

Income and Education on Teenage Pregnancy in Isheri Olofin Community Ogun State, Nigeria

Akhamiokhor, V. K., Oyerinde, O & Chigbu, L. C.

Department of Public and Applied Health, Babcock University, Nigeria

Abstract : Female teenagers over the years engage in acts of sexual intercourse with members of the opposite sex. However, this act of sexual intercourse poses a great challenge to health services, since sex at this tender age exposes them to a lot of risks, such as teenage pregnancy. This study therefore identified the socio-economic determinants of teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria. Cross-sectional research design was adopted for the study. The population of the study is 2,409 comprising of female teenagers in Isheri Olofin community, Ogun State, Nigeria. Taro Yamane formula was used to derive the sample size of 377. A structured questionnaire was administered resulting in a response rate of 100.0%. The data gathered was analyzed with the aid of statistical product and service solutions (SPSS) version 21.0 software involving frequency distributions and correlation. Findings revealed that income has a significant effect on teenage pregnancy ($R = 0.516$, $R^2=0.266$, $p = 0.000 < 0.05$); and education has significant effect on teenage pregnancy ($R = 0.578$, $R^2=0.334$, $p = 0.000 < 0.05$). From the study, it is evident that income and education has a significant effect on teenage pregnancy individually in Isheri Olofin community, Ogun State, Nigeria. Based on the findings, the study recommends that to reduce the rapid growth of teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria, awareness programs and education should become a priority in the community by the government. These programs should be focused on educating teenagers on sexual intercourse and its implications for young ones.

Keywords: Socio-economic determinants, Income, Education, Teenage pregnancy, Sexual intercourse

I. INTRODUCTION

Teenage pregnancy (TP) is a global phenomenon and of public health importance, affecting both high and low income nations with the highest prevalence in sub-Saharan Africa. Prevalence of TP varies greatly across the globe ranging from 2.9 per 1000 in South Korea to 143 per 1000 in sub-Saharan Africa. It has been estimated that 13 million children are born to women under age 20 years worldwide annually and more than 90% of these occur in sub-Saharan Africa. The often associated poor obstetric outcome and decline in socio-demographic development of pregnant teens play a major role in the poor maternal and child health indices. These contribute to the slow pace of attainment of the related MDGs in sub-Saharan Africa with a World Health Organization (WHO) estimate of 70,000 teens in the developing nations dying from pregnancy complications annually and the risk of death being twice in the age group 15-19 than those between the ages of 20-24. Moreover, it has been shown that teenage mothers are more likely to be poor,

unemployed, less likely to complete their secondary education and less likely to proceed to higher education.

This subsequently affects employment opportunities and their social class as evidenced in the United Kingdom-based study where 89% of teenage mothers were unemployed and most live in poverty with nearly half being in the bottom fifth of income distributions. Some other unfortunate outcomes of TP include different forms of abuse like subsequent forced marriages besides the social stigma especially in the setting of TP outside of marriage. The Nigerian national statistics shows that teenage mother (Percent of women aged 15-19 years who have had children or are currently pregnant) was 22.9% in 2008. With an estimated adolescent (teenage) population of over 23 million in Nigeria and premarital sexual intercourse of 46.2% among females aged 15-19 years and modern contraceptive use in less than 4 of every 10 sexually active female aged 15-19 years, it is no surprise that TP remains a burden to Nigeria.

Teenage sexual activities in Nigeria also tend to be on the increase (Nwosu, 2015; Okafor, 2017). A major consequence of these increase sexual activities among teenagers is out of wedlock pregnancies that may result in abortion, childbirth or even death. Pregnancy at whatever stage in life can be a life changing experience that cuts across boundaries of race, educational attainment and socio-economic status (Kubrin, 2020). Motherhood places demands on one's life which were hitherto non-existent prior to the birth of the woman. When a girl that should be in school becomes pregnant, her entire life could be completely altered as her hopes and aspirations could be shattered. Teenage parents according to (Kubrin, 2020) are parents between the ages of 13 and 19 years.

