

**Awareness of pregnancy complications and predisposing factors among teenage women attending Bauchi Specialist Hospital, Nigeria**

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**Abstract**

*Bauchi State is one of the areas with the highest rates of adolescent childbearing in the Nigeria. Thus this paper examines the factors that contributes to complications of teenage pregnancy among the patients that attend Bauchi State Specialist Hospital. Descriptive survey design was adopted. Simple random sampling was used in selecting a sample of the teenage pregnancy mothers. A pilot study was conducted using a population of 10 respondents which yielded 0.82 hence the instrument reliability coefficient. The descriptive statistics was analyzed based on percentage as well as mean and standard deviation. The inferential statistics was analyzed based on independent of Chi-square test. Respondents overwhelmingly agree that hypertension (60%) and poor antenatal care (51%) lead to complications in teenage pregnancies. This highlights the critical need for improved healthcare access and monitoring for adolescent mothers to reduce health risks. Cultural beliefs (82% agreement) and poverty (71% agreement) are significant contributors to teenage pregnancy. The findings indicate that societal norms and economic status heavily influence the likelihood of adolescent pregnancies, suggesting that holistic interventions are necessary to address these underlying issues. The absence of parents (93% agreement) and peer pressure (71% agreement) are identified as crucial factors influencing teenage pregnancies. This indicates that emotional and social support systems are vital for adolescents, underlining the importance of parental involvement and peer education in promoting healthy choices. A lack of education is perceived as a major risk factor for teenage pregnancy (73% agreement). This emphasizes the necessity of implementing comprehensive sexual education programs to empower adolescents with knowledge about reproductive health and informed decision-making, aiming to reduce pregnancy rates among teenagers. Community outreach programs should focus on raising awareness of cultural beliefs and practices that may contribute to teenage pregnancy. Establish peer education programs to empower adolescents with knowledge and skills to navigate social pressures. Implement holistic programs that address the socioeconomic factors influencing teenage pregnancies.*

**Keywords:** Teenage pregnancy, pregnancy complications, Bauchi Specialist Hospital, maternal health, hospital attendance

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**1. Introduction**

Approximately 41 births per 1,000 females between the ages of 15 and 19 occurred worldwide in 2023, compared to approximately 65 births per 1,000 in 2000. Mothers under the age of twenty

gave birth to 13.3 million babies in 2021, or 10% of all births globally. according to UNICEF (2022), although drops have been unequal across regions, the global teenage birth rate for the age group 15–19 decreased by more than 30% between

2000 and 2022, from 65 to 43 births per 1,000 adolescent girls aged 15–19 (WHO, 2024).

Unmet contraceptive needs, unprotected sex, social opposition to using contraceptives, childhood sexual abuse or violence, and teenage girls' restricted participation in decision-making are major global issues linked to adolescent pregnancy. Teenage girls who had less education were more likely to become pregnant than those who had more education.

Over 25% of teenage girls and young women in Western, Central, Eastern, and Southern Africa gave birth before turning 18 in 2023. Sub-Saharan Africa has the highest rate of teenage pregnancies worldwide, and women there typically married young. The pooled prevalence of adolescent pregnancy among women aged 15–19 years was 18.15% (95% CI: 17.49, 18.83), according to a cross-sectional study that used the most recent DHS data (2019–2022) from four Sub-Saharan African nations. The pooled prevalence of teenage pregnancy in Africa was 18.8% (95% CI: 16.7, 20.9) worldwide and 19.3% (95% CI: 16.9, 21.6) in Sub-Saharan Africa, according to a systematic review and meta-analysis of 52 studies from 24 African countries comprising 254,350 participants. East Africa had the highest prevalence (21.5%), while Northern Africa had the lowest (9.2%) (UNICEF, 2022).

Teenage pregnancy, which is defined as pregnancy that occurs in women between the ages of 10 and 19, is still a major public health concern worldwide, especially in low- and middle-income nations where it hurts socioeconomic and health outcomes. An estimated 21 million pregnancies among adolescents aged 15 to 19 took place each year in these regions as of 2019, with 12 million births resulting from about 50% of these pregnancies being unplanned. The risks

are increased by this phenomenon, which is frequently associated with elements like underage marriage, sexual abuse, restricted access to contraception, and obstacles to education and information about reproductive health. Teenage women seeking prenatal care or giving birth in hospitals often face particular difficulties because of their physiological immaturity, insufficient prenatal care, and a combination of social factors like poor nutrition and low socioeconomic position (Nationwide Children's Hospital, 2016). Adolescent pregnancy in Nigeria is associated with a variety of circumstances, including peer, school, family, neighborhood, societal, and individual factors. The rate of teenage pregnancies in Nigeria was 106 per 1,000 in 2021 and was on the rise (Alukagberie et al., *Reproductive Health*, 2023).

