

Factors Influencing Teenage Pregnancy among Adolescents in Selected Public Senior Secondary Schools in Alimosho Local Government. Lagos State.

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Abstract

Teenage pregnancy remains a significant global public health challenge with far-reaching implications for adolescents, their families, and society at large. This study examined the major factors influencing teenage pregnancy among secondary school students in Alimosho Local Government Area of Lagos State, Nigeria. A cross-sectional descriptive research design was employed, involving two selected secondary schools in the area. The study sample comprised 220 students, and data were collected using a self-structured questionnaire. Statistical analysis was conducted using the Statistical Package for the Social Sciences (SPSS). Out of the 220 respondents, 80 (36.4%) were male and 140 (63.6%) were female. Participants' ages ranged from 13 to 21 years, with 78 (35.5%) aged 13–15 years, 136 (61.8%) aged 16–18 years, and 6 (2.7%) aged 19–21 years. Regarding religion, 102 (46.4%) were Christians, 114 (51.8%) were Muslims, and 2 (0.9%) identified as traditionalists. The study further revealed that 32 respondents (14.5%) had experienced teenage pregnancy. The findings underscore the key factors contributing to adolescent pregnancy among secondary school students in Alimosho Local Government Area. The study emphasizes the urgent need for the implementation of comprehensive sex education programs within schools and communities to curb the incidence of teenage pregnancy and mitigate its associated health and social consequences.

Keywords: Factors, Adolescents, Adolescent Pregnancy, Influencing Factors

Chapter One

Introduction

1.1 Background to the Study

Adolescent pregnancy continues to pose a significant global public health and social challenge, disproportionately affecting developing countries, which account for approximately 95% of all cases (Ochen et al., 2019). Often characterized as “children giving birth to children,” teenage pregnancy represents a major developmental and social issue that deprives adolescents of their childhood and imposes lifelong consequences. It is defined as pregnancy occurring among girls aged 10–19 years, and its effects extend beyond the individual to influence families, communities, and broader societal structures. Globally, an estimated 16 million girls within this age group give birth annually, constituting nearly 11% of total births worldwide (Kassa et al., 2021). Within the African context, the prevalence of teenage pregnancy is particularly high, with an estimated regional rate of 18.8%, rising to 19.3% in Sub-Saharan Africa (Getachew, 2018). These statistics are concerning, particularly given the increased availability of reproductive health education and contraceptive services designed to mitigate such outcomes. In Nigeria, adolescent pregnancy remains a major public health issue, with rates especially high in the northern regions. The country's adolescent fertility rate—approximately 104 births per 1,000 girls

aged 15–19 years—exceeds that of many other African nations. A study conducted by Odeigah et al. (2019) among adolescents in selected public secondary schools in Ilorin revealed that most respondents reported sexual debut before the age of 15, often characterized by irregular and unsafe sexual practices. Although the authors advocated for increased access to and utilization of emergency contraceptives, subsequent hospital-based findings by Babatunde et al. (2016) indicated that nearly 80% of abortion-related complications involved adolescents, suggesting limited adoption of preventive measures. Several interrelated factors contribute to the persistent prevalence of teenage pregnancy. These include limited access to comprehensive sexuality education, misinformation or ignorance regarding reproductive health, socio-economic disadvantage, and restrictive cultural attitudes toward adolescent sexual behavior (Cobb, 2019). Other contributing determinants identified in the literature include peer pressure, inadequate parental guidance, sexual abuse, alcohol consumption, adverse childhood experiences, early marriage, low educational attainment, and diminished self-esteem. The consequences of adolescent pregnancy are far-reaching. According to the World Health Organization (2022), infants born to teenage mothers face elevated risks of preterm birth, low birth weight, and neonatal complications. Moreover, teenage childbearing has profound social implications, frequently resulting in school dropout and reduced future opportunities for the young mothers. The stigma associated with adolescent pregnancy further exacerbates its psychological and social impacts, often leading to social isolation and limited access to healthcare. In addition, many unintended pregnancies among adolescents result in unsafe abortions, which remain a leading cause of maternal morbidity and mortality in low-resource settings. In Nigeria, the prevalence of teenage pregnancy is estimated at 23%, one of the highest rates globally (UNICEF, 2021). Despite growing recognition of the problem, significant gaps persist in comprehensive data

on its determinants, trends, and long-term consequences, particularly within African and Nigerian contexts. Addressing this issue therefore requires a shift in focus from mere prevalence estimation toward a deeper understanding of the underlying socio-cultural, economic, and behavioral factors predisposing adolescents to early pregnancy. Against this backdrop, the present study seeks to examine the factors influencing teenage pregnancy among adolescents enrolled in selected public senior secondary schools in Alimosho Local Government Area, Lagos State. By identifying key determinants and contextual influences, this research aims to inform the development of targeted interventions and evidence-based strategies to reduce adolescent pregnancy and its associated health and social repercussions.

1.2 Statement of the Problem

Adolescence is a critical developmental phase marked by profound physical, psychological, and social transitions. During clinical postings at various secondary healthcare facilities, the researcher observed a notably high prevalence of teenage pregnancy among adolescent girls. This observation prompted essential questions: Why do adolescents, despite their potential and aspirations, experience such challenges? Why are parents and guardians often unable to adequately shield them from these vulnerabilities? These observations revealed significant knowledge gaps and highlighted the complex interplay of factors influencing adolescent pregnancy. Consequently, this study seeks to investigate the determinants of adolescent pregnancy among students attending selected public senior secondary schools in Alimosho Local Government Area, Lagos State.

1.3 Objectives of the Study

The primary objective of this study is to identify the major factors contributing to adolescent pregnancy among students in selected senior secondary schools within Alimosho Local Government Area, Lagos State.

Specific Objectives

- To assess the level of knowledge regarding adolescent pregnancy among students in selected senior secondary schools in Alimosho Local Government Area.
- To identify the factors influencing adolescent pregnancy among adolescents in the study area.
- To determine effective preventive measures that can mitigate the occurrence of adolescent pregnancy among these students.

1.4 Research Questions

- What is the level of knowledge regarding adolescent pregnancy among students in selected senior secondary schools in Alimosho Local Government Area, Lagos State?
- What are the factors influencing adolescent pregnancy among adolescents in the study area?
- What preventive strategies can be implemented to reduce the incidence of adolescent pregnancy in these schools?

1.5 Research Hypotheses

- There is no significant relationship between adolescents' level of knowledge about pregnancy and their age.
- There is no significant relationship between the factors influencing adolescent pregnancy and adolescents' family background.

1.6 Significance of the Study

The findings of this research are expected to provide both theoretical and practical contributions to the understanding of adolescent pregnancy. Specifically:

- The study will enhance adolescents' knowledge of preventive strategies and promote responsible sexual behavior.
- Health professionals may apply the findings to design and implement effective adolescent reproductive health education programs aimed at reducing teenage pregnancy and its associated complications.

- Policymakers and educational authorities can utilize the insights to strengthen reproductive health curricula in secondary schools, thereby fostering informed and positive sexual practices among students.
- The study will serve as a valuable reference for future researchers interested in exploring adolescent reproductive health and pregnancy prevention.

