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PERCEIVED SOCIO-DEMOGRAPHIC INFLUENCES ON TEENAGE PREGNANCY AMONG SECONDARY STUDENTS IN LAGOS STATE.

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Abstract

Teenage pregnancy has become a rampant phenomenon today across the globe, and it is persistently eating deep into the fabric of the society in Nigeria as well. This calls for major concern, especially in communities within Lagos state and its environs. The study examined the perceived socio-demographic influences on teenage pregnancy among secondary school students in Iwaya community, Lagos State. Two research questions and hypotheses were formulated to guide the study. The research design used for the study was descriptive survey research design. The sample comprised one hundred (100) secondary school residents of Akoka, Lagos State, using the simple random sampling technique. A questionnaire constructed by the researcher was used for data collection. Data collected from the study were analysed

using descriptive statistics and Chi-square at 0.05 level of significance. Findings from the study showed that, there is significant influence between low socioeconomic status and the incidence of teenage pregnancy among secondary school students in Iwaya community; secondary school students with lower levels of educational attainment are more likely to experience teenage pregnancy in Iwaya community. The following are the recommendations: Government and NGOs should implement economic empowerment programs targeting low-income families in Iwaya community; educational institutions should provide scholarship, mentorship programs, and create a supportive learning environment; community support programs should be established.

Keywords: Demographic factors; Socio-economic; Teenager; Teenage Pregnancy.

Introduction

Teenagers are regarded as an adolescent who are in a stage between childhood and adulthood. They are also either regarded as older children or younger adults. According to Sousa, Srivastava and Tiwari (2023), a

substantial proportion of the members of every society in the developmental stage are termed “adolescence” or otherwise called “teenager”. It is a transitional period between the end of childhood and beginning of

adulthood or maturity. Persons within this age categories are sexually active and adventurous, this is the point at which sexual maturity begins (UNICEF, 2021). Hence, they tend to want to relate with the opposite sex more ((Sousa et al., 2023). Adolescence at this stage are most times confused, and curious about their sexuality (Langham, 2015). Due to this curiosity, they go into unnecessary adventures, and eventually fall a prey of unwanted pregnancies.

Pregnancy is a physiological body condition in females, noticeable with the event of a missed period, fatigue, increase in breast size, and the possible enlargement of the hips and protruded tummy, it often times result into abdominal distension, nauseating condition, alongside light-headedness (Sousa et al., 2023). Pregnancy is meant to be an aftermath occurrence of marriage, which is a social institution of a universal acceptance between adult males and females; these married adults are called by a new title of husbands and wives as the social status demands (United Nations, 2020). However, children gets pregnant nowadays, especially those in their teen ages. Hence, resulting into teenage pregnancies. Teenage pregnancy is a situation whereby a female girl in her teen age is pregnant (Nyakubega, 2009). This mostly occurs due to lack of knowledge or ignorance about sexual behaviour activities. Teenage pregnancy is a

global issue as it occurs in both developed and developing countries like Nigeria. Adolescent/teenage pregnancy is characterized as pregnancy that occurs between the maternal ages of 14 and 19 years (WHO, 2020).

Teenage pregnancy is defined as pregnancy occurring in young women aged 13 to 19. This period of adolescence is marked by significant physical, emotional, and social changes, which can be compounded by the challenges of pregnancy and parenthood (UNICEF, 2021). Teenage pregnancies are often associated with various adverse outcomes, including higher risks of obstetric complications, increased rates of neonatal mortality, and socio-economic disadvantages such as interrupted education and limited career opportunities (World Health Organization, 2020).

Globally, about 16 million girls between ages 15 to 19 years and 2.5 million girls under 16 years give birth yearly, with the vast majority of these births occurring in low- and middle-income countries (LMICs) (UNICEF, 2021). In sub-Saharan Africa, the adolescent birth rate is one of the highest in the world, with significant variations between and within countries. Nigeria, being one of the most populous countries in Africa, exhibits high rates of teenage pregnancy, with considerable regional disparities

influenced by socio-cultural, economic, and educational factors (Okereke, 2010).

Socio-demographic factors play a crucial role in shaping the risk and incidence of teenage pregnancy. These factors include, but are not limited to, socio-economic status, educational attainment, family structure, cultural norms, and access to reproductive health services. Poverty is a significant determinant of teenage pregnancy. Adolescents from low-income families are more likely to experience early pregnancy due to limited access to education, healthcare, and contraception (Nwogwugwu, 2017). Economic hardship often forces young girls into early marriages or transactional sex, increasing their vulnerability to pregnancy. Education is a protective factor against teenage pregnancy. Studies have shown that higher levels of education correlates with delayed sexual initiation and increased use of contraceptives (Bongaarts, 2017, Nwogwugwu, 2017). However, in many parts of Nigeria, educational attainment for girls is hindered by socio-economic barriers, cultural practices, and early marriages, contributing to higher rates of teenage pregnancy (Okonofua, 2023).

