

# Determinants of Adolescent Pregnancy in Urban Slum Areas in Nigeria

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**Keywords:****ABSTRACT**

Adolescent Pregnancy, Urban Slum Areas, Determinants

This study, conducted in urban slum areas in Nigeria, aimed to investigate the determinants of adolescent pregnancy. The research focused on family background, peer pressure, lack of knowledge on human sexuality, sexual abuse, and media influence as potential factors influencing adolescent pregnancy. Employing ex-post facto research and a cross-sectional survey method, the study sampled 1305 respondents from six selected states across the six geopolitical zones. Data was collected using a structured questionnaire and tested for reliability with a Cronbach alpha coefficient of 0.93. Findings indicated that family background, peer pressure, lack of knowledge on human sexuality, sexual abuse, and media influence were determinants of adolescent pregnancy. The study recommends parental attendance in sexuality education workshops, contributions to school policies on sexual education, provision of resource materials, and empowerment of NGOs with grants and supportive policies to address the issue effectively. Additionally, the establishment of skills acquisition centers in every local government area is suggested to assist adolescents in acquiring skills for independence. In conclusion, the study affirms the identified factors as determinants of adolescent pregnancy in urban slum areas in Nigeria.

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**INTRODUCTION**

Adolescent pregnancy remains a global health concern which has in turn contribute to low Gross Domestic product of the nation. Since creation, one of the salient responsibilities of women is procreation as ordained by God. However there are conditions to be met before a woman can start giving birth. In the African cultural context, the act of procreation is a responsibility of grown up young adults who have been found to be physically, economically, emotionally, spiritually and at large psychologically matured; that is why marriage act is highly contracted and celebrated in our present societies. However, when an adolescent girl becomes pregnant, her entire life could be completely altered as her hopes and aspirations could be shattered. Alabi and Oni (2017) noted that presently, about one quarter of Nigerian teen girls are sexually active with age of sexual debut ranging from 10 to 15 years.

Nigerian Population Commission (NPC), (2015) survey revealed that 3 out of every 10 adolescent girls in the Northern part of Nigeria and 1 out of every 10 adolescent girls in the Southern part of the country between the ages of 10-19 years gets pregnant. While the facts are clear, the issue of adolescent pregnancy is complicated by conflicting attitudes and behaviors. In Ekiti state for instance, Adebola (2014) submitted that pre-marital sex is not encouraged culturally, the culture is in support of the sanctity of sex but with the waves of civilization, that aspect of culture is gradually going to extinction, coupled with lack of adequate awareness on sexual reproductive health as well as lack of parental care. It is also noted in Ekiti State today that there is an increase in the rate at which adolescent girls drop out of schools occasioned by mistimed pregnancy; increase in street hawking by adolescent girl of school ages, increase in reported cases of child abuse and abandonment; indiscipline and moral decadence; reported cases of sexual abuse; the growing concern over indiscriminate mention of sex related issues and early and unprotected sexual activity among youth.

Williams (2016) noted that Adolescent pregnancy is a major concern to the world communities with the United State being at the top with almost 1,000,000 adolescent pregnancies each year. Also, Saewyc, Magee and Pettingell (2014) demographic studies reported that in developed countries such as the United States, Canada, Austria, adolescent pregnancy results in lower educational as most adolescent girls who do not plan their first sexual experience; rather, it is something that just happens to them based on the influence by their female counterparts. World Health Organization (WHO) (2020) however, noted that Nigeria has been tagged as the most populous Black Country in the world with a population of about 211 million as at 2020 and the youth makes up over 31.6 percent (one third) of this growing population. World Health Organization (WHO) (2021) submitted that, adolescent is the period between 10 and 19 years when the secondary sex characters appear. Ajala, Mersal, Esmat and Khalil (2016), opined that in Nigeria, premarital adolescent pregnancy has increased and more adolescent girls are getting pregnant, and this is linked to the declining age of first menstruation (menarche), increasing age at marriage, increasing premarital adolescent sexual activity and subsequently most pregnant adolescent girls are expelled from their place of study and may not have the opportunity of being reabsorbed into the school system. This break in academic pursuit could hinder the future development opportunity as well as the quantity of life of the young person. Bamiwuye (2014) noted that other factors associated with high rate of adolescent pregnancy in Nigeria include loss of the elders' traditional social controls over sexual behaviour of the adolescents, the collapse of the extended family structure, societal approval of adolescent sexual relationship and premarital pregnancy as a sign of fruitfulness before marriage, poverty, sexual abuse and rape, and the effect of globalization, modernization, urbanization and education on the sexuality. Abma, (2015) further reiterated that the most common reasons for girls to have sex at an early age are poverty, the desire for material goods, coercion using psychological pressure, coercion using violence, family and peer pressure and to a much lesser extent pleasure.

