



Effects of Teenage Pregnancy on Education of Female Students in Calabar South Local Government Area, Cross River State

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Abstract

This research project examined the Effects of Pregnancy on Education of Female Students in Calabar South LGA, Cross River State. A descriptive survey design was used to conduct the study. Three research questions and hypotheses were formulated to guide the study. The study population was 1778 teenage girls. Taro Yamane's was used to obtain the population size of 327 respondents. Structured questionnaire was face validated and used to collect data, the reliability was determined with Cronbach's alpha using SPSS which revealed a 0.900, 0.905 and 0.901 coefficient for question 1, 2 and 3 respectively. Data collected was subject to descriptive statistics using percentages, mean and standard deviation and presented in tables. The hypotheses were tested with Pearson's correlation coefficient at 0.05 significance level. The findings of the study revealed that teenage pregnancy affects the education of female students in Calabar South LGA. There is a negative relationship between teenage pregnancy and school attendance, academic interest and academic output. This means that, if the rate of teenage pregnancy is high, there will be low record of school attendance, academic interest and academic output respectively. Based on the findings, it was recommended amongst others, that, school-based daycare facilities be provided for soon to be/already teenage mothers, policies should be introduced to permit teenage mothers to remain in secondary school education, sex education should be initiated as early as 10 years of age and that appropriate messages should be designed for specific age group to be included in the school curriculum, among others.

Keywords: Teenage, Pregnancy, Education of Female Students

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Background to the Study

Pregnancy is a common name for gestation in humans. It is the development of one or more offspring, known as an embryo or fetus in the uterus (Shriver, 2013). Pregnancy usually lasts for about nine (9) months in human beings. At this stage, the embryo or offspring is developing during the first 8 weeks following conception, and subsequently, the term fetus is used until childbirth.

In many societies, medical or legal definitions of human pregnancy are somewhat arbitrarily divided into three trimester periods of three months each as a means to simplify reference to the different stages of prenatal development. The first trimester carries the highest risk of miscarriage (natural death of embryo or fetus). During the second trimester, the development of the fetus can be more easily monitored and diagnosed. The third trimester is marked by further growth of the fetus and the development of fetal fat stores (Shriver, 2013).

According to Sambo (2009:82), “teenage pregnancy refers to pregnancies which occur when the girl child is below the age of 18 years and it’s referred to unwanted, unplanned and out of wedlock”. Sometimes, teenage pregnancy occurs as a result of sexual abuse that is rampant in our society today. Given the above factors, Nweke (2012) stated that it is evident for a child to be abused at a very early age in order to fulfill an adult or older siblings’ need living the teenager with feelings or sexual infatuation or regret for the rest of her life with the feelings which he had to give too much of himself. The result of sexual abuse, however, is not restricted to problems in one’s sexual life; they impair the development of themselves as an autonomous personality.

Several factors seem to have been accountable for the growth of an infant or teenage pregnancy in developing and other developed nations of the world, and these varies in time and places. In some cases, teenage pregnancy occurs as a result of inadequate information about reproductive health and contraception within the context of early marriage. Dealing with unplanned pregnancy among teenagers is confusing and scary. A victim of unplanned pregnancy is likely to suffer or experience depression, frustration, fear and other emotional problems. Hence, the heightened risk for educational issues and injuries with children of adolescent parents is associated not with the influence of young age but the confounding influences of associated socio-demographic factors. Most teenagers become pregnant after they have hooked-up with their partners because of aggressiveness and curiosity of having sex. Odo (2012) claims: our sexuality influences our attitudes, the way we think and feel. The need for sex education is emphasizing because many adolescents have experienced failure in the area of sex resulting to teenage pregnancy, school dropout, rape, sexually transmitted infections and HIV/AIDS; as a cause of improper instructions on how to manage.

Anderson (2000) stated that children are sexually un-educated and the mothers in their view have just not done their job, such that we need professionals to do the right things. He further stated that teaching sex education to young children and adolescents will reduce the number of teenage pregnancies. Teenage parent often seems not to have financial resources to take care of their babies. And owing to this fiscal constraint, teen mothers appear to be at high

risk. According to Igba (2005:103), "the financial strain and psychological trauma to which some single parents are subjected to could impede their capabilities to cater adequately for their children's well-being".

Furthermore, both parents and business people seem to give more attention to acquiring wealth than they do to their parental duty toward moral upbringing of their children. And as a result of this, many female teenagers have been led astray by the influence of the peers at school, and the resultant effect is the pregnancy that is not important. Egbo (2009) observed that the get-rich-quick syndrome had affected the all-important need by youths to get through the tripartite education system. The problem that often comes to mind is, "why do adolescents have an unwanted pregnancy? Is sex simply an answer"? It is clear that sex is the means through which higher and lower animals perpetuate their kind and an expression of love but when put in wrong use, it can quickly create a social problem. Sex had become fun; sadly, such fun leads to teenage pregnancy. The quest for sex among teenagers seems to be high and uncontrollable. Iman (2004) summarized this experience in the Northern part of Nigeria and concluded that it has become impossible for parents to control the youths from indulging in sexual activities. He reported this, having an average of one request for one month from parents to abort the pregnancy of their daughters still in school. The action of parents goes to confirm that teenage pregnancy is now rampant in our society and if not correctly checked will undoubtedly amount to an unhealthy increase in the population of many school drop-outs.

Teenage pregnancy of the Girl-Child attracts enormous implications since children born to adolescent parents are less fit to receive proper nutrition, wellness care, cognitive and social stimulation. Most pregnant teenagers are expelled from their place of study and may not have the opportunity of being reabsorbed to the school system. This break in academic pursuit could hinder the future development opportunity as well as the quality of life of the young person. In many societies, people stigmatize the pregnant teens. This act has to do with feelings of shame, guilt, anger, denial and depression. Teenage pregnancy can be a contributing factor in low self-esteem. Teens are often afraid to tell friends, parents or other family members about their pregnancy which can lead to further anxiety, grief and aberration in the society. Consequently, teenage pregnancy can lead to adverse emotional and psychological effects including resentment or anger which can be severe.

Teenage mothers appear to be at high risk of experiencing birth complications, toxemia, anaemia and even death. Williams (2009) added that influence of adolescent pregnancy is not only pointed toward the health of the mother and baby but also to the health of extended family. These teenagers are more likely to end up sick and have their children grow up in abject poverty. From the above, it is therefore imperative that teenagers should refrain from pre-marital sex as the only means of getting unplanned pregnancy coupled with considerable diversity in outcomes of teenage pregnancy. Also, the necessity to have teenagers make the right decision at the time of pregnancy ought to be a priority. Pregnant teens seem to undergo controversy and confusion of the true man responsible for the pregnancy and whether to keep the pregnancy or to abort it.

In his view, Okolie (2005) emphasized that sex education should not be paid lip-service to make headway against this ugly situation and lessen the rate of teenage pregnancy. According to him, sex-educated teens often appear to be safe from the consequences of early pregnancy and other marathon adolescent complications. Adolescent pregnancies have become a public health issue because of their observed adverse effects on fetal outcomes and long-term morbidity. The community of young maternal age and long-term morbidity is usually mixed, however, by the highcurrenncy of poverty, low level of education, and single marital status among teenage mothers. Thus; there is a need for education as the process of self-discovery by which an individual discovers his or her innate lying talents, capabilities, and potentials for the benefit of the individual in his or her immediate environment, the society and of the world at large (Okoye, 2001). Most teenagers who were a victim of unplanned pregnancy had attempted aborting the pregnancy. Abortion among the teenagers should be discouraged to a great extent by the health workers in various hospitals to save lives and rescue the infected teenager from the complications. According to Effiong (2006:56); most teenage abortion is intentional. When abortion is intentional, it can cause a problem for the woman and if a couple is unable to have a child, and then abortion can cause unhappiness. Reports reveal cases of maternal morbidity and mortality during such years are due primarily to unsafe abortion because of infections and illnesses. The Pedagogic emphasis as could be deducted from the citation is that both induced and intentional abortion is detrimental to health. Unsafe abortion, however, is a procedure for terminating an unintended pregnancy, carried out either by person(s) lacking the necessary skills or in an environment that does not conform minimal medical standards, or both (WHO, 2000). The abortion rate among teenagers' records shows that out of every ten girls, seven have committed an abortion at one time or the other (WHO, 2000). And following the risk involved in abortion, many of the teenagers have lost their lives in the act.

In his view, Sambo (2009) highlighted that those children born to teenage mothers are less likely to receive proper nutrition, health care, adequate education, cognitive and social stimulation. As a result, they may have an underdeveloped intellect and attain lower academic achievement. The children not only grow up in poverty but also commit delinquent acts and other adult crimes. Such teen ends up a school drop-out since the school management does not harbor a pregnant teen while in school. And a victim might likely become a prostitute or inadequate member of the society. The nutritional need of pregnant teenage girl is the greatest at a time of pregnancy. Because of poor dietary habits, pregnant teenagers seem to enter into pregnancy with the reduced nutritional status and increased risk of protein deficiencies. From the above, it is therefore imperative that teenagers should avoid all forms of pre-marital sex as the only means of getting unplanned pregnancy coupled with considerable diversity in outcomes of teenage pregnancy. Also, the necessity to have teenagers make the right decision at the time of pregnancy ought to be a priority.

