

Research article

# THE CAUSE AND EFFECT OF TEENAGE PREGNANCY: CASE OF KONTAGORA LOCAL GOVERNMENT AREA IN NIGER STATE, NORTHERN PART OF NIGERIA

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## ABSTRACT

The study identified the cause and effect of teenage pregnancy among teenagers in Kontagora Local Government Area of Niger State. The study adopted the simple percentage survey research design involving 40 teenagers. The researcher questions were divided into two sections, section A contains the respondent's personal data and section B contains the subject of the study. Simple percentage rate was used to analyze the data collected. The result revealed that the age at which teenagers engaged in sexual intercourse is too early, socio-economic background, early marriage and traditional gender roles, peer pressure, lack of sex education and non-used of contraceptive during sexual intercourse are causes of teenage pregnancy. Also that incomplete education, isolation and rejection by parents, mother's health risk during childbirth and financial handicap were effect of teenage pregnancy. Based on the findings, recommendations were made federal and state government to contribute in the effort to reduce teenage pregnancy by providing stable funding for comprehensive education for female teenager both sex. Teenagers should be enlighten about the consequence of having sex at early stage at their lives and parent should stand out best to meet the needs of the teenage child. **Copyright © acascipub.com, all rights reserved.**

**Keywords:** teenage pregnancy, Nigeria

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## Introduction

Kontagora Emirate is inseparable from the life and times of Umaru Nagwamatse and his Sons, Abubakar Modbbo and Ibrahim Nagwamatse. In the combined life time of a little over forty years (1858-1901), Nagwamatse and his protégés opened up a previously closed forestry area. Idol worship, wars among and between communities slave raiding and complete absence of law and order was the environment where peace and security was restored and Islam established as the principal religion by these outstanding warriors and statesmen.

Before the arrival of fulanis, the area of what was known as Kontagora province consisted of Borgu peoples settled on the west bank of the River Niger, Yawuri and Kambari tribes in the North, Kamukawa and Kambari and Dukkawa in the North, Kamukawa and Kambari in the North-East, Gwarawa in the East and South-East and the Nupes in the South. Before the arrival of the Fulanis, marriage is one of society's most important and basic institutions. It is the foundation of the family which is the basic unit of society.

The founder of Kontagora (Umaru Nagwamatse) who practiced Islam religion was a family man according to Islamic injunction which says a girl should marry after her first menstruation in her father's house based on that the establishment of marriage started in Kontagora with some men having more than one wife when socialization came in some Kontagora kinsmen now limit their marriage to one wife. The cause and effect of teenage pregnancy in this local government is not as high as it used to be because of socialization and modernization and many of those girls who held strictly to Islamic injunction have now know the importance of formal education.

Nowadays, teenage pregnancy has become a growing concern and therefore various causes of teenage pregnancy has become crucial. Teenage pregnancy refers to pregnancy occurs in young girls, mostly in the range of age 13 to 17 years old.

According to Jackie, (2012) low self-esteem is among the causes of teenage pregnancy. Children who are not shown love and affection from parents will seek it out with their peer group. Many adolescents report feeling pressured by their peers to have sex before they are married.

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 behaviour which in turn may be another cause of teenage pregnancy. Meanwhile, weak family bonding fail to provide the emotional support that they need during their transitional term. This 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.

A substantial proportion of the members of every society in the developmental stage termed "adolescence", otherwise called "teenage", it is a transitional period between the end of childhood and the beginning of adulthood or maturity. It occurs roughly between the age of 13-17, this is a period in every person's life when all seems to be confused, when nothing is good in the eyes of the perceiving adolescent; when she is on "means" land (Lawin, 2006). When her role is not clearly defined. It is a period when girl starts to menstruate. Adolescents describe this period as a period of body contour and stature resembling that of an adult mate,

(Murphy, 2007), while adults customarily refer to them as children Nigeria adolescents now insist on being treated as adults while parents may dismiss them as being too young to live alone, they are clearly independent and the right to have privacy. The Kontagora teenager is therefore caught in a field of overlapping forces and expectation of all of which constitute a real test for individual identity.

Pregnancy that happens at such a frail age is predominantly, due to lack of sex education therefore, parents responsibility to deliver an adequate sex education to their teenage daughters. Reproductive health situations are also important to be imparted to the young child so that they become aware of the various aspects related to sex and pregnancy.