Okereke, (2014) observed that the overuse of the internet has isolated people from societies, real communication, and social interactions; this problem has dominated the lives of individuals, leading to loneliness and eventually depression. The adolescent using pornography have lower levels of social and emotional integration and are more prone towards delinquency and behavioral problems. Peer pressure is another determinant of unwanted adolescent pregnancy. In peer groups, adolescents who have no premarital sex are taught to experiment with sexual activities; therefore, as soon as possible, the adolescents seek sexual intercourse that poses them at risk of unwanted pregnancy. Oyedele, Wright and Maja (2015) also noted that most parents in Nigeria due to cultural and traditional norms find it difficult to engage or involve their children who are of adolescent age in sex and sexuality education. These cultural and traditional norms are so strong that the children may not be able to know the proper names of their sex or reproductive organs. This lack of proper knowledge is due to cultural inhibitions whereby the parents use the word "kokoro" to refer to male and female sex organs. Often times, the knowledge of the children about the utility of their sex organs is limited to urination.

Kohler, Manhart and Laffety (2018) submitted that a global coverage measure related to sexuality education estimates that only 36% of young men and 24% of young women aged 15 – 24 in low and middle income countries have comprehensive and correct knowledge of how to

prevent HIV and other STIs. Adebola and Adebola. (2015) also opined that insufficient knowledge is another facilitator of unwanted adolescent pregnancy. If adolescent girls become aware of their reproductive system, sexual health, and contraceptive methods, they can prevent unwanted pregnancy and sexually transmitted diseases. In certain situations, adolescent girls may not be able to resist or refuse sex. This is due to the widespread of sexual violence, and this mostly affect adolescent girls in Nigeria. There have been cases of rape which is becoming very rampant, indeed, about one third of girls in some countries testify that their first sexual encounter was through coercion (Elfenbein & Felice, 2015). A major consequence of these increase sexual activities among teen girls is out of wedlock pregnancies that may result in abortion, childbirth or even death. According to World Health Organization (WHO) (2017), an estimated 24.4 million women globally resort to abortions annually, with youths accounting for about 50% of abortion related mortality in the African region. Adolescent sexual activities in Nigeria are on the increase. Pregnancy at whatever stage in life can be a life changing experience that cuts across boundaries of race, educational attainment and socio-economic status (Kost, 2017).

Bankole, Oye-Adeniran, Singh, Adewole, Wulf, Sedgh, and Hussain (2016), noted that early sexual initiation exposes teenage girl to STI and HIV with a prevalence of 17% among adolescents in the Southeastern part and 14% in the Northern part of Nigeria. Gyan (2013) noted that negative outcomes associated with adolescent pregnancy include anaemia, malaria, HIV and other sexually transmitted infections, postpartum haemorrhage, obstetric fistula and postpartum depression. WHO (2017) noted that every year, about 16 million adolescent girls give birth globally, mostly (95%) in low- and middle income countries. Childbirth at an early age is associated with greater health risks for the mother. In low- and middle-income countries, complications of pregnancy and childbirth are the leading cause of death in young women aged 15–19 years. Adolescent mothers have a higher risk of experiencing obstructed labour, premature labour, birth of a low birth weight baby, fistula and sexually-transmitted infections, including HIV. Stillbirths and neonatal deaths are 50% higher among infants born to adolescent mothers than among those born to mothers aged 20-29 years (Godia, 2012).