It is observed that despite government effort to control teenage pregnancies with contraceptives many young girls are carrying unexpected and unwanted pregnancies resulting in stoppage of their educational activities and expulsion from school. On this premise, that

the researcher is prompted to conduct this empirical study about effects of teenage pregnancies on education of female students in Calabar South Local Government Area.

Theoretical Framework

Theoretical framework found suitable to this study is Social Learning Theory propounded by Bandura in 1965. Most research to date concerning teenage pregnancy and sexuality has been based on cognitive decision-making models of behavior and few have been based on recognized learning theory (Morrison, 1985). The use of behavior modification techniques is a relatively new approach to the prevention of teen pregnancy. Social learning theory and the recent concept of self-efficacy (Bandura, 1977; Bandura & Walten, 1963) and their extensions offer possible solutions to this difficult social problem. Bandura defines self-efficacy as “the belief in one’s capabilities to organize and execute the courses of action required to manage prospective situations” (Bandura, 1995, p. 2).

People’s self-efficacy beliefs extend to all aspects of their lives – career choice, dating behavior, and emotional regulation. A child’s ideas about what she’s good at influences her choice of studies and ultimately career. If a person doesn’t believe her efforts will result in the outcome she wants, she will have a lot of trouble starting, applying effort, or persevering in any activity – whether it’s studying for an exam, engaging in a sport or asking someone out on a date.

Interestingly, in the world of education, Bandura also extended the concept of self-efficacy to a teacher’s “instructional efficacy” her belief in her ability to teach and “collective efficacy beliefs” the institution’s collective attitudes towards its students’ ability to learn. Both significantly impact their students’ educational outcomes.

Bandura posits that self-efficacy beliefs are formed by how individuals interpret the input they receive through four sources:

1. The person’s own mastery experiences. How a person interprets the results of her previous performance is the most influential source of self-efficacy beliefs.
2. Vicarious experiences of observing others perform tasks. A person forms beliefs in his own efficacy when he watches someone similar model the desired behavior. Models can also be mentors if they show a better way of doing the task.
3. Social persuasions. These are the verbal judgments made by others. Negative appraisals weaken self-efficacy beliefs more than positive appraisals strengthen them.
4. Somatic and emotional states. A person will assess how confident she feels by interpreting her own emotional and physical state as she contemplates an action.

These sources of self-efficacy beliefs point to the importance of a quality that makes us uniquely human. That is our ability to self-reflect; which is the process of making sense of our experience. Knowing the life-long impact that self-efficacy beliefs have, teachers and parents can help children develop healthy self-reflection skills. Consistent with the theory of observational learning, a great way to do this is by modeling healthy self-reflection on one’s own performance, and mentoring how a child is interpreting the results of his or her

performance. Teachers can routinely evaluate their own performance in front of the class, specifically identifying what they did well and how they plan to build on their success. By modeling self-evaluation, teachers demonstrate a process designed to promote self-efficacy.

Social learning theory focuses on principles of reinforcement and consequences of behaviors to explain the development and persistence of behavior as well as changes in some form of social contact that encourages the learning of social skills and behavior patterns. Adolescent sexual behavior may be learned by such process.

Application to the Study

The self-efficacy model proposes that undertaking a particular health behavior like adolescent pregnancy and teen abortion is dependent on one's perceived ability to perform the behavior effectively, as well as to derive reinforcement from performing the behavior. These reinforcements are usually gotten from peers. Applied to teen pregnancy, this model may facilitate a better understanding of teens' frequency of sexual intercourse.

Using this model, we can begin to observe certain patterns in the antecedent-behavior-consequence paradigm for adolescent sexual behavior. Antecedents to behavior may be distal as well as proximal and the behavior can be characterized as rate of sexual intercourse. The consequence, or outcomes, can be distal and/or proximal as well. Various social events may function as prompts or reinforcing consequences, and the combination determines the pattern of behavior and, ultimately, the risk of pregnancy.

Statement of the Problem

There are a number of factors that influence the rise in teenage pregnancy in Nigeria but we will focus on the social aspect of these factors as it is more relevant in the causes of teenage pregnancy in Calabar south, some of which includes; pressure from peers to have sex, dating at an early age, dating older people, having friends who are sexually active, and having friends who do alcohol and drug abuse. Because of the difference in one's self efficacy, most teens are allowed to be influenced by their peers and fall victim of adolescent pregnancy.

Peer pressure continues to destroy teenagers all over the world (Hashmi, 2013). According to Chiazor et al (2017) friends are critical instruments of socialization and establish standards of behavior while serving as role models hence altering the sexual behavior and beliefs of the teenagers. In most cases they allow their decisions regarding sex be influenced by their peers (Widman, Choukas-Bradley, Helms & Prinstein, 2016).

Though women are able to give birth as soon as they begin menstruating, there are some possible risks when you have a child early in your teen years. Some of the issues associated with teenage pregnancy in Calabar south includes; low birth weight/premature birth, high blood pressure, anemia, infant mortality and cephalopelvic disproportion (the baby's head is wider than the pelvic opening). These things are not guaranteed to happen, but it is a good idea to talk to your doctor about your reproductive health to know about any concerning signs or symptoms for your body.

The influence of teenage pregnancy causes a drastic reduction in the academic performance of the Girl-Child in Calabar south. Most teenagers have been withdrawn from school by their parents or relations on the ground of unplanned pregnancy. Some teenagers resort to carrying or performing induced abortion which mostly leads to complications or death.

The Federal Government in collaboration with key partners such as the World Health Organization (WHO) recently resolved to redouble efforts to tackle the menace of unsafe abortions and adolescent pregnancies.

Government is not relenting efforts to curb the menace of teenage pregnancy. Dr Chris Ugboko, Director of Gender Adolescent School Health and Elderly Care (GASHE) Division at FMOH stated that through the GASHE programme, government has successfully launched nationwide campaigns particularly in secondary schools to enlighten youths (13-18 years) on the dangers of engaging in unsafe sex. "We have organized talks, distributed flyers, and displayed educational documentaries in at least 200 schools across 20 states in Nigeria," he explained, "This we believe will eventually help to curb teenage pregnancies and prevent unsafe abortions" WHO (2018).

In other efforts to support government, WHO published documents facilitating implementation and prioritization of adolescent pregnancy prevention in adolescent health, including global standards for adolescent friendly health services and the Accelerated Action for Adolescent Health Guidance. In addition, WHO is currently synthesizing recommendations on adolescent sexual and reproductive health into a Compilation Tool (WHO, 2018).

Despite the effort by Government, Non-governmental organization and health workers to prevent pregnancies among teenagers, it has been observed that teenage pregnancy is still prevalent especially among teen girls in Calabar south of cross river state leading to poor academic performance. The aforementioned and stated factors and issues of teenage pregnancy leads to the problem of this study, which are the implications of adolescent pregnancy on the education of female children in Calabar South Local Government Area of Cross River State. The researcher intends to conduct this study to bridge the gap between the persistent rise in teenage pregnancy and Government interventions to help curb the challenges.

Objective of the Study

The objective of this study is to find out the influence of teenage pregnancy on the education of female children in Calabar south of Cross River State.

The study will specifically seek to:

1. Find the effect of teenage pregnancy on school/class attendance
2. Find the effect of teenage pregnancy on academic interest
3. Ascertain the effect of teenage pregnancy on academic output

Research Question

The following research questions were raised to guide the study:

1. What are the effects of teenage pregnancy on school/class attendance?
2. What are the effects of teenage pregnancy on academic interest?
3. What are the effects of teenage pregnancy on academic output?

Hypothesis

The following hypotheses were formulated to guide the study.

1. H₀: There is no significant relationship between teenage pregnancy and school/class attendance.
H₁: There is significant relationship between teenage pregnancy and school/class attendance.
2. H₀: There is no significant relationship between teenage pregnancy and academic interest.
H₁: There is significant relationship between teenage pregnancy and academic interest.
3. H₀: There is no significant relationship between teenage pregnancy and academic output.
H₁: There is significant relationship between teenage pregnancy and academic output.

Significance of the Study

This study was significant in the sense that it highlighted causes of teenage pregnancy, their impact in school, home and society, with a particular interest in their influence on the Girl-Child's academic performance in Secondary Schools in Calabar-south, Cross River State.

The finding of this study has directed educational sectors on how to handle adolescents without contributing to their frustration. The findings have expose parents not to see sex as a taboo that must never discuss with children. It has also encouraged parents to observe some developmental changes in the body of their children to avoid being misled by peers. The findings of the study had motivated the school administrators to organize moral instruction on weekly bases to inculcate morality on the students.

The findings of this study were further beneficial to the teenagers on their part to control their sexuality and thereby adjust to positive way towards their educational attainments. To the affected teenagers, it has exposed them on dangers of abortion and equally instill in them the determination and courage to continue their academic pursuit even at the point of pregnancy despite the shame and social stigma involved.

Delimitation of the Study

The research was delimited to effects of teenage pregnancy on education of female students. It was also delimited within the area of study, which was Calabar South Local Government Area, Cross River State.