1.7 Scope of the Study

This study is limited to students of Ikotun Community High School and Igando Community High School, both situated within the Igando area of Alimosho Local Government, Lagos State. A total of 220 participants will be included in the research.

1.8 Operational Definitions

- Adolescent: Boys and girls aged 15 to 19 years enrolled in selected secondary schools within Alimosho Local Government Area.
- Adolescent Pregnancy: Pregnancy occurring in girls aged 10 to 19 years.
- Factors: Conditions, influences, or circumstances contributing to the occurrence of adolescent pregnancy.
- Girl Child: A female individual between the ages of 10 and 19 years.
- Preventive Measures: Interventions or strategies implemented to prevent the occurrence of adolescent pregnancy.

Chapter Two

Literature Review

2.0 Introduction

This chapter presents a comprehensive review of literature related to the factors influencing adolescent pregnancy among students in selected senior secondary schools within Alimosho Local Government.

2.1 Conceptual Review on Teenage Pregnancy

Teenage pregnancy, also referred to as adolescent pregnancy, is defined as pregnancy occurring in a female under the age of 20, encompassing the adolescent age range of 10

to 19 years. Despite the social stigma associated with this condition, research has shown that both adolescent girls and their parents often possess limited awareness and understanding of issues surrounding teenage pregnancy (Naghizadeh&Mirghafourv, 2022). Empirical evidence consistently demonstrates that teenage mothers are at heightened risk of experiencing adverse maternal health outcomes, including obstetric complications and elevated maternal mortality rates. Moreover, adolescent pregnancy frequently disrupts educational attainment, leading to school dropout and diminished long-term economic opportunities, which perpetuate intergenerational cycles of poverty. Children born to adolescent mothers are also predisposed to low birth weight, preterm delivery, and developmental complications (WHO, 2022).

Knowledge of Teenage Pregnancy

Understanding teenage pregnancy and its determinants is fundamental to empowering adolescents to make informed reproductive health choices. Nevertheless, cultural taboos and parental discomfort surrounding discussions of sexuality often result in inadequate sexual education. Consequently, many adolescents rely on peers and digital platforms for information, which frequently leads to misinformation (Folasade et al., 2020). A global analysis by Ganchimeg et al. (2018) estimated the overall prevalence of teenage pregnancy at 7.3%, with the highest rates observed in low- and middle-income countries. In sub-Saharan Africa, approximately 14 million adolescent girls become pregnant annually, with Nigeria ranking among the countries with the highest rates. Regional disparities are evident, with rural Nigerian areas reporting a 26% prevalence compared to 20% in urban settings, and adolescent girls with little or no education exhibiting higher rates (33%) than those with secondary education (9%) (UNICEF, 2021). Despite extensive awareness campaigns spearheaded by the Nigerian government and international partners such as the WHO, the decline in teenage pregnancy has been

minimal. This persistence highlights the continued influence of factors such as peer pressure, inadequate family support, and insufficient reproductive health education (Somayyeh&Morjgan, 2022).

Factors Influencing Teenage Pregnancy

Teenage pregnancy in Nigeria is influenced by a constellation of interrelated factors, including socioeconomic, cultural, educational, and health determinants. Poverty and limited access to education significantly heighten vulnerability, as economic deprivation often compels girls to engage in early sexual relationships or transactional sex (Okereke et al., 2021). Early marriage, affecting roughly 20% of girls aged 15–19 in Nigeria, contributes to early childbearing and associated adverse outcomes (UNFPA, 2021; Sanni et al., 2021). Globally, pregnancy and childbirth complications remain the leading causes of death among girls aged 15–19 years (WHO, 2021).

1. Cultural Factors

Cultural norms play a critical role in shaping adolescent reproductive behaviors. In many Nigerian and African contexts, early marriage and childbearing are socially sanctioned and often perceived as rites of passage into womanhood. Traditional gender expectations emphasizing women's roles as mothers and caregivers reinforce early sexual initiation and marriage (Jacquelyn, 2019). Additionally, restrictive cultural taboos surrounding discussions of sexuality inhibit access to reproductive health information and contraceptives, thereby increasing vulnerability to unplanned pregnancies (Awawu et al., 2020; Mojgan et al., 2022). Addressing these challenges requires societal attitude shifts and the promotion of gender equity through comprehensive sexual education and empowerment programs.

2. Social Factors

Poverty, inadequate education, and limited reproductive health infrastructure significantly contribute to teenage pregnancy. Economic hardship often forces adolescents to drop out

of school or engage in transactional sex as a coping mechanism (Enaworoke et al., 2023). Furthermore, weak social support networks and lack of community-based interventions exacerbate the problem.

3. Economic Factors

Low household income and parental unemployment are closely associated with teenage pregnancy. Adolescents from economically disadvantaged backgrounds often engage in risky sexual behaviors for financial survival, thereby increasing their susceptibility to early pregnancy.

4. Health Factors

Teenage mothers face elevated risks of obstetric complications such as anemia, pre-eclampsia, and preterm birth, largely due to inadequate access to quality maternal healthcare services (WHO, 2022).

This analysis underscores the multifactorial nature of teenage pregnancy in Nigeria and calls for integrated, culturally sensitive interventions targeting the root social, economic, and health determinants.

Causes of Teenage Pregnancy

1. Lack of Sexual and Reproductive Health Information

Cultural silence around sexuality restricts adolescents' access to accurate reproductive health information, leaving them vulnerable to misinformation. Recognizing this gap, the Nigerian Federal Ministry of Education introduced the Family Life and HIV Education (FLHE) curriculum in 2003 to provide structured sexuality education for school-aged children (Lutes, 2019).

2. Limited Access to Contraceptives

Restricted access to contraceptives remains a major contributor to teenage pregnancy. Evidence suggests that improved contraceptive availability and use can reduce adolescent pregnancy rates by up to 95% (Lindberg & Desai, 2019).

3. Insufficient Comprehensive Sex Education

Comprehensive sex education has been shown to significantly reduce teenage

pregnancy rates by 50%–60% (Kirby & Lepore, 2018). Its absence leads to increased rates of unprotected sexual activity among adolescents.

4. Peer Pressure

Peer influence is a well-documented factor associated with early sexual debut. Adolescents who associate with sexually active peers are more likely to engage in similar behaviors (Kirby et al., 2019).

5. Socioeconomic Factors

Poverty and limited educational opportunities exacerbate adolescents' exposure to early pregnancy risks, with disadvantaged girls more likely to lack access to contraceptive services and information (Kost et al., 2018).

6. Inadequate Access to Reproductive Health Services

A lack of youth-friendly reproductive health services hinders adolescents' ability to access contraception and counseling, perpetuating high rates of unintended pregnancies.

7. Educational Discontinuation or Dropout

Educational discontinuation increases the likelihood of early pregnancy, as school attendance is inversely correlated with adolescent fertility rates (Santhya & Jejeebhoy, 2018).

8. Lack of Parental Support and Monitoring

Parental involvement and supervision are significant protective factors.