The rates are 1.5 times higher for those who have one pregnancy and 2.1 times higher for those who have several pregnancies, and they are frequently caused by injury or non-injury. Psychosocial factors like poor childhood experiences, low levels of education, living in a rural area, and not using contraception all have an impact on these issues, which are not just age-related (WHO, 2025).

The number of teenagers giving birth each year in Nigeria is increasing. Babies are seen dumped in toilet places, bushes and road sides. These babies who are dumped are in most cases, given birth to by teenagers who are unwed. Some of these teenage mothers cannot identify the fathers of their babies because they have multiple sex partners so they feel the best option is to dump such babies (Ogbu, 2018).

In Abia, Imo Enugu and Anambra state, the problem of teenage pregnancies is further compounding by the involvement of some fathers and advanced adults in the inducements of teenage girls to feed the

baby factories with their offspring. Teenage pregnancy is linked with several issues that include low educational levels, higher rate of poverty, and other poorer outcomes in children of teenage mothers. Teenage pregnancy in most developing countries is often outside marriage. This comes with certain social stigma in many communities (Florence, et al, 2015).

Teen childbearing is associated with negative outcomes for teen parents, their children, and society (Ohonsi, 2015). The vast majority of all pregnancies among teenagers are unintended that-is, they were either unwanted or they occurred outside marriage (Ohonsi 2015). Teen birth rate in Katsina is the highest when compared to those of other states including Oyo and Edo. (Ogbu, 2018). These teenage mothers face a variety of difficult decisions. For the unmarried ones, they must decide whether to raise the born child or to place the baby for adoption.

In Kano, many teenage mothers experience obstructed labor due to poor development of pelvis (Florence, et al, 2015). This always resulted in serious maternal morbidity, for example, Vesico Virginal Fistula (VVF) or maternal mortality. The preventive programmes based on promoting abstinence in most Nigerian secondary schools; do not reduce teenager's sex, pregnancy. The school based clinics, sex education and contraceptive service programmes have little impact on teenage sexual activity. Effective prevention of unplanned teen pregnancies that will result in teenage motherhood will save the Nigerian society the cost she pays to support a teen mother her children and grandchildren.

Between 2008 and 2018, the Northern region continuously had the highest rate of teen motherhood. Nearly seven out of ten teenagers in the Northeastern states of Bauchi and Gombe, as well as the Northwestern states of Katsina and

Kaduna, had been teen mothers (Kareem et al., 2023). According to data from the Nigeria Demographic and Health Survey 2024, pregnancy rates were 4% among females who had completed secondary school and 34% among girls who had not received any formal education. Kebbi recorded approximately 32% of girls aged 15–19 having experienced pregnancy, while Zamfara and Kaduna recorded about 30% each. States like Lagos and Edo reported significantly lower rates of around 3%.

According to the NDHS 2023–24, Bauchi State records figures as high as 41% of teenagers aged 15–19 having experienced pregnancy among the highest rates in Nigeria and indeed globally. The national average stands at approximately 15% for girls aged 15–19. A multi-level spatial analysis using 2018 NDHS data identified Bauchi as one of the "hot spot" states for adolescent pregnancy, alongside Sokoto, Kebbi, Zamfara, Katsina, Kano, Jigawa, and Niger. Ordinary Kriging interpolation confirmed that Kebbi, Sokoto, Kano, Bauchi, and Katsina had the highest proportion of adolescent pregnancy in Nigeria. Factors associated with adolescent pregnancy include age at sexual debut, educational level, marital status, ethnicity, and working status (Akombi-Inyang et al., 2022).

Only 11% of women receiving routine prenatal care in Bauchi State received at least acceptable quality treatment, and only 5% received desirable quality care; the numbers were worse in the northern states. According to the survey, only 22% of women in Bauchi had a trained attendant during their most recent birth, and 73% of women their lack formal education, compared to 38% nationwide. Maternal morbidity was linked to excessive employment during pregnancy, lack of marital communication, ignorance of warning indications, and domestic violence, according to a cluster

randomized controlled study conducted in Toro LGA, Bauchi State ((Omer et al., 2022).

