

Incidence, Attendant Health and Social Problems Associated with Pregnancies Among Adolescent Girls in Zango Kataf LGA, Kaduna State, Nigeria

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Abstract

The paper determined the incidence and the attendant health and social problems associated with pregnancies among adolescent girls in Zango Kataf LGA. A self developed questionnaire was the instrument used for data collection. Survey research design was employed. The sample of the study consisted of 281 pregnant and single parent adolescent girls in Zango Kataf LGA. Percentages and chi-square statistics were employed for the analysis of data. The findings of the study revealed that the incidence of pregnancies out of wedlock was high among both ages 11 – 14, 15 – 18 and 19+ adolescent girls. The incidence of pregnancies out of wedlock was high among both Christian and Muslim adolescent girls, but tend to be higher among Muslim adolescent girls. The attendant health problems associated with pregnancies among adolescent girls were bleeding, maternal death and prolonged labour. Financial problems, school drop out, feeding/maintenance, unplanned marriage and unemployment were the attendant social problems associated with pregnancies among adolescent girls. There was no significant difference in the incidence of pregnancies out of wedlock among age 11 – 14, 15 – 18 and 19+ adolescent girls. There was significant difference in the incidence of pregnancies out of wedlock between Christian and Muslim adolescent girls.

Keywords; Adolescent Girls, Health, Pregnancies, Social Problems

Introduction

The issue of unwanted pregnancies among adolescent girls seem to be one of public health problems facing, not only Nigeria, but the world. Teenage pregnancy, leading to childbirth and its attendant consequences, have become an issue of social and public health concern (Jatau, 2011).

Some complications have been identified to be associated with teenage pregnancy. In this regard, Population Report (1976xc) highlighted that the complications of pregnancies among the teenage include first and third trimester bleeding, severe anaemia, prolonged labour and obstructed labour, cephalo-pelvic disproportion, pre-eclampsia, still-birth and high pre-natal mortality. In line with this submission, Okpede (1994) reported that some of the social problems associated with adolescent pregnancy include drop-out of school, child abandonment and loss pertaining their future career and employment opportunities.

Adolescence is initiated at pubescence by the sudden upsurge of sexual feeling following sexually tranquil period of latency (Akinboye, 1987). Habits formed during this period and their effects are likely to last through out life if not properly guided.

There seems to be frequent cases of school drop-out, maternal mortality, infertility, abortion and children being abandoned in gutters, dustbins, latrines and other deadly places which are clear

manifestations of the social malady of unwanted pregnancies among adolescent girls (Fadeiyi, 1978). This problem appears to be part of Zango Kataf LGA, which is the area of this present study.

Okpede (1994) reported that untimely death of adolescent girls, high incidence of abortion, child abandonment and school drop-out are some of the resultant effect of adolescent girls unwanted pregnancies. In line with this, WHO (1995) lamented that hundreds of pregnant girls and women who might be alive last night in many parts of the world may never see the sun rise the following morning. According to WHO, some died in labour, their pelvic bones too small and distorted by malnutrition in childhood to allow the free passage of infant. World Health Organization further added that some died on the table of an unskilled abortionist trying to terminate an unwanted pregnancy, others died in the hospitals lacking blood to control haemorrhage, and others died in painful convulsions of eclampsia, too young to bear children in the first place and never seen for antenatal care.

WHO (1995) reported that every year 20 million adolescent girls undergo the hazards of unsafely induced abortion, and that about 70,000 of them die as a result and many more millions suffer long term morbidity and disability. UNICEF (1994) report shows that world wide, more than 15 million girls age 15 – 19 give birth every year and as many as 5 million have had abortions. John and MacAuthor (2003) lamented that adolescent s have the highest number of abortion and participation in family planning which most of the times are carried out by quacks which also place the girls at risk of infertility in the future.

Statement of the Problem

Pregnancy is usually a welcome experience and a thing of joy when it occurs at an appropriate time, such as in wedlock and at a mature age. However, it engenders if it occurs outside wedlock and in adolescence or even when it is unwanted within wedlock and this constitutes both social and health problems. Adolescent pregnancies and child bearing pose social problems because the birth of a child which should be a joyful and hopeful occasion probably usually results in termination of female education, unemployment, family breakdown, emotional stress and usually high risk of health problems for the mother and child and ultimate dependence of both on relation (Bacerra et al, 1987).

Fifty thousand adolescent girls in Nigeria are made pregnant each year (Okorofor, 1984). Pregnancy- related conditions are the main causes of deaths among 15 – 19 year old females and the death rates from causes related to abortion and delivery are particularly high in girls below 15 years. This therefore necessitated the study on incidence and the attendant health and social problems associated with pregnancies among adolescent girls, in Zango Kataf LGA.