Cultural beliefs and practices play a critical role in shaping attitudes towards sexuality and pregnancy. In some Nigerian communities, cultural norms that favour

early marriage and childbearing for girls contribute to the prevalence of teenage pregnancy (Isiugo-Abanihe & Isiugo-Abanihe, 2007). Additionally, myths and misconceptions about contraceptives deter their use among adolescents.

Teenage pregnancy can be described as pregnancy occurring in individuals between the ages of 13 to 19, it is a multifaceted issue that poses significant public health, social, and economic challenges. It is prevalent worldwide, with varying degrees of incidence and impact depending on regional, cultural, and socio-economic contexts. Globally, teenage pregnancy rates have been declining, yet remains high in certain regions. According to the World Health Organization (WHO, 2020), about 21 million girls aged 15-19 years get pregnant on yearly basis in developing regions, and approximately 12 million of these pregnancies result into childbirth (WHO, 2020). Cultural and religious beliefs can influence attitudes towards teenage pregnancy. In some cultures, early marriage and childbearing are encouraged, leading to higher rates of teenage pregnancy (Kabagambe & Asiimwe, 2024). Conversely, societies with liberal attitudes towards sex education and contraception tend to have lower rates (Santelli et al., 2017).

Teenage pregnancy poses significant health risks for both the mother and the child. Adolescents are more likely to experience complications during pregnancy and childbirth, including preterm birth, low birth weight, and obstetric fistula (Neal et al., 2012). Furthermore, infants born to teenage mothers are at higher risk of neonatal mortality and long-term health issues (WHO, 2020). Mental health is another concern, as teenage mothers are more susceptible to depression, anxiety, and social isolation (Wall-Wieler et al., 2016). These health challenges underscore the need for targeted interventions to support teenage mothers and their children.

Globally, various strategies have been implemented to address teenage pregnancy. Comprehensive sexual education programs, accessible contraceptive services, and youth-friendly health services have proven effective in reducing teenage pregnancy rates (Reiss, 2023). For example, the Netherlands has one of the lowest teenage pregnancy rates, attributed to comprehensive sex education and open communication about sexuality (Weaver et al., 2019).

Nigeria has one of the highest rates of teenage pregnancy globally. According to the Nigeria Demographic and Health Survey (NDHS), approximately 23% of adolescent girls aged 15-19 have begun childbearing, with significant regional variations (National

Population Commission, 2018). The prevalence is higher in rural areas and among less educated and poor populations. Poverty is a critical factor driving teenage pregnancy in Nigeria. Many adolescents from low-income families lack access to education and health services, increasing their vulnerability to early pregnancy (Ochiogu, Miettola, & Ilika, 2011). Limited access to quality education is a significant contributor to teenage pregnancy. Girls who drop out of school are most likely to engage in early sexual relationship and could become pregnant (Okigbo, 2015). Educational attainment delays childbearing by providing girls with knowledge and aspirations for their future.

In many Nigerian communities, cultural norms and religious beliefs favour early marriage and childbearing. These practices are often seen as a way to secure a girl's future, leading to higher rates of teenage pregnancy (Isiugo-Abanihe & Isiugo-Abanihe, 2007). Teenage mothers in Nigeria face considerable health risks. Complications during pregnancy and childbirth are also common, contributing to high maternal and infant mortality rates (WHO, 2020). Adolescents are also more likely to experience obstetric complications such as eclampsia and obstructed labour (Izugbara, 2015). Additionally, the social stigma associated with teenage pregnancy

can lead to mental health issues, including depression and anxiety (Adebowale et al., 2012). These health challenges requires comprehensive support systems for teenage mothers. Nigeria has implemented several policies to address teenage pregnancy, though the challenges still persist. The National Policy on the Health and Development of Adolescents and Young People, is saddled with improvement and access to reproductive health services and education for adolescents (Federal Ministry of Health, 2015). However, the implementation has been inconsistent, and cultural barriers often hinders progress (Okonofua et al., 2023). Strengthening these policies and ensuring effective implementation is crucial for reducing teenage pregnancy rates.

Teenage pregnancy is a complex issue with significant health, social, and economic implications. Globally, progress has been made in reducing rates of teenage pregnancy, challenges still persist, particularly in low- and middle-income countries. In Nigeria, high rate of teenage pregnancy are possibly driven by socio-economic factors, limited education, cultural norms, and many other factors. Addressing these challenges requires comprehensive policy responses, including improved access to education and reproductive health services, and cultural shifts towards delaying marriage and

childbearing. By understanding and addressing the socio-demographic causes of teenage pregnancy, it is possible to improve health outcomes and provide better future for adolescent girls.

