

Teenage Pregnancy: Incidence, Causes and Effect on Teenage Mothers in Uwanse Community, Calabar South L.G.A

Enyiche, Judy Agbor

Name of Organization: JCII "MEND"

Department: Research

City: Omoku

Postal Code: +234

Country: Nigeria

Email address: judyenyiche@gmail.com

Abstract

Background: In Nigeria, teenage pregnancy takes place in both rural and urban areas across regions but it is more prevalent in rural areas. Teenage pregnancy has been increasing in Nigeria with a proven adverse effect on teenage mothers and the society at large; with the possibility of increasing the poverty level of the nation because teenagers who are expected to acquire education and skills have deviated through early motherhood.

Aims: The main aim of the study is to ascertain the incidence, causes, and effects of teenage pregnancy on teenage mothers in Uwanse community, Calabar South Local Government Area.

Method: This quantitative study was based on the data collected from teenage mothers using structured questionnaire. The participants were sampled from Uwanse community, Calabar South Local Government Area using simple random sampling technique.

Results: The findings of the study showed that teenage pregnancy is increasing in Uwanse community, Calabar South Local Government Area and it has numerous effects on teenage mothers in the locality. Teenage pregnancy affects teenage mothers' education, income, their association with friends, and their relationship with parents.

Conclusion: Parents should take more interest in the care and upbringing of their children and watch the type of companies they keep. Sex education should be introduced in the school curriculum.

Keywords: Teenage pregnancy, incidence, causes, effect, teenage mothers

Introduction

Teenage pregnancy is a phenomenon that cut across both developing and developed countries. Though, the incidence of teenage pregnancy differs in different regions and countries. Teenage pregnancy according to Williams (2010) is a major concern to world communities with the United State being at the top with almost 1,000,000 teenage pregnancies each year. Teenage 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 (Alabi & Oni, 2017).

In Nigeria, teenage pregnancy takes place in both rural and urban areas across regions but it is more prevalent in rural areas. Also, teenage pregnancy is more prevalent in northern than in southern part of the country due to the prevalence of early marriages. While teenage pregnancy may be attributed to early marriages in the north, most pregnant teenagers are not married in the south. In fact, most of the pregnant teenagers are usually rejected by their lovers who impregnated them leaving them with the option of either aborting the pregnancy or becoming single mothers at an early age (Ashimolowo, Ojebiyi, Adelakun, Odediran, Soetan, & Iskil-Ogunyomi, 2017). According to Lawin (2006), a substantial proportion of the members of every society in the developmental stage are termed “adolescence” or otherwise called “teenage”. It is a transitional period between the end of childhood and beginning of adulthood or maturity. Persons within this age categories are sexually active and adventurous because this is when sexual maturity starts.

Teenage pregnancy is a situation whereby a female person is pregnant in her teen ages (Nyakubega, 2009). This is as a result of lack of knowledge or ignorance about sexual behavior activities. Teenage pregnancy is a global issue as it occurs in both developed (like USA) and developing countries like Nigeria. Adolescent/teenage pregnancy is characterized as pregnancy that occurs between the maternal ages of 14 and 19 years (WHO, 2006). Teenage pregnancy is attributed with negative consequences on both the teenage mothers and their children. The consequences to the teenage mothers include low educational attainment, remaining unmarried, and living in poverty while the children who are products of teenage pregnancy are more likely to be born with low birth weight, grow up poor, live in a single-parent household, experience abuse and neglect (Maynard, 1997).

Motherhood is an important part of many women’s lives, particularly in societies where traditional gender roles persist. In many African societies, motherhood is central to the social and cultural system (Ngum, 2012). Motherhood and childbearing among Sub-Saharan African women is regarded as a normal duty within a woman’s life (Benza & Liamputtong, 2015). In many parts of Africa, motherhood is seen as an essential role, with family and social life orientated towards children with early onset of childbearing and large families preferred (World Health Organization, 2012). From an early age, there is a positive orientation towards motherhood (Ngum, 2012). The importance of motherhood may continue post-migration and settlement (Benza & Liamputtong, 2015). Yet motherhood in the context of migration is often substantially different: young immigrant women experience the dual transitions of becoming a mother while also adjusting to everyday life in a site of settlement, often without extended networks of social support (Hoban, & Liamputtong, 2013).