According to Count (2010), adolescent marks the onset of sexual maturity. It is a period of time for them to show interest to the opposite sex and curiosity about the much topics of sex. Irresponsible and careless approach of mass media has also contributed in sex occurrence among teenagers.

Carrera (2012) said, unrestricted interaction with the opposite sex ignites the sparks of lust in teenagers very easily, especially when alcohol and drugs are involved. Also Ideir (2011) said high rates of teenage pregnancy usually associated to such conditions of under education, income levels, and childhood environment,

because of negligence towards birth control. Sexual abuse of teenage girls is also one of the most disgraceful causes of teenage pregnancy. Teenage parents of teens do not have financial resource to cater for their babies. They usually have to rely on the families and relatives to assist them. This lead to the break down in vocational expulsion from school and may not have the opportunities of being re-absorbed to the school system, this break can hinder the future development opportunities as well as the quality of life the person, family/nation sometimes, however, teenage mothers are not mature to meet emotional and social needs of children. They may feel Isolated and deserted by their friends who continued with their education, contributing to psychological blinks.

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 girls 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 et al (2013) medically, teenage pregnancy maternal and prenatal health is of particular concern among teens who are pregnant or parenting. The world wide 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 is 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.

The percentage of teenage pregnancy in the society is growing at along rate. It is perceived that lack of adequate knowledge about sex education to teenage girls make them to be sexually active which eventually leads to pregnancy. Teenage pregnancy has pregnancy has been found to have negative and social long lasting effects on the life of the adolescents. It is in the light of this that this study is carried out to examine the causes and effects of teenage pregnancy in Kontagora Local Government.

#### **Objective of the Study**

The objectives of the study are as follows:

1. To identify the causes of teenage pregnancy
2. To identify the effects of teenage pregnancy
3. To identify strategies to curb causes and effects of teenage pregnancy in Kontagora Local Government.

#### **Research Question**

1. What is the concept of teenage pregnancy?
2. What are the causes of teenage pregnancy?
3. What are the causes and effects of teenage pregnancy in Kontagora Local Government?

#### **Research Methodology**

This chapter discusses the method adopted to carry out the research in order to get detailed information about the cause and effect of teenage pregnancy in Kontagora Local Government Area.

#### **Research Design**

A descriptive researcher design (survey) method will be sued for this study. This is because the study involves collecting data from a Kontagora Local government Area portion as of a population and generalizing the findings on the entire population Niger State

#### **Sample and Sampling Technique**

The sampling method adopted for this study is the random sampling technique. A total population of 40 teenagers were used.

#### **POPULATION OF the Study**

A self designed instrument will be used to collect data for this study. The questionnaire was designed into two sections, section A comprises of the respondents bio-data and section B comprises of questions related to the subject matter of the study. The questions were structured on a four point liker scale format of strongly agreed (SA), agreed (A), strongly disagreed (SDA) and disagreed (DA) on compassing concept causes and effects of teenage pregnancy in Kontagora Local Government Area town and then collected after immediately on the sport after 30 minutes of waiting. This was done for each 50 responded in three days.

### Procedure for Data Collection

The questionnaire were administrated and by the researcher among teenage girls and boys in Kontagora Local Government.

### Procedure for Data Analysis

This deals with the presentation of the data collected through the use of frequency distribution tables and percentages on conversions.

## Results

### Table

**Table 1:** Concept of teenage pregnancy. Teenage transitional period

Options	Frequency	Percentage
SA	26	65%
A	11	27.5%
SD	-	-
A	3	7.5%
Total	40	100%

In the table above, 65% of the respondents strongly agreed that teenage transitional period 27.5% of the respondents agreed wit the same view, non of the responds strongly disagreed with the view, but 7.5% of the respondents disagreed. This implied that teenage is the transition between childhood to adult hood.

**Table 2:** Delicacy of teenage pregnancy

Options	Frequency	Percentage
SA	10	25%
A	18	45%
SD	6	15%
DA	6	15%
Total	40	100%

The table above shows that 25% of the respondents strongly agreed that delicacy of teenage pregnancy 45% the respondents agreed with the same view, in contrast 15% of the respondents strongly disagreed that teenage pregnancy is not delicate while 15% of the respondents disagreed with also above statement. From the foundlings the frequency of the highest respondents agreed with the above statement, measured the highest frequency.