Adolescents lacking emotional support or experiencing family conflict are more prone to risky sexual behaviors (Mollborn & Morningstar, 2019; Deutsch et al., 2020).

9. Sexual Abuse and Rape

Sexual violence, including rape and coercion, is a major contributor to unintended adolescent pregnancies. Victims of sexual abuse often face severe physical, emotional, and psychological consequences, including depression and post-traumatic stress (WHO, 2022).

Effects of Teenage Pregnancy

Teenage pregnancy has far-reaching physical, social, and emotional consequences for both mother and child:

1. **Physical Health Effects**
Adolescent mothers experience higher incidences of pregnancy-related complications, including preterm labor and low-birth-weight infants (Sackoff et al., 2019).
2. **Educational and Economic Effects**
Teenage pregnancy disrupts formal education, limiting future employment opportunities. Only about 50% of teenage mother's complete high school, and less than 2% earn a college degree by age 30 (National Campaign to Prevent Teen and Unplanned Pregnancy, 2020).
3. **Social and Emotional Effects**
Teenage mothers often experience stigma, social isolation, and diminished self-esteem, increasing vulnerability to depression and anxiety (Mollborn et al., 2018).

Children of teenage mothers also face heightened risks of developmental delays, behavioral problems, and socioeconomic disadvantage.

Concept of Preventive Measures

Preventing teenage pregnancy is vital to improving adolescent health and future well-being. Effective preventive strategies include:

1. **Comprehensive Sex Education:** Provides accurate information on sexual and reproductive health, encouraging responsible decision-making.
2. **Access to Contraception:** Ensures availability and affordability of various contraceptive methods for sexually active adolescents.
3. **Parental Involvement and Communication:** Encourages open dialogue between parents and adolescents regarding sexual health and relationships.
4. **Peer Education and Support:** Utilizes peer influence positively to promote safe sexual behaviors and delay sexual initiation (WVHO, 2019).
5. **Empowerment and Life Skills Training:** Develops decision-making, assertiveness,

and goal-setting skills essential for responsible reproductive choices (UNPF, 2019).

2.2 Theoretical Review

Health Belief Model (HBM)

The Health Belief Model is a psychological framework designed to explain and predict health-related behaviors, especially concerning health service uptake. Originating in the 1950s by social psychologists Hochbaum and Rosenstock within the U.S. Public Health Service, HBM addresses why individuals often fail to participate in disease prevention and detection programs. The model posits that individuals' health behaviours are influenced by their beliefs: people take action when they perceive a personal health threat and believe the benefits of action outweigh the perceived barriers. A stimulus or cue to action is also required to trigger health-promoting behaviour.

Key Concepts of HBM:

- **Perceived Susceptibility**
Refers to an individual's belief about their risk of developing a health problem. Those who perceive high susceptibility are more likely to adopt preventive behaviours, whereas individuals with low perceived risk may engage in risky behaviours or deny vulnerability.
- **Perceived Severity**
Concerns an individual's assessment of how serious a health issue and its consequences are. This may include medical, social, or economic impacts, influencing motivation to engage in preventive actions.
- **Perceived Benefits**
The belief in the effectiveness of the recommended health behaviour to reduce risk or seriousness. Individuals are inclined to act if they believe the behaviour will yield significant benefits, regardless of objective evidence.
- **Perceived Barriers**
These are perceived obstacles to taking the recommended action, such as inconvenience, cost, fear of side effects, or discomfort. For behaviour change to

occur, perceived benefits must outweigh perceived barriers.

- **Cues to Action**

Triggers that prompt initiation of health behaviours, which may be internal (e.g., symptoms) or external (e.g., reminders from health providers, media campaigns). The intensity of cues required to motivate action varies among individuals.

- **Self-Efficacy**

Refers to the confidence in one's ability to perform the behaviour successfully. Added later to the model, self-efficacy explains variations in individuals' health actions.

Application of Health Belief Model to the Study

This study applies the HBM to understand adolescent pregnancy by focusing on perceptions related to susceptibility, severity, benefits, barriers, cues to action, and self-efficacy:

- **Perceived Susceptibility to Pregnancy**

Adolescents who recognize their risk of pregnancy are more likely to adopt preventive behaviours such as abstinence

or safe sex. Comprehensive reproductive health education is essential for fostering accurate risk perception.

- **Perceived Severity of Adolescent Pregnancy**

This pertains to adolescents' perceptions of the seriousness of teenage pregnancy, including medical costs and social consequences.

- **Perceived Benefits**

Refers to adolescents' beliefs about the effectiveness of preventive actions such as abstinence, contraceptive use, and safe sexual practices.

- **Perceived Barriers**

Obstacles such as lack of family support or inadequate knowledge that discourage adolescents from adopting positive health behaviours.

- **Cue to Action**

Internal or external stimuli that prompt adolescents to make health-conscious decisions.

- **Self-Efficacy**

An adolescent's confidence in their ability to successfully engage in behaviour that prevents pregnancy.

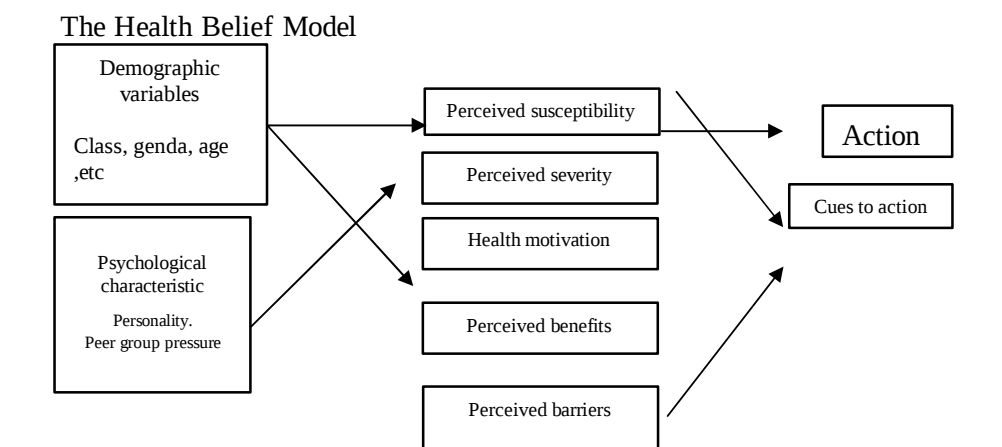


Fig 1: Health Belief Model

2.3 Empirical Review

This section presents empirical findings from previous studies related to demographic, psychological, and behavioral factors influencing adolescent pregnancy. Variables

such as age, gender, social class, personality traits, peer group influence, perceived susceptibility, perceived severity, health motivation, perceived benefits and barriers, as well as cues to action and actual preventive

behaviors, are discussed in relation to teenage pregnancy.

