Unmet social needs and teenage pregnancy in Ogbomosho, South-western Nigeria

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Abstract

Background: Consistent high teenage pregnancy rates in South-western Nigeria are characteristically underpinned by the unmet social needs of the teenagers.

Objective: To elicit intergenerational views on the influence of unmet social needs on teenage pregnancy.

Methods: Through a descriptive and cross-sectional design, a total of 174 respondents who were either pregnant teenagers, teenage mothers during the survey or had been pregnant as teenagers, were interviewed, using questionnaire supplemented with 12 key informant interviews.

Results: With the mean age of 16.5 years, and educational status range of between primary and below (25.8%) and tertiary (9.8%) levels, only 39.7% respondents were married, about half (47.7%) remained single while others were separated (12.6%). Less than half (44.9%) of the respondents were engaged in occupational activities. The unmet material and financial supports expected from parents (43.1%), the lack of free education from government up till secondary school level (51.2%), the lack of sex education and knowledge needs for signs of maturity (53.4%) and discouragement from friends not to have boyfriend (66.1%) prone teenagers to unplanned pregnancy.

Conclusion: Promotion of sexual education and parental care is encouraged as strategy against unplanned pregnancy among teenagers.

Keywords: Unmet needs, pregnancy resolution, teenagers, Nigeria

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Introduction

Teenage period is characteristically a transition stage when individuals become sexually active1. Usually less than 20 years but greater than 13 years2, teenagers are unquestionably at a vulnerable development stage where they attempt to navigate the sensitive transitions from childhood to adolescence3, the stage which is also characterized by increase in personal control, responsibility and independence. Teenagers frequently negotiate and adjust to increased demands of a more autonomous lifestyle hence reactions to societal sexual norms and expectations become the key tasks of teenagers4. As teenage pregnancy may be grounded by social and economic factors5, its maintenance may be jeopardized with physical and emotional pressure6, hence conscientiously contributing to poverty cycle7. The decision to keep the pregnancy could also be unavoidably influenced by social, economic and cultural factors such as the level of education, socialization, family acceptance and support of the affected mothers8,9.

Despite the downward trend in teenage fertility rate globally, approximately 1.5 million girls got married before they attained age 1510 and about 18 million girls aged 10-19 years give birth on yearly basis7. It was revealed that 75% out of the yearly teen births are intended and planned and 90% of adolescent pregnancies in the developing world are owned to married teenage girls10 due to encouragement received from their husbands and in-laws for early pregnancies11. Evidences have shown that data on teenage pregnancy in Nigeria does not only account for high birth rate for teenagers, but that the incidence of pregnancy among female teenagers in Nigeria is increasing rapidly12,7. This may be attributed to low success of government policies and strategies concerning the sexual and reproductive health of teenagers in Nigeria13, hence, there is no gainsaying that ‘unmet need’ for contraception is popular for its potential in determining the maximum demand for family planning services. Becker14 positioned that ‘unmet need’ originally referred to “married women who do not want a birth in the future but are not practicing contraception”. The definition later stooped and

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broadened to accommodate married women (numeri-
cers) who want a future birth. The debate continues and
in fact, unmarried women have been included in some
analysis31.

Significantly, the expansion in the definition of ‘un-
met need’ has also introduced, defined and studied
“men’s unmet need” as well as “couples’ unmet need”41,41.
According to Becker41, “the concept of unmet need is just
that – a concept”. By taking the advantage of the con-
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and culture affect the individual experience of each life
of unmet social needs. There was purposive selection
of 20 streets, followed by snowballing approach to se-
lect respondents who were willing to participate in the
study. On meeting the potential respondents, efforts
were made by the researchers to explain the pur-
purpose of the study and sought for the consents of the
respondents to participate in the study. On daily basis,
administered copies of the questionnaire were edited,
coded and stored in a safe place where no other person
than the researchers can access. The Statistical Package
for the Social Sciences (SPSS) was used to analyse the
quantitative data generated in this study.

In addition, there were twelve key informant interviews
among teenagers conducted in another part of the
community different from the streets that were
sampled for the quantitative data in this survey. Infor-
mants were met at their respective homes and
interviewed with a standardised interview guide.

