



FAMILY STATUS AND TEENAGE PREGNANCY IN RURAL COMMUNITIES OF URUAN LOCAL GOVERNMENT AREA OF AKWA IBOM STATE

Willie Clement Etti¹, Daniel Udom Sunday², and Mboho Kingdom Sunday³

¹Department of Sociology and Anthropology, Evangel University, Akaeze, Ebonyi State.

Email: willie.clement@evangeluniversity.edu.ng

²Department of Sociology and Anthropology, Akwa Ibom State University.

Email: udomdaniel@aksu.edu.ng

³Department of Sociology and Anthropology, Akwa Ibom State University.

Email: kiuboho360@gmail.com

Cite this article:

Willie, C. E., Daniel, U. S., Mboho, K. S. (2024), Family Status and Teenage Pregnancy in Rural Communities of Uruan Local Government Area of Akwa Ibom State. African Journal of Social Sciences and Humanities Research 7(3), 229-242. DOI: 10.52589/AJSSHR-UWERJ4HA

Manuscript History

Received: 18 Jun 2024

Accepted: 14 Aug 2024

Published: 19 Aug 2024

Copyright © 2024 The Author(s).

This is an Open Access article distributed under the terms of Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0), which permits anyone to share, use, reproduce and redistribute in any medium, provided the original author and source are credited.

ABSTRACT: *Teenage pregnancy is one of the prevailing social problems of our societies in this contemporary period. The term in everyday speech usually refers to young girls who have not reached legal adulthood becoming pregnant. The study assessed the prevalence of teenage pregnancy in rural communities of Uruan Local Government Area of Akwa Ibom State, Nigeria. Objectively, the study investigated the relationship between family status and teenage pregnancy specifically as it relates to parental background in the study area. The study also investigated the general causes, effects and the way out of this social menace in our societies. The study selected 5 medical centres and 100 respondents for the study. The study which was conducted in Uruan Local Government Area in Akwa Ibom State employed the social control theory as the theoretical framework and the findings thematically analysed and identified family status like literacy level of the parent, income, poverty, media and peer as the primary influence of teenage pregnancy while the effects include: school drop-out, inadequate care for the child born by teenage mothers, health problems, poverty cycle deviance and a host of other vices. The study suggested adequate parental care, eradication of street hawking and inculcation of moral values through religious bodies, improved incentives to boost the socio-economic status of families and rural development as ways of reducing teenage pregnancy in Nigeria.*

KEYWORDS: Teenage Pregnancy, Adolescent, Family status, Factor/Structure, Rural.



INTRODUCTION

Teenage pregnancy is pregnancy among human females under the age of 20 years at the time that the pregnancy ends (Farber, 2003). A teenager is a young person whose age falls within the range of thirteen through nineteen years. They are called teenagers because their age number ends in “teen”. Someone aged 18 or 19 is also considered a young adult and their usage by ordinary people and societies varies. Teenage pregnancy has long been a worldwide social, economic and educational concern for the developed, developing and underdeveloped countries. According to an official data of World Health Organization (2017), every year, an estimated 21 million girls aged 15 to 19 years, and 2 million girls aged less than 15 years, become pregnant in developing regions. Approximately 16 million girls aged 15 to 19 years and 2.5 million girls under 16 years of age give birth each year in developing regions (WHO, 2021). Early childbearing has an impact on society, ranging from their inability to realize their full educational and occupational potential, poor social status to loss of their economic contributions to the society (Daniel & Peters, 2024). Complications relating to pregnancy and childbirth are found to be the leading cause of death for girls aged 15-19 globally.

Teenage pregnancy also has negative social and economic effects on the victims, their families and communities at large (Daniel & Ben, 2024; Nana - Daniel, 2024). They face psychological problems like stigma or rejection by parents and peers as well as threats of violence within a marriage or partnership (Daniel & Udousoro, 2024). Consequently, this research work intends to examine the relationship between the family status and teenage pregnancy among the rural dwellers in Uruan Local Government Area in Akwa Ibom State. The researcher examines the relationship between factors such as family income, educational and morality level, family structure, and their influence on teenage pregnancy in the area.