Empirical Review on Knowledge of Adolescent Pregnancy

Somayyeh and Mojgan (2022) conducted a study examining the knowledge and attitudes of adolescent girls and their mothers toward early pregnancy. The findings revealed that 94.1% of the girls and 87.1% of the mothers disapproved of pregnancy before the age of 18. Furthermore, 57.4% of the adolescents and 66.3% of their mothers identified lack of knowledge about sexual relationships as a key factor contributing to early pregnancy, while 51.9% agreed that inadequate knowledge of contraceptive methods was another major cause. The study also found that girls whose parents married before the age of 18 were nearly three times more likely to experience early pregnancy compared to those whose parents married later. Despite the generally negative attitude toward early pregnancy, both adolescents and mothers demonstrated limited knowledge about reproductive health and prevention of early pregnancy. Similarly, Desire et al. (2019) explored knowledge, attitudes, and peer influence regarding pregnancy and reproductive health among 326 adolescents aged 13–19 years in South Africa. The study found that 19.9% of participants had experienced repeat pregnancies, and 56.1% answered knowledge-based questions incorrectly. The researchers concluded that the overall knowledge of pregnancy and reproductive health among adolescents was poor, even among those who had experienced multiple pregnancies. In another study, Suci et al. (2020) assessed knowledge and attitudes toward risky pregnancy among 90 adolescent girls.

The results showed that 71.3% of respondents had good knowledge of risky pregnancy, while 6.5% demonstrated low knowledge. Additionally, 58.3% exhibited a positive attitude toward avoiding risky pregnancy, whereas 41.7% displayed negative attitudes. The findings indicate that although most adolescents had adequate knowledge, a

significant proportion still maintained unfavorable attitudes toward risky pregnancy.

Empirical Review on Factors Influencing Teenage Pregnancy

Odalys et al. (2022) investigated the knowledge and factors associated with teenage pregnancy among 95 junior high school students in Ghana. The study identified curiosity (25.2%) as a leading cause of teenage pregnancy, followed by sexual curiosity (27.17%), social media influence (19.58%), peer pressure (18.88%), and the desire to please partners (13.29%). Regarding contraceptive knowledge, the main sources of information were friends (32.26%), parents or relatives (17.74%), and radio broadcasts (12.10%). The researchers recommended poverty alleviation programs, sex education in schools, and peer resistance training as preventive measures. Aina et al. (2020) examined knowledge and determinants of teenage pregnancy among 168 female students in secondary schools in Ogun State, Nigeria. The findings revealed that 67% of respondents had friends who watched pornography, 65% reported being encouraged by friends to experiment with sex, and 48% indicated that their parents' low level of education adversely affected their ability to relate with peers, thereby increasing vulnerability to early pregnancy. Fabiola and Olympia (2023) explored the prevalence and associated factors of teenage pregnancy. Their findings revealed that 95% of respondents had mothers with low educational attainment, 95% had poor knowledge of reproductive health, 95% came from economically disadvantaged families, and 95% had experienced early marriage or sexual abuse. Peer group influence and urban residence were also identified as key contributing factors. The study concluded that teenagers with limited reproductive health knowledge, low socioeconomic background, poorly educated mothers, and exposure to sexual abuse or peer pressure were more likely to experience teenage pregnancy.

Empirical Review on Preventive Measures

Bright et al. (2019) conducted a study to determine the effect of access to pregnancy prevention information and services on adolescent pregnancy. The study targeted females aged 15–19 years and utilized a facility-based sampling method. Results indicated that non-pregnant adolescents were twice as likely to receive pregnancy prevention information from healthcare workers compared to pregnant adolescents. Conversely, pregnant adolescents were five times more likely to receive such information from media sources. The researchers concluded that sexual and reproductive health programs should focus on improving the capacity of healthcare workers to provide youth-friendly services, lowering the cost of reproductive health services, ensuring confidentiality, and strengthening media outreach for effective community advocacy. Oluwaseyi (2019) explored professional nurses' and educators' perspectives on teenage pregnancy in Kwara and Edo States, Nigeria, using 80 respondents. The study revealed that preventive initiatives against teenage pregnancy were limited within communities.

Although teenage pregnancy was widely disapproved, it remained common. More than half of the participants opposed the use of contraceptives among adolescents. The researcher recommended interventions that enhance social support for teenagers, improve access to contraceptive information, and promote empowerment programs focusing on adolescent sexuality. Devit (2021) examined the effectiveness of mentorship and counseling programs in reducing risky sexual behaviors among adolescents by interviewing school nurses and counselors. The respondents emphasized that mentorship—where adolescents are paired with responsible mentors who guide their academic, social, and personal development—could significantly improve decision-making skills and reduce engagement in risky sexual behavior. The study concluded that mentorship programs could serve as an effective strategy to reduce teenage pregnancy by fostering responsible decision-making and promoting alternative,

positive lifestyles among adolescents. This empirical review highlights the multifaceted nature of teenage pregnancy, emphasizing the need for comprehensive approaches that integrate knowledge improvement, family and community engagement, socioeconomic support, and youth-friendly sexual health education.

Chapter Three

Methodology

3.0 Introduction

This chapter outlines the methodology employed in the study. It is organized under the following subheadings: research design, research setting, target population, sample size, sampling technique, instruments for data collection, validity and reliability of the instrument, methods of data collection and analysis, and ethical considerations.

3.1 Research Design

The study employed a cross-sectional descriptive research design. This design was deemed appropriate as it facilitates the systematic collection of data from respondents at a single point in time, thereby enabling the description and analysis of prevailing conditions, perceptions, and interrelationships among variables without experimental manipulation. The approach was particularly suitable for exploring factors influencing adolescent pregnancy, as it provides a comprehensive snapshot of existing trends and associations within the target population.

3.2 Research Setting

The research was conducted at Ikotun High School and Igando Community High School, both located in the Alimosho Local Government Area of Lagos State, Nigeria. These institutions are situated in a densely populated urban environment and are representative of public secondary schools within the locality. Each school comprises six academic levels, namely Junior Secondary School (JSS 1–3) and Senior Secondary School (SSS 1–3). For the purpose of this study, only students enrolled in the senior secondary classes (SSS 1–3) were selected, as

they fall within the age group most relevant to adolescent reproductive health research.

3.3 Target Population

The target population comprised female students in Senior Secondary School (SSS 1–3) attending Ikotun High School and Igando Community High School. The participants were within the age range of 15 to 19 years, aligning with the World Health Organization's definition of adolescence. This group was selected because they are at an age where exposure to issues surrounding teenage pregnancy and reproductive health is most prevalent, thereby making them an appropriate population for examining the study's objectives.

3.4 Sample Size Determination

The sample size for the study was determined using **Yamane's (1967) formula** for finite population:

$$n = N / (1 + N(e)^2)$$

Where:

- n = sample size
- N = population size
- e = margin of error (0.05)

Igando Community High School

Given a population size (N) of 43:

$$n = 43 / (1 + 43(0.05)^2) = 43 / 1.1075 = 38.8$$

Approximately 39 participants were selected from each class.

With three classes (SSS 1–3), the total sample size for Igando Community High School was: $39 \times 3 = 118$

Ikotun Senior High School

For a population size (N) of 37:

$$n = 37 / (1 + 37(0.05)^2) = 37 / 1.0925 = 33.9$$

Approximately 34 participants were selected from each class.