Table 1: Socio-demographics of respondents

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequencies</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age respondents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 - 14 years old</td>
<td>116</td>
<td>66.6%</td>
</tr>
<tr>
<td>15 – 19 years old</td>
<td>35</td>
<td>20.1%</td>
</tr>
<tr>
<td>20 years and above</td>
<td>23</td>
<td>13.3%</td>
</tr>
<tr>
<td>Highest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary and below</td>
<td>45</td>
<td>25.8%</td>
</tr>
<tr>
<td>Educational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior secondary school</td>
<td>44</td>
<td>25.3%</td>
</tr>
<tr>
<td>Qualification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior secondary school</td>
<td>68</td>
<td>39.1%</td>
</tr>
<tr>
<td>Tertiary</td>
<td>17</td>
<td>9.8%</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Islam</td>
<td>79</td>
<td>45.4%</td>
</tr>
<tr>
<td>Indigenous religion</td>
<td>6</td>
<td>3.4%</td>
</tr>
<tr>
<td>Christianity: Protestant</td>
<td>24</td>
<td>13.8%</td>
</tr>
<tr>
<td>Catholic</td>
<td>13</td>
<td>7.5%</td>
</tr>
<tr>
<td>Pentecostal</td>
<td>52</td>
<td>29.9%</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not employed</td>
<td>34</td>
<td>19.5%</td>
</tr>
<tr>
<td>Student</td>
<td>62</td>
<td>35.6%</td>
</tr>
<tr>
<td>Trading</td>
<td>45</td>
<td>25.9%</td>
</tr>
<tr>
<td>Others*</td>
<td>33</td>
<td>19.0%</td>
</tr>
</tbody>
</table>

* Others include: artisans and civil servants

Methods and materials
Ogogomosho, the second largest city in Oyo State and
the 12th largest city in Nigeria with a population of 726,
3008 was the site of this study. Ogbomosho being one
of the major towns in Oyo State comprises two
Local Government Areas: Ogbomosho North and
Ogbomosho South and lies on a longitude 8°15 North
Eastward from Ibadan, the capital city of Oyo State.
Inhabitants are Yoruba and are largely small scale
farmers who also are involved in other occupations
on part-time basis. Data for this paper was generated
from a larger study that documented intergenera-
tional views of three successive generations con-
cerning teenage pregnancy in a South-western com-
munity in Nigeria41. The views of 174 female respondents
comprising 116 pregnant teenagers, 35 teenagers who
had given birth and 23 mothers, who gave birth in their
teen years, are documented here. The diversity of the
sample was significantly intended to capture the
genational, historical and experiential dimensions

The perspective portends that the influence of life
events and chances that individuals are exposed to are
different because of their different life cycles, socio-
economic status and opportunities among others31.

The life course perspective also draws on the aspect of
traditional theories of developmental psychology,
which look at the events that typically occur in people’s
lives during different stages. However, the life course
perspective differs from the psychological theories in
one very important way, in the sense that while de-
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able events and pathways, the life course perspective
calls attention to how historical time, social location,
and culture affect the individual experience of each life
stage.

The perspective is still relatively young, its popularity is grow-
ing. In recent time, it has been used to understand

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The fertility status of the respondents showed that more than two-third (86.7%) of them were pregnant while 13.3% were nursing children as at the time of survey.

The unmet social needs of teenagers before pregnancy period.

The unmet social needs of teenagers were categorized into four according to the expected sources of support to meet their needs as shown in Table 2: (1) Family; these are needs that family members such as the father, mother or senior siblings can provide (2) Self; these are in form of knowledge and skills and self-efficacy that teenagers ought to have possessed at the stage (3) Society; These are teenagers’ needs expected to be provided by the community and (4) Government; These are supports expected to be provided to the teenagers by the government. Table 2 shows that parents’ inability to provide for children both financially and materially (43.1%) was rated highest while inability to provide needful restriction against peer influence (12.1%) rated lowest among other social needs which they believed should be met by their parents. Lack of sex education and low knowledge of signs of maturity were identified by more than half of the respondents as personal unmet social needs. Others are: inability to start primary school early and inability to discourage self from pornography. Lack of discouragement from friends not to have boyfriends was reportedly expressed by majority (66.1%) of the respondents followed by high level of poverty (31.0%) and the lack of serious awareness creation by religious institutions (2.9%). Other unmet social needs as shown in Table 2 were attributed to government’s laxity.

Table 2 highlights the unmet social needs for the teenagers during pregnancy period. Data showed that families were unable to make financial and material provisions available to the pregnant teenagers (51.1%), yet, unexpectedly, abusive words were used on the pregnant teenagers by parents and relatives (31.6%) and in fact, families were reluctant to accept pregnancy (17.3%).

In addition, Table 2 shows that teenagers in this study were reportedly constrained to further their education during pregnancy; lacked balanced diet; had inadequate communication with their parents; and lacked self-confidence in doing things. Moreover, teenagers also lacked acceptance from society; and at the same time were neglected by persons responsible for the pregnancy. Table 2 also reports the unmet social needs of teenagers from the government.

Contextually, Teenagers who were informants expressed dismay in the inaccessibility to materials, skills, and financial resources that were necessarily needed at the age. Teenagers were reportedly exposed to the dangers that pornographic books and television programs which portrayed risky sexual behaviour promote. One informant, a pregnant teenager, put the blame on the lack of restriction to the uncensored pornographic materials that are released to the public. In her words: “...we did not have the knowledge that it was not proper for us to get used to watching sex film, and reading comic magazines that expose ladies’ bodies. Unconsciously, we tried out some of the behaviours that we already familiarized with. It was too late for us to realize that were too young for having sex”.