Statement of the Problem

In some societies in Nigeria, early marriage and traditional gender roles are important factors in the rate of teenage pregnancy and rating of their family status (Finkel, 2021). The average marriage age differs by society and where teenage marriages are common, the experience is higher levels of teenage pregnancies. Early marriage and pregnancy is more common in traditional rural communities than it is applicable in other societies. Ahmed (2022) opined that the lack of education on safe sex, whether it is from parents, schools, or otherwise, is a primary cause of teenage pregnancy.

However, many teenagers are neither aware of the effects of early sex nor taught about methods of birth control and how to deal with peers who pressure them into having sex before they are ready. Uchenna (2020) explored family status as the main constraint of teenage pregnancy. Stereotypes and stigmas surrounding teenage pregnancy can contribute to social isolation and discrimination, limiting opportunities for young parents and their children from further development (Daniel & Peters, 2024); this is because a teenage mother has to face several social obligations like not developing her full potential, lack of a good job, and not being respected from friends and family members. The entire social life of the teen mother gets ruined due to her unexpected pregnancy and she has to spend her life in emotional trauma. The rate of teenage pregnancy is very high in third world countries especially in their rural communities (Daniel & Peters, 2024).



Allen (2016) in his article - Sexual Health Information and Teenage Pregnancy observed that about 65% of girls (teenagers) who hawk on the street face the dangers of abuse and become single mothers early. It is about this backdrop that this research work is being conducted to ascertain the effects of teenage pregnancy on the family status of victims in rural communities of Uruan Local Government Area of Akwa Ibom State, Nigeria. The researcher is interested in family status, such as income, educational and morality level and structure, and how they relate to teenage pregnancy in Uruan Local Government Area of Akwa Ibom State.

Objectives of the Study

The main objective of this study is to examine the relationship between family status and teenage pregnancy in rural areas using Uruan Local Government Area of Akwa Ibom State as a case study. Other specific objectives are to:

- Identify the family status that exposes teenagers to early pregnancy in the study area.
- Identify the challenges faced by teenage mothers after delivery in the study area.
- Ascertain the consequences of teenage pregnancy on the family and the society.

REVIEW OF RELATED LITERATURE

Conceptual Review

Teenage period is a key developmental stage in one's life course as health and other social related behaviors of this age can be linked to lifelong consequences (Okpani, 1995; Daniel & Udousoro, 2024). Teenage pregnancy has been identified as a negative vice that affects the socio-economic attachment of victims, their families and communities at large, ranging from stigma or rejection by others and peers, threats of violence, poor potential development, social inequality, hazardous jobs and poorly developed children.

With regards to education, school-leaving and withdrawal are a choice option when a girl is pregnant while in school. According to UNICEF (1994) and Daniel and Peters (2024), an estimated 5% to 33% of girls aged 15 to 24 years drop out of school because of early pregnancy or marriage related issues instigated by their family status and background. Based on their subsequent lower education attainment, they are bound to acquire limited skills and opportunities for development/employment, often perpetuating cycles of poverty; this reduces future earnings of the girl child by an estimated 9% and further affects their status in life. This can also have an economic cost on countries losing out on the annual income that young women would have earned over their lifetime if they had not had early pregnancies (Feresu, 2004); social and economic assets are lost when a teenage girl gets pregnant. The social and economic importance of cooperatives extends to payment of school fees for wards (Mboho, Akpan, Daniel & Ekoriko, 2024).



Factors that Expose Teenagers to Early Pregnancy

According to Planned Parenthood (2012), approximately 90% of births by girls aged 15-19 in developing countries occur within where there is often an imbalance of socio-economic power, no access to contraception and pressure on girls to prove their fertility. Factors such as parental income and the extent of a girl's education also contribute. Girls who have received minimal education and low family status are more likely to become premature mothers than those with higher levels of education. Pregnant girls often drop out of school, limiting opportunities for future employment and perpetuating the cycle of poverty. In many cases, girls perceive early marriage to be a better option than continuing their education. In addition, the unique risks faced by girls during emergencies increases their chances of becoming pregnant. In some cultures, their customs and traditions encourage early marriage and teenage pregnancy which would therefore lead to poorly behaved children, a cycle of poverty, high level of school dropout, low social status of families and victims of crime

Socio-economic Status of Parents

Greater percentage of teens who become pregnant often come from families of low socio-economic status (Daniel & Peters, 2024). Seventy-three percent (73%) of these victims according to the authors are from families who are suffering from poverty and do not have all the necessary resources to raise their child. These children grow up to have low educational goals and successes because of the lack of involvement from their own parents, and exposure to street hazards and abuses. These young kids then are predisposed to negative environments and poor ambition to succeed in schools as well as having relationships with other teens who are going through similar experiences. It is these groups of teens who begin to experiment with drugs and alcohol as well as pre-teenage sex and thus do not do very well in school.