Limitation of the Study

In the course of carrying out this study, the researcher encountered the following challenges:

1. Visiting all the schools within the district was not feasible so Taro Yamane's formula was applied to get the sample size from the sample population of 5 randomly selected secondary schools.
2. Lack of relevant data on the subject matter in the area of study posed a serious challenge in gathering the data needed for the work.
3. Incompliance by some respondents to provide the researcher with the relevant information needed to aid the study was a challenge.

Definition of Terms

Teenage: The years of a person's age from 13 to 19.

Pregnancy: This term is used to describe the period in which a fetus develops inside a woman's womb or uterus.

Influence: The capacity to have an effect on the character, development or behavior of something.

Attendance: is the act of being present at or attending a class, an event or a meeting.

Academic interest: is the zeal or drive of students towards educational attainment.

Academic output: represents evidence of a student's academic performance.

Parental neglect: is a form of abuse, an egregious behavior of caregivers (parents) that results in depriving a child of their basic needs.

Poverty: is a state or condition in which a person or community lacks the financial resources and essentials for a minimum standard of living.

Street children: are poor or homeless children who live on the streets of a city, town or village.

Moral and religious values are the behavioral practices, goals, and habits which are validated by the society we are part of.

Sexual promiscuity: is the practice of engaging in sexual activity frequently with different partners or being indiscriminate in the choice of sexual partners.

LITERATURE REVIEW

Introduction

This segment focused on the review of related conceptual and empirical literatures of the variable under study. It was organized under the following sub-headings:

- Conceptual review
- Empirical review
- Summary of literature review

Conceptual Review

Teenage pregnancy is an undesirable phenomenon occurring among educationally and economically under-privilege females. Teenage pregnancy is one of the major contemporary issues confronting most countries in the world today. From the first world countries, such as the United States to the third world countries, this problem has become a greater source of worries for policy makers, social workers and other service providers due to its negative repercussions on the girl-child (Grunseit, 2007). In 1997, Grunseit found that the USA had the highest rate of teenage pregnancy. In addition, he stated that every year more teenage girls become pregnant, many younger than 17 years old. In 2000 the statistic reported that in Nigeria, nearly 30% of recorded childbirths occurred to teenagers between ages of 13 and 19. This report was based on childbirth that was reported in public hospitals. The situation is worse in the rural areas where traditional birth attendants are used, and no statistical records are kept. More disheartening is a report gotten from Hosie (2007) that one out of three girls aged 15 to 19 residing in the northern region in Nigeria had a child.

Pregnancy as defined by Gordon (1983) is a condition in which a female carries in her womb, the young before it is born. In the same vein, Skyes (2000) defined pregnancy as the condition of carrying a developing offering in the uterus. A look at the two definitions of pregnancy above could reveal that pregnancy is meant for procreation and continuity. According to Allan Guttmacher Institute – (AGI) (1988), teenage pregnancy is an undesirable phenomenon. Onuzulike (2003) supported this when she observed that teenage pregnancy interferes with expectation regarding education, self-realization and economic prosperity among the affected teenagers. Ukekwe (2001) stated that stress arises even when pregnancies are planned, not to think of unplanned pregnancy, it implies that the girl has to restructure her roles because she is inadequately prepared for parenthood. Ukekwe (2001) further noted that many of these babies are unwanted by their teen mothers. These babies, she maintained suffer from starvation, sicknesses, homelessness and abandonment among other complications.

According to Kiernan (2010), teenage pregnancy can be defined as a teenaged or under aged girl within the age 13-19 years becoming pregnant. Globally, the world's population comprises 1.2 billion young people between the age of 15-24 years; the majority of these young people live in Sub-Saharan African and are susceptible to teenage pregnancies and sexually transmitted infections (Amoran, 2012). Teenage pregnancy has been regarded as a negative occurrence in recent times due to its various negative consequences on the overall

wellbeing of teenagers (Amoran, 2012; WHO, 2017). The consequences of the sudden role change that occurred to a teenager due to an unplanned childbirth are felt not only by the teenage mother and her child but the whole family system as well as the entire community (Whitehead, 2019; Oyedele, Wright & Maja, 2015).

Undiyaundeye (2012) sees teenage period as a transitional stage of physical and psychological human development generally occurring between puberty and legal adulthood. Within this period, the background of the individual plays an active role on the emotional development of such individual. According to Sambo (2009:82), “teenage pregnancy refers to pregnancies which occur when the girl child is below the age of 18 years. Unwanted, unplanned and out of wedlock”. Sometimes, teenage pregnancy occurs as a result of sexual abuse that is rampant in our society today.

Onuzulike (2002) described the teen years as a bridge between life as a child, and life as an adult, which gives the individual the opportunity to drop childhood behaviors and learn the adult lifestyle. Ezeorah (1982), Melgosa (2001), and a host of others agreed that the teen years span from the 13th to the 19th years of life. Ukekwe (2001) described it as the most important period in human life, which if not properly handled, could lead to the most disastrous consequences in later life, especially among females.

Causative Factors of Teenage Pregnancy

A number of factors influence the rise in teenage pregnancy, and they include;

Education

Education has long been identified as a critical variable in the eradication of poverty and ignorance in any society (Ekpo et al, 2009). The rise in teenage pregnancy in Nigeria can be attributed to ignorance and illiteracy on the side of the teenage and parents. According to Undiyaundeye et al (2015) the educational attainment of teenagers and parents influences the probability of teenage pregnancy.

Peer Pressure

Peer pressure continues to destroy teenagers all over the world (Hashmi, 2013). According to Chiazor et al (2017) friends are critical instruments of socialization and establish standards of behavior while serving as role models hence altering the sexual behavior and beliefs of teenagers. In most cases they allow their decisions regarding sex to be influenced by their peers (Widman, Choukas-Bradley, Helms, Prinstein 2016).

Media

Today's society has seen the rise of the media which has brought about industrialization, globalization, enculturation, adoption of western culture, education (Chiazor et al., 2017). As a result of this, the concept of sexuality has seen drastic changes over the years and certain practices once considered abomination are now accepted by the society.

Rebellion

Youthful exuberance has long been identified by scholars as part of the process of adolescence (Ayuba & Gani, 2012) as it sees teenager rebel or agitate against the control or dependence on their parents and seek to indulge in acts that will cause pain and embarrassment for their parents. One of these acts is unprotected sexual practices that can invariably lead to pregnancy.

Poverty

The financial status of parents significantly impacts the wellbeing, education of teenagers. In some cases, these teenagers are forced to fend for themselves by doing menial jobs to meet their needs and that of their entire family. In certain scenarios, these teenagers are sexually exploited by people who are more financially capable than they are and this potentially exposes them to pregnancy. According to Mangatu & Kisimbii (2019) teenage females from poor family background have a higher probability of being pregnant.

Stability of Family

The stability of a family has an impact on teenage pregnancy in the sense that poor communication with parents, divorce, domestic violence can lead to teenage pregnancy (Quinlivan, Tan, Steele & Black, 2004). In addition, teenagers have a higher probability of getting pregnant if they are not properly guided by the parents as researchers have established that teenagers raised in broken homes have a higher probability of becoming teenage mothers (Saikia, 2017).

Alcohol and Drug abuse

The impact of drugs and alcohol on the lives of teenagers cannot be quantified. Scholars highlight that drug and alcohol use increases the probability of teenagers being exposed to rape and exploited (Alabi & Oni, 2017). In the sense when a teenager is under the influence of drugs, they can easily be subdued into sexual activities that increase their risk to teenage pregnancy.

Problems of Teenage Pregnancies

The problems associated with teenage pregnancy as highlighted by Guttmacher Institute (1999) are as listed below:

1. There is a higher risk that babies born from teenage mothers are born too early, or that they have a low weight at birth.
2. The mothers may also encounter complications or difficulties at birth; they have a higher risk of anemia than mothers aged 20-24.
3. A pregnancy is best followed by trained medical staff during its course. Teenage mothers are less likely to receive prenatal care, often seeking it in the third trimester, if at all. The Guttmacher Institute reports that one-third of pregnant teens receive

insufficient prenatal care and that their children are more likely to suffer from health issues in childhood or be hospitalized than those born to older women.

4. Like most other teenagers, teenage mothers may suffer from poor nutrition. This may lead to them having specific illnesses related to bad nutrition. Bad nutrition is a more marked problem of teenagers in developed countries.
5. Up to 70,000 teen girls in developing countries die from complications during pregnancy each year. Young mothers and their babies are also at greater risk of contracting HIV. The World Health Organization estimates that the risk of death following pregnancy is twice as high for women between 15 and 19 years than for those between the ages of 20 and above. The maternal mortality rate can be up to five times higher for girls aged between 10 and 14 than for women of about twenty years of age. Illegal abortion also holds many risks for teenage girls in areas such as sub-Saharan Africa.
6. Risks for complications are higher for girls 14 years or younger, because their pelvis has not yet developed fully; this may lead to problems with childbirth.
7. Problems other than the age of the mother, such as poverty and social support also affect the outcome. It is important that teenage mothers can rely on the family and the state to help them cope and educate their child. Teenage parents who can rely on family and community support, social services and child-care support are more likely to continue their education and get higher paying jobs as they progress with their education.
8. Being a young mother often affects education. Teen mothers are more likely to drop out of high school. Recent studies, though, have found that many of these mothers had already dropped out of school prior to becoming pregnant.