Maynard (2017) believe that teenage pregnancy is a delinquent behavior resulting from stress, dislike, malice, boredom and unhappiness experienced by a teenage girl within her home environment. Other predisposing factors include alcoholism, drug addiction, and sexual promiscuity. According to Kinby (2011) victims of teenage pregnancy lacked information or probably were not adequately educated on safe-sex either by their parents, schools or development agencies that could have enabled them deal with friends who lure them into sex prematurely. He stressed further that children of single parents are more vulnerable to teenage pregnancy. In the same vein exposure to sexual content on television, sexuality in the media, pornographic and sex chat rooms by teenagers, could most likely tune them to engage in

sexual activities (Kubrin, 2020). This study therefore seeks to determine the relationship between income and education on teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria.

II. LITERATURE REVIEW

2.1 *Teenage pregnancy*

Globally, around 1 in 6 people are teenagers aged 10 to 19 years old (WHO, 2017). Teenage pregnancy is defined as the occurrence of pregnancy in girls aged 10–19. Almost teenage one-tenth of all births are to women below 20 years old, and more than 90% of such births occur in developing countries (WHO, 2017). The declining age at menarche and better nutrition and healthier lifestyles of younger generations are the main factors for high rate of teenage pregnancy globally (Loaiza & Liang, 2019). World Health Organization (WHO) 2014 report showed that the global teenage birth rate was 49 per 1000 girls aged 15 to 19 years old (WHO, 2014). Teenage pregnancy is a major public health problem, particularly in Africa. It is associated with high maternal and child morbidity and mortality and affects the socio-economic development of a country (WHO, 2017).

Notwithstanding the varied opinions on the beginning and the end of the teen years, studies by numerous authors and researchers, as mentioned earlier indicated that the teen years span from the 13th to the 19th year of life. Ukekwe (2001) further noted that teenagers are expected to grow up morally and gradually observing the norms of the society into adulthood. On the contrary, some of these teenagers engage in pre-marital sexual activities, which expose them to the risks of abortions, sexually transmitted infections (STIs) and pregnancies. Pregnancy as defined by Gordon (1983) is a condition in which a female carries in her womb, the young before it is born.

In the same vein, Skyes (2000) defined pregnancy as the condition of carrying a developing offspring in the uterus. A look at the two definitions of pregnancy above could reveal that pregnancy is meant for procreation and continuity. According to Nwosu (2005) when pregnancy occurs at the appropriate time and in wedlock, it is a welcome development, but if a teenager engages in pre-marital sex that may result in pregnancy, she is putting herself in a responsibility that she is inadequately prepared for. Teenage pregnancy therefore means conception by girls between the ages of 13 and 19 years.

According to Allan Guttmacher Institute – (AGI) (1988), teenage pregnancy is an undesirable phenomenon. Onuzulike (2003) supported this when she observed that teenage pregnancy interferes with expectation regarding education, self-realization and economic prosperity among the affected teenagers. Ukekwe (2001) stated that stress arises even when pregnancies are planned, not to think of unplanned pregnancy, it implies that the girl has to restructure her roles because she is inadequately prepared for parenthood. To support the

above, Fadeyi (1978) observed that numerous cases of school dropout; maternal mortality and morbidity, infertility, abortion and children being abandoned in gutters, dustbins, latrines and other deadly places are clear manifestations of the malady of teenage pregnancies.

2.2 *Causes of Teenage Pregnancy*

Some of the causes of teenage pregnancy are outlined below:

Age discrepancy in relationships

According to the Family Research Council, a conservative lobbying organization, studies in the United States indicate that age discrepancy between the teenage girls and the men who impregnate them is an important contributing factor. Teenage girls in relationships with older boys, and in particular with adult men, are more likely to become pregnant than teenage girls in relationships with boys of their own age. They are also more likely to carry the baby to term rather than have an abortion. A review of California's 1990 vital statistics found that men older than high school age fathered 77% of all births to high school-aged girls (ages 16–18), and 51% of births to junior high school-aged girls (under 16). Men over age 25 fathered twice as many children of teenage mothers than boys under age 18, and men over age 20 fathered five times as many children of junior high school-aged girls as did junior high school-aged boys.

Media influence

A study conducted in 2006 found that adolescents who were more exposed to sexuality in the media were also more likely to engage in sexual activity themselves. According to Time, "teens exposed to the most sexual content on TV are twice as likely as teens watching less of this material to become pregnant before they reach age 20".