Purpose of the Study

The purpose of this study was to determine the incidence and the attendant health and social problems associated with pregnancies among adolescent girls in Zango Kataf LGA. Specifically, the objectives of this study were:

1. to determine the incidence of pregnancies among adolescent girls according to age.
2. find out the incidence of pregnancies between Christian and Muslim adolescent girls in Zango Kataf LGA.
3. to ascertain the attendant health problems associated with pregnancies among adolescent girls in Zango Kataf LGA.

4. determine the attendant social problems associated with pregnancies among adolescent girls in Zango Kataf LGA.

Research Questions

In order to give direction to the study, the following research questions were formulated:

1. what is the incidence of pregnancies among adolescent girls age 11 – 14, 15 – 18 and 19+ in Zango Kataf LGA?
2. what is the incidence of adolescent pregnancies between Christian and Muslim adolescent girls in Zango Kataf LGA?
3. what are the attendant health problems associated with pregnancies among adolescent girls in Zango Kataf LGA?
4. what are the attendant social problems associated with pregnancies among adolescent girls in Zango Kataf LGA?

Hypotheses

To guide the study, the following null hypotheses were posed at .05 level of significance.

1. There is no significant difference in the incidence of pregnancies among adolescent girls age 11 – 14, 15 – 18 and 19+ in Zango Kataf LGA.
2. There is no significant difference in the incidence of adolescent pregnancies between Christian and Muslim adolescent girls in Zango Kataf LGA.

Methodology

Specifically, this section describes the following: research design, population for the study, sample and sampling procedure, instrument for data collection, method of data collection and method of data analysis. The survey design was employed for the study. A survey design gathers data at a particular point in time with the intention of describing the nature of existing conditions.

The population of the study composed of all adolescent girls in Zango Kataf LGA. The sample of the study specifically included those adolescent girls who have had unwanted pregnancies out of wedlock as well as those who were presently pregnant. Due to the dearth of statistics on the number and distribution of pregnant adolescent girls as well as single adolescent mothers, the purposive sampling technique was adopted in drawing the sample. In order to identify the respondents for this study, the researcher designed an identification form and distributed same to some secondary school teachers, hospital and maternity staff, judiciary staff, social welfare staff as well as religious leaders who assisted and supplied names and residential addresses of pregnant adolescent girls as well as single teenage mothers they know within Zango Kataf LGA. It was from this list that the investigator reached out to those that were within reach, and a sample of 281 was drawn.

The instrument used for data collection were questionnaire and interview. Two hundred and thirty-eight (238) questionnaire forms were distributed to literate subjects while forty-three (43) were translated to the illiterate adolescent girls during the interview schedule. The instrument was made up of sections A,B,C and D. Section A dealt with background information of the respondents such as age and religion, Section B elicited information on incidence of pregnancies among adolescent girls. Section C generated information on the attendant health problems associated with

adolescent pregnancies. Section D elicited information on the attendant social problems associated with pregnancies among adolescent girls.

The face validity of the instrument was obtained through the judgement of three experts. Two experts are in the department of Health and Physical Education while one expert is in the department of psychology all at Federal College of Education, Pankshin. Based on the inputs and suggestion of the experts, the instrument was revised, modified and used for the study. In order to establish the reliability of the instrument, twenty copies of the instrument were administered in Kaura LGA of Kaduna State. A reliability index of .76 was obtained. This was considered high enough for the present study.

To gain access to the subject for data collection, identification forms which contained the names and residential addresses of the subjects were used. The names and residential addresses as contained in the identification forms of adolescent girls who have had pregnancies and those presently carrying pregnancies were used to locate their homes for the distribution of questionnaire forms. The researcher and three trained research assistants distributed the questionnaire forms to the respondents. The procedures for the completion of the questionnaire form was then explained. The questionnaire forms distributed were collected back on the spot. Frequency counts, and percentages were the statistics employed to analyse the research questions while inferential chi-square statistics was employed to test the hypotheses.

Results

The findings of the study are hereby presented in the table below according to the research questions and hypotheses posed in the study.

Table 1: Incidence of Pregnancies Among Adolescent Girls Age 11 – 14, 15 – 18 and 19+ in Zango Kataf LGA.