Empirical framework

Teenage is often used interchangeably with adolescence. World Health Organization – WHO (2018) opined that, it is the period between 10 and 19 years when the secondary sex characteristics appear. According to Onuzulike (2003) female teenagers face a wide range of issues everyday relating to their psychological, physiological, emotional and socio-cultural concerns. Turner and Helms (1993) reported that the teen years fall between the ages of 13 and 19 years. There are several views and opinions among authors and researchers on the specific age at which it begins or ends. In the view of Adesomowo (1988) teen years starts at either 11 or 12 years and lasts to 19 years when the character of a person takes the permanent form. Notwithstanding the varied opinions on the beginning and the end of the teen years, studies by numerous authors and researchers, as mentioned earlier indicated that the teen years span from the 13th to the 19th year of life. Ukekwe further noted that teenagers are expected to grow up morally and gradually observing the norms of the society into adulthood. On the contrary, some of these teenagers engage in pre-marital sexual activities, which expose them to the risks of abortions, sexually transmitted infections (STIs) and pregnancies. Briggs (2001) identified several complications associated with teenage pregnancy. These include; high blood pressure, pre-eclampsia, eclampsia, malnutrition, vesico vaginal fistula, recto vaginal fistula and death. He observed that when high blood

pressure is accompanied by proteinuria, the teenager's condition can worsen to eclampsia, which if not controlled could progress to extreme hypertension, seizures, convulsion and cerebral hemorrhage. According to Chabra (1991) complications of pregnancy among teenagers includes first and third trimester's bleeding, severe anaemia, prolonged and obstructed labour, cephalo-pelvic disproportion, and toxaeias of pregnancy, stillbirth and high prenatal mortality and morbidity. Besides the health consequence of teenage pregnancy, the educational attainment of most, if not all teenage parents are hampered. Rojas (1989) reported that about 31.9 per cent of cases treated at a General Hospital in Columbia were teenagers aged between 15 and 19 years old. Ekwueme (2000) noted that about 400,000 unplanned births occur annually in Nigeria. Half of these births, she noted were to single girls between the ages of 15 and 19 years. She also observed that in thirty-one countries where data were available, fertility rates among women aged 15 to 19 years were high with an average of 164 live births annually. Audu (1997) remarked that over one million adolescent girls in Nigeriabecome pregnant every year. Of these, approximately 400,000 are 17 years or younger. He projected that among teenage girls who would turn 20 in 2001; one in five (1:5) would have been pregnant by her 18th birthday. Ekwueme equally remarked that among teenage girls in Nigeria, pregnancies are a common problem. This she maintained is because of high rate of premarital sexual activities among teenagers especially in mixed schools.

Regardless of the various teenage pregnancy prevention strategies and programs that have been established, teenage pregnancies and birthrates are still outrageously high (Solomon-Fears, 2017; Oyedele, Wright & Maja, 2015). Teenage pregnancy is regarded as an outcome of inconsistent or non-usage of contraceptives and is a risk factor for STIs, including HIV. Teenage pregnancy has been linked to teenagers indulging in regular unprotected sexual intercourse without a reliable contraceptive, inadequate sexual education, sexual coercion, peer pressure, proof of one's fertility, poor socio-economic status and promiscuity, among others (Solomon-Fears, 2017; Ajala&Edukugbo, 2015).

According to Ajala and Edukugbo (2015), high incidence of teenage pregnancy is a global phenomenon which affects the psychological and social health of the girl child. More so, teenage pregnancy is prevalent in the USA, with nearly a million teenagers becoming pregnant annually (Solomon-fears, 2017).

In the view of Ajala and Edukugbo (2015), teenage pregnancy rate is high in the United Kingdom. Teenage pregnancy rate is an important index that portrays the health status of a population but in Nigeria, the rate of teenage pregnancy and childbearing is a social health burden. According to a study conducted by Amoran on the predictors of teenage pregnancy and its prevention in a rural town in Western Nigeria, similar to other studies conducted in Nigeria (Ajala and Edukugbo 2015).

One of the most important obligations that a country can make in order to ensure a stable future economic, social and political progress is to address the health and developmental needs of its younger citizen so as to avoid high incidence of teenage pregnancies and to reduce the poverty level of that country. Thus, there is need to respond effectively to the health and developmental challenges of teenagers in Nigeria. During the 2018 International

Day of the Girl Child, studies conducted revealed the high rate of teenage pregnancy in Cross River State. It also shows the prevalence of HIV and AIDs among young people which required urgent attention if the future is to be guaranteed. United Nations Population Fund (UNFPA, 2018).

Gyan (2013) stated that the prevalence of teenage pregnancy among schoolgirls in the education of the girl-child has become alarming because of the sayings 'educate a woman and you educate a nation'. Yet the girl-child is often faced with challenges of access, equality and performance in terms of schooling. In some rural communities, the girl child is denied access to education and other vocational skills. Some are given out for marriage while others are allowed to their faith. This allows them to engage in sexual activities as means of livelihood and may result in teenage pregnancy.

Nwosu (2017), states that teenage pregnancy is a serious health problem globally, it has negative consequences on the health of the female child. The female child is faced with lack of support from family and community members that will lead to depression, making wrong decisions and abusing drugs. The stigma associated with teenage pregnancy is so high that they are left with feelings of shame, guilt, anger, denial and may lead to depression and low self- esteem. Eventually they will be afraid to seek help from friends, family or anyone about becoming pregnant which may lead to further isolation from society. He posited further that the teenage pregnancy also affects family life and relationships as the family is faced with challenges of whether or not to continue with the pregnancy and have the baby or opt for abortion or give it up for abortion (Nwosu, 2017)

People who abuse children often build a relationship with the child and the caring adults who want to protect them. Some may befriend parents who are facing difficulties, sometimes on their own. They may offer to babysit or offer support with childcare and other responsibilities. Some seek trusted positions in the community which put them in contact with children, such as childcare, schools, children's groups and sports teams (Peter, 2015). Some find places such as arcades, playgrounds, parks, swimming, baths and around schools, where they can get to know children. Some use the Internet to contact a child - often through chat rooms, social networking sites, and interactive gaming sites and other websites and online forums where children go. All these are possible in a family where the parents are not too concern about the children's whereabouts (Peter, 2015).

According to Bower (2017), it is evident that the chief factor leading to child sexual abuse is poverty. Instances where a mother would "collaborate" with the abuser by pretending not to be aware of the sexual abuse of her daughter because of financial security were reported to be rife (Children get gifts for sex). The needs of young girls are said to differ according to location. Rural girls would be more liable to trade sex for food and uniforms while their urban counterparts were likely to give in for "rewards" of cell phones and clothing. The 2017 National Census put the proportion of children born to single mothers at almost 60%. Meanwhile, national studies, including the report on the study of the socio-economic implications of violence against women, commissioned by the WHO (2015), shows that there is a very high rate of poverty among single-mother households compared to that among two-

parent households. It is believed that social and economic conditions influence family life, which in turn influences the development of effective social bonds with children. This fits the popular view in this study that child sexual abuse in Botswana has a strong relationship with poverty in families (Okello-Wengi, 2018).

Researchers have been aware of the link between poverty and child abuse for many years, although the causal mechanisms remain uncertain. The link between poverty and neglect appears to be stronger than that between poverty and other forms of abuse (Nikulina, Spatz, Widom, & Czaja, 2010). They state further that, in developed countries, it is largely relative rather than absolute poverty that is the issue, although absolute poverty is increasing as developed economies flounder in the wake of the global financial crisis.

Although teen pregnancy rates have fallen in the past several decades, the problem still wreaks havoc on the lives of teens. One factor that leads teen girls to become pregnant is peer pressure. Many teens sexualize themselves or engage in behavior for which they are not yet ready because they want to fit in or be popular (Schreine, 2018). If a child is approaching her teenage age, consider the impact that peer pressure could have on her decisions, and the potential ramifications of this impact. While most parents rest easier at night, thinking that their teens are not having sex, studies have disproved this thought. Approximately 1 in 3 children between the ages of 14 and 15 reported having sex at least once. Perhaps even more disturbingly, in a study of sexually active teens, 30 percent report not using birth control the last time they had sex (Schreine, 2018).

Peer pressure is a factor worthy of note when it comes to teenage pregnancy. The period of schooling is a time of dramatic personal, social and cognitive change that occurs in the life of a teenager. Davies (2014) sees adolescence as the developmental stage of most college students in our society. He sees this period as when young people search for the social values that define identity. He also notes how eager adolescence are to be affirmed by their peers in their search for values. The influence of peers has been the traditional cause of any teenage mischief you can think about. Teenagers rely on their friends for information as they want to be accepted within a particular social group (Davies, 2014). Some of them get pregnant not to please themselves, but only to be accepted within a group of pregnant or parenting friends. Sometimes they advised each other that in order to keep a loved boyfriend, the solution is to have sex with him and bear a child for him, often misguided and completely inaccurate (Davies 2014).