Peer Pressure

During adolescence, teenagers often feel pressure to make friends and fit in with their peers. Many times these teens let their friends influence their decision to have sex even when they do not fully understand the consequences associated with the act. Teenagers have sex as a way to appear cool and sophisticated, but in some cases the end result is an unplanned teen pregnancy. The Kaiser Family Foundation states that more than 29 percent of pregnant teens reported that they felt pressured to have sex, and 33 percent of pregnant teens stated that they felt that they were not ready for a sexual relationship, but proceeded anyway because they feared ridicule or rejection. Absent Parents Teen girls are more likely to get pregnant if they have limited or no guidance from their parents. Many parents have busy lives that prevent them from providing the guidance and support that their young teenagers need to make good decisions on issues such as sex, according to the website Parent Dish. When a teen does not feel that she can talk to her parents about sex either because they forbid sex talk or because they are not around, she will more than likely

turn to friends for direction on whether or not to have sex, resulting in misinformation and possible teen pregnancy.

Glamorization of Pregnancy

The movie industry and the media contribute to teenage pregnancy by glamorizing teen pregnancy in news stories and movies. Movies that depict teen pregnancy as something to be desired encourage teens to engage in reckless sexual activity, according to ABC's "Good Morning America." During adolescence, teens become more focused on their appearance and how their peers perceive them. They want to be seen as part of the group, so if teen pregnancy is viewed as acceptable in their school or amongst their friends, they may seek to become pregnant as a way to gain social acceptance.

Lack of Knowledge

Teenagers who are uneducated about sex are more likely to have an unintended pregnancy. Some teens do not fully understand the biological and emotional aspects associated with having sex, these teens may get incorrect information from friends, videos, sitcoms and/or movies. Many times, teens do not have the knowledge needed to make informed and responsible decisions about whether or not to engage in sexual activity that can alter their life. Okafor (1997) reported ignorance of sexual knowledge as one of the factors responsible for pregnancies among teenagers. He added that adolescents in secondary schools have low knowledge regarding sex and sexuality. Nwosu (2005) observed that adolescents face many risks ranging from unwanted pregnancies, HIV and AIDs, other STIs, sexual exploitation, yet they receive inadequate information to help them negotiate this difficult passage to adulthood. Nwosu added that teens need access to specific information about how their bodies work and how to keep their bodies safe as well as information about sexual behaviour and its consequences. She maintained that information about sexuality should be imparted to teenagers in order to help them avoid unwanted pregnancies. Audu (1997) is of the opinion that the less knowledge teenagers have, the more likely they may have unprotected sex and engage in sexual experimentation prematurely. Briggs (2001) noted that the school system does not supply teenagers with adequate information and education about sex and sexuality. As a result, many of them end up in uncertainty and misconceptions on sexual matters.

Sexual Abuse or Rape

Teens can become pregnant as a result of sexual abuse or rape. The Guttmacher Institute states that between 43 and 62 percent of teens acknowledge that they were impregnated by an adult male, and two-thirds report that their babies' fathers are as old as 27. Approximately 5 percent of all teen births are the result of a rape. Studies have found that between eleven and twenty percent of pregnancies in teenagers were as a result of rape, while about sixty percent of teenage mothers had unwanted sexual experiences (abuse) preceding their pregnancy. One in five teenage fathers admitted to forcing

girls to have sex with them. Multiple studies have indicated a strong link between early childhood sexual abuse and subsequent teenage pregnancy in industrialized countries. Up to seventy percent of women who gave birth in their teens were molested as young girls. In some countries, sexual intercourse between a minor and an adult is not considered consensual. In those countries, sex with a minor is therefore considered as statutory rape.

Teenage Drinking

Teen drinking can cause an unexpected pregnancy, according to the website Love to Know. Many teens experiment with drugs and alcohol. Drinking lowers a teen's ability to control her impulses, contributing to 75 percent of pregnancies that occur between the ages 14 and 21. Approximately 91 percent of pregnant teens reported that although they were drinking at the time, they did not originally plan to have sex when they conceived.

Dating Violence (abusive relationship)

Studies have indicated that adolescent girls are often in abusive relationships. They have also reported that knowledge of their pregnancy often intensified violent and controlling behaviour on the part of their boyfriends. Many teenage mothers had been beaten by their boyfriends. 51% had experienced attempts of birth control sabotage and 21% experienced schools or work sabotage. Studies have also found that girls whose fathers left the family early in their lives had the highest rate of early sexual activity and adolescent pregnancy.