Statement of the Problem

Teenage pregnancy is a critical public health issue that poses significant social, economic, and health challenges, particularly in developing countries like Nigeria. In the Iwaya community of Lagos State, the incidence of teenage pregnancy among secondary school students is alarming, exacerbating issues, such as school dropout rates, poverty, and health complications for both young mothers and their children. Despite various interventions and awareness programs, the prevalence of teenage pregnancy remains persistent, suggesting underlying socio-demographic factors that are not being adequately addressed. The specific socio-demographic causes contributing to teenage pregnancy in Iwaya have not been comprehensively studied, thereby creating a gap in targeted effective intervention strategies. Factors such as socioeconomic status, educational attainment, and cultural norms are believed to play significant roles, yet their specific impacts within this community are not well understood.

Preliminary observations and anecdotal evidence suggest that socio-economic hardships, low educational attainment, and cultural norms that may be breeding early childbearing are prevalent in Iwaya. Understanding the perceived socio-demographic causes of teenage pregnancy in Iwaya is crucial for developing targeted interventions to address this public health issue. It is against this backdrop that this study sought to explore and identify the perceived socio-demographic influences of teenage pregnancy among secondary school students in Iwaya community, and providing critical insights needed for crucial and urgent intervention.

Objectives of the Study

- i. Find out the influence of low socioeconomic status and the incidence of teenage pregnancy among secondary school students in Iwaya community.
- ii. To find out if secondary school students with lower levels of educational attainment are more likely to experience teenage pregnancy in Iwaya community.

Research Hypotheses

The following research hypotheses were tested at 0.5 level of significance in this study

H₀₁: There is no significant influence between low socioeconomic status

and the incidence of teenage pregnancy among secondary school students in Iwaya community.

H₀₂: There is no significant influence between secondary school students with lower levels of educational attainment and teenage pregnancy in Iwaya community.

Theoretical Framework

This study is grounded in a combination of sociological and psychological theories. The two primary theories underpinned this research: The Social Learning Theory and the Ecological Systems Theory.

Social Learning Theory, developed by Albert Bandura, posits that behaviour is learned through observation, imitation, and modeling. Adolescents are particularly influenced by their immediate environment, including family, peers, and media. In the context of teenage pregnancy, this theory suggests that young people may model behaviours observed in their surroundings, such as early sexual activity, based on the actions of peers, family members, or media representations. This theory is particularly relevant in examining how socio-demographic factors like family structure, parental education, and peer influences contribute to teenage pregnancy (Bandura, 1977).

Ecological Systems Theory of Bronfenbrenner (1979) emphasises the multiple levels of environmental influence on an individual's development, from immediate settings like family and school (microsystem) to broader societal factors like cultural norms and economic conditions (macrosystem). These theories are suitable for this study based on the comprehensive provision of a framework for understanding how various socio-demographic factors, including socio-economic status, cultural expectations, and community support systems, interact to influence teenage pregnancy rates in the Iwaya community.

These theories offer a robust framework for analysing the complex interplay of individual, familial, and societal factors that contributes to teenage pregnancy. The integration of these theories guided the exploration of how specific socio-demographic characteristics in Iwaya community shape perceptions and experiences of teenage pregnancy, providing a deeper understanding of this critical issue. These theories are deemed relevant to this study because everything within the environment happens to everyone through observations and modelling from familial structures and peers, especially children as they grow. This is a possible experience of teenage girls in Iwaya community.

Review of Related Literature

Socio-economic Status of Parents and Teenage Pregnancy

Socio-economic status is one of the most critical determinants of teenage pregnancy. Studies consistently show that adolescents from low-income households are at a higher risk of becoming pregnant. Poverty limits access to education and reproductive health services, increasing the likelihood of early childbearing (Guttmacher Institute, 2017). In many low and middle-income countries, economic deprivation pushes young girls into early marriage and pregnancy as a means of securing financial stability (UNICEF, 2021). Also, unemployment and financial dependence contributes to teenage pregnancy. In contexts where economic opportunities for young women are limited, early pregnancy and marriage are seen as viable options (Loaiza & Liang, 2013). Conversely, with economic empowerment and employment for young women, marriage and childbearing are possibly delayed (Bongaarts, 2017). Socio-economic status (SES) significantly impacts various aspects of adolescent development, including behavior and decision-making processes. SES encompasses some factors like family income, parental education, and occupation, which collectively influence an adolescent's opportunities, access to resources, and social environment.

SES has a profound effect on academic performance. Adolescents from lower socioeconomic backgrounds often face educational challenges and school drop outs, this is due to limited access to resources such as quality schools, tutoring, and extracurricular activities. Studies have shown that students from high-SES families achieve better academic outcomes due to availability of educational resources within a supportive learning environment (Odeyemi-Bsd, 2023, Sirin, 2015). SES has a profound effect on academic performance. Schools in higher-SES areas generally have better facilities, more experienced teachers, and additional support services unlike schools in lower-SES areas (Odeyemi-Bsd, 2023, Sirin, 2015). This discrepancy in school quality have remained detrimental to adolescents' educational opportunities and performances.