Low socio-economic status is further linked to low levels of family connectedness. This means that children growing up in these homes do not have strong role models or individuals to look up to or learn from, and are often abused and predisposed to unsafe prevailing conditions. Whether the child is being abused by external persons or witnessing domestic abuse, adolescents are being separated and disconnected from their families the moment they are psychologically deformed which might lead to poor decision making. This lack of family connected link pushes teenagers away from confiding in the adults within their homes but towards other troubled youth suffering in the same ways, who expose them to intercourse at very young ages, and they may have multiple partners which further leads to increased chances of pregnancy (Daniel & Udousoro, 2024).

i. Drugs and Alcohol

Teenagers out of lack of family control, morality and discipline may drink and experiment with drugs frequently with their friends, having not realized the effects of alcohol and drugs on the functioning of their brain, especially the effects of consuming high quantities of alcohol, which may lead to or give motivation for sex and health difficulties. Drinking excessively as well as experimenting drugs may lead to unwanted and unintentional participation in premarital sex and further teenage pregnancy. These substances greatly affect teens' ability to logically think and carry out general thinking processes, thus increasing the chances that they will engage in unprotected and unsafe sexual activity.



ii. **Peer Pressure and Sexual Abuse**

Peer pressure is another major cause of sexual abuse; often, females may be pressured or forced by older male partners to engage in sexual activity, and they engage in unprotected sex without a choice. Peer pressure may also be prevalent in different forms as their partners may pressure them to have early sex in order to achieve financial benefits for family support. This manipulation may lead to unintended pregnancy and the resultant dangers.

Sexual abuse is also another reason why teens may become pregnant. Early sexual abuse has been linked to family morality, relationship among parents and finally to teen pregnancies. Some children have unfortunately been sexually abused by predators or even family members even prior to entering puberty. These young kids often are unable to inform a trusted adult about the situation due to fear of being harmed by their predator. These situations further affect the child as they enter adolescence and they increase chances of teen pregnancy and moral decline (Nana & Daniel, 2025).

iii. **Media Influence**

The media has a big effect on teen pregnancy. Programmes such as "Teen Mom" and "16 and Pregnant" glamorize teenage pregnancy without exposing the dangers associated with early pregnancy. Some teenage females become pregnant because of media influence which glorifies the idea of having a child pregnant, having a more adult lifestyle, with more responsibility and decision-making power.

The Challenges Faced by Teenage Mothers after Pregnancy

Loss of Opportunity to Advance in Education

Girls who lose their childhood are forced to drop out of school early and adapt to the life of caring for children. Mboho (2020) reported that 98% of teen mothers are out of school with a zero probability of returning. Having no access to education means chances of having a successful life are limited. According to Flavin (2010), for those who return to school, these institutions fail to offer a safe space for teen mothers and a psychological support and inclusion.

Stigma and Rejection

Teen mothers, according to Mboho and Udoh (2018), face stigma from their parents, teachers, peers, and the society at large. This made it difficult for them to seek social and moral support and at times they are disowned by their parents or kicked out of home. This leaves them more vulnerable to abuse and exploitation in the community (Andrew, 2006).

Poverty

Poverty and social inequality is another serious challenge teen mothers suffer from. They resort to transactional sex or endure gender violence and abuse in exchange for material goods, food, or money as a result of their social defect based on their early age pregnancy experiences. Many of these young girls are younger than the fathers of their babies leading to a huge power imbalance, making it difficult for poor teenage mothers to defend and protect themselves from abusers. Some end up opting for early marriages as a way of accessing food, clothing, housing, and security (Edward, 2008).



Mental Health Problems

Malbom (2017) opined that teenage mothers also suffer from mental health problems which include lack of sufficient sleep, lack of family support especially in cases where pregnant teens are kicked out of parents'/guardians' homes, change in social status, loss of friends, cost of raising a child, and the hustle of juggling school while raising a child. These and others can lead to mental health problems like depression and stress. Research by Daniel, Ekoriko, Akpan and Nisima (2024) showed that high levels of stress can lead to physical health issues. This was corroborated by Abaikpa et al. (2023) who revealed proper mental and behavioral health contributes to a decrease in risky behavior and depressive symptoms and an increase in feelings of belonging.