Childhood Environments

Research has shown that women exposed to abuse, domestic violence and family strife in childhood are more likely to become pregnant as teenagers and the risk of becoming pregnant as a teenager increases with the number of adverse childhood experience. Studies have also found that boys rose in homes with a battered mother or who experienced physical violence directly, are significantly more likely to impregnate a girl. According to Patrick (2010), the transition from childhood to teenage may cause unstable emotions to some teenagers, and this may cause complex teenage psychology break on teenagers. Complex teenage psychology can result in an immature and irresponsible behavior which in turn may be another cause of teenage pregnancy. Meanwhile, weak family bonding fails to provide the emotional support that they need during their transitional term. The lack of attention and affection from the family causing depression and pushing them to look for love and attention from others especially from the opposite sex.

Sexuality

Melgosa (2001) observed that the physiological changes, which occur during the teen years, seem to contribute to increased sexual urge and that this increase in sexual desire is a response to biological, psychological as well as social

changes, which adolescents experience. All these characteristics could be contributory to the high incidence of teenage pregnancies in the society. Gallagher and Gallagher (2000) believed that the inclination towards early initiation of sexual activity is due to a vehement desire for affection and acceptance. They also attributed it to a demonstration of the maturity, which teenagers believe they have attained. This belief, they noted make the teenagers vulnerable to teenage unwanted pregnancies and the associated complications. All these characteristics tend to expose teenagers to pre-marital sexual activities.

Low literacy or Educational level

Expectations Low educational expectations have been identified as a risk factor of teenage pregnancy. A girl who is not so educated and has a mother that is illiterate is also more likely to become pregnant as a teenager if the mother also gave birth in her teen. Adolescent pregnancy can also be caused by a breakdown of communication between parents and child, and as a result of inadequate parental supervision.

Foster Care

Foster care youths are more likely, than their peers, to become pregnant as teenagers. Studies found that the birth rate of girls in foster care was more double the rate of their peers outside the foster care system.

Poverty

Some teens are always ensnare with petty gifts and food items through which their leisure into pre-marital sex when the parent could not provide for the basic needs, they easily fall prey to forces outside .Some are usually confronted with rape through street trading or hawking: all these are as a result of poverty.

General Causes

In some societies, early marriage and traditional gender roles are important factors in the rate of teenage pregnancy. For example, in some sub-Saharan African countries, early pregnancy is often seen as a blessing because it is proof of the young woman's fertility. The average marriage age differs country by country where teenage marriages are common experience higher levels of teenage pregnancies. In the Indian subcontinent, early marriage and pregnancy is more common in traditional rural communities than cities. The lack of education on safe sex, whether it is from parents, schools, or otherwise, is a cause of teenage pregnancy. Many teenagers are not taught about methods of birth control and how to deal with peers who pressure them into having sex before they are ready. Many pregnant teenagers do not have any cognition of the central facts of sexuality.

2.3 Effects of Teenage Pregnancy.

The medical, social and economic cost of unplanned teenage pregnancies can be devastating to mothers and their children. Teen mothers are more likely to have medical complications

during pregnancy and prolonged labor. Their babies are more likely to be born prematurely and to have low birth weights. These are caused by inadequate prenatal care and poor nutrition often experienced by teenage mothers living in conditions of poverty (Dryfoos, 1990). Teenage parenthood creates a number of economic and social disadvantages for young mothers. They are less likely to graduate from high school or attend college. The lack of educational achievement makes it more difficult for them to obtain adequate employment. They have a lower standard of living and are more likely to require public assistance. Their marriages are more likely to be unstable and they often have more children than they intended (Furstenberg et al., 1989).