Teenage pregnancy has been increasing in Nigeria with a proven adverse effect on teenage mothers and the society at large; with the possibility of increasing the poverty level of the nation because teenagers who are expected to acquire education and skills have deviated through early motherhood. Teenage girls engage in premarital sex, which expose them to the risks of sexually transmitted infection (STIs) and teenage pregnancies (Umeano, 2003). Demographic and Health Survey (2013) found that in Nigeria, an estimated 23 percent of women aged 15-19 years have begun childbearing, of which 17 percent have had their first child and 5 percent are pregnant with their first child. Also, 32 percent of teenagers in rural areas have begun childbearing, as opposed to 10 percent in the urban areas of Nigeria.

In situations where real love exists between the male and female person, such that the male person accepts responsibility for the pregnancy, unplanned marriage may follow thereby leaving both persons to be struggling to take care of the pregnancy as well as the child as soon as it is born into the world. This may worsen the poverty situation of the parents because most

often than not, both parents do not have any tangible means of livelihood at this point in time. In southern region of the country, most first born children are results of teenage pregnancy that are born out of wedlock (Ashimolowo, Ojebiyi, Adelokun, Odediran, Soetan, & Iskil-Ogunyomi, 2017). The researcher therefore, deemed it necessary to investigate the incidence, causes, and effects of teenage pregnancy on teenage mothers in Uwanse community, Calabar South Local Government Area.

Methods

Research Design: The study adopted descriptive research design. In descriptive research design, a researcher is interested in describing a particular situation or phenomena under his study through qualitative or quantitative research. Ojule (2012) emphasized that descriptive research design was interested in describing certain variables in relation to a population. The present study seeks to collect data on the opinion of teenage mothers concerning incidence, causes, and effects of teenage pregnancy on teenage mothers in Uwanse community, Calabar south Local Government Area; as well as solutions to teenage pregnancy in the area.

Setting: The setting of this study is Uwanse community in Calabar south Local Government area in Cross River State. The location of Uwanse covers area around Goldie to Main Avenue and Atamunu. The area is blessed with some tertiary institution namely – the university of Calabar and the Calabar polytechnic, public and private primary and secondary schools. The population is quite large; there are about two maternity homes that feed the area.

Population of the Study: The population of this study was censured from among the literate and illiterates teenage mothers in Uwanse community. Teenagers or Adolescence's in secondary and tertiary institutions together with teenage mother in their homes (drop outs) from school from the bulk of the population. The total population of the area is about (3000) three thousand people.

Sampling Technique and Sample Size: Simple random sampling technique was used in the selection of teenage mothers for the study. Each teenage mother was given the opportunity to respond to the questionnaire freely. An aggregate sample of eighty five (85) teenage mothers was sampled for the study.

Instrument for Data Collection: The instrument for data collection was a structured questionnaire developed from the literature. The instrumentation was titled: Teenage Pregnancy and Teenage Mothers (TPTM) and was made up of two sections. Section A dealt with demographic data of the respondents, while section B comprised 29 items which sought answers to the research questions posed in chapter one. The 29 items were grouped into four categories according to four research questions in the study. The questionnaire has five-point Likert scale format of Strongly Agree (SA, 5 points) Agree (A, 4 points), Neutral (N, 3 points) Disagree (D, 2 points) and Strongly Disagree (SD, 1 point) respectively.

Validity of the Instrument: The instrument was validated by the research experts in field of studies. Each of the experts was given a copy of the instrument with a detailed purpose of study, and research questions to make their inputs in terms of the instrument format, clarity, subject matter, and content. After validation by the experts, the inputs and corrections made by the experts were taken into considerations by the researcher before the final copy of the instrument was produced.

Reliability of the Instrument: Cronbach Alpha Reliability test was used to establish the reliability of the instrument. 20 teenage mothers were used for the reliability testing. The

instrument was administered to 20 teenage mothers during the pilot study. The result of the pilot test gives a reliability coefficient of 0.82, which was considered to be reliable.

Administration of the Instrument: After producing the questionnaires, they were taken to the individual homes of the respondents. Visit was also made to one of the maternity homes that fed the area and some teenage mothers contacted at home through their addresses.

Method of Data Analysis: Data collected for this study was analyzed using Mean, and Standard deviation. The null hypotheses were analyzed using Chi-Square at 0.05 level of significance.