Teenage mothers are also likely to face other health hazards like low birth weight/premature birth, anemia (low iron levels), high blood pressure/pregnancy-induced hypertension, (PIH) which can lead to preeclampsia, a higher rate of infant and maternal mortality, and risk of cephalopelvic disproportion (the baby's head being wider than the pelvic opening).

Teens, in general, have a higher risk of preterm birth, which often goes along with low birth weight. Teens may also be in danger of not receiving the right amount of nutrients and medical support (such as in prenatal vitamins) during pregnancy. To address this challenge, regular prenatal visits, pursuing a healthy lifestyle during childbirth and parenting classes can help to reduce these risks and prepare a young mother for the task of birth giving and parenting (Aboyeje, 1997).

Consequences of Teenage Pregnancy on the Family and the Society

African society relies on moral beliefs, ethics, and human etiquettes. And unfortunately, teenage pregnancy is viewed as a taboo in traditional societies like that of Uruan Local Government Area who do not embrace the concept of a pregnant teen mother. Needle (2008) argued that teenagers experiencing early motherhood cannot pursue their higher education due to the added responsibility of raising a child, which can negatively impact their academic and career goals, thereby contributing to a higher rate of illiteracy in the family and the society at large. Teenage pregnancy leads to a cycle of poverty in the rural areas affecting growth and development of the victims. Teenage pregnancy in rural communities leads to loss of government revenue. This is because the victim's capacities and potentials which would have been utilized and transformed for effective community development are cut-short by teenage pregnancy and dependency.

i Loss of Government Revenue

Reducing teen pregnancy can be beneficial in decreasing welfare dependency. In most developing nations, the governments plan welfare schemes to take adequate care of teen mothers and their dependent children, recognizing that lack of career opportunities often leaves these mothers in a vulnerable financial position. As the low-qualified mother cannot get a good job, she completely depends on such welfare schemes to overcome impending financial distress (Sai, 2005).



ii Emotional Crisis and Social Stigma

Stereotypes and stigmas surrounding teenage pregnancy can contribute to social isolation and discrimination, thus limiting their opportunities for the young parents and their children to aspire. They are called names and placed in a lower strata in the society.

A teenage mother has to face several social obligations like not getting a good job, not being respected by friends and family members and, in some cases, the social life of the teen mothers gets ruined due to their early parenthood and unexpected pregnancy, spending their lives in emotional trauma.

iii Increased Risk of Destitution and Medical Complications

As teenage mothers are hindered from pursuing higher education and acquiring basic qualifications, they equally experience increased risk of destitution, medical complications, and getting poorly paid jobs (Beazley, 1996).

In most cases, the biological father abandons the victim and the baby becomes the victims' sole responsibility. Hence, the mother ends up living in poverty and running the risk of imminent destitution. Teenage mothers and the baby experience the risk of social inequality and cycle of poverty, particularly those who come from low socioeconomic backgrounds. This further increases the unemployment level and crime rate in the society.

However, teenage pregnancy increases the risks of medical complications in both the mother and her baby. Their low status increases the risk of not getting proper prenatal care and often induces medical complications like HIV/AIDs high blood pressure, anemia, and premature birth of the baby, low birth weight and infant and maternal mortalities.

Although advisable, it is not always possible for the teen mother to go for regular prenatal checkups, which increase the risk of medical conditions and setbacks.

Measures Necessary for Reducing/Preventing Teenage Pregnancy

Many health educators such as UNESCO have argued that comprehensive sex education would effectively reduce the rate of teenage pregnancies. Although opponents argue that such education encourages more and earlier sexual activity, intervening efforts can reduce early sex and unplanned teenage pregnancies.

According to Jah (2008), "adolescents who received comprehensive sex education had lower risk of pregnancy than adolescents who received abstinence-only or no sex education" (Jah, 2008).

Many communities offer counseling and support programs that help to prevent teen pregnancies. These groups provide information on sex education, birth control and help teens to understand their own sexual limits so they do not get into situations where they might have unprotected sex and get pregnant. Some programmes offer peer counseling, since it might feel more comfortable talking to someone of your own age group.