With three classes (SSS 1–3), the total sample size for Ikotun Senior High School was: $34 \times 3 = 102$

Total Sample Size

The combined sample size from both schools was:

$$118 + 102 = 220$$

To account for a **10% attrition rate**:

$$10\% \text{ of } 220 = 22$$

Hence, the **final total sample size** for the study was:

$$220 + 22 = 242 \text{ participants}$$

3.5 Sampling Technique

A simple random sampling technique was employed in the selection of participants. Questionnaires were administered to female students aged 15 to 19 years across the two selected senior secondary schools. A total of 220 questionnaires were distributed—118 at Igando Community High School and 102 at Ikotun Senior High School. This sampling approach was adopted to ensure that every eligible student had an equal chance of selection, thereby minimizing selection bias and enhancing the representativeness and generalizability of the study findings.

3.6 Instrument for Data Collection

Data were collected using a self-structured questionnaire designed by the researcher to align with the study objectives. The instrument was divided into four sections:

- **Section A:** Socio-demographic characteristics of respondents.
- **Section B:** Assessment of respondents' knowledge of adolescent pregnancy.
- **Section C:** Factors influencing adolescent pregnancy.
- **Section D:** Preventive measures against adolescent pregnancy.

The structured design of the instrument enabled the systematic collection of relevant and comprehensive data on the variables under investigation.

3.7 Validity of the Instrument

To establish validity, the questionnaire underwent a thorough review by subject matter experts and academic supervisors in the field. Their feedback focused on face and content validity, ensuring that each item accurately captured the intended constructs. Revisions were made based on their recommendations to enhance clarity, relevance, and comprehensiveness prior to data collection.

3.8 Reliability of the Instrument

The reliability of the questionnaire was assessed using the Pearson Product Moment

Correlation Coefficient (PPMCC) method. This statistical test determined the internal consistency of the instrument, ensuring that the items produced stable and consistent results in measuring the targeted variables.

3.9 Method of Data Collection

The researcher personally administered the questionnaires to eligible students in both selected schools. Before distribution, the purpose and objectives of the study were clearly explained, and informed consent was obtained from all participants. The questionnaires were completed on-site and retrieved immediately after administration, resulting in a 100% response rate and minimizing data loss.

3.10 Method of Data Analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS) software. Descriptive statistics—including frequencies, percentages, and tabular presentations—were utilized to summarize and interpret the data in a clear and comprehensible manner. This analytical approach provided an accurate representation

of participants' responses and supported the study's research objectives.

3.11 Ethical Considerations

Ethical clearance for the study was obtained from the Research Ethics Committee of the Lagos State College of Nursing. In addition, an official letter of authorization was presented to the principals of Ikotun Senior High School and Igando Community High School, both located in the Alimosho Local Government Area of Lagos State. Formal permission to conduct the research was granted, and all ethical principles—including respect for participants, confidentiality, and voluntary participation—were strictly adhered to throughout the study.

Chapter Four Results

4.1 Introduction

This chapter provides a detailed presentation of the data analysis and study results. The analysis is organized according to the research questions posed and addressed, alongside the hypotheses formulated and tested within the study.

Table I: Socio-Demographic Data Analysis of the Respondent

S/N	Data	No Of Respondents (Frequency)	Percentage (%)
1.	Gender Male Female	80 140	36.4 63.6
2	13-15 16-18 19-21	78 136 6	35.5 61.8 2.7
3	Religion Islam Christian Traditional Others	114 102 2 2	51.8 46.4 0.9 0.9
4	Ethnicity Yoruba Igbo Other	154 50 16	70 22.7 7.3
5	Class Ss1 Ss2	30 174 16	13.6 79.1 7.3

	Ss3		
6	Are you sexually active	58	26.4
	Yes	162	76.3
	No		
	Age of first sexual intercourse	56	12.7
	Below 10	22	10.0
	11-13	16	7.3
	14-16	24	10.9
	17-19	130	59.1
	none		
	Total	220	100.0

Table 1 above shows that the majority of participants were female, with 140 (63.6%), while males accounted for 80 (36.4%). Most participants were aged 16–18 years (61.8%), followed by 13–15 years (35.5%) and 19–21 years (2.7%). Regarding religious affiliation, 114 (51.8%) identified as Muslim, 102 (46.4%) as Christian, and a small minority, 2 (0.9%), followed traditional or other religions. The majority of participants, 154 (70.0%), were of Yoruba ethnicity, 50 (22.7%) were Igbo, and 16 (7.3%) belonged to other ethnic

groups. Most participants, 174 (79.1%), were in SS2 class, with smaller proportions in SS1 (13.6%) and SS3 (7.3%). Regarding sexual activity, 26.4% reported being sexually active, while 73.6% reported being inactive. Among those sexually active, 59.1% had not engaged in sexual intercourse before, with smaller proportions initiating first sexual intercourse at ages 10 and below (12.7%), 14–16 (7.3%), and 17–19 (10.9%).

Table 2: Family details

S/N	Variable	Frequency	Percentage
1	Father's education level		
	Non-formal education	28	12.7
	Basic education	48	21.8
	Secondary education	98	44.5
	Tertiary education	28	12.7
	Others	18	8.2

2	Mother's education level		
	Non-formal education	22	10.0
	Basic education	34	24.5
	Secondary education	110	50.0
	Tertiary education	30	13.6
	Others	4	1.8
3	Father's employment status	140	63.3
	Self employed	38	17.3
	Civil servant	6	2.7
	Private sector employee	28	12.7
	unemployed	8	3.6
4	Mother's employment status		
	Self employed	106	48.2
	Civil servant		
	Private sector employee	30	13.6
	unemployed		
	Others	44	20.0
		32	14.5
		8	3.6
4	Father's average income		
	Below 20k		
	Between 20k-50k	80	36.4
	Between 50k-100k		
	Above 100k	36	16.4
		48	21.8
		56	25.0
6	Mother's average income		
	Below 20k	30	13.6
	Between 20k-50k	58	26.6
	Between 50k-100k	56	25.5
	Above 100k	76	34.5
	Who do you live with?		
	Both parent	132	60.0
	Single parent	36	16.4
	Sibling	24	10.9
	Relative or guardian	28	12.7
	What is your position in the family		
	1 st	54	24.5
	2 nd	36	16.4
	3 rd	50	22.7

	4 th	78	35.5	60.0%) live d wit
	5 th and above	2	0.9	
	Do you feel comfortable confiding in your parents or guardian			
	Yes	182	82.7	
	No	134	60.9	