### **Statement of the Problem**

A numerous studies were conducted on pregnancy complication among teenage mothers (Kiani,et al, 2019). However the studies where not extended among teenage mothers attending Bauchi specialist hospital therefore the study aim to access the pregnancy complications among teenage women attending Bauchi specialist Hospital.

In recent decades, teenage pregnancy has become an important health issue. A great number of countries experience this phenomenon; both developed and developing pregnant teenagers face many of the obstetrics issues as other older women. There is however additional medical concerns for mothers aged under 15. Risks of low birth weight, premature labor, anemia and preeclampsia are connected to the biological age (Kiani, et al, 2019). For mothers age 15-19, risks are associated more with socio-economic factors than with biological effects of age. Teenagers' pregnancy is a serious risk factor, and this mostly occurs when these teenage girls are having their first delivery. This study sought to achieve the level of pregnancy complications among teenage mothers, and relation between socio-demographic data and pregnancy complications in teenagers attending Bauchi Specialist Hospital.

### **Objective of the Study**

Objectives of this study are;

- i. To determine the level of pregnancy complications among teenage mothers.
- ii. To investigate the relation between socio-demographic data and pregnancy complications in teenagers.

## **2. Literature Review**

### **Effect of teenage pregnancy**

Baldwin (1980) stressed that having a child or being pregnant as a teenager can

be frowned upon by the society we live in because the downside is that one's social life, education and training can be severely disrupted. He further said girls are expected to subordinate their personal goals, particular career goals, to the needs of their husbands and when a baby arrives, it is customary for the wife to take care of the baby, at least for some time and in face of this threat of loss of control over ones independence, individuals therefore must have a rather deep sense of their own personality identity and their own worth to be able to enter marriage or get pregnant, if teenagers are too dependent, then marriage can result in a real loss of identity and in the failure to satisfy their own important needs because they do not exert their influence and if a teenager is reacting against family control by being very defendant, getting married with the entanglements that it brings may be like jumping from frying pan to fire.

Kato (2016) viewed that young women or teenage girls who get pregnant or bear children before their own bodies are fully matured may suffer permanent damage to their reproductive organs and overall health as a result. Births she said which occur too early in a woman's reproductive years, more than four births and those which are too frequent are all classified as high risk for both mother and child and all are made more likely by teenage pregnancy or early marriages. She further stressed that apart from the health risk which teenage pregnancies or early marriage and high fertility thrust upon teenagers, prevailing attitudes about the sexual division of responsibility ensure that early and frequent births confine teenage girls closely to the home, limiting their educational and training opportunities. Girls who are removed from school for arranged marriages often, is more for the parent own benefits, with little consideration of the girls wishes, the marriage may mean land or cattle,

improved social connections but for their daughters denial of the chance to choose her own life partner may be indicative of further constraints on her ability to decide other life options which may led to divorce shortening the girls bright future and placing her at a permanent disadvantage. As a result of high level of early childbearing or teenage pregnancy in developing countries, pregnancy and childbirth are the leading causes of death among women aged.

Furthermore, she said compared with other women, teenagers are at increased risk for poor maternal and infant outcomes particularly maternal death and having an infant who is low- birth — weight or dies. The risk of maternal death and during childbirth in women 20 years and above is 2-4 times higher than teenagers below 20 years. Compared with bodies of women aged 20 — 29 babies born to women younger than 20 have higher risk of death in the neonatal period, largely because of their increased risk of being low-birth weight and a 26% higher risk of death by age five.

Adewale et al., (2013) during the UNICEF voices of youth discussions on teenage pregnancy said that, girls who have little exposure towards sex will eventually end up in teenage pregnancy because they do not have knowledge of sex education, and it is like a taboo in some societies to give young girls sex education, they say that teenage girls are too young to know about it and I wonder when is the right time to talk about sex, imagine nowadays there are so many teenage pregnancy cases and ignorance definitely has a hand in some of these pregnancies. In the same vein, this girl ends up ruining her life because she is forced to raise the child by herself, he said that cultural background can pressure girls into teenage pregnancy and early marriage and this results to fistulas in Africa.

