar countries of the world [1,5,7-9].

In South Africa, it is reported that although the country has made enormous success since 1994 towards achieving gender parity in basic education, teenage pregnancy still remains a big threat. This is indicated to have undermined the Department of Basic Education’s success towards ensuring that the girl child contribute her part towards a good life that is free of poverty by remaining in school [10,11]. South Africa has a huge teenage pregnancy problem as one in three girls has had a baby by the age of 20, with a report indicating the number of pregnant schoolgirls soaring from 1,169 in 2005 to 2,336 in 2006 in a particular province [12].

In Nigeria, about 44.5 million of young Nigerians between 10-24 years were reportedly pregnant in 2006 [13]. The Nigeria Demographic and Health Survey [14] revealed that the rate of teenage fertility in Nigeria in 2008, surpassed other African countries with 121 live births per 1000 births, emphasising that the rate is rather too high when compared with other African countries that have considerably lower teenage fertility rate.

Available evidence revealed that teenage pregnancy is not a simple social problem that can be addressed with appropriate educational and health promotion alone but through comprehensive evidence-based approaches [15]. An evidence-
based approach should expand programmes that are found to be effective. The approach should include those that are effective in delaying sexual activity, increase condoms and contraceptive use for sexually active teenagers and educate them about abstinence and contraception [15-17].

Teenage pregnancy in Nigeria is not just a health issue, but also a developmental one, hence there is a need to respond effectively to the health and developmental challenges of teenagers in Nigeria. The study was therefore aimed at exploring the perceptions of teenagers and experiences of their role in two typical Nigerian townships from two geo-political zones in the prevention of teenage pregnancy. Also, to identify current teenage pregnancy prevention activities and initiatives that is in place at the community level. This study intended to contribute to a deeper understanding by exploring teenagers’ own perceptions on the matter, to identify factors that, in their view, may influence the risk of pregnancy and suggest possible interventions.

Theoretical application

This study was based on the Theory of Reasoned Action (TRA) [18]. The theory was developed by Martin Fishbein and Icek Ajzen from as an improvement to Information Integration Theory [18]. There have been some changes to the theory, two important ones to be precise. The first was the addition of a new element in the process of persuasion, behavioural intention instead of an attempt to predict attitudes. Although the theory recognises that there is some life situation that may reduce the impact of attitude on behaviour, the TRA is obviously concerned with behaviour. A person’s intention to behave in a certain way is the main focus of the theory. The idea that a person is likely to behave in a precise manner in certain situations and the likelihood that the person may certainly act in that manner is called intention. For example, a teenager who is contemplating on having a protected sexual act or desiring to practice abstinence intend to do so but may or may not actually follow through on that intent.

Behavioural intent is seen as the main factor that determines our behaviour and to understand it, the TRA studied a person’s attitude regarding a particular behaviour and the subjective norms of influenced people and groups that may influence those attitudes. As highlighted by TRA, a person’s attitude as well as his norms determines his intention and intention is seen as the main motivator of behaviour. Also, TRA further explained that a person’s attitudes with regards to a specific behaviour is influenced by the amalgamation of two factors that are closely related, they are his belief about the outcome of the behaviour (that is, a likely or unlikely outcome) as well as his evaluation of the possible outcome (is the outcome good or bad?). Thus, the most important feature of a person’s attitude is whether or not it is positive, negative or neutral.

In regards to teenage pregnancy, a teenager’s attitude would be shaped by whether or not she thinks positive sexual practices are relevant to her wellbeing (the outcome of the behaviour) and whether or not she thinks engaging in sexual risky practices would be more beneficial to her and those around her (her evaluation of the outcome). For example, if she strongly believes that using a condom or abstaining from sexual act will result in a desirable outcome, then it can be said that she has a positive attitude towards her sexuality. Similarly, if she strongly believes that the behaviour will result in an undesirable outcome, then she likely has a negative behaviour towards risky sexual practices.