Table 2 above presents the family characteristics of the respondents. Most fathers had completed secondary education (98; 44.5%), followed by basic education (48; 21.8%). Smaller proportions had non-formal education (28; 12.7%) or tertiary education (28; 12.7%). Among mothers, the majority attained secondary education (220; 50.0%), with fewer having basic education (34; 24.5%), non-formal education (22; 10.0%), or tertiary education (30; 13.6%). The largest group of mothers were self-employed (106; 48.2%), followed by the unemployed (44; 20.0%), civil servants (30; 13.6%), and private sector employees (32; 14.5%). Similarly, most fathers were self-employed (140; 63.6%), with smaller numbers working as civil servants (38; 17.3%), private sector employees (28; 12.7%), or unemployed (6; 2.7%). Regarding income, 80 fathers (36.4%) earned below 20,000, 36 (16.4%) earned between 20,000 and 50,000, 48 (21.8%) earned 50,000 to 100,000, and 56 (25.5%) earned above 100,000. For mothers, 30 (13.6%) earned below 20,000, 50 (22.7%) earned 20,000 to 40,000, 56 (25.5%) earned 50,000 to 100,000, and 76 (34.5%) earned above 100,000. Most respondents (132;

h both parents, while 36 (16.4%) lived with a single parent. Smaller proportions lived with siblings (24; 10.9%) or with a relative or guardian (28; 12.7%). Regarding family size, 80 participants (36.4%) reported having four children, 46 (20.9%) had three children, 38 (17.3%) had one child, 28 (12.7%) had two children, and 28 (12.7%) reported other family compositions. Birth order revealed that 78 respondents (35.5%) were the fourth child or later, 50 (22.7%) were the third child, 54 (24.5%) were the first, 36 (16.4%) were the second, and only 2 (0.9%) were the fifth child. A majority of respondents (182; 82.7%) felt comfortable confiding in their parents or guardians, whereas 58 (17.3%) did not. More respondents (134; 60.9%) felt safer sharing personal matters with friends compared to 86 (39.1%) who felt safe confiding within their family.

4.2 Answering of Research Questions

Research Question 1: What is the level of knowledge regarding adolescent pregnancy among adolescents attending selected senior secondary schools in Alimosho Local Government Area, Lagos State?

Table 3: Level of knowledge of adolescent pregnancy among adolescents

S/N		Strongly disagree	Disagree	Agree	Strongly Agree
1	I have heard of adolescent pregnancy before?	47 (21.4%)	55(25.0%)	85(38.6%)	33 (15.0%)
2	Adolescent pregnancy is when a girl between the ages 10 and 19 gets pregnant?	20(9.1%)	25(11.4%)	128(58.2%)	47(21.4%)
3	Adolescent pregnancy can occur in both boys and girls?	34(15.5%)	72 (32.7%)	84 (38.2%)	30 (13.6%)

4	Adolescent pregnancy affects the education of the pregnant girl?	24 (10.9)	18 (8.2%)	113(51.4%)	65 (29.5%)
5	Adolescent pregnancy cannot be prevented?	59 (26.8%)	72 (32.6.7%)	57 (25.9%)	32 (14.6%)
6	A girl can get pregnant without having sex	108 (49.1%)	85 (38.6%)	15 (6.8%)	12 (5.5%)
7	Is Adolescent pregnancy dangerous?	46 (20.9%)	23 (10.5%)	70 (31.8%)	81 (36.8%)
8	Is Adolescent pregnancy a normal occurrence?	63 (28.6%)	59 (26.8%)	45 (20.5%)	53 (24.1%)
9	Not having enough knowledge about sex can cause teenage pregnancy	42 (19.1%)	23 (10.5%)	101 (45.9%)	54 (24.5%)
10	Lack of knowledge about contraceptive method can cause teenage pregnancy	41 (18.6%)	31 (14.1%)	110 (50.0%)	38 (17.3%)
11	Mingling with bad friends can cause teenage pregnancy	26 (11.8%)	37 (16.8%)	106 (48.2%)	51 (23.2%)
12	Having sex without protection can cause pregnancy	23 (10.5%)	21 (9.5%)	91 (41.4%)	85 (38.6%)
13	Use of condom can prevent pregnancy completely	28 (12.7%)	80 (36.4%)	49 (22.3%)	63 (28.6%)
14	There are a lot of risks associate with teenage pregnancy	26 (11.8%)	32 (14.5%)	77 (35.0%)	85 (38.6%)
15	When an adolescent girl gets pregnant her parent feels proud of her	90 (40.9%)	66 (30.0%)	36 (16.4%)	28 (12.7%)
16	An adolescent can get pregnant as long as she is rich	103 (46.8%)	62 (28.2%)	43 (19.5%)	12 (5.55)
17	When an adolescent girl gets pregnant, she tends to age faster	77 (35.0%)	53 (23.1%)	65 (29.5%)	25 (11.4%)

Table 3 above presents the frequency and percentage distribution of respondents' knowledge levels regarding adolescent

pregnancy among adolescents in selected senior secondary schools in Alimosho Local Government, Lagos State. A notable

proportion of respondents indicated prior awareness of adolescent pregnancy, with 38.6% agreeing and 15.0% strongly agreeing. Most respondents correctly identified adolescent pregnancy as occurring in girls aged 10 to 19 years (58.2% agree, 21.4% strongly agree).

A considerable number acknowledged that adolescent pregnancy can affect both boys and girls (38.2% agree, 13.6% strongly agree). The majority recognized the detrimental impact of adolescent pregnancy on education (51.4% agree, 29.5% strongly agree). However, some skepticism about prevention was evident, as 26.8% agreed and 14.6% strongly agreed that adolescent pregnancy cannot be prevented. Nearly half of the respondents (49.1%) strongly agreed with the incorrect belief that a girl can get pregnant without having sex. Most respondents acknowledged adolescent pregnancy as a real phenomenon (36.8% strongly agree, 31.8% agree). While 28.6% strongly disagreed that adolescent pregnancy is normal, 24.1% strongly agreed that insufficient knowledge about sex contributes to teenage pregnancy. Half of the respondents

(50.0%) attributed teenage pregnancy to a lack of contraceptive knowledge. A significant proportion believed that associating with bad peers leads to teenage pregnancy (48.2% agree, 23.2% strongly agree), and many recognized unprotected sex as a direct cause (41.4% agree, 38.6% strongly agree). Some respondents believed condoms can entirely prevent pregnancy (36.4% agree, 28.6% strongly agree). Awareness of the risks associated with teenage pregnancy was high, with 35.0% agreeing and 38.6% strongly agreeing. Moreover, 40.9% strongly disagreed that parents feel proud when their adolescent daughters become pregnant. A concerning misconception was that wealth alone causes adolescent pregnancy (46.8% strongly agree). Finally, a majority (35.0%) agreed that adolescent pregnancy accelerates the aging process in adolescents.

Research Question 2: What factors influence adolescent pregnancy among adolescents attending senior secondary schools in Alimosho Local Government, Lagos State?