Mujakperuo (2015) was a quick to note that some teenagers are influence by pornographic movies through televisions, magazines without a parental guide and for this reason, they (teenagers) will say experience is the best teacher and in the process of trying to experience, they end up getting pregnant at a very young age, and ruin their lives. Young girls are not fit to give birth because their bodies are not developed enough and pregnancies are supposed to be carefully observed and delivery should be in hospital but what is to be done when those things are not available if girls leave their homes because of unintended pregnancies, if pregnant teenagers are not treated for STD's, if they use drugs/alcohol or even smoke during the period of pregnancy? The lives of both the girl and the baby growing inside her womb will be in danger. Rukavia (2012) enumerated that in our society today, most of teenage pregnancies are unintended pregnancies and about half of those pregnancies end up or are terminated by abortion and worldwide, two in five teenage pregnancies either end up in abortion or an unplanned birth. She also said that more than three- quarter of all abortions occur in developing countries like Nigeria and more generally unsafe, this resulting to loss of lives.

#### **Prevention of Teenage Pregnancy**

The high rate of rate of teenage pregnancies is indicative of a high level of unprotected adolescent's sexual activity which poses a very high risk to STD's and HIV/AIDS. More prevention programmes and services need to be designed and implemented in an attempt to reduce pregnancies. Komane (2011) acknowledges that many studies and campaigns have been initiated in an attempt to uncover the causes and limit the number of teenage pregnancies worldwide and in South Africa. One programme that supports Komane's views

is the Love Life campaign. Love Life's strategy is aimed at building awareness by stimulating more open and better-informed communication about sex, sexuality and gender relations, to develop the necessary public health services, institutional support and outreach programmes for young people. Love Life is a brand-driven, comprehensive national programme, targeting 12 to 15 year old South Africans. It focuses on reducing the negative consequences of premature and adolescent sex by promoting sexual health and healthy lifestyles for young people. Love Life's goal is to reduce teenage pregnancy and the spread of HIV/AIDS and STD's among young South Africans. The programme utilizes the media nationwide, and combines various forms of health risks drive to develop adolescent-friendly health services, as well as outreach and support programmes (Love & Life, 2017).

This campaign has been particularly directed to the youth trying to make them aware and educate them about the risks of unprotected sex in an attempt to reduce the alarming rate of teenage pregnancies. A study by the Medical Research Council (2017) recommended sex education at school before the age of 14, when young people become sexually active. This should include information for teenagers about avoiding STD's. At the same time it should provide detailed information about contraception and its side effects, as well as better management and training of nurses so they can deal with teenagers requiring contraception and provide the necessary information and education, in a more empathetic manner so that teenagers are not afraid to ask for contraceptives. This will also assist in minimizing the stigma attached to teenage pregnancies. Teenage mothers face shaming and blaming from other people, and are afraid to admit that they are pregnant, which keeps many of them away from the

doctor, clinic or antenatal class until the pregnancy is advanced. Love and Life (2017) also stressed the role of schools in curbing adolescent pregnancy. It seems that there is uncertainty about whether pregnancies in Gauteng schools were really "spiraling" out of control or whether the higher figures represented improvements in reporting teenage pregnancies, or if the stigma associated with disclosing pregnancy has disappeared. It is clear that more research is required. Family planning services are widely accessible in urban areas in South Africa. Family planning services are meant to prevent teenage pregnancy and unwanted pregnancies.

However, despite the fact that the provision of contraceptive services has increased in urban areas in South Africa, Lesch & Kruger (2010) reported poor usage of these services among adolescents as most of them hold a belief that they will never become pregnant. In the study by Macleod (2009), he reported that the teenagers, who use contraceptives, use them more regularly. Macleod (2010) argues that the prevention of teenage pregnancies should happen through comprehensive sex education, improved contraceptives, education and training of the 21 parents of teenagers on how to talk to them about sex and relationships. Other authors like Burger (2012) reject this view by stating that education encourages more and earlier sexual activity. Therefore, it is the responsibility of the state to embark on effective action in an effort to decrease the soaring rate of teenage pregnancies. Holgate (2006) sees sex education in schools as the only solution to reduce teenage pregnancies worldwide. He also postulates that sex education should be part and parcel of every school's curriculum and should be a compulsory subject. However, he fails to consider that increased sex education does not

necessarily mean an increase in learners knowledge about or willingness to use contraception as prevention. Sex education is likely to influence the behavior positively for those who are willing to change and is likely to bring resistance for those who are not in a position to change. Therefore, it should be anticipated that sex education in school can bring about positive or negative change depending on the individual at whom it is directed to. Research done by Love Life (2017), postulated that sex education sometimes tend to produce the opposite behavior, namely encouraging teenagers to experiment with unsafe sex.