This implied that most teenage pregnancy is delicate.

**Table 3:** Occurrence of teenage pregnancy in under aged

Options	Frequency	Percentage
SA	14	35%
A	14	35%
SD	8	20%
A	4	10%
Total	40	100%

Above showed that 35% of the respondents strongly agreed that occurrence of teenage pregnancy in underaged, 35% of the same sample respondents agreed with the above statement, in contrast, 20% of the respondents strongly disagreed with the same view while 10% of the same respondents disagreed that teenage pregnancy does not occurred in underage girls.

This shows that majority of the respondents strongly agreed that occurrence of teenage pregnancy in under aged.

**Table 4:** High level of teenage pregnancy in Kontagora Local Government

Options	Frequency	Percentage
SA	12	30%
A	15	37.5%
SD	7	17.5%
DA	6	15%
Total	40	100%

Table 4.1.4 above sows that 30% of the sample respondents strongly agreed that high level of teenage pregnancy in Kontagora Local Government Subsequently, 37.5% of the respondents agreed with the same view, in contrast, 17.5% of the respondents strongly agreed with the statement while 15% of the respondents disagreed with the statement.

This indication shows that majority of the respondents agreed that high level of teenage pregnancy in Kontagora Local Government

**Table 5:** Rejection level of teenage pregnancy Kontagora Local Government

Options	Frequency	Percentage
SA	10	25%
A	8	20%
SD	9	22.5%
DA	13	32.5%
Total	40	100%

From the above table show that 25% of the respondents strongly agreed that rejection level of teenage pregnancy Kontagora Local Government 20% of the same respondent agreed with the same view, in contrast, 22.5% of the respondents strongly disagreed that teenage pregnancy is rejected in Kontagora, also 32.5% of the same respondents disagreed with the same view.

This implied that with the rejection of teenage pregnancy in Kontagora can reduce teenage sexual behaviour.

### **Causes of teenage pregnancy**

**Table 6:** Caused by Socio-economic background

Options	Frequency	Percentage
SA	19	47.5%
A	16	40%
SD	3	7.5%
DA	2	5%
Total	40	100%

The table shows that 47.5% of the respondents strongly agreed that teenage pregnancy is caused by socio-economic background, 40% of the same respondents also agreed with the same views, in contrast, 7.5% of the respondents strongly disagreed that socio-economic background could not caused teenage pregnancy while 5% disagreed the above statement.

Therefore, the highest respondents were in support of the above statement. This implies that socio-economic background causes teenage pregnancy.

**Table 7:** Caused by Peer pressure

Options	Frequency	Percentage
SA	14	35%
A	11	27.5%
SD	10	25%
DA	5	12.5%
Total	40	100%

From the table above shows that 35% of the respondents strongly agreed that peer pressure causes teenage pregnancy 27.5% of the respondents also agreed with the same view, while 25% of the respondents strongly disagreed and 12.5% of the respondents also disagreed with the statement. Fortunately the highest percentage of the respondents supported that peer pressure causes teenage pregnancy.

This implies that teenage pregnancy could be affected by peer pressure.

**Table 8:** Caused by Lack of Sex Education

Options	Frequency	Percentage
SA	25	62.5%
A	10	25%
SD	2	5%
DA	3	7.5%
Total	40	100%

This shows that 62.5% of the sample respondents strongly agreed that lack of sex education causes teenage pregnancy, 25% of the same respondents agreed with the above statement, 5% of the respondents strongly disagreed while 7.5% of the respondents supported or responded positively.

This implies that good knowledge about sex education could minimize teenage pregnancy.

**Table 9:** The non-used of contraceptives during sexual intercourse

Options	Frequency	Percentage
SA	13	32.5%
A	14	35%
SD	6	15%

DA	7	17.5%
Total	40	100%

This shows that 32.5% of the respondents strongly agreed that non-used of contraceptives during sexual intercourse, 35% of the respondents also agreed with this statement, in contrast 15% of the respondents strongly disagreed with above statement while 17.5% of the respondents also disagreed with the statement.