Children born to teen mothers also are at disadvantage. They show lower levels of cognitive functioning and more behavioral and emotional problems, while boys appear to be more affected than girls. The children of teenage mothers do poorly in school and are likely to become pregnant themselves. Teen mothers may also have less knowledge about child rearing than older mothers and may provide their babies with fewer opportunities for stimulation. The effect of teenage pregnancy is not only on the teenage-mother, the effect on her child could also be devastating. Hofforth et al., (2001) observed that most teenage mothers could not continue with their education. The observation confirms the fear expressed by Mollborn (2007) that if the teenage-mother eventually gets married, she becomes the primary care-taker and her chances of furthering her education decreases drastically. Day (2009) noted that the consequence extends to the children. According to them teenage mothers face hardships, which extends beyond birth and have higher risks which usually plagued by intellectual language and socio-emotional delays, resulting to their education not doing well in relation to child development and school readiness.

Terry-Humen et al. (2005) noted problems in cognition, language communication and inter-personal skills among children of teenage mothers compared to those of older mothers. Studies by Hoffman (2006) and Haveman (2017) show that less than 2% of young teen mothers of less than 18 years attain college degree before attaining 30 years of age and about 50% of them repeat a grade with lower performance on standardized tests. Teenage pregnancy is phenomenal and cuts across the globe. It is a socio-psychological problem found in both developed and developing societies. In Texas, United States of America 62 out of every 1000 births, were by teenage girls. However, Maynard (1997) and Wilson (1996) observed disproportionate concentration of teen parents in poor communities, characterized by inferior housing, high crime, poor schools and inadequate health care services. This points a clear picture of most rural communities in Sub-Saharan Africa, including Nigeria.

According to Melissa (2012) teenage pregnancy could lead to incomplete education, unemployment and other numerous emotional traumas. Early motherhood had been linked to effects the psychological development of the child adversely.

Beside psychological physical risks cannot be ignored. Teenage girl's body is not as developed as adult women in term of childbearing. Thus, they are often to face certain complications during pregnancy. Lack of sexual education caused teens get abortions since they realize that they are not ready yet to take responsibility to be a parent at such a young age and they still have many things to chase in life. The chance of maternal death cannot be ruled out in effecting teenage pregnancy by child. According to (Marnach, 2013) medically, teenage pregnancy maternal and prenatal health is of particular concern among teens that are pregnant or parenting. The worldwide incidence of premature birth and low birth weight is higher among adolescent mothers. Teenage mothers between 15-19 years old were more likely to have anemia, preterm delivery and low birth than mothers between 20-24 years old physiologically for the child as well as the mother. The mother can become easily frustrated and find violence as the way to overcome grief. She might become distraught thinking that she is a failure as a parent when seeing the reaction of her after being beaten. The teen mother might become depressed and consider suicide.

2.4 *Problems of Teenage Pregnancies*

When an adolescent becomes pregnant and bears a child, it is reasonable to expect that this affects the adolescent's family, if only because the new baby often becomes part of the family household and requires a great deal of care and attention. But how adolescent childbearing impacts the adolescent's family of origin, particularly her parents' parenting and her siblings' development, has been a completely neglected area of study. The problems associated with teenage pregnancy as highlighted by Guttmacher Institute (1999) are as listed below:

- (i) There is a higher risk that babies born from teenage mothers are born too early, or that they have a low weight at birth.
- (ii) The mothers may also encounter complications or difficulties at birth; they have a higher risk of anemia than mothers aged 20-24.
- (iii) A pregnancy is best followed by trained medical staff during its course. Teenage mothers are less likely to receive prenatal care, often seeking it in the third trimester, if at all. The Guttmacher Institute reports that one-third of pregnant teens receive insufficient prenatal care and that their children are more likely to suffer from health issues in childhood or be hospitalized than those born to older women.
- (iv) Like most other teenagers, teenage mothers may suffer from poor nutrition. This may lead to them having specific illnesses related to bad nutrition. Bad nutrition is a more marked problem of teenagers in developed countries.
- (v) Up to 70,000 teen girls in developing countries die from complications during pregnancy each year. Young mothers and their babies are also at greater risk of contracting HIV. The World Health Organization estimates that the risk of

death following pregnancy is twice as high for women between 15 and 19 years than for those between the ages of 20 and above. The maternal mortality rate can be up to five times higher for girls aged between 10 and 14 than for women of about twenty years of age. Illegal abortion also holds many risks for teenage girls in areas such as sub-Saharan Africa.

(vi) Risks for complications are higher for girls 14 years or younger, because their pelvis has not yet developed fully; this may lead to problems with childbirth.