Incidence	Responses							
	Age Groups							
	n = 52		n = 133		n = 96		Total	
	Age 11-14		Age 15 -18		Age 19+		Total	
	f	%	f	%	f	%	f	n=281%
One time	34	65.38	60	45.11	38	39.58	132	46.97
Two times	16	30.77	38	28.57	27	28.13	81	28.82
Three times	2	3.84	25	18.80	21	21.88	48	17.08
Four times	0	0	10	7.67	8	8.33	18	6.40
Five times	0	0	0	.0	2	2.08	2	.71
Total	52	100	133	100	96	100	281	100

Table 1 indicates that 34 (65.38%) adolescent girls age 11 – 14 have had pregnancy out of wedlock once, 16 (30.77%) have had it twice and 2 (3.84%) have had it three times. The table also reveals that 60 (45.11%) adolescent girls age 15 – 18 have had pregnancy once, 38 (28.57%) have had it two times, 25 (18.80%) have had it three times and 10 (7.51%) have had it four times. The table further reveals that 38 (39.58%) of adolescent girls age 19+ have had pregnancy out of

wedlock once, 27 (28.13%) have had it twice, 21 (21.88%) have had it three times, 8 (8.33%) have had it four times and 2 (2.08%) have had it five times.

Table 2: Incidence of Pregnancies Between Christian and Muslim Adolescent Girls in Zango Kataf LGA

Incidence	Responses					
	n = 175		n = 106		Total	
	Christians		Muslims			
	f	%	f	%	f	%
One time	65	37.14	46	43.40	111	39.50
Two times	56	32.00	37	34.90	93	30.10
Three times	33	18.86	23	21.70	56	19.93
Four times	20	11.43	0	.0	20	7.12
Five times	1	.57	0	.0	1	.36
Total	175	100	106	100	281	100

Table 2 above shows that Christian adolescent girls have had pregnancies out of wedlock once less than the Muslim adolescent girls (Christian adolescent girls = 37.15% < Muslim adolescent girls = 43.40%). The table further reveals that both Christian and Muslim adolescent girls have had pregnancies out of wedlock twice (Christian adolescent girls 32.00% < Muslim adolescent girls 34.90%) and Muslim adolescent girls have had pregnancies out of wedlock three times than Christian adolescent girls (Muslim adolescent girls = 21.70 > Christian adolescent girls = 18.86%). On the other hand, the table shows that Christian adolescent girls have had pregnancies out of wedlock four times 11.43% and five times 0.57% while none of the Muslim adolescent girls have had pregnancies out of wedlock up to four nor five times.

Table 3: Attendant Health Problems Associated with Pregnancies Among Adolescent Girls in Zango Kataf LGA

Attendant Health Problems	Responses	
	f	%
Maternal death	211	75.08%
Prolonged labour	171	60.85
Pelvic inflammatory diseases	147	52.31
Eclampsia and pre-eclampsia	160	56.93
Ectopic pregnancy	63	22.41
Bleeding	225	86.87
Sepsis infections ;	139	49.46
Vesico-vaginal fistulae (VVF)	77	27.40

Table 3 above shows that the attendant health problems associated with pregnancies among adolescent girls were bleeding 225 (86.87%), maternal death 211 (75.08%), prolonged labour 171 (60.85%), pelvic inflammatory diseases 147 (52.31%) and pre-eclampsia as well as eclampsia 160 (56.93%). On the other hand, the least attendant health problems associated with teenage pregnancies among adolescent girls was ectopic pregnancy 63 (22.41%).

Table 4: Attendant Social Problems Associated with Pregnancies Among Adolescent Girls in Zango Kataf LGA.

Social Problems	Responses	
	f	%
Financial problems	260	92.52
School drop out	211	75.08
Problem of maintenance	199	70.81
Problem of unemployment	188	66.90
Problem of providing clothing	188	66.90
Child abandonment	156	55.51
Ejection from the home	117	41.63
Unplanned / early marriage	205	72.95
Low level of education	170	60.49

Table 4 indicates that single teenage mothers and pregnant adolescent girls experience the following attendant social problems: finance (92.52%), school drop out 211 (75.08%), unplanned / early marriage 205 (72.95%), maintenance /feeding 199 (70.81%), low level of education 170 (60.49%), unemployment 188 (66.90%) and clothing 188 (66.90%).

Table 5: Summary Chi-square Values Verifying the Incidence of Pregnancies Among Age 11 – 14, 15 – 18 and 19+ Adolescent Girls

Variable	Cal. χ^2	Tab. χ^2	Level of significance	df	Decision
No. of pregnancies ever had	19.83	15.50	.05	8	Rejected
No of child birth out of wedlock	15.37	15.50	.05	8	Accepted
No of abortions ever had	16.38	15.50	.05	8	Rejected
No of children ever abandoned	6.16	18.30	.05	10	Accepted
Overall χ^{2+}	14.43	16.2			Accepted

The overall calculated chi-square value in table 5 above reveals that there was no statistically significant difference in the incidence of pregnancies out of wedlock among age 11 – 14, 15 – 18 and 19+ adolescent girls (cal. χ^2 = 14.43 < tab. χ^2 = 16.2, $p < .05$)

Table 6: Summary of Chi-Square Values Verifying the Difference of Incidence of Pregnancies Between Christian and Muslim Adolescent Girls in Zango Kataf LGA.