Peer pressure is always tough to deal with, especially when it comes to sex. Some teenagers decide to have sexual relationships because their friends think sex is cool. Others feel pressured by the person they are dating. Still others find it easier to give in and have sex than to try to explain why not. Some teenagers get caught up in the romantic feelings and believe having sex is the best way they can prove their love. Teens should however, note that it is not every teen that is having sex (Schreine, 2018). Even if sometimes it feels like everyone is "doing it," it is important to realize that this is not true. People often talk about sex in a casual manner, but this doesn't mean they are actually having sex. In addition, Hollywood doesn't show the full story. Sexual situations are everywhere in our culture. They are on television, in

movies, and even in commercials and magazines. This is part of the reason why we enjoy these things so much. It is noteworthy however, that characters in these movies, television shows, and advertisements are actors and actresses. They can't get unwanted pregnancies and STIs-but teens can (Schreine, 2018).

Adolescent pregnancy can also have negative social and economic effects on girls, their families and communities. Unmarried pregnant adolescents may face stigma or rejection by parents and peers and threats of violence. Similarly, girls who become pregnant before age 18 are more likely to experience violence within marriage or a partnership (Raj & Boehmer, 2018). With regards to education, school-leaving can be a choice when a girl perceives pregnancy to be a better option in her circumstances than continuing education, or can be a direct cause of pregnancy or early marriage. An estimated 5% to 33% of girls' ages 15 to 24 years who drop out of school in some countries do so because of early pregnancy or marriage (World Health Organization, 2015)

The rate of teenage pregnancy in Calabar-South Local Government Area of Cross River State, Nigeria is becoming so alarming, it is fairly not a conducive environment to raise children, especially female children. About 37.4% of senior secondary school female adolescents in Calabar south are sexually active with an average age at initiation of 13.7 years. About 22.6% of them have more than one sexual partner. Most of them (51.2%) learned about sexual intercourse from their peers. 84% of these teenagers go into sexual intercourse for fun, intimacy and friendship. Only 6.0% of the sexually active adolescents ever used family planning methods (Etuk et al., 2004). This poor sexual behavior in these adolescent girls is significantly influenced by the socio-economic status of parents and not by the type of school attended, Parental neglect, High rate of poverty, Non enforcement of compulsory basic education, Low level of awareness on girl child education, The menace of street children, Breakdown in moral and religious values, Widespread sexual promiscuity, Low level of awareness on sex education and use of condom, Ineffective social and economic integration at the local government level. About 18.4% of them have been pregnant at least once, 15.1% have had genital tract infection and 31.9% have sustained genital tract injury during sexual intercourse and until something is done, the next 20-50 years will become uncontrollable.

Effect of teenage pregnancy on school/class attendance

In research by Gyan (2013), he asked the participants to indicate whether they were still in school during the period of the study and their responses were that about five learners were not in school during data collection and this information has to be given out by those that were in school at the time while two of them indicated that they were in school. This implies that teenage pregnancy can be a cause as well as an effect of school dropout. That is being in school often prevent teenagers from getting pregnant so those who have dropped out of school are likely to fall prey to teenage pregnancy (Gyan, 2013).

IDB, (2011) stated that Students who are performing poorly in school find pregnancy to be a good excuse to quit school. The study also indicates that in many cases young women choose

not to use contraceptives because getting pregnant is a way of adding meaning to their lives. The study further asserted that young women who leave school immediately after finding out they are pregnant are students who already were performing poorly and are a number of years from completing their secondary studies. It is less common for a student who is performing well to abandon her studies when a pregnancy occurs.

Hosie (2017) also found out that bullying by teachers or other students were instrumental in their dislike of school. Those students whose attendance are poor and who dislike school prior to pregnancy have a negative attitude from their schools on disclosure of their condition and are less likely to remain in school than those who had good attendance beforehand (Hosie, 2017). Studies on Teenage pregnancy suggested that statistically, young mothers face a life of poverty, have lower levels of education and have less opportunity in the workplace than non-parenting teens. She found that research on teen pregnancy prevention usually focuses on the negative aspects of being a teen parent. It is also alleged that the relationship between teenage pregnancy and education goes in both directions. Teenagers who become pregnant are more likely to drop out of school and teenagers who drop out of school are more likely to become pregnant (Kaufmann, 2001).

Effect of teenage pregnancy on academic interest

Gorgen, Maier and Diesfield (1993) observed that students who become pregnant rarely go back to school. Stevens-Simon and McAnarmey (1993) noted that teenage pregnancy is a marker for socio-demographic factors such as poverty and poor education. Brown (2001) collaborated this when he posited that many of the teenagers end up as school dropouts. Action Health Incorporated (2004) also described teenage pregnancy as a major cause of school dropout among girls. They maintained that the pattern of pregnancies among young unmarried adolescents has assumed an alarming proportion, which if unchecked could result in undesirable consequences. Igba D. I., et al (2018) opined that the influence of teenage pregnancy would cause a drastic reduction in the academic performance of the Girl-Child. Most teenagers have been withdrawn from school by their parents or relations on the ground of unplanned pregnancy. And the teenage boys are being taken to police and courts for complicity. It is common to blame pregnancies on teenage girls for school desertions.

However, a new study by the Inter-American Development Bank (IDB) suggests that some adolescents in Latin America and the Caribbean are looking to get pregnant to skip school because they don't perceive that completion of their education will contribute to an improved life outcome (IDB, 2011). A majority of teenage mothers do not attend school despite having attended in the past: between 67 and 89 percent of teen mothers abandon school compared to 14 to 35 percent of women who do not have babies during their teens. Likewise, the proportion of women who complete at least the compulsory level of education before leaving school is lower among teenage mothers: between 32 and 55 percent do so compare with 55 to 62 percent of women who do not give birth in their teens (IDB, 2011).

Effect of teenage pregnancy on academic output

Teenage parenthood creates a number of economic and social disadvantages for young mothers. They are less likely to graduate from high school or attend college. The lack of educational achievement makes it more difficult for them to obtain adequate employment. They have a lower standard of living and are more likely to require public assistance. Their marriages are more likely to be unstable and they often have more children than they intended (Furstenberg et al., 1989).

The effect of teenage pregnancy is not only on the teenage mother, the effect on her child could also be devastating. Hofforth et al., (2001) observed that most teenage mothers could not continue with their education. The observation confirms the fear expressed by Mollborn (2007) that if the teenage mother eventually gets married, she becomes the primary caretaker and her chances of furthering her education decreases drastically. Day (2009) noted that the consequence extends to the children. According to them teenage mothers face hardships, which extends beyond birth and have higher risks which usually plagued by intellectual language and socio-emotional delays, resulting to their education not doing well in relation to child development and school readiness. Terry-Humen et al. (2005) noted problems in cognition, language communication and inter-personal skills among children of teenage mothers compared to those of older mothers. Studies by Hoffman (2006) and Haveman et al. (1997) show that less than 2% of young teen mothers of less than 18 years attain college degree before attaining 30 years of age and about 50% of them repeat a grade with lower performance on standardized tests. According to Melissa (2012) teenage pregnancy could lead to incomplete education, unemployment and other numerous emotional traumas.

According to the IDB, (2011) Women who had their first baby in their teens, have a two to three- year school deficiency when compared to other women and are 14 times more likely to leave the school system than other women. According to the report, the group of mothers who were interviewed had low aspirations for their future and did not believe they had the power to transform their existence through education. From this qualitative data, it was concluded that some teens would be looking to get pregnant to avoid going to school. Their expectations of having a life different from that of their parents were small or nonexistent. Therefore, in their view, a pregnancy would not dramatically alter their life path, but just accelerate it.

Summary of Review

In Nigeria, nearly 30% of recorded childbirths occurred to teenagers between ages of 13 and 19 and it is disheartening that one out of three girls aged 15 to 19 residing in the northern region in Nigeria had a child. Stress arises even when pregnancies are planned, not to think of unplanned pregnancy, this implies that the girl has to restructure her roles because she is inadequately prepared for parenthood. Many of these babies are unwanted by their teen mothers and these babies end up suffering from starvation, sicknesses, homelessness and abandonment among other complications.

There are several complications associated with teenage pregnancy. These include; high blood pressure, pre-eclampsia, eclampsia, malnutrition, vesico vaginal fistula, recto vaginal fistula and death. When high blood pressure is accompanied by proteinuria, the teenager's condition can worsen to eclampsia, which if not controlled could progress to extreme hypertension, seizures, convulsion and cerebral hemorrhage. Complications of pregnancy among teenagers also includes first and third trimester's bleeding, severe anaemia, prolonged and obstructed labour, cephalo-pelvic disproportion, and toxaeimias of pregnancy, stillbirth and high prenatal mortality and morbidity. Besides the health consequence of teenage pregnancy, the educational attainment of most, if not all teenage parents are hampered.

Over one million adolescent girls in Nigeria become pregnant every year. Of these, approximately 400,000 are 17 years or younger. Among teenage girls, before they turn 20, one in five (1:5) would have been pregnant by her 18th birthday.

The rate of teenage pregnancy in Calabar-South Local Government Area of Cross River State, Nigeria is becoming so alarming, it is fairly not a conducive environment to raise children, especially female children. About 37.4% of senior secondary school female adolescents in Calabar south are sexually active with an average age at initiation of 13.7 years. About 22.6% of them have more than one sexual partner. Most of them (51.2%) learned about sexual intercourse from their peers. 84% of these teenagers go into sexual intercourse for fun, intimacy and friendship. Only 6.0% of the sexually active adolescents ever used family planning methods. This poor sexual behavior in these adolescent girls is significantly influenced by the socio-economic status of parents and not by the type of school attended, Parental neglect, High rate of poverty, Non enforcement of compulsory basic education, Low level of awareness on girl child education, The menace of street children, Breakdown in moral and religious values, Widespread sexual promiscuity, Low level of awareness on sex education and use of condom, Ineffective social and economic integration at the local government level. About 18.4% of them have been pregnant at least once, 15.1% have had genital tract infection and 31.9% have sustained genital tract injury during sexual intercourse and until something is done, the next 20-50 years will become uncontrollable.