Salami and Alawode (2010) observed that adolescent pregnancy has attracted a great deal of concern and attention from religious leaders, the general public, policymakers, and social scientists, particularly in the developed and less developed countries especially in Nigeria. Williams, (2016) revealed that between 20-30 percent of pregnancies in teen girls are direct results of rape, while 60% of adolescent mothers have unwanted sexual experiences preceding their pregnancies before 15 years when they were coerced by males who were at least six years older than them. Alabi and Oni (2017) noted that in adolescence, physical and mental changes lead to curiosity about sexual intercourse. Drug and alcohol abuse in adolescent predispose them toward unwanted pregnancy. Ezegwu, Ikeago and Ogbuefi (2018) submitted that girls addicted to heroin usually become prostitutes to pay for their substances, which exposes them to unwanted pregnancy. Umeano, (2013) submitted that more often, adolescent students drop out of school mostly due to pressures they experience, which include stigmatization that is limited with early parenting; isolation from their peers; and lack of the necessary support from their family members, friends, school associations, social service agencies and other organizations that should give emotional supports. These factors emerge because of the cultural and normative values that adolescent pregnancy tends to breach. Obviously, Adolescent pregnancies have become a public health issue due to the observed negative impact on the adolescent girls. However, this study intends to extend our knowledge beyond this point to examining the determinants and prevention strategies of teenage pregnancy in urban slum areas of Nigeria. The need to address this issue is crucial because the high prevalence rate of this menace and the consequences that follows among the adolescent girls.

The study addresses the pervasive issue of adolescent pregnancy in urban slum areas in Nigeria, despite increased awareness campaigns. The United Nations Population Fund (UNFPA) reports alarmingly high maternal mortality rates, with 53,000 adolescent girls dying annually from pregnancy-related complications. Various factors contribute to adolescent pregnancy, including rape, poverty, teachers' influence on sex education, ignorance, cultural influences, lack of parental care, peer pressure, financial hardship, low education levels, and exposure to online content. The consequences of adolescent pregnancy include health complications, academic

challenges, and increased risks for children born to adolescent mothers. The study aims to assess the determinants and prevention strategies of adolescent pregnancy in urban slum areas, with specific objectives and research questions focusing on family background, peer pressure, knowledge on human sexuality, sexual abuse, and media influence. The formulated hypotheses guide the investigation into the significance of these factors in the context of urban slum areas in Nigeria. The study seeks to contribute valuable insights to address the complex issue of adolescent pregnancy in this particular setting.

## METHOD

The research design adopted for this research was Ex-post factor research was used for the study. Population for this study comprised all adolescent girls in urban slum area, Nigeria. Multi-stage sampling techniques consisting of simple, purposive and proportionate sampling techniques were used to select 1305 respondents from 6 selected states in the six geopolitical zone. Data was collected with the use of researcher’s structured questionnaire and tested for reliability with the use of Cronbach alpha. A reliability coefficient of  $r = 0.93$  was obtained.

The instrument used for the study was a researcher developed questionnaire titled of Determinant of Adolescent Pregnancy in Urban Slum Areas in Nigeria. (DAPUSAN) which was validated by three experts in related field and tested for reliability. Inferential Statistics of Chi-square was used to test the three research hypotheses set for the study at 0.05 alpha level, using Statistical Package for Social Science (SPSS) version 20.0

### Hypotheses Testing

**Hypothesis 1:** Family background is not a significant determinant of adolescent pregnancy in urban slum areas in Nigeria.

**Table 1**  
**One Sample t-test analysis showing Family background has a significant determinant of adolescent pregnancy in urban slum areas in Nigeria**

Variable	N	Mean	Std. Dev.	SE	Df	t-value	p-value
Family background	1286	3.5446	.38386	.01070	1285	3.693	.000

Significant at  $p < 0.05$

Decision mean = 2.50

df (1285),  $t=3.693, < 0.05$

Table 1 is on one sample t-test on Family background has a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. The findings reveals that the p-value (0.000) is less than 0.05 alpha level of significant and the calculated t- value **t-3.693 is greater than t-cal. 1.960 at df (1285)**. The outcome of the study shows that Family background is a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. This means that the null hypothesis which states Family background is not a significant determinant of adolescent pregnancy in urban slum areas in Nigeria is hereby rejected.

**Hypothesis 2:** Friends and peer pressure is not a significant determinant of adolescent pregnancy in urban slum areas in Nigeria.

**Table 2**  
**One Sample t-test analysis showing Friends and peer pressure have a significant determinant of adolescent pregnancy in urban slum areas in Nigeria**

Variable	N	Mean	Std. Dev.	SE	Df	t-value	p-value
Friends and peer pressure	1286	3.4228	.35372	.00986	1285	8.341	.000

Significant at  $p < 0.05$

Decision mean = 2.50

df (1285),  $t=8.341$ ,  $p < 0.05$

Table 2 is on one sample t-test on Friends and peer pressure has a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. The findings reveals that the p-value (0.000) is less than 0.05 alpha level of significant and the calculated t- value **t-8.341 is greater than t-cal. 1.960 at df (1285)**. The outcome of the study shows that Friends and peer pressure is a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. This means that the null hypothesis which states Friends and peer pressure is not a significant determinant of adolescent pregnancy in urban slum areas in Nigeria is hereby rejected.