Variable	Cal.	Tab.	Level of significance	df	Decision
No. of pregnancies ever had	13.73	9.88	.05	4	Rejected
No of children out of wedlock	27.25	11.70	.05	5	Rejected
No of abortions ever had	13.35	9.48	.05	4	Rejected
No of children ever abandoned	15.55	11.07	.05	5	Rejected
Overall χ^{2+}	17.49	10.29	-		Rejected

The overall calculated chi-square value in table 6 reveals that there was statistically significant difference in the incidence of pregnancies out of wedlock between Christian and Muslim adolescent girls (cal. χ^2 = 17.49 > tab. χ^2 = 10.27, $p > .05$).

Discussion

The finding in table 1 revealed that the incidence of pregnancies among adolescent girls was relatively higher among girls age 11 – 14 and less among girls age 15 – 18, and tended to be lesser among adolescent girls above 19 years. This finding lends credence to Okpede (1994) who found that adolescent girls above 19 years are not vulnerable to unwanted pregnancies as is the case with those within the age 14 – 18 years. On the other hand, the finding contradicts the report of Myles (1981) who submitted that in Britain, the rate of pregnancy increased as the age of the subjects increased.

The finding in table 2 revealed that the incidence of pregnancies was higher among Muslim adolescent girls than the Christian adolescent girls. One is surprised with this finding because Christian adolescent girls seem to have freedom of movement than the Muslim adolescent girls. The finding further revealed that both majority of Christian and Muslim adolescent girls have had pregnancies once, and some have had pregnancies two times, and in some cases three times. The increase in adolescent pregnancies can be attributed to the increase in sexual networking among adolescents which undoubtedly ends in unwanted pregnancy. The finding is in line with that of Arkutu (1995) who found that 60 – 70 percent adolescents were sexually active, and as a result, in some areas, as many as 70 percent of the girls had been pregnant at least once by the time that they were 18 years old.

This finding however negates the finding of Chillman (1979) who reported that religious belief was negatively related to the probability of teenage engaging in sexual intercourse. The study of Zelnik, Kantner and Ford (1975) found within their subjects, those with little religious belief engage more frequently in sexual intercourse.

The finding in table 3 revealed that maternal death is one of the health problems associated with adolescent pregnancies. This finding was expected and not surprising because many adolescent girls have died and are still dying in the process of child birth. This finding corroborates WHO (1991) report that approximately 500,000 girls die every year from pregnancy related causes. WHO further added that pregnancy related deaths are the main cause of death in 15 – 19 year old females.

The finding in table 4 showed that school drop out is one of the problems affecting adolescent girls who become pregnant out of wedlock. This finding agrees with the opinion of Okpede (1994) who submitted that most schools frown at those female students who are found victims of pregnancy out of wedlock, and that usually expulsion is meted out on them to serve as a deterrent to others. The finding further supports the study of Catanachi (1995) who found that socially, pregnant adolescent girls evolve into a cycle of low educational attainment, inferior job placement and subsequent lower income.

Conclusion

Based on the findings of the study, the following conclusions are drawn:

1. Both Muslim and Christian adolescent girls have had pregnancies out of wedlock once, and in some cases two and three times respectively.
2. Both age 11 – 14, 15 – 18 and 19+ have had pregnancies out of wedlock more than once, twice, thrice and in some cases four times.
3. The attendant health problems associated with adolescent girls' pregnancies were bleeding, maternal death, prolonged labour, pelvic inflammatory diseases and eclampsia as well as pre-eclampsia.

4. The attendant social problems associated with pregnancies among adolescent girls were poor financial status, school drop out, feeding / maintenance, unplanned / early marriage, unemployment and low educational level.
5. There was no statistically significant difference in the incidence of pregnancies out of wedlock among age 11 – 14, 15 – 18 and 19+ adolescent girls.
6. There was statistically significant difference in the incidence of pregnancies out of wedlock between Christian and Muslim adolescent girls.

Recommendations

Based on the findings of the study, the following recommendations are proffered:

1. Sex education programme aimed at adolescent boys and girls should be provided in secondary schools. Health counselor should be assigned to secondary schools and community settings so that they can counsel the adolescents on sex related matters.
2. Both Christians and Muslim religious leaders should combat the practice of sex out of wedlock through religious counseling and religious instructions.
3. Adolescent boys and girls should be sensitized through seminars, workshops and conferences. These forar can go along way in promoting the knowledge of adolescents on sex related issues. Awareness created through these medium may aid in altering negative sexual behaviours that lead to unwanted pregnancies.

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