Adolescents from lower-SES backgrounds are more likely to engage in risk-taking behaviours which includes substance use and early sexual activity resulting to teenage pregnancy compared to those from higher-SES backgrounds (Sousa et al., 2023). This relationship is partly attributed to the higher levels of stress, family instability, and exposure to environments where substance use is more prevalent among lower-SES families (Reiss, 2023). Additionally, lower-SES adolescents may have less access to preventive resources and support systems

that can mitigate substance use. Conversely, higher-SES adolescents often have better access to sexual health education and resources, which can lead to healthier sexual behaviours (Reiss, 2023).

SES has a significant impact on physical health outcomes for adolescents. Lower-SES adolescents are more likely to experience poor health outcomes, including higher rates of chronic conditions, obesity, and inadequate access to healthcare services (Sousa et al, 2023). Economic constraints can limit access to healthcare, nutritious food, and opportunities for physical activity, contributing to poorer health outcomes among lower-SES adolescents (Garney et al., 2021). Mental health is also influenced by SES, with lower-SES adolescents at greater risk for mental health issues such as depression and anxiety. Economic hardship, family stress, and exposure to violence or instability are contributing factors to poorer mental health outcomes among lower-SES adolescents (McLeod & Shanahan, 2016). Access to mental health services and support may be limited for adolescents from lower-SES backgrounds, exacerbating these issues (Reiss, 2023). Access to healthcare services varies by SES, with lower-SES adolescents often facing barriers to receiving adequate medical care. These barriers include lack of health insurance, transportation difficulties, and limited availability of healthcare

providers in low-income areas (Garney et al., 2021). The lack of access to preventive care and treatment services can negatively impact overall health and well-being.

SES influences the nature of peer relationships and social networks. Adolescents from lower-SES backgrounds may experience social isolation or limited access to social activities and networks compared to their higher-SES peers (Gautam et al., 2023). Social capital, which includes the resources and support available through social networks, varies by SES and affects adolescents' social development and opportunities (Tuominen & Tikkanen, 2023). Family dynamics and relationships are shaped by SES. Lower-SES families may experience higher levels of stress, conflict, and instability, which can impact family relationships and adolescent behaviour (Tuominen & Tikkanen, 2023). Economic strain and family stress can lead to negative outcomes such as reduced parental support, poor academic performance, and increased risk of behavioural issues (Wang, Li & Ai, 2022). SES affects adolescents' involvement in community and extracurricular activities. Higher-SES adolescents are more likely to participate in organized activities, such as sports, clubs, and volunteer work, which provide positive social interactions and opportunities for personal development (Filges, et al., 2024). In contrast, lower-SES

adolescents may have fewer opportunities for such engagement due to economic constraints and limited access to community resources.

Educational Attainment and Teenage Pregnancy

Educational attainment plays a critical role in shaping various aspects of an individual's life, including health outcomes and social behaviours. Teenage pregnancy occurring in young girls between the ages of aged 13 to 19, is a critical public health issue that is closely linked to educational attainment. Numerous studies have demonstrated an inverse relationship between educational attainment and teenage pregnancy. Higher levels of education are consistently associated with lower rates of teenage pregnancy. Educated girls seldom rush into early marriage and childbearing due to increased awareness of reproductive health and better future prospects (UNESCO, 2021). For instance, girls with access to secondary education are less likely to experience teenage pregnancy compared to those with limited or no schooling (Mohr et al., 2019). Education inhibits teenage pregnancy to a reasonable extent. Hence, girls who remain in school longer are not likely to engage in early sexual activity and are more likely to use contraception effectively where applicable (Reiss, 2023). Comprehensive sex education programs

provided within schools are crucial in imparting knowledge about reproductive health, thus reducing the likelihood of teenage pregnancies (Santelli et al., 2017). The highest rates of teenage pregnancies are found in sub-Saharan Africa, where more than 100 births per 1,000 teenage girls are reported annually (UNICEF, 2021). In contrast, high-income countries such as the United States and the United Kingdom have seen significant decline in teenage pregnancy rates due to effective sexual education programs and accessible contraception (Kearney & Levine, 2022). Despite this, the U.S. still reports higher rates compared to other developed nations, with socio-economic disparities playing a crucial role (Hamilton, Martin, & Osterman, 2021).

In Nigeria, the socio-economic context in which educational attainment occurs significantly impacts teenage pregnancy rates (Okoli et al., 2022). In low-income settings, educational attainment is often limited by economic constraints, which can increase the likelihood of teenage pregnancy (Alukhagberie et al., 2023, Okoli et al., 2022, Guttmacher Institute, 2017). Conversely, in high-income countries where educational opportunities are more accessible, teenage pregnancy rates tend to be lower (Kearney & Levine, 2022).