Teenage pregnancy can be a cause as well as an effect of school dropout. Young women who leave school immediately after finding out they are pregnant are students who already were performing poorly. Those students whose attendance are poor and who dislike school prior to pregnancy have a negative attitude from their schools on disclosure of their condition and are less likely to remain in school than those who had good attendance beforehand. Therefore, students who become pregnant rarely go back to school and end up as school dropouts.

Teenage parenthood creates a number of economic and social disadvantages for young mothers. They are less likely to graduate from high school or attend college. The lack of educational achievement makes it more difficult for them to obtain adequate employment. They have a lower standard of living and are more likely to require public assistance. It is based on these shortcomings that this study is carried. The study will ascertain the extent to which teenage pregnancy affects the education of female students.

RESEARCH METHODOLOGY

This chapter explains the method that will be used to conduct the study. It comprises of the following sub-headings:

- Research design
- Area of study
- Population of the study
- Sampling techniques
- Sample
- Instrument for data collection
- Validation of instrument
- Reliability of the instrument
- Administration of instrument
- Data analysis
- Ethical consideration

Research Design

For the purpose of achieving the desired objective of this study, descriptive survey design was adopted aimed at determining the “Influence of teenage pregnancy on the education of female students in Calabar south of Cross River State, Nigeria”.

Survey research is a method that is used to solicit responses from persons believed to have the desired information by asking questions. It is difficult to get responses from all the concerned students for analysis. The survey however allows the use of samples that will give a clue to what the response of the population is likely to be by seeking the opinions of the respondents. The design helped the researcher to ask questions, get answers and draw generalization based on the respondents’ data collected.

Area of study

The area of study is Calabar South Local Government Area. The area is in the Southern Senatorial District of Cross River State, having its headquarter located at Anantigha. It has an area of 264km² and a population of 191,630 at the 2006 census. The postal code of the area is 540. Calabar South is bounded by Calabar Municipality LGA in the North. Its southern shores are bounded by the Atlantic Ocean and to the East by Akpabuyo LGA. There are eleven wards in the local government area. The wards range from Ward 1 to Ward 12. Two ethnic groups form the indigenous population. These are the Quas and the Efiks. However, because of its cosmopolitan status, there abound people from all parts of the state and Nigeria in the city.

The chairman of Calabar South LGA is Hon. Mrs. Esther Bassey who is deputized by Hon. Ndabu Robert Hogan. The Paramount Ruler of Calabar South LGA is HRH Prof. ItamHoganItamNyamNnankor I. There is a state-owned university (University of Cross River State, UNICROSS formerly known as CRUTECH), thirty-three (33) secondary schools comprising of twenty-six (26) private and seven (7) public in Calabar South LGA.

Population of Study

The population of the study consisted of 1778 teenage girls between the age of 13 and 18 years in Calabar South Local Government Area of Cross River State drawn from 5 government public schools. The five (5) secondary schools whereas shown in the table below:

1 Tabular representation of the population of female students sampled		
S/Nos.	Name of school	Total population of female students
1	Duke Town Secondary School Calabar-South, Cross River State.	207
2	Edgerly Memorial Girls Secondary School, Calabar-South.	713
3	Government Secondary School Mbukpa, Calabar-South, Cross River State.	215
4	Government Secondary School Fenton Street, Calabar-South, Cross River State.	345
5	Government Secondary School Atu Street, Calabar-South, Cross River State.	298
Total		1778

Sampling Techniques:

Simple random sampling technique was used to draw the sampling size through different stages. One of the best ways to achieve unbiased results in a study is through random sampling technique because the technique composes a sample that yield research data that can be generalized to larger population. Random sampling includes choosing subjects from a population through unpredictable means where subjects all have equal chance of being selected. The technique employed by the researcher was the hat and draw (balloting) method. Here the researcher wrote the names of all the secondary schools in Calabar South on a sheet of papers, roll each sheet into paper ball, mixed the paper balls well in a hat and blindly draw the required number of units. In the same manner, the required samples were randomly drawn for the study.

Sample

Taro Yamane's formula was used to statistically arrive at the sample size. The formula is stated as below:

$$n = \frac{N}{1 + N(e)^2}$$

Where n = Sample size
 N = Population size
 E = Level of precision (5%)

$$n = \frac{1778}{1 + 1778(0.05)^2}$$

$$n = \frac{1778}{1 + 4.445}$$

$$n = \frac{1778}{5.445}$$

$$n = 327 \text{ Teenage girls}$$

The percentage of the total population to be sampled for each of the five (5) schools was calculated as:

$$\text{Percentage} = \frac{\text{sample size}}{\text{total population}} \times 100$$

$$\text{Percentage} = \frac{327}{1778} \times 100$$

$$\text{Percentage} = 18.39\%$$

The sample was unevenly distributed to the selected school of interest at 18.39% of their respective population as shown in the table below:

Table 2 Tabular representation of sample size distribution

S/Nos.	Name of school	Population (N)	Percentage (%)	Sample number (N×%)
1	Duke Town Secondary School Calabar-South, Cross River State.	207	18.39	38
2	Edgerly Memorial Girls Secondary School, Calabar-South.	713	18.39	131
3	Government Secondary School Mbukpa, Calabar-South, Cross River State.	215	18.39	40
4	Government Secondary School Fenton Street, Calabar-South, Cross River State.	345	18.39	63

5	Government Secondary School Atu Street, Calabar-South, Cross River State.	298	18.39	55
Total		1778	18.39	327

The sample size of the population was 327 teenage girls. 38 teenage girls were sampled from Duke Town Secondary School, 131 from Edgerly Memorial Girls Secondary School, 40 from Government Secondary School Mbukpa, 63 from Government Secondary School Fenton Street and 55 from Government Secondary School Atu Street.

Instrument for Data Collection

Primary data was sourced through structured base questionnaires called “ETP” (Effects of Teenage Pregnancy) because this research is based on individuals’ opinion. The questionnaire was carefully developed by the researcher to obtain relevant information for the study of the effect of teenage pregnancy on the education of female students. The questionnaire is divided into three sections: Section 1 consist the consent form that introduced the study to respondents and also seek their approval. Section 2 consists of demographic data of respondents. Section 3 represents the main body of the questionnaire and was targeted towards obtaining information from the respondents based on the research objectives. The questionnaire adopts a four-point Likert scale of Strongly Agree “SA”, Agree “A”, Disagree “D” and Strongly Disagree “SD” respectively.

Validation of Instrument

To ensure validity of instrument, face validity was used for this study to ensure that the items actually measure what they are intended to measure. Face validity helps to assess the purpose of the study, suitability of the item and language usage. The researcher submitted the instrument for assessment to the research supervisor. All contributions by the supervisor were taken note of in the final draft of the instrument.

Reliability of the Instrument

The Cronbach’s alpha reliability method was adopted in this study. This was because the method enabled the researcher to ascertain the internal consistency of the questionnaire which was made up of multiple Likert-type scales and items. The sample size of this study was 327 female students, therefore, the researcher made use of 10% of the sample size amounting to 33 female students for the reliability exercise. Since the area of this study was Calabar South LGA of Cross River State, the researcher moved to a different local government and accessed teenage girls in Calabar Municipality LGA for the reliability test. 33 copies of the questionnaire were administered to 33 female students in Akai-Efa Secondary School, Calabar Municipality. The questionnaire adopts a four-point Likert scale of Strongly Agree “SA”, Agree “A”, Disagree “D” and Strongly Disagree “SD” respectively. Where SA = 4, A = 3, D = 2 and SD = 1. The data obtained for the reliability test were computed in excel and presented in the table below:

Reliability result

The following table describes how different range of Cronbach's Alpha are interpreted.

Cronbach's Alpha	Internal consistency
$0.9 \leq \alpha$	Excellent
$0.8 \leq \alpha < 0.9$	Good
$0.7 \leq \alpha < 0.8$	Accepted
$0.6 \leq \alpha < 0.7$	Questionable
$0.5 \leq \alpha < 0.6$	Poor
$\alpha < 0.5$	Unacceptable

Table 3 Estimation of reliability coefficient through Cronbach's Alpha Technique (N=33)

S/Nos.	Variables	No. of items	\bar{x}	Var.	SD	A
1	Effects of teenage pregnancy on school/class attendance	33	19.3	38.655	6.217	0.900
2	Effects of teenage pregnancy on academic interest	33	19.39	39.934	6.319	0.905
3	Effects of teenage pregnancy on academic output	33	16.45	29.693	5.449	0.901

The Cronbach's alpha formula revealed 0.900 coefficient for the effect of teenage pregnancy on school attendance, 0.905 coefficient for the effect of teenage pregnancy on academic interest and 0.901 coefficient for the effect of teenage pregnancy on academic output respectively, thus found to have an excellent correlation within the limit of reliability. Hence, the instrument was adopted for the main research study. (See Appendix 2 for the reliability exercise and results).