Chi Square Formula

$$X^2 = \sum \frac{(O - E)^2}{E}$$

Where,

O = Observed frequency

E = Expected frequency

∑ = Summation

X² = Chi Square value

Table 1: Demographic Profile of Respondents (N = 85)

Demographic	Category	Respondents (N)	Percentage (%)
Age	10 - 13 years	2	2.35
	14 - 16 years	45	52.94
	17 - 19 years	38	44.71
Level of Education	Primary school	11	12.94
	Secondary school	70	82.35
	Tertiary	4	4.71
Marital Status	Single	72	84.71
	Engaged	5	5.88
	Married	8	9.41
Religion	Christianity	56	65.88
	Muslim	5	5.88
	Traditional African Religion	24	28.24
Do you have Child/Children	Child	66	77.65
	Children	19	22.35
What Age did you give Birth	13 years	3	3.53
	14 years	5	5.88
	15 years	16	18.82
	16 years	27	31.76
	17 years	21	24.71
	18 years	8	9.41
	19 years	5	5.88

Results

Incidence of Teenage Pregnancy in Uwanse Community

Table 2: Incidence of Teenage Pregnancy in Uwanse Community (N = 85)

S/N	Items	\bar{X}	SD	Remarks
1	Teenage pregnancy occur often in my area	3.58	1.16	Agreed
2	I am not the only teenager that got pregnant during my time	3.67	0.97	Agreed
3	I know some girls that got pregnant as a teenager in my school	4.09	0.84	Agreed
4	My first sexual experience ended in pregnancy which was aborted	3.75	0.94	Agreed
5	My first sexual experience ended in pregnancy which led to childbirth	3.48	1.06	Disagreed
6	Teenage pregnancy is increasing every day in my area	3.56	1.13	Agreed
7	If my child get pregnant in the future as a teen, I will not be angry	3.47	1.09	Disagreed

Criterion Mean = 3.5

Grand Mean = 3.66

The entire questionnaire item in Table 2 has mean score greater than the criterion mean of 3.5 except item 5 and item 7. Since the grand mean (3.66) is greater than the criterion mean (3.5), the incidence rate of teenage pregnancy in Uwanse community, Calabar South Local Government Area is high.

Table 3: Chi-Square test on incidence rate of teenage pregnancy in Uwanse community

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	39.647(a)	24	.023
Likelihood Ratio	40.168	24	.021
Linear-by-Linear Association	3.614	1	.057
N of Valid Cases	595		

As shown in Table 4.7, the test statistic is statistically significant: $\chi^2_{(24)} = 39.647$, $p < 0.05$. Therefore, there is high incidence rate of teenage pregnancy in Uwanse community, Calabar South Local Government Area.

Causes of teenage pregnancy in Uwanse community

Table 4: Causes of Teenage Pregnancy in Uwanse Community (N = 85)

S/N	Items	\bar{X}	SD	Remarks
8.	I got pregnant as a teen because I lack proper sex education	4.08	1.10	Agreed
9.	I was lure into early sex by my peer group (friends)	3.62	1.15	Agreed
10.	My rebellious life style towards my parents led to my teenage pregnancy	3.76	1.04	Agreed

11.	I got pregnant as a teen because I was sexual abuse/rape	3.73	1.11	Agreed
12.	I started having sex early because of frustrations after my parents' divorce which led to my first pregnancy	3.81	1.02	Agreed
13.	I got pregnant because I decided to practice romantic scenes in movies with opposite sex	3.82	1.07	Agreed
14.	I do not have a choice than to engage in early sex in other to support myself financially	4.16	1.16	Agreed
15	I was lured into early sex with guys that taught me how to use illicit drugs	3.93	1.09	Agreed

Criterion Mean = 3.5

Grand Mean = 3.87

The entire questionnaire item in Table 4 has mean score greater than the criterion mean of 3.5. The total responses in Table 4.3 showed that items 8 - 15 were rated agreed by respondents and are believed to be the causes of teenage pregnancy in Uwanse community, Calabar South Local Government Area.

Table 5: Chi-Square test on causes of teenage pregnancy in Uwanse community

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	61.425(a)	28	.000
Likelihood Ratio	62.805	28	.000
Linear-by-Linear Association	1.494	1	.222
N of Valid Cases	680		

As shown in Table 5, the test statistic is statistically significant: $\chi^2_{(28)} = 61.425$, $p < 0.05$. Therefore, the causes of teenage pregnancy affect teenage mothers negatively in Uwanse community, Calabar South Local Government Area.