In summary, a teenager will have a sense or belief about whether or not these individuals and groups (that is, her family, friends) would approve or disapprove his or her behaviour. Even though the teenager herself must be adequately motivated enough before he/she can comply with their views and this can vary from one situation to another. The more we understand about the attitudes and norms that influence intent, the more accurately our interventions can be designed to influence these in a desired direction; toward a healthier sexual behaviour among teenagers.

METHODOLOGY

Study design and setting

This was a qualitative explorative and contextual study that made use of audio-taped semi-structure interview to explore teenagers’ perceptions and experiences of their role in the prevention of teenage pregnancy. The study was conducted in two selected secondary schools in Kwara and Edo States Nigeria. Kwara State is located in the north-central geopolitical zone of Nigeria. Its capital is Ilorin and the state was created on May 27, 1967. Based on the Nigeria 2006 census, the population of Kwara was about 2.5 million. Edo is an inland state in the south-south geopolitical zone; its capital is Benin City. The state was created in August 27, 1991 with about 3.4 million populations.

Study population and selection of participants

The target population for this study were school going teenagers aged 13-19 years, living in any of the two selected communities. To be included in this study, participants must be a student in the selected secondary schools, residing in the study area and willingness to participate in the study.

A total of forty participants responded to the semi-structured interview and completed a questionnaire on their demographic profile. This purposive sample size was determined by saturation of data which was achieved when 35 participants had been interviewed. Each sample group saturated independently. A total of 35 interviews were analysed with new categories and 5 interviews analysed without new categories evolving. Referential adequacy was attained, partially fulfilling the requirement of trustworthiness.

Data collection

Data was collected from September to November, 2016. The researcher conducted and audio-taped the semi-structured interviews with teenagers in each of the selected secondary schools. To guide the interviewer, an interview schedule was developed using guiding questions written in English to investigate the perceptions of teenagers in teenage pregnancy as well as the experiences of their roles in the prevention of teenage pregnancy. Furthermore, pre-test interviews were conducted before the actual data collection with 2 interviews (from each community) using participants that had similar characteristics with the study population but the findings were not included in the final data. The interviews were written and audio-taped with the participants’ permission.
Data analysis and trustworthiness

Interviews were transcribed verbatim and Tesch’s content analysis approach [19] was utilised for data analysis. Data was transcribed into textual form and organised into easily retrievable sections. Then, data was coded by paragraph which was further categorised and interpreted. Descriptive statistics was used for the demographic analysis. To ensure trustworthiness, strategies such as interpersonal relationship and trust building, triangulation of data gathering methods, peer examination, member checking, authority of the researcher, dense description, consensus with independent coder and dependability audit were employed (Lincoln and Guba, 1985).

Ethical consideration

Before the commencement of the study, the research proposal was submitted to the Local Government Authorities for reviewed and permission to conduct the research was given. Also, an official letter was written to the selected secondary schools and permission letters were obtained from the school principals. Prior to the interview, each participant’s rights were explained and informed consent and assent (for participants younger than 18 years) was obtained, as well as the permission to use audio recorder. To guarantee privacy, the interviews were conducted in a private room with only the participant and the researcher present.

RESULTS

The findings of the study are presented according to the themes and various categories generated from the data (Table 1). Each theme is described with a summary of the categories.

Demographic profile

In this study, a total of forty participants were interviewed (n = 40). As shown in Table 2, all the participants were between the ages of 13 to 19 years.

Values and beliefs of qualitative findings

Knowledge of community based teenage pregnancy prevention programmes: Findings from the study revealed that no concrete teenage pregnancy prevention programme was in existence in the two selected communities as indicated by all the participants. Less than one-third (12 of 40) of the participants mentioned school sexuality education and church programmes.

Meaning, acceptance and cultural beliefs about dating:

From the perspective of the teenagers from both North-Central (NC) and South-South (SS): Dating was viewed as an intimate relationship between a boy and girl and it does not involve sex.

With regards to dating acceptance, the majority of the participants from the NC (15 of 20) agreed that dating is acceptable, likewise, almost all (16 of 20) the participants from the SS felt dating is acceptable from the ages of 16 and above.