Administration of Instrument

The researcher visited the five selected schools and administers the questionnaire to the respondents. The researcher was assisted by two of her colleagues and friends who served as research assistants. Finally, the researcher collected the questionnaires from the respondents (female students) immediately after their response within the same day.

Data Analysis

The data sourced and gathered from the field was analyzed using descriptive analytical method which involves mean and standard deviation. The formulas are as follows;

1. **Mean** $= \bar{x} = \frac{\sum fx}{\sum f}$
2. **Standard deviation** $= \sqrt{\bar{x} = \frac{\sum f(x-\bar{x})^2}{\sum f}}$

Where: f = frequency

x = variable that is the rating scales

\bar{x} = mean

fx = frequency multiplied by variation.

3. **Pearson product moment correlation co-efficient (r):** The Pearson product moment correlation co-efficient formula was used to test the hypothesis. The formula is given as:

$$r = \frac{n\sum(XY) - (\sum X)(\sum Y)}{\sqrt{[n(\sum X^2) - (\sum X)^2][n(\sum Y^2) - (\sum Y)^2]}}$$

Where: r = Pearson's correlation coefficient

n = number of paired data

X = data of first variable

Y = data of second variable

XY = the product of the paired data

Decision rule

The decision rule was accepting the null hypothesis if r-calculated is greater than r-tabulated and rejecting the null hypothesis if r-calculated is less than r-tabulated at 0.05 level of significance.

Ethical Consideration

Leedy and Ormrod (2001) advised that; since the research projects deal with humans, research procedures must be carefully considered. Thus, the rights, dignity, welfare, respect and courtesy of the participants are some of the ethical issues that the researcher will consider.

Informed consent:

This comprises the purpose of the study, expected duration and the principles that need to be followed. The researcher in this study detailed all the necessary information and steps that will be taken during the study and the participants will be familiarized with the necessary. A consent and assent form were distributed to the participants. These guaranteed the participants that their personal information and all other data provided would not be used against them but only for the purpose of the research.

Data confidentiality:

The participants are guaranteed of confidentiality owing to all the data they provided. Confidentiality is necessary at all times because it helps protect people from being stigmatized and discriminated against.

Voluntary participation:

Putting pressure on someone to be part of the study is coercion. It was in the interest of both the researcher and the participants that the research is carried out of willingness. The respondents at any time have the right to withdraw from participating in a study.

Behavior and objectivity of participants:

Due to the nature of the research which involved sensitive issues and being time consuming, the researcher was accommodative to individual differences.

Maintenance of data:

It is the researcher's duty to keep the generated responses safe all the time and ensure anonymity. In other words, confidentiality of information collected was maintained well to avoid violation of the principle of trust. Thus, a password protected computer was used to protect data from unauthorized access.

RESULTS AND DISCUSSION

This chapter is concerned with the statistical analysis of data collected for this study. The chapter also focused on the presentation, interpretation and discussion of the results that were obtained from the analysis of the data collected for this study. This was done with the hypothesis stated earlier in the study with each hypothesis tested at 0.05 level of significance and all research questions were answered.

Presentation of Results

Table 4 Data presentation of Respondents’ demographic variables

Variables	Frequency	Percentage
Age		
13 years	5	1.5
14 years	8	2.4
15 years	12	3.7
16 years	74	22.6
17 years	86	26.3
18 years	109	33.3
19 years	33	10.1
Total	327	100
Class		
JS1	17	5.2
JS2	23	7.0
JS3	22	6.7
SS1	87	26.6
SS2	93	28.4
SS3	85	26.0
Total	327	100
Religion		

Christian	297	90.8
Muslim	22	6.7
Traditional	8	2.4
Total	327	100

Table 4 above induces that, 5 female students representing 1.5% of the respondents were of age 13, 8 representing 2.4% were of age 14, 12 representing 3.7% were of age 15, 74 representing 22.6% were of age 16, 86 representing 26.3% were of age 17, 109 representing 33.3% were of age 18 and 33 representing 10.1% were of age 19.

Concerning class dispersion, a total of 17 female students representing 5.2% of the entire respondents were in JS1, 23 representing 7% were in JS2, 22 representing 6.7% were in JS3, 87 representing 26.6% were in SS1, 93 representing 28.4% were in SS2 and 85 representing 26% were in SS3.

Finally, in the analysis of respondents' religion, out of the 327 respondents, majority being 297 representing 90.8% were Christians, 22 representing 6.7% were Muslims and 8 representing 2.4% were practicing African Traditional Religion.

Research question 1

What are the effects of teenage pregnancy on school/class attendance?

Table 5 Mean responses and standard deviation of respondents on the effects of teenage pregnancy on school/class attendance.

S/Nos.	Questions	SA	A	D	SD	Total	Mean	SD	Remark
1.	Pregnant teens lack time for their studies	168	95	53	11	327	3.28	0.75	Agree
2.	Pregnant teens are always mocked by classmates	175	99	41	12	327	3.34	0.71	Agree
3.	Pregnant teens are emotionally unstable	251	63	12	1	327	3.72	0.46	Agree
4.	Pregnant teens face pressure of early motherhood	195	88	41	3	327	3.45	0.65	Agree
5	Pregnant teens meet early financial incapacitation	220	91	12	4	327	3.61	0.52	Agree

6	Pregnant teens skip school because of shame	312	13	1	1	327	3.94	0.21	Agree
7	Parents stop pregnant teens from going to school	25	48	146	108	327	1.97	1.02	Disagree
Grand mean (Y)		201	77	37	12	327	3.42	0.62	

Table 5 above revealed that all the items are effects of teenage pregnancy on school/class attendance except in item no.7 which the respondents disagreed that parents stop pregnant teens from going to school is not one of the effects of teenage pregnancy on school/class attendance.

Research Question 2

What are the effects of teenage pregnancy on academic interest?

Table 6 Mean responses and standard deviation of respondents on the effects of teenage pregnancy on academic interest.

S/Nos.	Questions	SA	A	D	SD	Total	Mean	SD	Remark
1	Pregnant teens are encompassed with biological changes of pregnancy	160	112	52	3	327	3.31	0.7	Agree
2	Stress of pregnancy overwhelms academic interest	288	25	10	4	327	3.83	0.38	Agree
3	Teachers' approach towards pregnant teens kills academic interest	234	59	26	8	327	3.59	0.59	Agree
4	Pregnant teens have difficulty meeting up with reading group member	199	74	52	2	327	3.44	0.68	Agree
5	Pregnant teens lack encouraging peers	20	55	151	101	327	1.98	0.96	Disagree
6	Pregnant teens are disturbed psychologically	251	63	10	3	327	3.72	0.46	Agree
7	Pregnant teens have low future aspiration	165	100	43	19	327	3.26	0.76	Agree

Grand mean (Y)	188	70	59	10	327	3.34	0.62	
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Table 6 above revealed that all the items are effects of teenage pregnancy on academic interest except in item no.5 which the respondents disagreed that pregnant teens lack encouraging peers is not one of the effects of teenage pregnancy on academic interest.

Research Question 3

What are the effects of teenage pregnancy on academic output?

Table 7 Mean responses and standard deviation of respondents on the effects of teenage pregnancy on academic output.

S/Nos.	Questions	SA	A	D	SD	Total	Mean	SD	Remark
1	Pregnant teens are dull in understanding	105	156	55	11	327	3.09	0.73	Agree
2	Pregnant teens could not copy notes in class	143	105	49	30	327	3.1	0.84	Agree
3	Pregnant teens could not perform their assigned homework	278	15	21	13	327	3.71	0.53	Agree
4	Pregnant teens could not partake to contribute in group activities	302	3	20	2	327	3.85	0.39	Agree
5	Pregnant teens always perform below average in class quizzes	174	106	33	14	327	3.35	0.7	Agree
6	Pregnant teens indulge in exam malpractices	25	42	59	201	327	1.67	1.26	Disagree
Grand mean (Y)		171	71	40	45	327	3.13	0.74	

Table 7 above revealed that all the items are effects of teenage pregnancy on academic output except in item no.6 which the respondents disagreed that pregnant teens indulge in exam malpractices is not one of the effects of teenage pregnancy on academic output.

Hypothesis Testing

The mean, standard deviation, degree of freedom, calculated 'r' value and the critical value 'r' of the three hypotheses in this study were computed and tested at 0.05 level of

significance. The critical value was gotten from the Pearson's correlation coefficient table which is attached in Appendix 3.

Hypothesis 1

H_0 : There is no significant relationship between teenage pregnancy and school/class attendance.

H_1 : There is significant relationship between teenage pregnancy and school/class attendance.

Let: x represents teenage pregnancy

y represents school/class attendance

Table 8 Pearson's product moment correlation coefficient 'r' showing relationship between teenage pregnancy and school/class attendance.

<i>Variable</i>	<i>N</i>	\bar{X}	<i>SD</i>	<i>DF</i>	<i>r-cal.</i>	<i>r-crit.</i>	<i>remarks</i>
Relationship between teenage pregnancy and School/class attendance	327	3.42	0.62	326	0.63	0.11	H_0 rejected

Level of significance = 0.05

Degree of freedom = $N - 1 = 327 - 1 = 326$

Table 8 above shows the calculated R-value of 0.63 and critical value of 'r' of 0.11 with 326-degree of freedom. Since the calculated R-value of 0.63 is greater than the critical value of 0.11, the hypothesis H_0 is rejected and the alternative hypothesis is upheld. The result implies that there is a statistically significant relationship between teenage pregnancy and school/class attendance in secondary schools in Calabar South Local Government Area of Cross River state.