Higher educational attainment may sometimes delay childbearing as well. Girls

who pursue higher education often postpone marriage and childbearing as they focus on their academic and career goals in Nigeria (Kareem et al., 2023). This delay is associated with a lower risk of teenage pregnancy (Mohr et al., 2019). Education empowers young women by providing them with knowledge about reproductive health and the benefits of delaying childbirth until later in life (UNESCO, 2021). Education equips individuals with the information necessary to make informed choices about their reproductive health. Studies have shown that educated adolescents are more likely to use contraception and practice safe sex, reducing their risk of unintended pregnancies (Darroch et al., 2016). Comprehensive sexual education programs, which include information on contraception and sexual health, are associated with reduced rates of teenage pregnancy globally (Mohr et al., 2019), this is also applicable in Nigeria (Kareem et al., 2023).

Education enhances the aspirations and ambitions of young women, leading them to prioritize their personal and professional goals over early childbearing. Girls with higher educational attainment are more likely to have long-term goals and ambitions, which reduces the likelihood of early pregnancy (Bongaarts, 2017). This empowerment is particularly evident in contexts where educational attainment is

linked to greater economic opportunities and social status. Teenage pregnancy often results in educational disruption. Pregnant teenagers and young mothers are more likely to drop out of school compared to their peers that are not pregnant (Wall-Wieler et al., 2016). This disruption can be attributed to the physical and emotional demands of pregnancy, childcare responsibilities, and stigmatization from peers and educators (Gatheru et al., 2024). The educational outcomes of teenage mothers are generally poorer compared to those of their non-pregnant peers. Teenage mothers are less likely to complete high school and pursue higher education. Studies have shown that teenage pregnancy significantly impedes educational attainment, leading to lower levels of education and reduced future economic opportunities (Garney et al., 2021).

The economic implications of teenage pregnancy further compounds educational challenges. Teenage mothers often face economic hardships due to limited education and job opportunities, which perpetuates a cycle of poverty and reduces their ability to support themselves and their children (Wall-Wieler et al., 2016). This economic disadvantage also impacts their ability to continue their education and improve their long-term prospects.

Cultural norms and values regarding family structure and sexuality influence the role of parental influence and family structure in teenage pregnancy. In cultures where early marriage and childbearing are common, parental influence may be less effective in preventing teenage pregnancy. Cultural expectations and traditions can shape parental attitudes and behaviours, impacting how families address issues related to sexual health and pregnancy (Reis et al., 2023). In some cultures, strict adherence to traditional norms can limit open communication about sexual health and reduce the effectiveness of preventive measures (Kabagambe & Asimwe, 2024). The influence of parental and family factors on teenage pregnancy can vary by context. For example, in high-income countries with strong social support systems and comprehensive sex education programs, the impact of family structure may be less pronounced compared to low-income countries where access to resources and support is limited (Kearney & Levine, 2014). The availability of community resources, healthcare, and educational opportunities can mediate the effects of parental influence and family structure on teenage pregnancy (Weaver et al., 2019).

Methodology

Descriptive survey design was used for this study, the population of this study comprised one hundred public secondary school

teachers and administrators in Iwaya Community, Lagos State. The population was selected using a simple random sampling technique from the total population of three hundred and two teachers and administrators (302) located within Lagos Mainland Local Government. While the data were collected through the use of researcher made questionnaire titled: Questionnaire on Teenage Pregnancy (QTP), collated, analysed and interpreted for the purpose of giving a description of findings, drawing inferences and conclusions.

The responses hinged on a 4-point scale, ranging from strongly agree, agree, disagree and strongly disagree, scored 4, 3, 2 and 1 according to each item in terms of scoring

Results and Discussion

Two null hypotheses were formulated for the study to answer the study research questions, and these went through statistical testing to ascertain the acceptance or rejection of the

Hypothesis One

H₀₁: There is no significant influence between low socioeconomic status and the incidence of teenage pregnancy among secondary school students in Iwaya community.

Table 1: Chi-square (X²) Analysis on influence between Socioeconomic Status and Incidence of Teenage Pregnancy

N	df	L.S	Calc X ² value	Crit X ² value	Remarks
100	12	0.05	55.50	21.03	Significant

*P > 0.05

positive items, and a reversal of direction in scoring negative items. The validity of the instrument was achieved through experts in the field of measurement and evaluation, and psychology of education; while the reliability was achieved through a pilot test at schools of different location from the schools in the study. With test retest method, the reliability was empirically done with the intervals of four weeks, which gave a coefficient value of 0.65. The influence of the variable on teenage pregnancy was established using Chi-Square. The instrument of the study was personally administered by the researcher. The questionnaire items were analysed quantitatively using SPSS (Statistical Package for the Social Science).

hypotheses. Inferential statistics was applied, where Chi-Square was used to establish the influence of the variables in order to accept or reject the null hypotheses. All hypotheses were tested at 0.05 level of significance.