Table 4 Factors influencing adolescent pregnancy

S/N	Variables	Frequency	Percentage
1.	Factors influencing adolescent pregnancy		
	Poverty	67	30.5
	Lack of parental care	126	57.3
	Broken home	6	2.7
	High rate of illiteracy	18	8.2
2	Effects of adolescent pregnancy		
	High school dropout	126	57.3
	High rate of unemployment	30	
	Pressure on social amenities	31	13.6
	Increased rate of child abuse	24	14.1
			10.9
3.	Dangers associated with adolescent pregnancy		
	High risk of low birth baby		

	High risk of birth complications	74	33.6
	High risk of preterm baby	58	60.0
	All of the above	21	69.5
		53	93.6
	Total	220	100

Table 4 above highlights the primary factors associated with adolescent pregnancy, including poverty, lack of parental care, high illiteracy rates, and broken homes. A majority of students, 126 (57.3%), identified lack of parental care as a key factor influencing teenage pregnancy. Poverty was cited by 67 respondents (30.5%), while 18 (8.2%) attributed it to high illiteracy rates, and a smaller portion, 6 (2.7%), identified broken homes as a contributing factor. These findings indicate that respondents possess a clear understanding of the factors influencing adolescent pregnancy. Regarding the effects of adolescent pregnancy, most respondents (126; 57.3%) reported school dropout as a major

consequence. Other effects included increased child abuse (24; 10.9%), high unemployment rates (30; 13.6%), and pressure on social amenities (31; 14.1%). Concerning dangers linked to adolescent pregnancy, 88 respondents (40%) recognized the high risk of low birth-weight babies, 58 (26.4%) noted a high risk of birth complications, 51 (19.5%) identified a high risk of preterm birth, and 53 (24.1%) acknowledged all of the aforementioned risks.

Research Question 3: What measures can be implemented to prevent adolescent pregnancy among adolescents in senior secondary schools?

Table 5 presents the frequency and percentage distribution of responses regarding measures to prevent adolescent pregnancy among adolescents in selected senior secondary schools in Alimosho Local Government, Lagos State.

S/N	VARIABLES	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1	Abstinence is the best way to prevent teenage pregnancy	114	81(36.8%)	3(1.4%)	21(9.5%)
2	Using a condom can help reduce the risk of teenage pregnancy	73 (33.2%)	90 (40.9%)	54 (24.5%)	3 (1.4%)
3	More information reproductive health and sexual activity can help prevent teenage Pregnancy	85 (38.6%)	94 (42.7%)	28 (12.7%)	13 (6.0%)
4	Counselling and mentorship can	99(45.0%)	78(35.5%)	33(15.0%)	10(4.6%)

	prevent teenage pregnancy				
5	Reduce interaction with the opposite sex can help reduce the rate of teenage pregnancy	69(31.4%)	58(26.4%)	74(33.6%)	1239(8.7%)
6	Having a good counsellor to confide in can reduce teenage pregnancy	76(34.5%)	108(49.1%)	22(10.0%)	14(6.4%)
7	Teenage Pregnancy cannot be prevented	46(20.9%)	55(25.0%)	59(26.8%)	60(27.3%)

Table 5 above displays the frequency and percentage distribution of respondents' views on measures to prevent adolescent pregnancy among adolescents in selected senior secondary schools in Alimosho Local Government, Lagos State. A majority of respondents (51.9%) strongly agreed, and 36.8% agreed, that abstinence is an effective method to prevent teenage pregnancy, with only a small minority dissenting (1.4% disagree, 9.5% strongly disagree).

Regarding condom use, 33.2% strongly agreed and 40.9% agreed it is a preventive measure, although 24.5% disagreed and 1.4% strongly disagreed. Most respondents (38.6% strongly agree, 42.7% agree) supported the notion that providing more information can reduce teenage pregnancy, though 12.7% disagreed and 6.0% strongly disagreed. Counselling and mentorship were also seen as effective by many respondents, with 45.0% strongly agreeing and 35.5% agreeing, while 15.0%

disagreed and 4.6% strongly disagreed. Opinions were more divided on whether reduced interaction with the opposite sex can prevent teenage pregnancy, with 31.4% strongly agreeing, 26.4% agreeing, 33.6% disagreeing, and 8.7% strongly disagreeing. Most respondents believed that having a trusted counsellor to confide in helps prevent teenage pregnancy, as 34.5% strongly agreed and 49.1% agreed, though 10.0% disagreed and 6.4% strongly disagreed. A smaller proportion (20.9% strongly agree, 25.0% agree) believed teenage pregnancy cannot be prevented, while 26.8% disagreed and 27.3% strongly disagreed, indicating that the belief in its inevitability is not widely held among the participants.

Testing of Hypothesis

Hypothesis 1: There is no significant relationship between adolescents' level of knowledge about pregnancy and their age.

Table 6a: Pearson correlation analysis examining the relationship between adolescents' knowledge of pregnancy and their age.

		Age	Knowledge Of Pregnancy
Age	Pearson Correlation	1	.012
	Sig.(2-tailed)		.899
	N	110	110
Knowledge Of Pregnancy	Pearson Correlation	.012	1

	Sig.(2-tailed)	.899	
	N	110	110

"Correlation is significant at the 0.05 level (2-tailed).

Table 6a above presents the Pearson correlation analysis between age and knowledge of adolescent pregnancy. The results indicate a very weak positive correlation (Pearson correlation = 0.012) between age and pregnancy knowledge. However, this relationship is not statistically significant (two-tailed significance = 0.899, $p > 0.05$). Given the p-value exceeds the typical 0.05 threshold, the null hypothesis is not rejected.

Interpretation for Hypothesis 1:

The findings indicate no significant relationship between adolescents' level of knowledge about pregnancy and their age. Thus, age does not significantly influence knowledge levels regarding adolescent pregnancy among the respondents.

Hypothesis 2: There is no significant relationship between the factors influencing adolescent pregnancy and respondents' family details.

Table 6b: Pearson correlation analysis examining the relationship between factors influencing adolescent pregnancy and family details.

		Family details	Factor influencing
Family details	Pearson correlation	1	.163
	Sig. (2-tailed)		.088
	N	110	110
Factor influencing	Pearson correlation	.163	1
	Sig.(2-tailed)	.088	
	N	110	110

Correlation1 Correlation is significant at the 0.05 level (2-tailed).

Table 6b above presents the Pearson correlation analysis between family details and factors influencing adolescent pregnancy. The analysis shows a positive correlation (Pearson correlation = 0.163) between these variables. However, this correlation is not statistically significant (two-tailed significance = 0.088, $p > 0.05$).

Interpretation for Hypothesis 2:

The findings indicate no significant relationship between factors influencing adolescent pregnancy and the family details of the respondents. Although a positive correlation exists, the p-value (0.088) exceeds the typical significance level of 0.05, demonstrating that the relationship is not

statistically significant. Therefore, the null hypothesis is retained, suggesting family details do not significantly relate to the factors influencing adolescent pregnancy among the participants.

Chapter 5

Discussion, Conclusion & Recommendation

5.1 Discussion of Findings

Results

Socio-Demographic Characteristics of Respondents

The majority of respondents were female (140; 63%) and predominantly of Yoruba ethnicity (154; 70%). Most participants were aged 16–18 years (136; 61.8%), while 78 (35.5%) were within 13–15 years, and only 6 (2.7%) were

between 19–21 years. Regarding religion, 114 (51.8%) identified as Muslim, 102 (46.4%) as Christian, and 2 (0.9%) adhered to traditional or other faiths. In terms of academic level, the majority were in Senior Secondary School 2 (SS2) (174; 79.1%), followed by SS1 (30; 13.6%) and SS3 (16; 7.3%).