Cruz (2001) in a study of teenage pregnancy argued that parents' social status influences the ability of their children, especially female children, to go further in life. The author noted that family backgrounds affect ward discussions on matters affecting their relationships with



opposite sex and peers. Nana and Daniel (2024) posited that the morality perception of a family influences the sanity level of their wards as well as their participation in activities that can affect their future; to them what the family esteem is what the children will appreciate.

Daniel and Peters (2024) opined that it is the parents' role to help children to avoid teen pregnancy and early sex by exposing them to sex education and its dangers. The authors further noted that the parents should let their children know what they value and believe as well as being good role models and also "walking the talking." To Cruz, it is important that your child feels comfortable asking you questions about anything—not just questions about sex. Do your best to be an "askable" parent. Let your children know that they can talk with you about whatever they are thinking or worrying about. Cruz (2001) listed how parents should educate their children on sexuality as follows:

i **Supervise and monitor your children's activities:** Parents should know where children are at all times. Are they safe? What are they doing? Are they involved in useful activities? Are responsible adults supervising them? Parents may be accused of being too snoop, but this will help your children understand that parents who care know where their kids are.

ii **Know your children's friends and their families:** Since peers have a strong influence on teens, parents should do their best to help their children choose friends from families with similar values. Welcome their children's friends into their homes, and talk with them regularly. Talk with their parents about curfews, common rules and expectations (Adams, 2007). This will help to encourage group activities, and it should be made known that one-on-one dating before 16 can lead to trouble. Letting children know ahead of time will help them see why their parents are reacting to a particular person or invitation.

iii. **Parents should help their teens have options for the future that are much more attractive than early pregnancy and parenthood:** Help them set real, meaningful goals for their future. Talk with them about what they will need to do to reach their goals, and help them reach these goals. Help them see how becoming a parent early can derail the best of plans. For example, child care expenses can make it almost impossible to afford college education. Teens should be encouraged to use their free time in constructive ways, making sure to set aside time to do their homework. Community service can help teach them job skills, and can put them in touch with a variety of committed and caring adults (Paranjothy, 2008)

iv **Emphasize how much you value education:** Parents should set high expectations for their children's school performance and if their children are not progressing well in school, they should intervene early. School failure is one of the key risk factors for teen parenthood. Keep track of the children's grades and meet with teachers. Volunteer at school if they can. Limit teen's after-school jobs so that there will be ample time for homework and enough time left over for restful sleep and socializing.

v **Know what your kids are watching:** Having discovered that what their children watch do affect their behaviour and attitudes parents should therefore supervise what the children read and listen to. Messages about sex sent by the media (TV, radio, movies, music videos, magazines, the Internet) which are at odds with good values should not be watched by children.



THEORETICAL FRAMEWORK

Social Control Theory

Social control theory proposes that exploiting the processes of socialization and that of social learning builds self-control and reduces the inclination to indulge in behaviours recognized as antisocial, like the early involvement in sex by adolescents which leads to pregnancy at an early stage before the age of marriage.

The theory deduced from functionalist theories of crime was developed by Ivan Nye (1975), who proposed that there were three types of control:

1. **Direct Control** by which punishment is threatened or applied for wrongful behaviour, sanctions placed for indecent relationships and compliance rewarded by parents, families, and authority figures.
2. **Indirect Control** by identification with those who influence behaviours. This position relates with the attachment theory which professes that parents should be interested in knowing and influencing the company or peers their children are attached to as this has a way of influencing their behaviour, leading to delinquent acts which might cause pain and disappointment to families, parents, the society and others with whom they share close relationships. This stage of control will help the child to grow to the next stage where himself can control his behaviour.
3. **Internal Control** by which a youth refrains from delinquency through the conscience or superego. This theory explores the causes of individual engagement in antisocial behaviours, appraising how such behaviours could be detrimental first to the victim, family and society at large and thus professing the need for intervention by the family teacher and control agencies to control the situation.

It is deduced from the theory that the control process should start from birth-infant-adolescent through proper socialization of the child where the proper values are indoctrinated to be part of the child's lifestyle and through teenage influence in selecting the peers they keep. Where this mechanism is developed in childhood by parents, teachers, religious leaders and other control agencies, the rate of teenage pregnancies will be reduced as indulging in early sex among teens will reduce having been made aware of its dangers.