Table 1 shows that the Calculated Chi-Square (χ^2) value of 55.50 is greater than Critical Chi-Square (χ^2) values of 21.03, with degree of freedom 12 at 0.05 level of significance. This implies that null hypothesis one which states that will be no significant influence between low socioeconomic status and the incidence of

teenage pregnancy among secondary school students in Iwaya community was rejected, the implication of this is that, there is a significant influence between low socioeconomic status and the incidence of teenage pregnancy among secondary school students in Iwaya community

Hypothesis Two

H₀₂: There is no significant influence between secondary school students with lower levels of educational attainment and teenage pregnancy in Iwaya community.

Table 2: Chi-square (χ^2) Analysis on Educational Attainment and Likelihood of Teenage Pregnancy

N	df	L.S	Calc χ^2 value	Crit χ^2 value	Remarks
100	12	0.05	43.10	21.03	Significant

*P > 0.05

Table 2 shows that the Calculated Chi-Square (χ^2) value of 43.10 is greater than Critical Chi-Square (χ^2) values of 21.03, with degree of freedom 12 at 0.05 level of significance. This implies that the null hypothesis two which states that, secondary school students with lower levels of

educational attainment are not more likely to experience teenage pregnancy in Iwaya community was rejected, the implication of this is that, secondary school students with lower levels of educational attainment are more likely to experience teenage pregnancy in Iwaya community

Discussion of Findings

The first finding of this study was that, there is significant influence of low socioeconomic status and the incidence of teenage pregnancy among secondary school students in Iwaya community. This finding is consistent with previous research linking

poverty to early pregnancies. Socioeconomic disadvantages often limit access to education, healthcare, and family planning services, which increases vulnerability to early pregnancies. Low-income families may struggle to provide adequate guidance or support, pushing adolescents toward risky behaviours, including early sexual activity.

Empirical study of Bongaarts (2017) demonstrated that socioeconomic deprivation is a critical driver of teenage pregnancy in sub-Saharan Africa, where poor families lack access to information about reproductive health and contraception. Similarly, Okoli et al. (2022) found that poverty-stricken communities in Nigeria are associated with higher rates of teenage pregnancy due to limited educational opportunities and insufficient sexual health awareness. In the Iwaya community, students from low socioeconomic backgrounds may face increased pressures such as early entry into adulthood responsibilities, reduced schooling opportunities, and limited exposure to sexual education. These factors cumulatively increase their likelihood of early pregnancy.

The second finding of this study states that, secondary school students with lower levels of educational attainment are more likely to experience teenage pregnancy in Iwaya community. This finding reflects broader patterns observed in both local and global research. Lower educational attainment is often linked to limited knowledge about sexual and reproductive health, reduced access to contraceptives, and fewer opportunities for social mobility, all of which increases the likelihood of early pregnancy. The empirical studies of (Alukhagberie et al., 2023, Guttmacher

Institute, 2017; Mohr et al., 2019, Okoli et al., 2022, Reiss, 2023) corroborates this finding, it found that girls who leave school early or perform poorly academically are at a higher risk of teenage pregnancy, as they may lack critical information on contraception and sexual health. In the context of Iwaya, students with lower educational attainment may face barriers to continuing their education, such as financial constraints or family responsibilities, which diverts their focus from academic pursuits. These students may also have little exposure to comprehensive sexual education, making them more susceptible to early pregnancies.

Conclusion

This study examined the perceived socio-demographic causes of teenage pregnancy among secondary school students in Iwaya Community, Lagos State. From the findings of the study, it was concluded that, the two formulated null research hypotheses were rejected. From the study, it was found out that, there was a significant influence between low socioeconomic status and the incidence of teenage pregnancy among secondary school students in Iwaya community; secondary school students with lower levels of educational attainment are also more likely to experience teenage pregnancy in Iwaya community.

In conclusion, addressing teenage pregnancy in Iwaya requires a multifaceted approach that includes improving socioeconomic conditions, enhancing educational opportunities female children and adolescents in Iwaya community.

Recommendations

Some recommendations were also made to put teenage pregnancies under control as much as possible: in addressing the low socioeconomic status of parents, government and non-governmental organizations should implement economic empowerment

programs targeting low-income earning families in Iwaya community. This may include financial aid, vocational training, and job creation initiatives that can improve living standards and reduce the vulnerability of adolescents to early pregnancies

Policies should also be made on making girl child education a necessity to mitigate the influence between low educational attainment and teenage pregnancy. Educational institutions should provide scholarships, mentorship programs, and create a supportive learning environment.