### **Theoretical Framework**

An ecological model of human development was presented by Bronfenbrenner (1994), taking into account the interaction and mutual influence between humans and the environment. This paradigm demonstrates the relationship between adolescent pregnancy and a number of micro- and macro-level elements, including self-status, behavior, family, friends, school, community, and macro-level socioeconomic and political factors. Teenage pregnancy is directly linked to each of these factors, which also interact with one another and have an indirect impact on pregnancy.

A theory-based framework for comprehending, investigating, and treating the social determinants of health at various levels is offered by the Social-Ecological Model. Five layers of influence are usually included in the model: (1) intrapersonal/individual, (2) interpersonal, (3) institutional/organizational, (4) community, and (5) policy. The Social-Ecological Model pushes us to comprehend the many variables that affect health outcomes rather than concentrating only on individual behavior.

### **Application of the Theory**

The SEM clarifies why awareness of pregnancy issues is ingrained in several interrelated socio-ecological layers rather than being solely an individual knowledge issue:

**Intrapersonal Level (Individual):** The young woman's age, educational attainment, parity, awareness of warning signals, attitudes about ANC, self-efficacy, and literacy. Individual-level understanding is extremely low in Bauchi State, where 73% of women lack formal education.

**Interpersonal Level (Family/Peers):** Communication between parents and adolescents about sexual and reproductive health, peer norms about early marriage and childbirth, and the effect of spouses and parents. **Institutional Level (Health Facilities):** The availability of youth-friendly services; the quality and accessibility of ANC services at Specialist Hospital Bauchi; the attitudes of medical professionals about adolescent moms. **Community Level:** Traditional birth attendant (TBA) practices, religious influences, pregnancy problems, and cultural norms that encourage early marriage. Government reproductive health programs, the provision of free maternal health services, the enforcement of legislation pertaining to the education of girls, and media exposure are examples of policy at the macro level.

The Social-Ecological Model takes into account the risk and protective factors that exist for each level as well as the interactions between these levels. Since youth are influenced by a variety of factors, including peers, family, community, and policies, adolescent pregnancy prevention programs are in a unique position to incorporate a social-ecological approach. The majority of evidence-based programs have incorporated this concept into their curricula through activities related to

setting individual goals, demystifying peer norms, strengthening parent-child communication, establishing community norms, and engaging with the community.

### 3. Methodology

In this study, a survey research design was adopted; this is because the method seeks numerical data from a representative sample of the population on the level of complications of pregnancy among teenagers in Bauchi specialist hospital. This method was deemed appropriate as it involved the collection of extensive data for the purpose of describing and interpreting an existing situation under study (Ijioma 2014). This design was adopted also because it enhanced the generalization of the findings of the study.

**Table 1: The Hospital and Number of Respondents**

S/N	Hospital	No. of affected teenagers
1.	State Specialist Hospital Bauchi	100
	<b>TOTAL</b>	<b>100</b>

Source: Hospital Record, (March, 2026)

Simple random sampling was used in selecting a sample of the teenagers. The justification for using random sample is to ensure that the all the respondents have equal right to be selected. The research instrument was a questionnaire which was developed by the researcher because it permits one to measure the attitude and opinion of the respondents towards the study and named it “Complications of Pregnancy among Teenagers In Bauchi Specialist Hospital Questionnaires (CPTMQ)” The questionnaire was divided into 3 sections, two of the three carried the research questions to be asked and the first section carried the demographic information of the respondent. The questionnaire will be a four modified Likert type. The scaling for any positive score will be as thus; A = 4, SA=5, D=3, SD=2, N=1.

The test re-test method was used to determine the reliability of the

Description of the study area: Bauchi Specialist Hospital is located in Bauchi, the capital city of Bauchi State in northeastern Nigeria. The city is a central hub in the region, providing access to various healthcare and educational services. Bauchi Specialist Hospital is a tertiary healthcare facility, offering advanced medical care and serving as a referral center for lower-level health facilities in the region.