Regarding cultural beliefs about dating, half (10 of 20) of the teenagers from the NC expressed that dating is acceptable in their culture while almost half (8 of 20) of the SS teenagers stated that their culture sees dating as something that is wrong and unacceptable, as it can results in pre-marital sex and unwanted pregnancies. The following are few of their responses:

“Yoruba culture does not permit young people to date because it will lead to pregnancy.” (NC)

“My culture does not permit dating at all.” (SS)

Teenage pregnancy: occurrence, acceptance and family support: The teenagers were asked if teenage pregnancy has become a norm in their communities, almost all (18 of 20) the teenagers from NC emphatically stressed that it is not a norm in their community. However, nearly half (9 of 20) of the teenagers from SS claimed that it has become a norm as many cases of teenage pregnancies are seen in their community. A few of the given responses are as follows:

“The culture believes that teenage pregnancy is an abomination.” (NC)

“I think teenage pregnancy is seen it as a taboo, something unacceptable but nowadays, it is seen as a norm in the society.” (SS)

With regard to the acceptance of teenage pregnancy in knowledge and types of contraceptives

Acceptance of contraceptive usage among teenagers, parental consent in teenage contraceptive use

Importance and existence of parent-child communication in the family

Involvement of parents in teenagers’ sexuality education

Teenagers’ peer-pressure resistance

Acceptance and cultural beliefs regarding teenage sexual experimentation

Expected age of teenage sexual relationships

Problems and benefits of teenage pregnancy and childbearing

Table 1: Main themes and categories generated from the data.

<table>
<thead>
<tr>
<th>Main theme</th>
<th>Category</th>
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<tbody>
<tr>
<td>Values and beliefs</td>
<td>Knowledge of teenage pregnancy prevention programmes</td>
</tr>
<tr>
<td></td>
<td>Meaning of dating</td>
</tr>
<tr>
<td></td>
<td>Acceptance of dating</td>
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<tr>
<td></td>
<td>Cultural beliefs about dating</td>
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<tr>
<td></td>
<td>Occurrence of teenage pregnancy</td>
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<tr>
<td></td>
<td>Acceptance of teenage pregnancy</td>
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<tr>
<td></td>
<td>Family support for pregnant teenagers</td>
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<tr>
<td></td>
<td>Risk factors (causes) in teenage pregnancy occurrence</td>
</tr>
<tr>
<td></td>
<td>Recognition of role in the prevention of teenage pregnancy</td>
</tr>
<tr>
<td></td>
<td>Prevention strategies</td>
</tr>
<tr>
<td>Health and social services</td>
<td>Knowledge and types of contraceptives</td>
</tr>
<tr>
<td></td>
<td>Acceptance of contraceptive usage among teenagers, parental consent</td>
</tr>
<tr>
<td></td>
<td>in teenage contraceptive use</td>
</tr>
<tr>
<td>Communication</td>
<td>Importance and existence of parent-child communication in the family</td>
</tr>
<tr>
<td></td>
<td>Involvement of parents in teenagers’ sexuality education</td>
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<td></td>
<td>Teenagers’ peer-pressure resistance</td>
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<tr>
<td>Perceptions</td>
<td>Acceptance and cultural beliefs regarding teenage sexual experimentation</td>
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<tr>
<td></td>
<td>Expected age of teenage sexual relationships</td>
</tr>
<tr>
<td></td>
<td>Problems and benefits of teenage pregnancy and childbearing</td>
</tr>
</tbody>
</table>
The teenagers were asked if they recognize their roles in the prevention of teenage pregnancy. All the participants expressed that they recognized that they have roles to play as teenagers in the prevention of teenage pregnancy such as been self-disciplined, avoiding any all forms of peer pressure, or bad friendship or intimate relationship with opposite sex that may implicate them.