References

- Adebowale, S. A., Fagbamigbe, F. A., Okareh, T. O., & Lawal, G. O. (2012). Survival analysis of timing of first marriage among women of reproductive age in Nigeria: Regional differences. *African Journal of Reproductive Health*, 16(4), 95-107.
- Bandura, A. (1977). *Social learning theory*. Prentice Hall.
- Bongaarts, J. (2017). The effect of contraception on fertility decline: A demographic analysis. *Population and Development Review*, 43(S1), 107-129. <https://doi.org/10.1111/padr.12051>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Darroch, J. E., Woog, V., Bankole, A., & Ashford, L. S. (2016). *Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents*. Guttmacher Institute.
- Federal Ministry of Health. (2015). *National policy on the health and development of adolescents and young people in Nigeria*.
- Filges T, Verner M, Ladekjær E, Bengtson E. (2024). Participation in organised sport to improve and prevent adverse developmental trajectories of at-risk youth: *A systematic review*. *Campbell Syst Rev*. 2024 Jan 17; 20 (1):e1381. doi: 10.1002/cl2.1381. PMID: 38239757; PMCID: PMC10794870.
- Gatheru PM, Wao H, Alando A, Kwarteng PG, Kwashie M, Kabiru CW, Ogum D, Torpey K, Manu A.(2024). The role of parent-adolescent communication interventions in improving sexual and reproductive health outcomes in sub-Saharan Africa: protocol for a systematic review and meta-analysis. *Reprod Health*. 2024 Nov 25:21 (1):173. doi:

- 10.1186/s12978-024-01912-z. PMID: 39587605; PMCID: PMC11590274.
- Garney W, Wilson K, Ajayi KV, Panjwani S, Love SM, Flores S, Garcia K, Esquivel C.(2021). Social-ecological barriers to access to healthcare for Adolescents: A scoping review. *Int J Environ Res Public Health*. 2021 Apr 14;18 (8):4138. doi: 10.3390/ijerph18084138. PMID: 33919813; PMCID: PMC8070789.
- Gautam N, Dessie G, Rahman MM, Khanam R. (2023). Socioeconomic status and health behavior in children and adolescents: a systematic literature review. *Front Public Health*. 2023 Oct 17;11:1228632. doi: 10.3389/fpubh.2023.1228632. PMID: 37915814; PMCID: PMC10616829.
- Guttmacher Institute. (2017). *Addi ng it up: Costs and benefits of meeting the contraceptive needs of adolescents*. <https://www.guttmacher.org/report/adding-it-meeting-contraceptive-needs-of-adolescents>
- Hamilton, B. E., Martin, J. A., & Osterman, M. J. K. (2021). Births: Provisional data for 2020. *National Vital Statistics Reports*, 70(14), 1-19.
- Isiugo-Abanihe, I.M & Isiugo-Abanihe U. C. (2007). Adolescent sexuality and reproductive health in two oil producing communities in Imo and Rivers States, Nigeria. *African Population Studies* Vol. 22 (2)· 47-77. DOI: 10.11564/22-2-329 · Source: OAI.
- Izugbara, C. O. (2015). Socio-demographic risk factors for obstetric fistula in Nigeria: Implications for prevention policies. *Health Policy and Planning*, 30(9), 1218-1224. <https://doi.org/10.1093/heapol/czu129>
- Kabagambe, J. M & Asiimwe, S. (2024). The influence of cultural factors, on teenage pregnancies among public primary school pupils in Mpeefu Sub County: School of Graduate, Department of Education, Kampala University, Kampala Uganda. *World Journal of Advanced Research and Reviews*, 2024, 22(01), 369–374.
- Kareem YO, Abubakar Z, Adelekan B, Ameyaw EK, Gbagbo FY, Goldson E, Mueller U, Yaya S.(2023). Prevalence, Trends, and Factors Associated with Teen Motherhood in Nigeria: An Analysis of the 2008-2018 Nigeria Demographic and Health Surveys. *Int J Sex Health*. 2023 Mar 23; 35 (2):248-262. doi: 10.1080/19317611.2023.2189763. PMID: 38595858; PMCID: PMC10903619.
- Kearney, M.S., & Levine, P.B (2014). Income inequality and early nonmarital childbearing. *Journal of Human Resources*. 49. 1-31. 10.1353/jhr.2014.0001.
- Loaiza, E., & Liang, M. (2013). *Adolescent pregnancy: A review of the evidence*. UNFPA.
- Mohr .R, Carbajal .J, & Sharma, B. B. (2019). The influence of educational attainment on teenage pregnancy in low-income countries: A systematic literature review (2019). *Journal of Social Work in the Global Community* 2019, Volume 4, Issue 1, Pages 19–31 DOI: 10.5590/JSWGC.2019.04.1.02
- National Population Commission (2018). *Nigeria Demographic and Health Survey 2018*. NPC and ICF.
- Neal, S., Matthews, Z., Frost, M., Fogstad, H., Camacho, A. V., & Laski, L. (2012). Childbearing in adolescents aged 12-15 years in low resource