Hypothesis 2

H_0 : There is no significant relationship between teenage pregnancy and academic interest.

H_1 : There is significant relationship between teenage pregnancy and academic interest.

Let: x represents teenage pregnancy

y represents academic interest

Table 9 Pearson's product moment correlation coefficient 'r' showing relationship between teenage pregnancy and academic interest.

<i>Variable</i>	<i>N</i>	\bar{X}	<i>SD</i>	<i>DF</i>	<i>r-cal.</i>	<i>r-crit.</i>	<i>remarks</i>
Relationship between teenage pregnancy and academic interest	327	3.34	0.62	326	0.59	0.11	H_0 rejected

Level of significance = 0.05

Degree of freedom = $N - 1 = 327 - 1 = 326$

Table 4.6 above shows the calculated R-value of 0.59 and critical value of 'r' of 0.11 with 326-degree of freedom. Since the calculated R-value of 0.59 is greater than the critical value of 0.11, the hypothesis H_0 is rejected and the alternative hypothesis is upheld. The result implies that there is a statistically significant relationship between teenage pregnancy and academic interest in secondary schools in Calabar South Local Government Area of Cross River state.

Hypothesis 3

H_0 : There is no significant relationship between teenage pregnancy and academic output.

H_1 : There is significant relationship between teenage pregnancy and academic output.

Let: x Represents teenage pregnancy

y Represents academic out put

Table 10 Pearson's product moment correlation coefficient 'r' showing relationship between teenage pregnancy and academic output.

<i>Variable</i>	<i>N</i>	\bar{X}	σ^2	σ	<i>r-cal.</i>	<i>r-crit.</i>	<i>remarks</i>
Relationship between teenage pregnancy and academic output	327	3.13	0.74	326	0.48	0.11	\square_0 rejected

Level of significance = 0.05

Degree of freedom = $\square - 1 = 327 - 1 = 326$

Table 10 above shows the calculated R-value of 0.48 and critical value of 'r' of 0.11 with 326-degree of freedom. Since the calculated R-value of 0.48 is greater than the critical value of 0.11, the hypothesis \square_0 is rejected and the alternative hypothesis is upheld. The result implies that there is a statistically significant relationship between teenage pregnancy and academic output in secondary schools in Calabar South Local Government Area of Cross River state.

Discussion of Results

Result from the tables above indicates that teenage pregnancy hinders school/class attendance, academic interest and academic output in secondary schools in Calabar South Local Government Area of Cross River State.

Effect of teenage pregnancy on school/class attendance

The summary of the result presented in table 4.2 revealed a grand mean and standard deviation of 3.42 and 0.62 respectively. The grand mean of 3.42 falls in-between 3.01 and 4.00 which accounts for strongly agreed. The outcome of table 4.2 indicates that teenage pregnancy hinders school/class attendance. The Pearson's correlation result showed that they exist a negative relationship between teenage pregnancy and school/class attendance. A unit increase in the level of teenage pregnancy will result to 0.63 unit decrease in the level of school/class attendance. This in real life means that if the level of teenage pregnancy among female students is increasing, the level of female students' school/class attendance will subsequently decrease.

This finding is supported by Hosie (2017) who found out that bullying by teachers or other students were instrumental in their dislike of school. Those students whose attendance are poor and who dislike school prior to pregnancy have a negative attitude from their schools on disclosure of their condition and are less likely to remain in school than those who had good attendance beforehand (Hosie, 2017). The finding is also supported by Kaufmann who alleged that the relationship between teenage pregnancy and education goes in both directions. Teenagers who become pregnant are more likely to drop out of school and teenagers who drop out of school are more likely to become pregnant (Kaufmann, 2001).

Effect of teenage pregnancy on academic interest

The result obtained and presented in table 4.3 revealed a grand mean and standard deviation of 3.34 and 0.62 respectively. The grand mean of 3.34 falls in-between 3.01 and 4.00 which accounts for strongly agreed. The outcome indicates that teenage pregnancy affects academic interest. The Pearson's correlation result showed that they exist a negative relationship between teenage pregnancy and academic interest. A unit increase in the level of teenage pregnancy will result to 0.59 unit decrease in the level of academic interest. This in real life means that if the level of teenage pregnancy among students is increasing, the level of female students' academic interest will subsequently decrease.

This finding was supported by IDB (2011) who stated that majority of teenage mothers do not attend school despite having attended in the past: between 67 and 89 percent of teen mothers abandon school compared to 14 to 35 percent of women who do not have babies during their teens. Likewise, the proportion of women who complete at least the compulsory level of education before leaving school is lower among teenage mothers: between 32 and 55 percent do so compare with 55 to 62 percent of women who do not give birth in their teens (IDB, 2011).

Effect of teenage pregnancy on academic output

Table 4.4 revealed a grand mean of 3.13 and a standard deviation of 0.74. The grand mean of 3.13 falls in-between 3.01 and 4.00 which accounts for strongly agreed. The outcome indicates that teenage pregnancy influences academic output. The Pearson's correlation result showed that they exist a negative relationship between teenage pregnancy and academic output. A unit increase in the level of teenage pregnancy will result to 0.48 unit decrease in the level of academic output. This in real life means that if the level of teenage pregnancy among female students is increasing, the level of female students' academic output will subsequently decrease.

This finding was supported by Igba D. I., et al (2018) who opined that the influence of teenage pregnancy would cause a drastic reduction in the academic performance of the Girl-Child.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This section is intended to give a summary, conclusion and recommendations. The chapter was presented under the following sections:

- Summary of the study
- Conclusion
- Recommendations

Summary of the Study

This research was carried out to examine the effect of teenage pregnancy on education of female students in secondary schools in Calabar South of Cross River State in Nigeria. This problem has caused poor class attendance, lack of academic interest and poor academic performance amongst pregnant teens. This research is carried out to identify and proffer solutions to the effects of teenage pregnancy on school attendance, academic interest and academic output.

The theoretical framework for this study was based on Bandura (1995) self-efficacy concept of social learning theory which he defines as the belief in one's capabilities to organize and execute the courses of action required to manage prospective situation.

The study adopted a descriptive survey design. Simple random technique was used for data sampling and 327 teenage girls were selected for the study using Taro Yamane's formula. Data was collected through the researcher's constructed questionnaire titled Effects of Teenage Pregnancy on Education of Female Students; the questionnaire was divided into three (3) sections, 1, 2 and 3. Section 1 was a consent letter, section 2 asked questions on the respondents' demographic data and section 3 had 20 items that examined the effects of teenage pregnancy on the education of female students in Calabar south LGA in a 4-point type Likert scale.

The findings indicated that teenage pregnancy affects the education of female students in Calabar South LGA. There is a negative relationship between teenage pregnancy and school attendance. In the same vein, there is also a negative relationship between teenage pregnancy and academic interest. Lastly, there is likewise a negative relationship between teenage pregnancy and academic output. This means that, if the rate of teenage pregnancy is high, there will be low record of school attendance, academic interest and academic output respectively.

Conclusion

It was concluded based on the findings of this study that teenage pregnancy affects female students in so many ways. The effects include; time factor, peer pressure, psychology, stress, financial incapacitation, shame, teachers' approach, low future aspiration. It was concluded that parental pressure and lack of encouragement from peers do not influence education of female students. Also, it was concluded that teenage pregnancy affects academic output because pregnant teens are; dull in understanding, they don't copy notes, they don't perform their assigned homework, they skip group activities and they perform poorly in class quizzes. This study therefore concludes that the devastating nature of teenage pregnancy call for intensive health education to enable female students in Calabar south make informed decisions on how to curb this menace.

Recommendations

Upon analysis of the data and the resulting evidence obtained from the research, the following recommendations were provided;

1. Psychological help should be provided to female students in secondary schools to help them deal with pressures of peers and societal stigmatization.
2. School-based daycare facilities should be provided for soon to be/already teenagemothers.
3. Voluntary Organizations in Nigeria should develop new approaches and programs to educate young people on sex. The voluntary agencies will send their agents to schools and churches to meet with the teenagers and educate them on changes in their body, use of contraceptives and problems of teenage pregnancy.
4. The society should pick up young school dropouts and encourage them to start their academic pursuit again or teach them skills to lift them from their dependent status and make them useful.
5. Parents should train their children to fear God in all their dealings with their co-students.
6. Deliberate effort should be made towards counseling and reorientation of teenagers who are victims of unwanted pregnancy to properly readjust themselves.
7. Teenagers should be counseled on why they should not allow their friends lifestyle to affect their own attitude towards sexual intercourse.

8. Sex education should be initiated as early as 10 years of age and that appropriate messages should be designed for specific age group to be included in the school curriculum.
9. Financial incapacitation was one of the major reasons revealed by the study as an effect of teenage pregnancy. To address the issue, it is recommended that government should strengthen families to be able to provide the needs of their teenagers.
10. Policies should be introduced to permit teenage mothers to remain in secondary school education.

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