With regards to the effective ways and strategies that teenagers think should be deployed in the prevention of teenage pregnancy, varieties of strategies were stated by the participants, but the most common mentioned strategies were proper sexually education from parents and teachers as stated by almost all (15 of 20) the participants from NC while 12 of 20 from the SS also cited giving of appropriate sex education through advice, seminars and symposiums in schools, at home, and by government agencies. Other suggested strategies from the participants from the NC were: adequate provisions of material need at home, as this will prevent covetousness (as mentioned by 4 of 20); implying, and enforcing (if need be) teenagers to keep away from bad friends (mentioned by 2 of 20) and allowing teenagers to make use of contraceptives (mentioned by 2 of 20). Other strategies mentioned by participants from the SS includes: maintaining a strong parent-child communication (mentioned by 4 of 20); Teenagers should always resist peer-pressures and desist from bad companies as well as all forms of immoral acts (mentioned by 3 of 20); and lastly, adults should serve as role models. One participant remarked:

“No, it is not acceptable because it is not good for the girl, it will ruin her future.” (NC)

“Well, generally I think teenage pregnancy is not acceptable but I have seen some girls like my age that are married and they have kids, I think those ones are acceptable.” (SS)

Participants were asked if families do support their pregnant teenagers. The majority (15 of 20) of the participants from the NC, and half (10 of 20) of the teenagers from the SS responded families do not usually accepts the pregnant teenager from the onset but families may support the teenagers at a later stage. One participant remarked:

“They don’t get it as much they are supposed to. I have seen mothers who sent their pregnant teenagers out of the house. I think is better if parents can support them, I know it can be disappointing but it is good if parent support. I read about a girl who was pregnant as a teenager but was later sent back to school. She made a first – class in the University all because her father encouraged her, most parents don’t do that and it is really bad.” (SS).

**Perceived risk factors, role and preventive strategies for teenage pregnancy:** Participants were asked about their perceived causes of teenage pregnancy and the majority (15 of 20) teenagers from the NC and half (10 of 20) from the SS mentioned peer and mate influence/pressure, poor sexuality and relationship education and lack of parental care, covetousness as well as lack of contentment among female teenagers. Other perceived reasons include; illiteracy and ignorance. A remarkable response as expressed by teenagers from SS is immorality and lack of good moral conduct; similarly, it was observed that only few (5 of 20) from NC and (3 of 20) from SS mentioned poverty as a risk factor to teenage pregnancy. One response was:

“‘The main causes are lack of home training and peer pressure; because once a girl has a friend that have a boyfriend, she too will start telling her to do the same by introducing her to boys. I try to avoid such friends; they can put someone into trouble.” (SS)

Table 2: Demographic profile of combined sample (N = 40).

<table>
<thead>
<tr>
<th>Profile</th>
<th>N</th>
<th>per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Socio-cultural groups</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yoruba</td>
<td>21</td>
<td>52.5</td>
</tr>
<tr>
<td>Ibo</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>Esan</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Benin</td>
<td>8</td>
<td>20.0</td>
</tr>
<tr>
<td>Auchi</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Age group (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 - 15</td>
<td>12</td>
<td>30.0</td>
</tr>
<tr>
<td>16 - 18</td>
<td>22</td>
<td>55.0</td>
</tr>
<tr>
<td>19 years</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>50.0</td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
<td>50.0</td>
</tr>
<tr>
<td><strong>Education level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>12</td>
<td>30.0</td>
</tr>
<tr>
<td>Secondary</td>
<td>22</td>
<td>55.0</td>
</tr>
<tr>
<td>Post-secondary</td>
<td>6</td>
<td>15.0</td>
</tr>
</tbody>
</table>

The teenagers were asked if they accept the use of contraceptives among teenagers. Responses observed were categorical; two-third (14 of 20) of the teenagers from the NC expressed that they do not accept and will never encourage teenagers to use contraceptives. Likewise, almost all (18 of 20) the participants from the SS expressed that they cannot use contraceptives for whatsoever reason, and also discourage its use among teenagers. These were some of the reasons given:

“No, it is not good for teenagers to use contraceptives because it’s for adults and not for us; me I cannot use it.” (NC)