This implies that non-used of contraceptives which eventually lead to teenage pregnancy.

**Table 10 :** Caused by early marriage and traditional gender roles

Options	Frequency	Percentage
SA	10	25%
A	16	40%
SD	6	15%
DA	8	20%
Total	40	100%

The table shows 25% of the respondents strongly agreed that early marriage and traditional gender roles, 40% of the respondents also agreed, while 15% of the same respondents strongly disagreed and 20% of the respondents disagreed with the statement positively, 40% of the respondents measured higher implies that the above statement in table 4.10 could caused teenage pregnancy.

### Effect of teenage pregnancy

**Table 11 :** Incomplete education

Options	Frequency	Percentage
SA	25	62.5%
A	19	22.5%
SD	6	15%
DA	-	-
Total	40	100%

Above shows that 62.5% of the respondents strongly agreed that teenage pregnancy could affect education, 22.5% of the same respondents agreed with the views but 15% strongly disagreed while non of the respondents disagreed with the statement.

This implies that careless conduct by teenage could affect her education.

**Table 12:** Mother's health risk during childbirth

Options	Frequency	Percentage
SA	23	57.5%
A	10	25%
SD	3	7.5%
DA	4	10%
Total	40	100%

In the table above shows that 57.5% of the respondents strongly agreed that during childbirth teenage mother's health is at stake, 25% of the respondents also agreed with the same statement, while 7.5% of the respondents strongly disagreed, but 10% of the same respondents disagreed.

This implies that the statistical implication shows that teenage mothers are at risk during childbirth.

**Table 13 :** Lack of love affections and care from both parents.

Options	Frequency	Percentage
SA	17	42.5%
A	12	30%
SD	2	5%
DA	9	22.5%
Total	40	100%

In table 4.1.13 of the above, the research carried out show that 42.5% of the respondents strongly agreed that love, affections and care from both parents affect a teenage child, 30% of the same respondents agreed while 5% of the respondents strongly disagreed with the above statement, and also 22.5% of the respondents disagreed with the same statement above.

Therefore, highest population of respondents children were not shown love, affections and are by the both parents.

**Table 14:** Isolation and rejection by parents

Options	Frequency	Percentage
SA	14	35%
A	19	47.5%
SD	3	7.5%
DA	4	10%
Total	40	100%

The above table shows that 35% of the respondents strongly agreed that when teenage girl becomes pregnant there would be isolation and rejection from parents 47.5% of the respondents agreed, in other word, 7.5% of the respondents strongly disagreed with the above statement while 10% of the respondents disagreed also. This implies that most teenage pregnancy are rejected by parents.

**Table 15:** Isolation and rejection by friends/community

Options	Frequency	Percentage
SA	15	37.5%
A	14	35%
SD	3	7.5%
DA	8	20%
Total	40	100%

The table show that 37.5% of the respondents strongly agreed that they were isolated and rejected by their friends/community, 35% of the respondents agreed wit the same view, in contrast, 7.5% of the respondents strongly disagreed while 20% of the respondents disagreed.

This implies that isolation and rejection by friends/community affect teenage pregnancy.



**Table 16:** Financial handicap

Options	Frequency	Percentage
SA	17	42.5%
A	10	25%
SD	5	12.5%
DA	8	20%
Total	40	100%

This shows that 42.5% of the respondents strongly agreed that due to teenage pregnancy they were financially handicapped, 25% of the respondents agreed with the statement too, while 12.5% strongly disagreed with the statement above and 20% of the respondents disagreed also.

In the research a positive responses measured the highest percentage, which signifies that any teenage who is involved in teenage pregnancy is financially handicapped.

**Table 17:** Psychopaths in the local govt area

Options	Frequency	Percentage
SA	16	40%
A	14	35%
SD	3	7.5%
A	7	17.5%
Total	40	100%

The above shows that 40% of the respondents strongly agreed that teenage pregnancy lead to psychopath, 35% of the respondents agreed with the statement, 7.5% of the respondent strongly disagreed with the statement and 17.5% of the respondents disagreed with the above statement.

Although, this differences might be based on individual's belief.

## Discussion and Finings

The findings, revealed that teenage pregnancy is rampared among teenagers in Kontagora Local Government Area of Niger State. There had been observed in some of the tables below.