- countries: A neglected issue. New estimates from demographic and household surveys in 42 countries. *Acta Obstetrica et Gynecologica Scandinavica*, 91(9), 1114-1118. <https://doi.org/10.1111/j.1600-0412.2012.01467.x>
- Ochiogu, V. C., Miettola, J., & Ilika, A. L. (2011). Teenagers' perspectives on the reasons for child sexual abuse in Nigeria. *Nigerian Journal of Clinical Practice*, 14(3), 340-344. <https://doi.org/10.4103/1119-3077.86766>
- Odeyemi-BSD (2023). Perceptions of Tshwane learners in the 9th grade on home background as influencing their performance in mathematics in South Africa: *International Journal of Educational Research* (2023). Vol.12 (2) 161-178. ISSN 15958485.
- Odeyemi-BSD (2019). Impact of [single parenthood on adolescent's academic performance of secondary school students](#) Ogun State of Nigeria. *Asia-Pacific Collaborative Education Journal* 15(1), 23-38, 2019.
- Okigbo, C. C. (2015). Understanding adolescent reproductive health-seeking behavior in Nigeria: A school-based study. *Nigerian Medical Journal*, 56(3), 182-187. <https://doi.org/10.4103/0300-1652.160387>
- Okoli, C.I., Hajizadeh, M., Rahman, M.M., Velayutham, E. & Khanam, R., (2022). Socioeconomic inequalities in teenage pregnancy in Nigeria: evidence from Demographic Health Survey. *BMC Public Health* 22, 1729 (2022). <https://doi.org/10.1186/s12889-022-14146-0>
- Okonofua, F., Hammed, A., Abass, T., Ogu, R., Galadanci, H., Gana, M., & Ugboaja, J. (2023). Private and public sector health workers' perspectives on the provision of safe abortion services in Nigeria. *BMC Pregnancy and Childbirth*, 11(1), 70. <https://doi.org/10.1186/1471-2393-11-70>
- Reiss LF, Surkan PJ, Atkins K, Garcia-Cerde R, Sanchez ZM (2023). Risk factors for early sexual intercourse in adolescence: A systematic review of cohort studies. *child psychiatry Hum Dev*. 2024 Dec;55(6):1677-1690. doi: 10.1007/s10578-023-01519-8. Epub 2023 Mar 25. PMID: 36966237; PMCID: PMC10039773.
- Santelli, J. S., Kantor, L. M., Grilo, S. A., Speizer, I. S., Lindberg, L. D., Heitel, J., & Ott, M. A. (2017). Abstinence-only-until-marriage: An updated review of US policies and programs and their impact. *Journal of Adolescent Health*, 61(3), 273-280. <https://doi.org/10.1016/j.jadohealth.2017.05.031>
- Sousa, A.C., Srivastava, J. R & Tiwari, L. G. (2023). Association between family socioeconomic status and Juvenile crime in Choloma Honduras. *African Journal of Emerging Issues (AJOEI)* Online ISSN: 2663-9335, Vol (5), Issue 11, Pg. 13-24.
- Tuominen, M., Tikkanen, J. (2023). Adolescent social capital: An intergenerational resource? *Journal of Adolescence*, 95, 1420–1434. <https://doi.org/10.1002/jad.12215>
- UNESCO. (2021). *Education transforms lives*. <https://en.unesco.org/themes/education>

UNICEF. (2021). *Child marriage*. Retrieved from <https://www.unicef.org/protection/child-marriage>

Wall-Wieler, E., Roos, L.L. & Nickel, N.C. (2016). Teenage pregnancy: impact of maternal adolescent childbearing and older sister's teenage pregnancy on a younger sister. *BMC Pregnancy Childbirth* 16, 120(2016). <https://doi.org/10.1186/s12884-016-0911-2>

Wang Z, Li C, Ai K. (2022). Family Economic Strain and Adolescent Aggression during the COVID-19 Pandemic: Roles of Interparental Conflict and Parent-Child Conflict. *Appl Res Qual Life*. 2022;17(4):2369-2385. doi: 10.1007/s11482-022-10042-2. Epub 2022 Feb 7. PMID: 35154505; PMCID: PMC8821868.

Weaver, H., Smith, G., & Kippax, S. (2019). School-based sex education policies and indicators of sexual health among young people: A comparison of the Netherlands, France, Australia, and the United States. *Sex Education*, 5(2), 171-188. <https://doi.org/10.1080/14681810500038889>

World Health Organization (WHO). (2020). *Adolescent pregnancy*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>