“No I don’t encourage teenagers like myself to use contraceptive because some of us will want to experiment the act since the contraceptive can prevent pregnancy but it can also cause other problems.” (SS)
The teenagers gave their opinions as to whether parents should be informed before teenagers can obtain contraceptives. Half (10 of 20) of the teenagers from the two sample groups indicated that it is necessary to seek parental consent before contraceptives are given to teenagers; while the remaining half (20 of 40) were of the opinion that it is not necessary to seek the parental consent. One response was:

"We are not adults, so I guess it will need parental consent. But I think teenagers like me should not even use it at all, but if they want to use it, they should discuss it with their parents." (SS)

Sexuality education and communication: Participants were asked about the meaning of parent-child communication; the enquiry was designed to find out their understanding of the phenomenon and how much they deem it important. Majority (19 of 20) of the participants from the NC stated that they understand parent-child communication as an interaction between the parents and their children. Similarly, all the participants from the SS unanimously stated that it is a relationship that should be taken very importantly in the family to ensure that the parents have good knowledge of their children. One participant stated the following:

"It is the best. The moment you have male–figure, someone you ask question, someone who advises you, it better that way than you using your instincts to do it." (NC).

Furthermore, teenagers were asked about the existence of parent-child communication in their homes. Almost all (17 of 20) of the teenagers from the NC and (15 of 20) from the SS expressed that there is a cordial parent-child relationship in their homes. As regards the impact of parents in educating their teenage children on sexuality matters, the teenagers were asked if they do get any sexual education from their parents at home. They responded as follows; 14 of the 20 teenagers from the NC and 12 from the SS stated that they do receive sexuality education from homes whereas more than one-third (14 of 40) of the total participants did not receive such education from their parents. One response was:

"My parents’ don’t talk to me on sex education, well, may be because of our culture or they think I do not need such information." (NC).

With regard to peer-pressure resistance, participants were asked on how they can resist peer-pressure. Almost all (18 of 20) the participants from the NC and more than two-thirds (15 of 20) from the SS, responded that they resist all forms of peer-pressure that could result in sexual affairs. Some of their responses include, informing parents of all forms of peer-pressure, desisting from bad or immoral conversations and communications, obedience to parents and not listening to friends; and lastly, by being contented. One response was:

"Yes, like something happen to me and a friend of mine gave me a wrong advice, I just told her I have heard but didn’t heed the advice, some friends can force you to do some bad things but you must listen to your mind." (NC)

Perceptions, possible problems and benefits associated with teenage pregnancy: Teenagers’ opinions were taken as regards the age at which they are expected to commence in sexual relationships. Few participants (4 of 20) from NC and 5 of 20 from the SS stated that teenagers can begin to initiate sexual relationship from age 20 and above. Notable response from the teenagers was that almost one-third (6 of 20) from NC and 7 of 20 from the SS mentioned that teenagers can commence sexual relationships from age 16 years. Other participants (18 of 40) responded that they are only allowed to engage in sexual relationship when they get married.

The teenagers also highlighted the problems and benefits of teenage pregnancy in the communities. The most commonly stated problems were the loss of personal and family reputation due to the shame and stigma (as mentioned by 24 of 40); it increases family burden, poverty (as mentioned by 31 of 40). Other perceived problems were loss of teenager’s life at the point of child birth as it has been responsible for quite a few deaths among teenagers; depression and other social vices such as, child abandonment, more school dropouts, and abortion.

With regards to the benefit of teenage pregnancy, almost all the teenagers unanimously emphasised that there is no benefit (39 of 40) but a remarkable response from a teenager from the SS was that the baby born, if the teenager sees the pregnancy through will be a benefit.

DISCUSSION

Sexuality is seen as an important issue that covers a teenager’s lifestyle as well as her choices, intimate feelings, sexual preferences and behaviour right from the cradle to grave thus, sexuality is referred to as a complex part of an individual's personality [20]. If female teenagers perceive that their communities accept early motherhood as an effective rite of passage then they may not see the need to prevent pregnancy. Thus, cultural approach regarding teenage pregnancy differs greatly among different racial and ethnic groups [3,21]. As revealed in the study, although dating is not culturally accepted, according to the teenage participants dating is acceptable to them.