(vii) Problems other than the age of the mother, such as poverty and social support also affect the outcome. It is important that teenage mothers can rely on the family and the state to help them cope, and educate their child. Teenage parents who can rely on family and community support, social services and child-care support are more likely to continue their education and get higher paying jobs as they progress with their education.

Being a young mother often affects education. Teen mothers are more likely to drop out of high school. Recent studies, though, have found that many of these mothers had already dropped out of school prior to becoming pregnant.

2.5 *Social Determinants of Health Theory*

The emergence in the last years of the 20th century of theoretical models related with what have been called "social determinants of health" has produced considerable conceptual ambiguity, which has limited the definition of objectives in the interventions recommended to reduce social inequalities in health.1922 This ambiguity is attributable, not so much to the multitude of theoretical models proposed, as to the impossibility of defining in many of the proposed theories whether or not social economic position (SEP) is a construct that is different from these social determinants. One example is the 1998 publication "Social Determinants of Health - The Solid Facts" or the expanded version published one year later. In their introduction, Wilkinson and Marmot note that the purpose of the work was to summarise the evidence about 10 social determinants of health in the developed countries, so that policymakers at all levels would keep them in mind in their efforts to create healthier societies.

But this led to a heterogeneous presentation of the evidence: the first "solid fact" gives the evidence for the relation between SEP and health as an example of the first social determinant - the social gradient - ; eight "solid facts" show the evidence for the relation with health of eight other social determinants - stress, early life, social exclusion, work, unemployment, social support, food, and transport - while only one of the "solid facts", with regard to addiction, moves away from the previous scheme by showing the strong relation of individual SEP with health risk behaviour. Thus, after reading the publication, the reader is left in doubt as to whether the authors intended to provide evidence to support the creation of healthier societies, to support reduced social inequalities in health, or both at the same time.

Another example is the Acheson Report, which contains a similar conceptual ambiguity in its presentation of the evidence. However the confusion becomes even greater when the report notes that the reduction of social inequalities in health requires policies that improve the level of health and of its principal determinants - such as income, education, and employment - in persons who are less well off in terms of socioeconomic status, sex, or ethnicity. In making this affirmation, the Acheson Report considers socioeconomic status to be something different from income or education, even though it had previously defined education and income as measures of socioeconomic status. Given this lack of theoretical clarity, it is exceedingly difficult to identify the objective of the proposed interventions, and it is impossible to imagine how to measure individual position in the socioeconomic structure when evaluating whether particular interventions successfully reduce social inequalities in health.

III. METHODOLOGY

Cross-sectional research design was adopted for the study. The population of the study is 2,409 comprising of female teenagers in Isheri Olofin community, Ogun State, Nigeria. Taro Yamane formula was used to derive the sample size of 377. A structured questionnaire was administered resulting in a response rate of 100.0%. The data gathered was analyzed with the aid of statistical product and service solutions (SPSS) version 21.0 software involving frequency distributions and correlation. For the purpose of this study, a non-probability sampling was adopted for this study. The researcher made use of three types of non-probability sampling which include: the advert sampling, purposive sampling and voluntary sampling technique. The advert sampling was employed when the researcher used the town crier to gather the community members. For the purpose of the study, the researcher requested that adults and children below the ages of 13-19 years should go back home because they do not suit the purpose of the study. Out of the remaining population, the researcher appealed that only teenagers who are comfortable to take part in the exercise should stay after which refreshment was served for the voluntary respondents. For the purpose of data analysis, this study employed descriptive statistic and person correlation analysis, with the aid of IBM statistical product and service solutions (SPSS) version 21.0. Descriptive statistics was used to analyze the data collected from respondents, while person correlation analysis was used to examine the relationship that exists between the dependent and independent variables of the study.

IV. RESULTS, INTERPRETATION AND DISCUSSION OF FINDINGS

H_{A1}: income has a significant effect on teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria.

Table 1: Linear Regression Analysis between income and teenage pregnancy

Model One Y = α ₀ + βx ₁ + μ	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	7.333	1.032		7.107	.000
Income	.596	.049	.516	12.212	.000
a. Dependent Variable: Teenage Pregnancy					
b. R = .516^a R² = .266 F-stat = 149.136					

Source: Research Study, 2021

The Table 1 showed that income affects teenage pregnancy with a R value of 0.516 indicating that there is a relationship between the two variables. The coefficient of determination (R²) indicated that income explains 26.6% (0.266) teenage pregnancy. The result in the Table 1 also showed that income has a significant effect (p<0.05) on teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria. Hence the null hypothesis that states that education has no significant effect on teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria is hereby rejected and the alternative hypothesis that states that income has a significant effect on teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria, is hereby accepted.