Table 1. Shows that the percentage for item was 65% which is the highest percentage of teenage is the transition between childhood to adulthood. The findings is in agreement with Berger (1991) asserted that teenage is the transition stage a difficult stage and a delicate stage that needs to be handled with caution by both teenager and all those who have influence over him/her especially the parents.

Table .2 revealed that the majority of the respondents were 45% agreed that teenage pregnancy is delicate. According to Tips (2005) said teenage is a delicate stage of life when both boys and girls may include themselves in certain irresponsible activities and end up being unexpected mothers and fathers.

WHO (1995) observes that teenagers have complications related pregnancy and childbirth and are among the leading causes of mortality of age (15-22 years) in many parts of the world.

Table .3 reveals that the highest respondents (35%) strongly agreed that teenage pregnancy occurring in underaged girls. Oguguo (1996) said is the pregnancy of young immature girls of secondary school age, usually ranging from thirteen to nineteen years of age. He further asserted that the number of girls under 16 in Kontagora given birth were 148? Up 39% since 1967 the numbers of pregnancy occurring to underage girls were over 90 per year.

Table 4 indicates that teenage pregnancy is high in Kontagora Local Government Area. This flinging is inline with the view of Joseph (2008) who pointed out that a strong association between teenage pregnancy and

local government level me assures of religiosity in Kontagora rate of pregnancy to teenage girls are strongly predicated by conservative religious beliefs.

Table 5 shows that majority of the respondent's disagreed with the statement. According to Mommy (2011) found out that not all pregnant teens are rejected from society.

Table 6 reveals causes of teenage pregnancy and one of the causes is socio-economic background which is agreed by the majority of the respondents with the highest percentage of (47.5%). Joubert (2008) reveals that the current socio-economic in Nigerian means that those who live in poverty are often exposed to more "live" sexual activity because families are required to live in small houses where there is distinct lack of privacy for the parents, children that grow up under that situation can easily engage themselves on sexual activity as soon as they entered the puberty stage.

According to Coley et al (1998) postulated that girls living in poor socio-economic background with an early onset of menarche will engage early in sexual behaviour. Based on this finding, it can be argued that socioeconomic background may play a role in cause of teenagers to engage in early sexual behaviour, thus increasing their chances of falling pregnant.

Table 7 shows that percentage of respondents (35%) peer pressure who indicated that teenage pregnancy could be as a result of peer pressure. According to Albert (2007) states that there are social pressures that push the teens toward falling pregnant. Many teens engage in unhealthy activities just so that their uppers will notice them or so that they may fit in, peer pressure to engage in sexual activity is so common, a variety of terms refers to the behaviour, such as "hooking up", "booty calls" or referring to some one as a friends with benefits?

Some teenage girls have said to be pressured into having sex with their boys friends at a young age, and yet no one taught teens how to deal with this pressure or to say "no".

Table 8 shows the causes of teenage pregnancy. Most of the respondents strongly agreed that lack of sex education is made possible for teenage pregnancy. This finding agrees with the findings of miller (2006) stated that lack of education on safe sex, either on the side of the parents or the educators, may lead to teenage pregnancy. Many teenagers are not taught about methods of birth control.

Okonkwo (2004) associates teenage pregnancy as lack of adequate sex education. Transitionally, sex education has consisted of parents explaining the facts of human reproduction to children reaching the age of adolescence.

Table 9 shows that the data revealed positive response to the statement, that the non-used of contraceptives during sexual intercourse is a determinant of teenage pregnancy in Kontagora. The findings is in agreement with Wikipedia the free encyclopedia (2008) stated that some teenagers fall pregnant because they lack information or access to conventional method of preventing pregnancy. Inexperienced teenagers may use condoms incorrectly or forget to take oral contraceptives, contraceptives failure rates are higher in teenagers, particularly girls from the poor social backgrounds.

According to Chlers (2003) found that the majority of teenagers who end up becoming pregnant lacked information about contraceptive and emergency conceptives.