Another teenager explained how she had to negotiate sex for material things with her boyfriend. According to her, “What can you do when your parents do not help you with all the necessary materials you need? The help I was getting from my boyfriend was based on ‘give and take’. And I did not want to be mischievous hence I have to satisfy his sexual urge. At last, I got pregnant”.

Even as a pregnant teenager, informants reiterated the challenges faced during the period they were pregnant. Expressions by the teenagers indicated rejection from various sources, inability to continue school programs due to social deprivation that they faced in school and even the embarrassment received from the nurses during the antenatal care. An informant stated that “It was like jumping from ‘frying pan to fire’. I faced total rejection from my parents. I was left alone to cater for myself even when my boyfriend had fled. I had to move to his father’s place, yet there was no one to cater for me there because he had already lost his mother. I dropped out of school because of the embarrassment in the school for being pregnant. I almost delivered my baby at home since I did not register for ANC because I was afraid that the nurses would shun me for being a teenager.”

Table 3: Actions taken by respondents as influenced by educational status

<table>
<thead>
<tr>
<th>Educational Status*</th>
<th>First action taken by respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consult a doctor</td>
</tr>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Primary</td>
<td>31(17.6%)</td>
</tr>
<tr>
<td>JSS</td>
<td>26(45.6%)</td>
</tr>
<tr>
<td>SSS</td>
<td>33(48.6%)</td>
</tr>
<tr>
<td>Tertiary</td>
<td>52(47.1%)</td>
</tr>
</tbody>
</table>


Chi Square Value = 56.47**  P<0.05
mothers “informed their parents” first than the 21.8% of them that “consulted a doctor” first to confirm the pregnancy before other actions were taken. Respondents who were holders of “school certificate” (50%) or those who held below “school certificate”, informed their parents first, about their pregnancy. The results indicate that once the level of education increases above the school certificate, teenagers therefore have tendency of consulting a doctor first than taking other actions as shown in Table 3.

Table 4: Perceived Resolution of Unmet social needs for Teenagers

<table>
<thead>
<tr>
<th>Perceived resolution factors</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good counseling/proper monitoring</td>
<td>22</td>
<td>12.6</td>
</tr>
<tr>
<td>Parents to talk about sex with their children</td>
<td>9</td>
<td>5.2</td>
</tr>
<tr>
<td>Proper parental care</td>
<td>36</td>
<td>20.7</td>
</tr>
<tr>
<td>Praying for them</td>
<td>4</td>
<td>2.3</td>
</tr>
<tr>
<td>Hard studies</td>
<td>7</td>
<td>4.0</td>
</tr>
<tr>
<td>Free education</td>
<td>13</td>
<td>7.5</td>
</tr>
<tr>
<td>Proper youth forum on sex education</td>
<td>51</td>
<td>29.3</td>
</tr>
<tr>
<td>Hearken to parents’ advice</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>Abstinence</td>
<td>12</td>
<td>6.9</td>
</tr>
<tr>
<td>Stay away from guys</td>
<td>8</td>
<td>4.6</td>
</tr>
<tr>
<td>Teaching children the way of God</td>
<td>9</td>
<td>5.2</td>
</tr>
<tr>
<td>Total</td>
<td>174</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Conversely, this study shows that soon as teenagers noticed pregnancy, parental discussion on sexuality seized to be part of their unmet social needs. Importantly, however, about one-third (27%) of pregnant teenagers affirmed that serious awareness about sexuality education should involve the churches and mosques in the campaign. Other studies28,29 have established that religion has strong effect both directly and indirectly on “girls’ sexual and contraceptive behaviour”. Also, UNESCO encouraged religious leaders to be involved in sexuality education. Invariably, the respondents’ attention would have shifted to their religious group, when they had lost hope in getting sexuality discussion from parents, as demonstrated in this study.

The poverty level in the community was addressed by one-third (31.0%) of the respondents as a major factor that induced unmet social needs before they were impregnated. This consolidates the evidence by National Agency for the Control of AIDS (NACA) that poverty is one of the major factors that propel the transmission of HIV in Nigeria30,31 and it has also remained a major household problem leading to teenage pregnancy32, which invariably put Nigeria’s subjective poverty level at 93.9% as observed by Onuba32. In fact, the evidence of poverty cut across all the levels of unmet social needs as depicted in this study. For example, inability of parents to provide material and financial needs for their children before and during pregnancy, the lack of making balanced food diet available, and inability of government to provide free education to secondary school are all poverty-driven factors.

Conclusion
The findings of this study provide an insight on the immediate need for concerted effort towards reducing teenage pregnancy. Teenage pregnancy is a social rather than biomedical problem, hence focused programs targeted at teenagers and care givers should be integrated into family life planning education in the country. Serious sustainable awareness should be created about the negative outcome of teenage pregnancy through programs that discourage the sociocultural barriers, which prevent sexuality discussion and limited access to information about reproductive health of teenagers. Teenagers should be exposed to the means of protecting their reproductive health while government at all levels should provide free, compulsory and qualitative education up to at least Senior Secondary level in Nigeria.

References