METHODOLOGY

The study employed a qualitative strategy. It was conducted on pregnant teens who were registered in four public health centers in the four clans of Uruan and Methodist Hospital, Ituk Mbang, which is the only general hospital in the local government area. In the four clans of Uruan, the study was conducted in each of the public health centers located at:

1. Northern Uruan – Public Health Center, Mbiaya Uruan
2. Central Uruan – Public Health Center, Idu
3. South East – Public Health Center, Ekpene Ibia



4. Southern – Public Health Center, Ibiaku Ishiet; and
5. Methodist General Hospital, Ituk Mbang.

Sampling technique was purposively approached through the use of hospital registers and their phone numbers for the selection of pregnant teenage patients as respondents for the study. Five midwives, each working in the health centers/hospitals selected for the study, were also selected purposively based on their unit of duty and specialty to help us contact eligible pregnant teenage patients registered with them to participate in the study. Interviews were conducted on the respondents on their clinic days as we sought to address the objectives of the study and as well understand the experiences of the teenage pregnant victims. Twenty (20) respondents each in the five selected centers, making it a total of 100 respondents for the study, were selected and the data collected were analysed thematically.

RESULTS/DISCUSSION

Family Status and Teenage Pregnancy

Family status and values were identified as having a significant effect on the prevalence of teenage pregnancies. It was identified that where parents have lower academic attainment, poor wealth index and level of income, and moral insanity, there is a tendency that the morality assent of their wards may be decayed by poor social control process and attachment to differential peers, who may introduce them to early sexual gratification to meet unmet social needs because the families cannot provide, thus the risk of unintended teenage pregnancy. To further support this finding, a studies revealed that girls from low family status have lower levels of education, and are more likely to marry early, having less access to healthcare and family planning services, compared to those from families with higher social status.

The respondents further affirmed that teenage sexual activity has been a significant factor contributing to the high prevalence of dangers of school dropout and the cycle of poverty in the rural areas. The respondents also opined that the incidence of multiple sexual partners, unprotected sex, unwanted and teenage pregnancy, and unsafe abortions and HIV/AIDs are associated with early sexual debut in the area of study. The findings reveal that a high level of teenage pregnancy was noted in teenagers who had a sexual debut between the ages of 15-19 years. This according to the findings could be because teenagers are left to struggle and meet with their fundamental needs, such as economic resources, education, and proper guidance.

The studies show that adolescent pregnancy is higher among parents who are primary school holders as compared to those with secondary school certificates holders. Educated adolescents also have better access to knowledge and resources, which allows them to delay teenage sexual relationships, childbearing and check the cycle of poverty.

Peer pressure has been identified as a significant factor influencing adolescent pregnancy in rural areas. As evidenced by the study, adolescents are often influenced by their peers, who can serve as agents of socialization and shape their attitudes and behaviors towards sexual activities. Peer groups that support early sexual activity may normalize and encourage risky sexual behaviors among adolescents. As observed earlier in the study, parental support can



play a protective role in reducing adolescent pregnancy through caution and discipline. Poor parenting and parental neglect often result in a lack of communication and guidance on sexual and reproductive health matters. This leaves adolescents vulnerable to misinformation from their peers and other sources, which can lead to risky sexual behaviors and unintended pregnancies.

During the interview, the study also identified that single-parenting, particularly in families headed by a male, has been a factor associated with teenage pregnancy in the area. It highlighted the importance of involving male heads of families in adolescent reproductive health and family planning programmes to improve their understanding and support of their daughters in these areas. It is important to note that media exposure is a complex issue and can have both positive and negative impacts on teenage sexual and reproductive health. While media content can perpetuate negative stereotypes and promote risky behavior, it can also be a powerful tool for disseminating accurate information and promoting positive social norms.

Based on their experiences, the respondents agreed that delaying sexual debut and promoting safe sexual practices among adolescents through sex education and access to contraceptives can help to reduce the incidence of adolescent pregnancy in the area.

RECOMMENDATIONS

Good parenting and effective parent-child communication is another important intervention for teenage pregnancy. This approach involves providing parents with the knowledge and skills to communicate with their children about sex education and reproductive health, as well as establishing open and supportive relationships. Scaling up this strategy will help to improve the quality and frequency of parent-child discussions on sexual reproductive health topics and also lead to the adoption of more positive norms related to discussing these issues within the community.