The population of the study constitutes of female teenagers from State Specialist Hospital Bauchi which is a health care institution who come to the hospital for cases of unplanned pregnancies. The population stood at 100 as tabulated below:

instrument. A pilot study was conducted using a population of 20 respondents with similar characteristics as the research population. The instrument was administered to these respondents and after a period of two weeks the same instrument was re-administered to the same set of respondents to establish the reliability coefficient of the questionnaire using Pearson Product Moment Coefficients (PPMC) which yielded 0.82, hence the instrument is reliable.

The data was analyzed through SPSS software based on descriptive statistics such as percentage as well as mean and standard deviation. The inferential statistics was analyzed based on chi-square of independent.

**4. Results and Discussion**

**Table 2: Age distribution**

**Age Distribution of the Respondents**

Validity	Frequency	Percent	Valid percent	Cumulative percent
17-19years	100	100.0	100.0	100.0
<b>Total</b>	<b>100</b>	<b>100.0</b>	<b>100.0</b>	

Based on responses on table 4.1 above, we conclude that all the respondents for this study are teenagers. This is in line with the research objective which aims at

studying the complication of teenage pregnancy among teenagers mother in Specialist Hospital of Bauchi, Bauchi State.

**Table 3: Teenage Mother?**

Validity	Frequency	Percent	Valid percent	Cumulative percent
Yes valid	100	100.0	100.0	100.0
<b>Total</b>	<b>100</b>	<b>100.0</b>	<b>100.0%</b>	

All the respondents used for this study are all mothers. Teenage mothers which is also in line with objective of the study.

**Research Question One:** What is the level of teenage pregnancy complications in Bauchi state specialist hospital?

**Research Questions**

**Table 4: Assessing the Level of Teenage Pregnancy Complications**

Statement	A (%)	SA (%)	D (%)	DA (%)	N (%)
Hypertension lead to complicated to teenagers pregnancy	60 (60%)	35 (35%)	1 (1%)	2 (2%)	2 (2%)
Teen mothers often have poor nutrition lead to complicated to teenage pregnancy	38 (38%)	42 (42%)	5 (5%)	9 (9%)	6 (6%)
Stigma and isolation lead to complicated to teenagers pregnancy	51 (51%)	18 (18%)	12 (12%)	10 (10%)	9 (9%)
poverty lead to complicated to teenagers pregnancy	24 (24%)	47 (47%)	8 (8%)	6 (6%)	15 (15%)
Poor antenatal lead to complicated to teenagers pregnancy	32 (32%)	51 (51%)	7 (7%)	2 (2%)	8 (8%)

(Survey, 2026)

A significant 60% of respondents agree that hypertension contributes to complications in teenage pregnancies, with an additional 35% strongly agreeing. This suggests a consensus on the detrimental health impacts of hypertension among adolescents. Hypertension is known to increase risks during pregnancy, leading to conditions such as preeclampsia, which can have severe regarding nutrition, the results show that 38% of respondents agree and 42% strongly agree that poor nutrition is a contributing factor to complications in

teenage pregnancies. These findings align with existing literature indicating that nutritional deficits can lead to adverse outcomes, as young mothers often face challenges in accessing adequate dietary resources (Moll & Cort, 2022), Implications for both mother and baby (American College of Obstetricians and Gynecologists, 2021). The impact of stigma and isolation on teenage pregnancies garnered substantial agreement, with 51% stating that such social factors contribute to complications. This reflects a growing recognition of

how societal pressures and feelings of isolation can exacerbate health risks (Rogers et al., 2020). Isolation can result in reduced access to prenatal care and emotional support, further complicating pregnancy outcomes. A lower agreement rate was registered concerning the role of poverty, with only 24% agreeing and 47% in strong agreement. Poverty is a multifaceted issue that affects access to healthcare, education, and resources necessary for a healthy pregnancy (Smith et al., 2022). Despite the apparent recognition of its significance, it appear

that respondents might not fully correlate poverty directly with complications, which could merit further investigation. Finally, with 32% agreeing and 51% strongly agreeing that poor antenatal care can complicate teenage pregnancies, this reinforces the critical role of accessible, high-quality antenatal services. Studies have consistently shown that inadequate medical supervision during pregnancy can lead to increased morbidity and mortality risks for both the adolescent mother and her child (World Health Organization, 2020).