Effects of teenage pregnancy on teenage mothers in Uwanse community

Table 6: Effects of Teenage Pregnancy in Uwanse Community (N = 85)

S/N	Items	\bar{X}	SD	Remarks
16.	I could not go back to school after pregnancy	3.71	1.25	Agreed
17.	Some of my friends mock me because of my teenage pregnancy	4.13	0.96	Agreed
18.	Teenage pregnancy affected my socio-economic status negatively	4.09	1.12	Agreed
19.	Medical challenge that I have today is as a result of teenage pregnancy	3.55	1.24	Agreed
20.	Inability to get married as a single mother	3.67	1.27	Agreed
21.	I became addicted to drugs	4.05	1.09	Agreed
22.	The pregnancy destroyed my relationship with my parents	3.73	1.25	Agreed

Criterion Mean = 3.5

Grand Mean = 3.85

The entire questionnaire item in Table 6 has mean score greater than the criterion mean of 3.5. The total responses in Table 6 showed that items 16 - 22 were rated agreed by respondents and are believed to be the effects of teenage pregnancy on teenage mothers in Uwanse community, Calabar South Local Government Area.

Table 7: Chi-Square test on effects of teenage pregnancy in Uwanse community

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	38.201(a)	24	.033
Likelihood Ratio	39.895	24	.022
Linear-by-Linear Association	.577	1	.447
N of Valid Cases	595		

As indicated in Table 7, the test statistic is statistically significant: $\chi^2_{(24)} = 38.201$, $p < 0.05$. Therefore, the effects of teenage pregnancy have negative impact on teenage mothers in Uwanse community, Calabar South Local Government Area.

Solutions to teenage pregnancy in Uwanse community

Table 8: Solutions to Teenage Pregnancy in Uwanse Community (N = 85)

S/N	Items	\bar{X}	SD	Remarks
23.	Good parental care	3.88	1.05	Agreed
24.	Adequate sex education	4.13	1.09	Agreed
25.	Self-discipline	3.75	1.20	Agreed
26.	Avoidance of bad peer group	3.82	1.09	Agreed
27.	Decent dressing	3.68	1.01	Agreed
28.	Enough financial provision from parents	4.21	0.95	Agreed
29.	Avoidance of pre-marital sex	3.88	1.08	Agreed

Criterion Mean = 3.5

Grand Mean = 3.91

Questionnaire items in Table 8 have mean score greater than the criterion mean of 3.5. The total responses in Table 4.5 showed that items 23 - 29 were rated agreed by respondents and are believed to be the solutions to teenage pregnancy in Uwanse community, Calabar South Local Government Area.

Table 9: Chi-Square test on solutions to teenage pregnancy in Uwanse community

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	43.089(a)	24	.010
Likelihood Ratio	42.175	24	.012
Linear-by-Linear Association	.023	1	.880

As indicated in Table 9, the test statistic is statistically significant: $\chi^2_{(24)} = 43.089$, $p < 0.05$. Therefore, the solutions to teenage pregnancy have positive impact on prevention of teenage pregnancy in Uwanse community, Calabar South Local Government Area.

Discussion of Findings

Incidence Rate of Teenage Pregnancy

In the study, it was revealed that the incidence rate of teenage pregnancy in Uwanse community, Calabar South Local Government Area is high. The hypothesis which states that: “There is no high incidence rate of teenage pregnancy in Uwanse community, Calabar South Local Government Area” was rejected. Teenage pregnancy in Uwanse community is on the increase which has led to increased number of teenage mothers in the area. Similarly, Demographic and Health Survey (2013) found that in Nigeria, an estimated 23 percent of women aged 15-19 years have begun childbearing, of which 17 percent have had their first child and 5 percent are pregnant with their first child. Also, 32 percent of teenagers in rural areas have begun childbearing, as opposed to 10 percent in the urban areas of Nigeria. The report shows disparities within the geopolitical zones as follows: Northwest (36 percent); Northeast (32 percent); North Central (19 percent); South South (12 percent); South East (8 percent); and South West (8 percent). Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant) in Nigeria was reported to be high at 31.5 % in 2015, according to the World Bank collection of development indicators, compiled from officially recognized sources (Tradingeconomics.com, 2019).