**Hypothesis 3:** Lack of knowledge on human sexuality is not a significant determinant of adolescent pregnancy in urban slum areas in Nigeria.

**Table 3**  
**One Sample t-test analysis showing Lack of knowledge on human sexuality is not a significant determinant of adolescent pregnancy in urban slum areas in Nigeria**

Variable	N	Mean	Std. Dev.	SE	Df	t-value	p-value
Lack of knowledge on human sexuality	1286	3.5362	.39124	.01091	1286	2.847	.000

Significant at  $p < 0.05$   
Decision mean = 2.50  
df (1286),  $t=2.847$ ,  $p < 0.05$

Table e is on one sample t-test on Lack of knowledge on human sexuality as a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. The findings reveals that the p-value (0.000) is less than 0.05 alpha level of significant and the calculated t- value **t-2.847 is greater than t-cal. 1.960 at df (1286)**. The outcome of the study shows that Lack of knowledge on human sexuality is a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. This means that the null hypothesis which states Lack of knowledge on human sexuality is not a significant determinant of adolescent pregnancy in urban slum areas in Nigeria is hereby rejected.

**Hypothesis 4:** Sexual abuse is not a significant determinant of adolescent pregnancy in urban slum areas in Nigeria.

**Table 4**  
**One Sample t-test analysis showing Sexual abuse is a significant determinant of adolescent pregnancy in urban slum areas in Nigeria**

Variable	N	Mean	Std. Dev.	SE	Df	t-value	p-value
Sexual abuse	1286	3.4378	.34040	.00949	1285	7.091	.000

Significant at  $p < 0.05$   
Decision mean = 2.50  
df (1286),  $t=7.091$ ,  $p < 0.05$

Table 4 is on one sample t-test on Sexual abuse as a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. The findings reveals that the p-value (0.000) is less than 0.05 alpha level of significant and the calculated t- value **t-7.091 is greater than t-cal. 1.960 at df (1285)**. The outcome of the study shows that Sexual abuse is a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. This means that the null hypothesis which states Sexual abuse is not a significant determinant of adolescent pregnancy in urban slum areas in Nigeria is hereby rejected.

**Hypothesis 5:** Media influence is not a significant determinant adolescent pregnancy in urban slum areas in Nigeria.

**Table 5**  
**One Sample t-test analysis showing Media influence is not a significant determinant adolescent pregnancy in urban slum areas in Nigeria**

Variable	N	Mean	Std. Dev.	SE	Df	t-value	p-value
<b>Media influence</b>	1285	3.5051	.34937	.00974	1285	3.250	.000

Significant at  $p < 0.05$

Decision mean = 2.50

df (1286),  $t=0.06$ ,  $< 0.05$

Table 5 is on one sample t-test on Media influence as a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. The findings reveals that the p-value (0.000) is less than 0.05 alpha level of significant and the calculated t- value **t-3.250 is greater than t-cal. 1.960 at df (1285)**. The outcome of the study shows that Media influence is a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. This means that the null hypothesis which states Media influence is not a significant determinant of adolescent pregnancy in urban slum areas in Nigeria is hereby rejected.

## RESULTS

The tested hypothesis one revealed that Family background is a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. The finding is in accordance with the findings of Govindsany (2017) submitted that many aspects of family life influence a teen's decision to become sexually active, use contraception, or continue with a pregnancy. Family pathology may contribute to the prevalence of adolescent pregnancy. Frequent exposure to violence between family members, parental divorce, and poor relationship with parents can lead to adolescent pregnancy (Quinlivan, 2014). Hymowitz (2017) claimed parental influence was the most significant variable in adolescent pregnancy prevention. She concluded that the absence of a father was the primary factor in teen girls becoming pregnant. It was also reported that adolescent girls whose parents communicated strong disapproval of sexual activity exhibited fewer risk-taking behaviors and were likely to delay sex until a later age.