**Table 5: Calculation of  $\chi^2$  shows that there is no Significant Association Between the Level of Teenage and the Pregnancy Complications**

O	E	(O-E)	(O-E) <sup>2</sup>	$\frac{(O - E)^2}{E}$
21	27.2	62	3844	141.32
52	49.7	2.3	5.29	0.16
10	7	3	9	1.29
8	9.2	1.2	1.44	0.17
9	7	2	4	0.57
19	27.2	8.2	67.24	2.47
63	49.7	13.3	176.89	3.56
3	7	4	16	2.29
5	9.2	4.2	17.64	1.92
10	7	3	9	1.29
26	27.2	1.2	1.44	0.05
45	49.7	4.7	22.09	0.44
9	7	2	4	0.57
15	9.2	5.8	33.64	3.66
10	7	3	9	1.29
15	27.2	12.2	148.84	5.47
67	49.7	17.3	299.29	6.02
3	7	4	16	2.29
10	9.2	0.8	0.64	0.07
5	7	2	4	0.57
31	27.2	3.8	14.44	0.53
29	49.7	20.7	428.49	8.62
15	7	8	64	9.14
14	9.2	4.8	23.04	2.50
11	7	4	16	2.29
51	27.2	23.8	566.44	20.83
42	49.7	7.7	59.29	1.19
2	7	5	25	3.57
3	9.2	6.2	38.44	4.19

2

7

5

25

3.57

230.71

In table 3 above, it shows that the calculated  $\chi^2 = (230.71)$  is greater than the critical value (15.51), this implies that there is a no significant association between the level of teenage and the pregnancy complications. The null hypothesis which states that there is no

significant association between the level of teenage and the pregnancy complications is hereby rejected at 0.05 level of significance with eight (8) degree of freedom

**Research Question Two:** Are socio-demographic factors predispose teenagers to pregnancy and childbearing?

**Table 6: Are socio-demographic factors predispose teenagers to pregnancy and childbearing?**

S/N	Statement	A (%)	SA (%)	D(%)	SD(%)	N(%)
1.	Lack of education lead to teenage pregnancy	21 (21%)	52 (52%)	10 (10%)	8 (8%)	9 (9%)
2.	Cultural believe/traditions	19 (19%)	63 (63%)	3 (3%)	5 (5%)	10 (10%)
3.	Pressure from peers/mothers	26 (26%)	45 (45%)	9 (9%)	15 (15%)	5 (5%)
4.	Early puberty	15 (15%)	67 (67%)	3 (3%)	13 (13%)	8 (8%)
6.	Rape/sexual abuse	31(31%)	29(29%)	15 (15%)	14 (15%)	11 (11%)
7.	Absent of parents	51(51%)	42(42%)	2(2%)	3(3%)	2(2%)

Valid N = 100

A combined total of 73% (52% SA and 21% A) of respondents agree that a lack of education contributes to teenage pregnancy. This finding underscores the critical role of education in understanding reproductive health and making informed decisions (Nong & Dibley, 2021). Educational programs that include comprehensive sexual education can significantly impact knowledge and attitudes about contraception and reproductive health. The data indicate that 82% (63% SA and 19% A) believe cultural beliefs and traditions contribute to teenage pregnancy. Cultural norms can influence acceptability regarding early marriage and childbearing, shaping the behaviors of young individuals (Mendoza-Sassi et al., 2020). Community-based interventions targeting these cultural perceptions can help shift

attitudes toward adolescent reproductive health.

Here, 71% (45% SA and 26% A) agree that pressure from peers and mothers influences teenage pregnancy. Peer influence is particularly pivotal during adolescence, where conformity can dictate behaviors, including sexual activity (Odgers et al., 2021). Programs aiming to empower young individuals to resist such pressures could help in making informed choices about their sexual health. A significant 82% (67% SA and 15% A) agree that early puberty contributes to teenage pregnancies. The correlation between early maturation and increased risk of teenage pregnancy is well-documented, as younger adolescents may lack the maturity and preparedness necessary for parenthood (Miller & Wiggins, 2022). Education on puberty

and its implications is essential in preparing adolescents for the potential consequences.