Parental Educational Background

Among fathers, 28 (12.7%) had no formal education, 48 (21.8%) had only basic education, 98 (44.5%) completed secondary education, and 28 (12.7%) attained tertiary qualifications. Additionally, 18 (8.2%) possessed vocational or other forms of training. Regarding mothers, 22 (10.0%) had no formal education, 54 (24.5%) attained basic education, 110 (50.0%) completed secondary school, and 30 (13.6%) held tertiary qualifications.

Level of Knowledge on Adolescent Pregnancy

A significant proportion of respondents (118; 53.6%) reported awareness of adolescent pregnancy, reflecting a moderate to high level of general knowledge. This finding aligns with Suci et al. (2020), who reported that 71.3% of respondents demonstrated good knowledge of risky pregnancies. Most participants (175; 79.6%) correctly identified adolescence as the period between ages 10–19 years, while 114 (51.8%) recognized that adolescent pregnancy can affect both males and females. The majority (178; 80.9%) believed that adolescent pregnancy negatively impacts girls' education; however, 89 (40.5%) expressed doubts about its preventability. Misconceptions persisted, with 27 (12.3%) believing that pregnancy can occur without sexual intercourse. Nonetheless, 151 (68.6%) acknowledged adolescent pregnancy as a dangerous condition, and 63 (28.6%) disagreed that it is a normal phenomenon.

Factors Influencing Adolescent Pregnancy

Consistent with Odalys (2022), 155 (70.4%) of respondents identified inadequate sexual knowledge as a major cause of teenage pregnancy, while 110 (50.0%) cited lack of

contraceptive awareness. A considerable majority (157; 71.4%) attributed it to negative peer influence, and 176 (80.0%) linked it to unprotected sexual activity. Moreover, 112 (99%) believed condom use effectively prevents pregnancy, though misconceptions about complete prevention were noted. Most respondents (162; 73.6%) acknowledged the dangers associated with adolescent pregnancy, and 90 (40.9%) strongly disagreed that parents derive pride from their daughters' pregnancies. Poverty was also identified as a contributing factor by 67 (30.5%) of respondents, while 126 (57.3%) attributed teenage pregnancy to inadequate parental care. Additional factors cited included broken homes (6; 2.7%) and high illiteracy levels (18; 8.2%). These findings corroborate Fabiola and Olympia (2023), who emphasized the influence of low maternal education, limited reproductive health knowledge, peer pressure, and economic hardship.

Effects of Adolescent Pregnancy

A majority of respondents (128; 57.3%) reported that adolescent pregnancy leads to school dropout, thereby limiting educational and occupational opportunities. Additional reported consequences included unemployment (30; 13.6%), pressure on social amenities (31; 14.1%), and child abuse (24; 10.9%). Regarding health outcomes, 74 (33.6%) associated adolescent pregnancy with low birth weight, 58 (26.4%) with birth complications, and 21 (9.5%) with preterm births. Furthermore, 53 (24.1%) believed that all of these complications could co-occur, reflecting awareness of the multifaceted health risks.

Preventive Measures against Adolescent Pregnancy

Over half of the respondents (114; 51.9%) strongly agreed that abstinence is the most effective preventive measure, with 81 (36.8%) concurring. Similarly, 163 (74.1%) supported condom use as a preventive strategy. The provision of sexual and reproductive health education received strong support (94; 42.7% agreed; 85; 38.6% strongly agreed),

corroborating Bright et al. (2019). Moreover, 99 (45.1%) strongly endorsed counseling and mentorship, supported by Devi (2021), who emphasized mentorship's effectiveness in improving adolescents' decision-making skills. While 69 (31.4%) agreed that limiting contact with the opposite sex could prevent pregnancy, 74 (33.6%) disagreed. Most respondents (184; 83.6%) recognized having a trusted counselor as beneficial, while a minority (101; 45.9%) believed teenage pregnancy could not be prevented.

Correlation Analysis

Correlation analysis (Table 6a) revealed a **very weak positive correlation** between respondents' age and knowledge of adolescent pregnancy (Pearson $r = 0.012$; $p = 0.899$). This relationship was not statistically significant ($p > 0.05$).

5.2 Implications for Nursing Practice

The findings hold significant implications for nursing practice, highlighting the critical role of nurses in adolescent reproductive health education. Nurses are strategically positioned to identify and address the factors contributing to teenage pregnancy through targeted interventions. This includes designing health education programs that enhance adolescents' social support networks, promote contraceptive literacy, and empower girls to make informed reproductive decisions.

Moreover, mentorship programs led by nurses can foster trust and guidance, improve adolescents' decision-making abilities and reduce risky behaviors. Overall, the study emphasizes the essential contribution of nursing professionals to preventing teenage pregnancy and advancing adolescent sexual and reproductive health outcomes.

5.3 Limitations of the Study

- Ensuring participant confidentiality and cooperation posed notable challenges.
- The researcher balanced professional responsibilities alongside field data collection, which may have influenced the data collection timeline.

5.4 Summary

This cross-sectional study investigated the prevalence and determinants of adolescent pregnancy among 220 female students aged 13–21 years in Lagos State, Nigeria. Findings revealed a high level of awareness about adolescent pregnancy but limited preventive behaviors. Most mothers had secondary or lower education (84.5%), which may contribute to limited sexual health communication at home. Mentorship emerged as the most effective strategy for reducing risky sexual behavior. The study recommends strengthening social support systems, improving contraceptive education, and empowering adolescent girls through structured sexuality programs.

5.5 Conclusion

Adolescent pregnancy remains a pervasive issue in Nigerian communities, driven by inadequate sex education, poor parental supervision, and limited access to reproductive health services. Effective prevention strategies include enhancing adolescents' access to contraceptive information, empowerment programs, and mentorship initiatives that encourage informed decision-making. Nurses and other healthcare professionals play a pivotal role in implementing these interventions through education, counseling, and advocacy. The study underscores the need for sustained, evidence-based efforts to reduce teenage pregnancy rates and improve adolescent health outcomes nationwide.

5.6 Recommendations

- Enhance sexual and reproductive health education through school- and community-based programs emphasizing social capital, contraceptive knowledge, and empowerment.
- Train healthcare providers, particularly nurses, to deliver adolescent-friendly reproductive health services that ensure confidentiality and accessibility.
- Establish mentorship programs to provide guidance and support, thereby reducing

risky behaviors and unintended pregnancies.

- Promote continuous research into the underlying causes and effective interventions for adolescent pregnancy in Nigeria.

5.7 Suggestions for Further Research

- Evaluate the effectiveness of mentorship, comprehensive sexuality education, and contraceptive access in preventing teenage pregnancy.
- Examine the role of parents and guardians in adolescent pregnancy prevention, including their beliefs and engagement strategies.
- Investigate the long-term health and psychosocial effects of teenage pregnancy on mothers and their children.
- Explore sociocultural determinants of adolescent pregnancy to inform culturally sensitive interventions.

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