Table 10 determine the factors influencing teenage pregnancy. The table revealed that majority of the respondents (40%) agreed that early marriage and traditional gender roles are causes of teenage pregnancy. This finding is in line with Moore & Rosenthal (1993) stated that early marriage and traditional gender roles are important causes in the rate of teenage pregnancy is often seen as a blessing because it is proof of the young woman's fertility. In the northern part of this country teenage marriages are common, one can expect to also experience higher levels of the teenage pregnancies. Early marriage and pregnancy is more common in traditional rural community of Kontagora compared to the rate in cities.

In table 11 indicates the opinion of the respondents on the item statement which says the effect of teenage pregnancy is incomplete of education 62.5% of the respondent strongly agreed. According to Rothenberg and Weissman (2002) fund that 7 out of 10 females who become teenage mothers did not graduate from high school. Less than one-third of teenage females giving birth before age 18 ever complete high school and the younger the pregnant teenagers are, the less likely they are to complete high school.

Also (Kosha, 2001) revealed that nationally, about 25% of teenage mothers have a second baby within one year of their first baby, leaving the prospect of high school graduate improbable. However, if a parenting

female can delay a second pregnancy, she becomes less at risk for dropping out of school and her chance of finishing high school increases.

Table 12 shows that opinions of the respondents on the item statement which says mother's health is at a risk during childbirth 57.5% respondents agreed along side. This finding is inline with the finding of Geronimus (1996) observed that early pregnancies have also been associated with higher than risk of morbidity during childbirth and high incidences of material and prenatal deaths. This is because child bearing has been associated with many social and health risks that are sometimes very serious, and therefore, need targeting from both the curative and preventive health strategies.

Table 13 reveals that out of the respondents 42.5% of the respondent's expressed their degree of agreement, strongly agreed and agreed respectively. The finding is in agreement with Bissell (2000) suggested that teenage parents are less likely to stimulate their infant through affectionate behaviours such as touch, smiling and verbal communication, or to be sensitive and care toward his/her needs.

Table 14 indicates that 47.5% of the respondents agreed that the effect of teenage pregnancy is isolation and rejection by parents. This finding is inline with Visser and Roux (1996) found that many teenage mothers felt that their pregnancy upset their parents. Fathers tendered to be angered by their daughters' pregnancies. In some cases this anger would even lead to the fathers rejection to chase their teenage daughters out of the house.

Mpetshwa's (2000) study reported having experienced a lot of ill treatment from their family members, especially their parents who felt betrayed by their children falling pregnant. They were not longer treated like other members of the family, as was the case before pregnancy. Pregnancy made some of the teenagers to feel isolated and rejected by parents. It is these feelings which may result in severe psychological conditions like depression.

Table 15 shows that 37.5% of the respondents strongly agreed that teenage pregnancy is affected by isolation and rejection by friends/community. An investigation done by Mpetshwa (2000) focusing on several teenage mothers, found that community members tend to have a wide range of negative reactions to ward pregnant teenagers. Some members of the community tended to react with shock whilst others would gossip about the parents of the teenagers. Some felt isolated and rejected by friends and community.

Table 16 indicates that 42.5% of the respondents strongly agreed that financial handicap is the effect of teenage pregnancy.

According to National campaign (2013) states that financial handicap is an effect of teenage pregnancy and childbearing. Two thirds of young unmarried mothers are poor and around 25 percent go on welfare within three years of a child's birth. Low educational attainment among teen mothers affects their economic opportunities and earnings in later years. Teen mothers are less likely to complete high school or college, and are therefore less likely to find well-paying jobs.

Table 17 reveals that 40% of the respondents strongly agreed that effect of teenage pregnancy lead to psychopath in the Local Government Area. The finding is inline with Parek and Rey (1997) found that most teenagers stated by denying the pregnancy at first, before they could inform their parents who, in most cases received the news with anger and disappointment. Also Kekesi (1997) found that even though most of the teenagers managed to talk to somebody, some were scared to tell other until their families realized that they were pregnant.