It is essential to address the issue of poverty in the rural areas through agricultural incentives and education to provide support to families with low socioeconomic status to prevent adolescent pregnancy as well as health facilities and awareness in rural areas, through the provision of skill training centers and enrollment in schools as well as mobile clinics in all communities. This approach will be successful in improving gender norms related to early marriage and reducing its prevalence. By defying teenage pregnancy, girls have more opportunities to pursue education and establish their careers, and as well increase resources through human capacity and development. This recommendation also aligns with the United Nations Sustainable Development Goals number 5, which proposes the sustainability of gender equality and empowering women and female children, and emphasizes the elimination of all harmful practices, such as teenage pregnancy, that affect the well-being of women and girls.

The study recommends that efforts should be made to ensure that media contents are culturally sensitive, age-appropriate, and evidence-based to promote healthy sexual and reproductive behaviors among adolescents in the society. These include the promotion of comprehensive sex education in media content; parents and control agencies should



collaborate with media organizations to develop and disseminate accurate and reliable information about sexual and reproductive health, which will benefit the children.

The study also recommends that Nigeria should consider joining the Global Programme to End Child Marriage (GPECM) as this will help to reduce teenage pregnancy in the country. The GPECM provides technical assistance and resources to support countries in implementing evidence-based interventions to end child marriage and promote gender equity.

REFERENCES

- Abaikpa, Udeme Anthony, Thomas, Cornelia David, Udoh, Unwana Nicholas, Dr. Udom Sunday Daniel, School Climate and Students Academic Performance in Trinity Polytechnic, Uyo, Akwa Ibom State, Nigeria, *International Journal of Management Sciences and Business Research* 04(2023):76-94 DOI: 10.5281/zenodo.7882756
- Adam I, Babiker S, Mohammed AA, et al. Low Body Mass Index, Anaemia and Poor Perinatal Outcome in a Rural Hospital in Eastern Sudan. *Journal of Tropical Pediatrics*. 2007 [PubMed] [Google Scholar]
- Andrews S. (2006) Sexuality and Sexual Health Throughout the Childhood and Teenage Years. In: Balen R, Crawshaw M (eds) *Sexuality and Fertility Issues in Ill Health and Disability - From Early Adolescence to Adulthood*, Jessica Kingsley Publishers, London, Philadelphia 20. Link: <https://goo.gl/DNdcDh>.
- Bacci A, Manhica GM, Machungo, et al. Outcome of teenage pregnancy in Maputo, Mozambique. *Int J Gynaecol Obstet*. 1993;40:19–23. [PubMed] [Google Scholar]
- Bangkok, Thailand: John Hopkins' programme for International Education in Gynaecology and Obstetrics; 2005. pp. 16–30. JHU Gazete. [Google Scholar].
- Chen X, Wen SW, Fleming N, et al. Teenage Pregnancy and adverse birth outcomes: a large population based retrospective cohort study. *Int J Epidemiol*. 2007;36:368–373. [PubMed] [Google Scholar]
- Cherry AL, Dillon ME, Rugh D (2001) *Teenage Pregnancy - A Global View*. Greenwood Press, Westport, London XIV. Link: <https://goo.gl/o59Fe8>
- Cruz PD (2001) *Comparative Healthcare Law*. Cavendish Publishing Limited, London 79. Link: <https://goo.gl/n5TiM7>.
- Daniel, U. S. and Ben, V. E. (2024). Fertility Behaviour and Family Size Preference of Women with Chronic Infection: Analysis of Aba Women. *International Journal of Culture and Society* 2(1)60-70. <https://doi.org/10.5281/zenodo.11060664>.
- Daniel, U. S. and Peters, M. I. (2024). Teenage Mothers and Pregnancy Related Challenges in Traditional Societies of Akwa Ibom State, Nigeria. *International Journal of Culture and Society*, Volume 2, Issues, 2 April, 2024. ISSN: 3026-9695. Published by Wondebest International, Etinan, Akwa Ibom State, Nigeria.
- Udom Sunday Daniel and Tahirih E. Udousoro (2024). Determinants of Preference of Abortion and Non-Utilisation of Family Planning Services among Women of Child Bearing Age in Rural Communities of Uyo Local Government Area, Akwa Ibom State. *International Journal of Culture and Society*, Volume 2, Issues 2, April, 2024. DOI: 10.5281/zenodo.11103575.