The data show that 60% (31% A and 29% SA) acknowledge that rape and sexual abuse lead to teenage pregnancy. This alarming figure highlights the urgent need for protective measures and educational programs surrounding consent and healthy relationships (Baker & Johnson, 2021). Addressing such traumatic experiences is crucial for supporting affected individuals and preventing unintended pregnancies. Notably, 93% (51% A and 42% SA) believe that the

absence of parents significantly contributes to teenage pregnancy. Parental involvement is crucial in guiding adolescents, and the lack of it can lead to increased vulnerability and risk-taking behaviors (Benson et al., 2022). Interventions aimed at encouraging parental engagement in the lives of their teens are necessary.

Ho: There are no significant association between the socio-demographic factors predispose teenagers and complicated to teenage pregnancy.

**T**

**able 7: Calculation of  $\chi^2$  shows that there is no significant association between the socio-demographic factors predispose teenagers and complicated to teenage pregnancy**

O	E	(O-E)	(O-E) <sup>2</sup>	$\frac{(O - E)^2}{E}$
60	41	19	361	8.80
35	38.6	3.6	12.96	0.34
1	6.6	5.6	31.36	4.75
2	5.8	3.8	14.44	2.49
2	8	6	36	4.5
38	41	3	9	0.22
42	38.6	3.4	11.56	0.29
5	6.6	1.6	2.56	0.04
9	5.8	3.2	10.24	1.77
6	8	2	4	0.5
51	41	10	100	2.44
18	38.6	20.6	424.36	11
12	66	54	2916	44.18
10	5.8	4.2	17.64	3.04
9	8	1	1	0.13
24	41	16	256	6.24
47	38.6	8.4	70.56	1.83
8	6.6	1.4	1.96	0.29
6	5.8	0.2	0.04	0.01
15	8	7	49	6.13
32	41	9	81	1.98
51	38.6	12.4	153.76	3.98
7	6.6	0.4	0.16	0.02
2	5.8	3.8	14.44	2.49
8	8	0	0	0
				105.48

In table 3 above, it shows that the calculated  $\chi^2 = (105.48)$  is greater than the critical value (16.92), this implies that there is a no significant relationship between. The null hypothesis which states that there is no significant association between the socio-demographic factors predispose teenagers and complicated to teenage pregnancy is hereby rejected at 0.05 level of significance with nine (9) degree of freedom

### 5. Conclusion and Recommendations

These findings highlight a clear recognition of multiple societal, cultural, and familial factors contributing to teenage pregnancies. Addressing these issues calls for comprehensive strategies that encompass education, advocacy for cultural change, peer support initiatives, and increased parental involvement by targeting these areas, communities can work towards reducing the rates of teenage pregnancies and supporting the well-being of adolescents. These findings underscore the complex interplay of health, social, and economic factors that contribute to complications in teenage pregnancies. Addressing these issues requires a multifaceted approach that encompasses improved healthcare access, nutritional support, and societal change to reduce stigma associated with teen motherhood. Future research could further explore the relative impact of these factors to tailor interventions effectively.

i. The government should provide implementation of Comprehensive Prenatal Programs. Establish community-based prenatal care services that specifically target adolescent mothers. These programs should focus on providing regular check-ups, screenings for hypertension, and educational

resources to support healthy pregnancy practices.

- ii. Healthcare professionals should receive training on the unique needs and challenges faced by teenage mothers. Emphasizing empathetic care can improve trust and encourage adolescents to seek necessary medical attention.
- iii. Government should develop programs that educate young mothers about the importance of proper nutrition during pregnancy.
- iv. Government should collaborate with local organizations and grocery stores to improve access to healthy food for low-income families. Food vouchers or subsidies for pregnant teens could also be beneficial.
- v. Provide financial support services and stable housing options for pregnant teens that can help mitigate the impacts of poverty on their health outcomes.
- vi. Schools should integrate comprehensive sexual education into their curricula, focusing on age-appropriate topics that educate adolescents about reproductive health, consent, and relationships.
- vii. Programs aimed at encouraging and facilitating parental engagement in the lives of teenagers are essential. Workshops can be organized to equip parents with communication skills, allowing them to have open discussions about sexual health and relationships with their children. Initiatives such as parent-teacher meetings could also foster stronger relationships and promote a supportive home environment.

It is crucial to develop targeted support services for teenagers who are survivors of sexual abuse. This includes accessible counseling and mental health services in schools and



community centers that provide trauma-informed care.

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