## Summary

In the summary aspect of the research work the researcher identified the purpose of the study as to cause and effect of teenage pregnancy. A case study of Kontagora Local Government Area of Niger State, the concept of teenage pregnancy had been clarified for a better understanding of the term, it is also observed and believed that many factors lead to teenage pregnancy, also it is ascertained that, the psychological effect of teenage pregnancy, a high risk of experiencing depression, birth complications, toxemia, anemia and even death, sociological effect teen mothers that are pregnant may shy away from others especially her mates and the general public, most of her friends may reject her, physiological effect future development, mothers are not mature to meet emotional and social needs of children and medical effect teenage girls who are pregnant

especially if they don't have support from their parents are at risk of not getting adequate prenatal care screens for medical effects in both mother and baby, pregnant teens have a high risk of getting high blood pressure called pregnancy induced hypertension.

Furthermore, the research also shows that most teenage mothers have uncontrollable challenges pertaining education and health wise in childbearing more than adult mothers, the researcher also shows that many teenagers who involved in teenage pregnancy experienced financial handicap which was as a result of incomplete education. The data collected based on the opinion of the respondents shows that there were many factors which instigated teenage into sexual intercourse based on this note strategies had been employed by the researcher on how to curb cause and effect of teenage pregnancy most especially in Kontagora Local Government Area.

## Recommendations

- 1 Teenage programmes should be tailored to the needs of individual communities and include health promotion information and advice, especially on risk taking behaviour.
- 2 Federal and state governments can contribute in the effort to reduce teenage pregnancy by providing stable funding for comprehensive educational and support services to pregnant and parenting teenagers.
- 3 Parents should not be too harsh on teenagers but they should be approachable so as the children can confide with them whenever there is a pressure from peers.
- 4 Teenagers should be enlighten about the consequence of engaging in sex at the early stage of their lives and parents should stand at best to meet the needs of the teenage child.
- 5 Local government council should develop programmes that will empower teenagers to cope with the challenges that they face during their pregnancy

### Conclusion

Based on the findings of this study it can be concluded that:

The cause of teenage pregnancy can be as a result of socio-economic background, lack of sex education, early marriage and gender roles, non-used of contraceptives during sexual intercourse and peer pressure.

The effect of those mentioned above on teenage are incompleteness of education, financial handicap, health risk, isolation and rejection from parents, friends and community as well as lack of love, affection and care from both parents. Solution to this problem that have affected so many teenagers were also suggested. Teenager should be educated on sex education earlier by parents and educators also contributions from community ethical values.

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## Questionnaires

### Appendix I

This questionnaire is designed to gather information on the cause and effect of teenage pregnancy in questions by ticking (√) the appropriate response as application to you.

This questionnaire consist of two sections, section A contains the respondents personal data and section B are question on the subject of the study.

This questionnaire will be treated confidentially:

#### Section A: Personal Data

1. Age:
  - (a) 12-14 years ( )
  - (b) 15-17 years ( )
  - (c) 18-20 years ( )
  - (d) 20-22 years ( )
2. Sex :
  - (a) Male ( )
  - (b) Female ( )
3. Class
  - (A) JSS 1 – JSS 2 ( )
  - (B) J S S 3 – S S 1 ( )
  - (C) S S 2 - S S 3 ( )
  - (D) Others specify -----
4. No of children
  - (A) 0-----1 ( )
  - (B) 2 -----3 ( )
  - (C) 4 -----5 ( )
  - (D) 6 ---- 7 ( )
5. Occupation
  - (A) Tailoring
  - (B) Hair dresser
  - (C) Business
  - (D) Others specify -----

**Section B**

Tick the option applicable to you with strongly agreed (SA), Agreed (A), strongly disagreed (SD) and disagreed (D A)

S/N	Concept of teenage pregnancy	SA	A	SD	DA
1	Teenage is the transition between childhood and adulthood				
2	Teenage pregnancy is delicate				
3	Teenage pregnancy occurring in underaged girls				
4	Teenage pregnancy is high in Kontagora Local Government Area				
5	Teenage pregnancy is rejected in Kontagora				

	Cause of teenage pregnancy				
6	Socio-economic background				
7	Peer pressure				
8	Lack of sex education				
9	The non-used of contraceptives during sexual intercourse				
10	Early marriage and traditional gender roles				

	Effect of teenage pregnancy				
11	Incomplete education				
12	Mother's health at a risk during child birth				
13	Lack of love, affections and care from both parents				
14	Isolation and rejection by parents				
15	Isolation and rejection by friends/community				
16	Financial handicap				
17	Leads to psychopath in the Local Government Area				