H_{A2}: There is a significant relationship between education and teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria.

Table 2: Linear Regression Analysis between education and teenage pregnancy

Model One Y = α ₀ + βx ₂ + μ	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	6.123	.989		6.189	.000
Education	.651	.045	.578	14.367	.000
a. Dependent Variable: teenage pregnancy					
b. R = .578^a R² = 0.334 F-stat = 206.420					

Source: Research Study, 2021

The Table 2 showed that education and teenage pregnancy has a correlation of 0.578 indicating that there is a relationship between the two variables. The coefficient of determination (R²) indicated that education explains 33.4% (0.334) teenage pregnancy. The result also showed that education has significant effect (p<0.05) on teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria. Hence the null hypothesis that states that education has no significant effect on teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria is hereby rejected and the alternative hypothesis that states that education has a significant effect on teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria, is hereby accepted.

The findings of this study revealed that there is a relationship between the socio-economic determinants (income and education) and teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria. This is in line with the study of Nwosu (2015) who opined that there is a global increase in teenage pregnancies. She observed that more than 14 million adolescents give birth each year thus contributing roughly 10 per cent of the world's total number of births. Ukekwe (2011) further noted that many of these babies are unwanted by their teen mothers. These babies, she maintained suffer from starvation, sicknesses, homelessness and abandonment among other complications. Onuzulike (2013) posits that teenage pregnancy interferes with expectation regarding education, self-realization and economic prosperity among the affected teenagers. Ukekwe (2011) stated that stress arises even when pregnancies are planned, not to think of unplanned pregnancy, it implies that the girl has to restructure her roles because she is inadequately prepared for parenthood. To support the above, Fadeyi (2018) observed that numerous cases of school dropout; maternal mortality and morbidity, infertility, abortion and children being abandoned in gutters, dustbins, latrines and other deadly places are clear manifestations of the malady of teenage pregnancies.

Stevens-Simon & McAnarmey (2013) noted that teenage pregnancy is a marker for socio-demographic factors such as poverty and poor education. In a study conducted by Kapp, Taylor and Edwards (2020), they discovered that in the United States of America, one million teenage girls aged 15 to 19 years, and an additional 30,000 under age 15 became pregnant each year. Rojas (2019) reported that about 31.9 per cent of cases treated at a General Hospital in Columbia were teenagers aged between 15 and 19 years old. A survey by Planned Parenthood Federation (2020) showed that in Jamaica, one third of births were teenagers mostly students. Ekwueme (2020) noted that about 400,000 unplanned births occur annually in Nigeria. Half of these births, she noted were to single girls between the ages of 15 and 19 years. She also observed that in thirty-one countries where data were available, fertility rates among women aged 15 to 19 years were high with an average of 164 live births annually.

V. CONCLUSION AND RECOMMENDATIONS

This study evaluates the effect of socio-economic determinants (income and education) on teenage pregnancy which is becoming predominant as many vices exists in the society that enhances it. Teenage pregnancy results in several problems such as high children mortality rate, poor nutrition for mother and child, complications at birth amongst several other problems. Using the social determinants of health theory and primary data, this study evaluated the effect of socio-economic determinants on teenage pregnancy. From the analysis conducted, the study concludes that; income has a significant effect on teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria. Also, education significantly affects teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria. The study recommends that to reduce the rapid

growth of teenage pregnancy in Isheri Olofin community, Ogun State, Nigeria, awareness programs and education should become a priority in the community by the government. These programs should be focused on educating teenagers on sexual intercourse and its implications for young ones. The study also recommends that the government should also help the community with different empowerment programs that will help the inhabitants generate revenue or income to enable them give their children proper education to enable them have orientation on the consequences of getting pregnant as a teenager. Future studies should adopt the use of reliable secondary data which are non-perceptual in nature and that could reflect communities' activities over time, rather than using subjective self-reported perceptual measures in assessing the study.

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