As shown by previous studies that in some African countries such as in South Africa, teenage child bearing is seen as proof of fertility [10,22]. On the other hand, when families as well as the community at large places a great value on education and finding a good job, teenagers will place more importance on personal achievement in life and this may likely protect them from unsafe sexual practices [23]. According to latest statistics, Nigeria has the highest teenage birth rate in Africa and the south-south region, out of the six geo-political zones in the country seem to have the highest rate in the country [2]. This is similar to the findings from this study as teenagers in the study especially those from the SS region mentioned that teenage pregnancy was a common occurrence in their community.

Different researchers have varying views on the causes of teenage pregnancy and parenthood. What is accepted or ignored in a community influences teenager’s values and norms, as well as the decisions they make about their sexual behaviour. Lack of adequate information on contraceptive use and sexual health prior to their being sexually active and family dysfunction as some of the causes of teenage pregnancy [6,20,24-28]. Similar to the previous studies, factors influencing teenage pregnancy as discovered in this study include peer and mate influence/...
pressure, poor sexuality and relationship education, covetousness and lack of contentment among female teenager. Other common reasons include; illiteracy and ignorance. A remarkable response as mentioned by teenagers from the SS is immorality and lack of good moral conduct.

Furthermore, previous studies [2,10,22,26,29] have linked poor socio-economic background to teenage pregnancy as teenagers from low socioeconomic background are twice more likely to get pregnant when compared with their counterpart from higher socioeconomic status. Poor socioeconomic status is a likely influence on teenagers’ risky sexual behaviours and can contribute to the possibility of early pregnancy; this is contrary to this study as only few (less than quarter) teenagers mentioned poverty as risk factors in teenage pregnancy.

Increased risk of teenage pregnancy has been associated with poor family relationships and communications. Teenagers’ access to quality sexuality education and information has a pronounced influence their decision to adopt positive sexual practices [26,30]. As revealed in this study, almost all the participant mentioned that the provision of sexuality education to teenagers as the major strategy in the prevention of unplanned teenage pregnancy. Conversely, one-third of the participants in this study expressed the absence of sexuality education in their homes and lack of credible sexuality education and a knowledgeable support system could leave the teenager in an unprotected situation.

There is need for teenagers to have adequate contraceptive information because easy access to contraceptives and related services will help teenagers to deal positively with their sexuality and make informed sexuality choices [31,20]. Contraceptives knowledge among teenagers in this study was poor as almost half of the participants had no knowledge of contraceptives. This is contrary to a study conducted by Oyedele et al. [20], among teenagers in South Africa who reported good prior knowledge and usage of contraceptives. Notable in this study is that more than two-third of the participants did not accept contraceptives and also discourage its usage among teenagers, likewise only two out of forty participants mentioned contraceptives as a preventive strategy in teenage pregnancy. Whereas almost one-third of the participants mentioned that they can commence sexual relationships from the age 16 years thus, this must be a serious concern as it is an indication of poor teenage sexual and reproductive health.

According to the findings from this study, almost all the participants uniformly expressed that there is no benefit of teenage pregnancy. As previously mentioned by Whitehead [22], Oyedele, Wright and Maja [32], teenage pregnancy is considered a blessing in some context but it is not considered as one in this study.

Implications of study

As revealed in the study, teenage pregnancy is still a common occurrence in Nigeria with no visible intervention programmes with communities. Hence, more efforts need to make by the government and all policy makers in the establishment and sustenance of efficient and accessible teenage pregnancy intervention programmes and initiatives.

The contraceptive knowledge of many teenagers in this study was poor. Condoms, injections, IUD and pills were the only contraceptive methods known by the teenagers. There is a need for approaches that will encourage teenagers’ involvement in contraceptive and sexuality education. Furthermore, health care services should be youth-friendly, so as to encourage teenage users. This could help in the prevention of teenage pregnancy and sexually transmitted infections.

Limitation

The limitation of the study is the purposive sampling of teenagers living in the two selected communities in Kwara and Edo States Nigeria; hence, the results are not generalizable to a larger context.

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