- Daniel, U., Ekoriko, E., Akpan, W., & Nsima, R. (2024). Analysis of Stress and Workers' Performance in Semek Waters Nigeria Limited. *INTERNATIONAL JOURNAL OF CULTURE AND SOCIETY* 3(1). DOI: <https://doi.org/10.5281/zenodo.12788889>
- Dickens HO, Allison DM (1983) Teenage Pregnancy. Plenum Publishing Corporation 89-118. Link: <https://goo.gl/ffPJDu>
- Dutt T, Matthews MP (1999) Gynaecology. Cavendish Publishing, London 139. Link: <https://goo.gl/KbfPSe>
- Edwards G, Byrom S (2008) Essential Midwifery Practice - Public Health. Blackwell Publishing Ltd, Oxford 75. Link: <https://goo.gl/K5HGvs>
- Farber N (2003) Adolescent Pregnancy: Policy and Prevention Services. Springer Publishing Company 207. Link: <https://goo.gl/dAWjy7>.
- Feresu SA, Harlow SD, Welch K, et al. Incidence of and socio-demographic risk factors for stillbirth, preterm birth and low birthweight among Zimbabwean women. *PaediatrPerinatEpidemiol.* 2004;18:154–163. [PubMed] [Google Scholar].
- Finkel M.L (2007) Truth, Lies, and Public Health - How We Are Affected When Science and Politics Collide. Praeger, Westport, London 13. Link: <https://goo.gl/2x8fR5>.
- Flavin J (2010) Our Bodies, Our Crimes - The Policing of Women's Reproduction in America. New York University Press, New York, London 79 - 80. Link: <https://goo.gl/PxVNud>.
- Kramer MS. Determinants of low birth weight: methodological assessment and meta-analysis. *Bull World Health Organ.* 1987;65:663–737. [PMC free article] [PubMed] [Google Scholar]. Link: <https://goo.gl/KUzXvy>.
- Mboho, K. S. (2020). Girl Child Education and Socio-Economic Growth in Nigeria: A study of Akwa Ibom State Perspective. *Ibom Journal of Social Issues, Nigeria.* Volume 10, No.1, ISSN: 117-4110, pp.21-33.
- Mboho, K. S. and Udoh, E. R. (2018). Gender and Violence against Women in Nigeria: Socio-Psychological Perspectives. *International Journal of Sociology and Anthropology Research, United Kingdom.* Vol. 4, No. 5 print ISSN: 2059-1209, online ISSN: 2059-1217, pp.29-37. (www.easjournals.org).
- Mboho, K. S., Akpan, W. M., Daniel, U. S., Ekoriko, E. A. (2024), Rural Communities and Cooperative Societies: A Community-based Alternative for Sustainable Socio Economic Development in Nigeria. *African Journal of Economics and Sustainable Development* 7(3), 57-70. DOI: <https://doi.org/10.52589/AJESD-RSHWM3CL>
- Molborn S (2017) Mixed Messages - Norms and Social Control around Teen Sex and Pregnancy. Oxford University Press, New York 209. Link: <https://goo.gl/M2bhhH>
- Nana, A. E. and Daniel, U. S., (2024). Morality and Values in Ibibio Traditional Society. Ohazurumle: *Unizik Journal of Culture and Civilization*, vol. 3, No. 2, March, 2024.
- Needle RB, Walker LEA (2008) Abortion Counseling - A Clinician's Guide to Psychology, Legislation, Politics, and Competency. Springer Publishing Company, New York 60. Link: <https://goo.gl/WNUagA>.
- Nye, F. I. (1975). Family Relationships and Delinquent Behaviour (2. Repr.ed.) Westport, conn. Greenwood Press. ISBN 9780837169675.
- Paranjothy S, Broughton H, Adappa R, Fone D. Teenage pregnancy: who suffers. *Arch Dis Child.* 2008;94:239–245. [PubMed] [Google Scholar].
- Sai TF. Adolescent Sexuality and Reproductive Health. In: Mati JKG, Ladipo A O, Burleman RT, et al., editors. *Reproductive Health in Africa.* Vol. 7.



Scholl TO, Hediger ML, Salmon RW, et al. Association between gynecological age and preterm birth. *Paediatr Perinat Epidemiol.* 1989; 3:357–366. [[PubMed](#)] [[Google Scholar](#)].

WHO, author. Adolescent sexuality and reproductive health: Educational and service aspect; Report of a WHO meeting in Mexico City; 28th-April–2nd May, 1981. [[Google Scholar](#)]