Causes of Teenage Pregnancy

In the study, it was found that the causes of teenage pregnancy affect teenage mothers negatively in Uwanse community, Calabar South Local Government Area. The hypothesis which states that: “The causes of teenage pregnancy do not affect teenage mothers negatively in Uwanse community, Calabar South Local Government Area” was rejected. The respondents used for the study were able to identify the causes of teenage pregnancy in Uwanse community, Calabar South Local Government Area (see Table 4) as follows:

- Lack of proper sex education
- Lured into early sex by peer group (friends)
- Rebellious life style towards parents
- Sexual abuse/rape
- Frustrations after parents’ divorce
- Practicing romantic scenes in movies with opposite sex
- Engaging in early sex for financial support
- Lured into early sex with guys that taught me how to use illicit drugs

The finding of the study is in line with the findings of Chiazor, Ozoya, Idowu, Udume and Osagide (2017). They found that low socio-economic status, peer pressure, lack of adequate sex education were the major causes of teenage pregnancy. In the same vein, Alabi and Oni, (2017) found that the root causes of teenage pregnancy are poverty, peer pressure and media. Similarly, Gattmacher (2005) posited that teenage girls who belong to poor families are more

likely to get pregnant. Conversely, Stanley and Swietzeski (2011) opined that teenage pregnancy is a result of poverty. They revealed that most teenagers that get pregnant are often from low socio-economic status parents. They opined that girls living in poor socio-economic conditions will engage early in sexual activities.

Effects of Teenage Pregnancy

It was revealed in the study that the effects of teenage pregnancy have negative impact on teenage mothers in Uwanse community, Calabar South Local Government Area. The hypothesis which states that: “The effects of teenage pregnancy have no negative impact on teenage mothers in Uwanse community, Calabar south Local Government Area” was rejected. The respondents (teenage mothers) in the study were able to identify the effects of teenage pregnancy in Uwanse community, Calabar South Local Government Area (see Table 6) as follows:

- Inability to go back to school after pregnancy
- Stigma from friends (my friends mock me)
- Negative socio-economic status
- Medical challenge
- Inability to get married as a single mother
- Addicted to drugs
- Depreciated relationship between parents and teenage mother

The finding of the study is in agreement with the findings of Alabi and Oni, (2017) found that teenage pregnancy has effect such as school drop-out, inadequate care for the child born by teenage mother, and health problems. Nwalado, Obros and Ofuasia (2006) noted that pregnant teenage girls are expelled from schools thereby becoming dropouts. Melissa (2012) emphasized that teenage pregnancy could lead to incomplete education, unemployment and other numerous emotional traumas. Teenagers who may use their pregnant status deliberately escape the demands of high school education. In some cases, some teenagers drop out of school because their parents refused to pay their fees and commit delinquent acts and adult crimes.

Solutions to Teenage Pregnancy

The solutions to teenage pregnancy have positive impact on prevention of teenage pregnancy in Uwanse community, Calabar South Local Government Area. The hypothesis which states that: “The solutions to teenage pregnancy do not have positive impact on prevention of teenage pregnancy in Uwanse community, Calabar south Local Government Area” was rejected. The respondents (teenage mothers) in the study were able to identify the solutions to teenage pregnancy in Uwanse community, Calabar South Local Government Area (see Table 8) as follows:

- Good parental care
- Adequate sex education
- Self-discipline
- Avoidance of bad peer group
- Decent dressing
- Enough financial provision from parents
- Avoidance of pre-marital sex

Chiazor, Ozoya, Idowu, Udume and Osagide (2017) noted that the rate of teenage pregnancy can be reduced by offering free and compulsory education to the girl child and educating the

populace about the social and medical consequences of teenage pregnancy and the dangers associated with early motherhood. However, Alabi and Oni, (2017) noted in their study that adequate parental care, eradication of street hawking and inculcation of moral values through religious bodies are ways of reducing teenage pregnancy in Nigeria.

Although, this study provides information on causes and effect of teenage pregnancy on teenage mothers in Uwanse community, but the study only utilizes self-report survey without considering qualitative methods like observations and interviews to support the findings of the study. Though, the use of questionnaire for data collection is common for primary data collection. In as much as teenage pregnancy is a problem to the individual herself and the society at large, further studies should be focused on teenage fatherhood and its consequences, teenage motherhood on marriage institution, and effect of sexuality on teenage boys and how it can lead to teenage pregnancy and how it can be curbed.

Conclusion

Teenage pregnancy which is increasing in Uwanse community, Calabar South Local Government Area has numerous effects on teenage mothers in the locality. Teenage pregnancy affects teenage mothers' education, income, their association with friends, and their relationship with parents. However, every problem has a solution. Teenage pregnancy can be prevented through good parental care, adequate sex education, self-discipline, avoidance of bad peer group, decent dressing, enough financial provision from parents, and avoidance of pre-marital sex.

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