The tested hypothesis two revealed that Friends and peer pressure are a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. The finding agrees with Okonofua, (2015) who asserted that an adolescent girl who is yet to discover her personal sexuality and the power of her first real relationship with a boy, may find herself in a party or some other environment where alcoholic drinks or drugs are freely accessible. A little intake, reacting with her own raging hormones, together with the boy's pressures, will cause her strength to resist getting weak and soon crumbles. And not long, she will give into what she had resisted previously. It is not surprisingly that, being in a romantic relationship increases the chance of early sexual activity among adolescent girls (Berglas, 2013).

The finding further buttress the assertion of The Kaiser Family Foundation (2015) 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, many teens experiment with drugs and alcohol, contributing to 75 percent of pregnancies that occur between the ages 14 and 21 (Zachry, 2015).

The tested hypothesis three revealed that Lack of knowledge of human sexuality is a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. The result is in line support of Okafor (2019) who reported ignorance of sexual knowledge as one of the factors responsible for pregnancies among adolescent girls. He added that adolescent girls in secondary schools have low knowledge regarding sex and sexuality. Nwosu (2015) observed that adolescent girls 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.

The result further aligned with the observation of Nwosu (2015) who 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 on adolescent girls in order to help them avoid unwanted pregnancies. Audu (2002) is of the opinion that the less knowledge adolescent girls have, the more likely they may have unprotected sex and engage in sexual experimentation prematurely.

The tested hypothesis four revealed that Sexual abuse is a significant determinant of adolescent pregnancy in urban slum areas in Nigeria. This finding is in line with the report of Kilonzo (2019) indicated that in the World Health Organization multi-country study on women's health and violence against women, 15-59 per cent had at some time experienced sexual violence from intimate partners in Nigeria, Kenya, South Africa and other sub-Saharan African countries. Findings from a National Survey carried out in 2014 on Violence Against Children in Nigeria confirmed one in four females reported experiencing sexual violence in childhood with approximately 70% reporting more than one incident of sexual violence. In the same study, it was found that 24.8% of females' ages 18 to 24 years experienced sexual abuse prior to age 18 of which 5.0% sought help, with only 3.5% receiving any services. This corroborates the findings of Daru, Osagie, Pam, Mutahir, Silas and Ekwempu (2018) In a four-year review of sexual assault cases at LASUTH that began in 2008 and ended in December 2012, showed that out of a total 287 reported cases of sexual assault, 83% of the victims were below the age of 19.

The tested hypothesis five revealed that Media influence is a significant determinant adolescent pregnancy in urban slum areas in Nigeria. According to According to Zwang and Garenne (2018), media is one of the reasons accounting for the increase in sexual activity among adolescent girls, who form a large media audience. Sexual behavior is strongly influenced by culture (Kaufman, 2007), and the television is an integral part of the adolescent girls' culture (Maluleke, 2017). The high dose exposure of sex may affect adolescent girls' developing belief about cultural norms. The television may create the illusion that sex is more central to daily life than it truly is and may promote sexual initiation (Collins, 2017). A number of studies demonstrated links between watching sex on TV and early adolescent girls' sexual debut (Maluleke 2017), adolescent pregnancy are more common among those who begin sexual activities earlier (Collins, 2004). Exposure to TV that included only talk about sex was associated with the same risks as exposure to TV that depicted sexual behavior (Collins, 2014). Adolescent girls who watch TV frequently are more likely to have more permissive attitudes about sex (Albert, 2015).

## **CONCLUSION**

In conclusion, the findings of this study underscore the significance of various factors as determinants of adolescent pregnancy in urban slum areas in Nigeria. Family background, friends and peer pressure, lack of knowledge on human sexuality, sexual abuse, and media influence were all identified as significant contributors to this prevalent issue. Based on these conclusions, several recommendations are proposed. Parents are urged to actively participate in sexuality education programs by attending workshops, contributing to school policies, and providing resource materials. Schools should establish "catch up" programs for pregnant learners to ensure continued education, incorporating intervention strategies and life skills education. Support groups, led by non-governmental organizations, should be established to provide a platform for pregnant learners to discuss their concerns, with the assistance of professionals in health and counseling. The study advocates for free and compulsory education for girls at the basic level to increase enrollment and emphasizes the need for tailored teenage programs addressing community-specific needs and promoting health education. The authors express gratitude to Primary Health Care workers and Mrs. Emily Dauda Yabuwat for their valuable contributions and support in enhancing the quality of this study.

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