

**AWARENESS OF PHYSICAL, SOCIAL AND EMOTIONAL HEALTH RISKS
ASSOCIATED WITH TEENAGE PREGNANCY AMONG ADOLESCENTS IN
SCHOOL IN AWKA SOUTH LOCAL GOVERNMENT AREA OF ANAMBRA STATE.**

by

Nwankwo, Nonyelum Stella
Department of Human Kinetics and Health Education
Nwafor Orizu College of Education, Nsugbe
Anambra State, Nigeria

&

Orajekwe, Veronica Ngozi (Ph.D.)
Department of Human Kinetics and Health Education
Nwafor Orizu College of Education, Nsugbe
Anambra State, Nigeria

Abstract

The study was undertaken to ascertain the level of awareness of physical social and emotional health risks associated with teenage pregnancy among adolescents in schools in Awka South local government area of Anambra State, Nigeria. In line with the objective of the study, three research questions and three hypotheses were postulated. Related literature were reviewed and summarized. A cross-sectional survey research design was adopted. The population of the study consisted of all the in school adolescent in eight communities in Awka South LGA. The sample for study consisted of 500 secondary school students from randomly drawn protocol. Data obtained were analyzed using descriptive statistics of frequency, percentages and grand mean as well as inferential statistic of chi-square. The findings among others showed low level of awareness of physical health risks associated with teenage pregnancy. Significant relationship existed between male and female respondents in their level of awareness of health risks associated with teenage pregnancy. Based on the findings and conclusions, recommendations include that health and allied educators should intensify their health education campaign against teenage pregnancy at schools and community levels.

Key Words: Awareness, Health Risks, Teenage Pregnancy Adolescents.

Introduction

Teenage pregnancy is defined as a teenage girl usually within the ages of 13-19 becoming pregnant. The term is everyday speech usually refers to girls who have not reached legal adulthood which varies across the world who becomes pregnant (UNICEF, 2017). A teenager is regarded as a young person whose age ranges from thirteen to nineteen years (WHO, 1998). Psychologists agreed that this period in one's life is adolescence period in which one is in transition between childlike and childish behaviours and typical adult behaviours. Hornby (2000), also stated that the ages within thirteen and twenty years are teenage years of life. Within this period the teenager is faced with numerous developmental problems or tasks, either fashioned by the adolescent or expected of him by others. The adolescent is exposed to experimentation, curiosity and quest for freedom. These expectation largely results in univalent pregnancy was opined by Noble (1996) as girl child pregnancy.

The problem of teenage pregnancy among adolescents in school in the recent past and till date has been quite thought provoking. This menace has been described by some authorities as an ill wind that blows nobody any foot (Coleman & Hamen 1994).

Apparently, a lot of people, communities and governments alike have shown concern on this vexing issue of teenage pregnancy. The issue is so ramified and wide spread that every segment of the society has had their share of it and the problems associated with it. A regular reader of newspapers and magazines published in this country, a good listener of our radios broadcast and discussion will appreciate the increasing rate of teenage pregnancy and its associated risks and social vices. Such risks include abortion, child

abandonment, infertility, sexually transmitted infections, school dropout, teenage morbidity and sometimes death. (Osoba, 1987). He further stated that teenagers run the risk of having complications during pregnancy due to inadequacy in the function of the pelvis as their bones are still in the formative phases. According to Ladipo (1993), teenage pregnancy could lead to damage to excretory and reproductive organs such conditions can predispose the adolescents to Vaginal Fistula or (VVF) or Rector Vaginal Fistular (RVF). Victim of VVF and RVF may become socially isolated. Such teenagers are psychologically unstable and unable to relate well their immediate families let alone outsiders.

Orisakwe (1997), opined that teens who become pregnant face higher health risk and pregnancy conditions. They are more likely to suffer from anemia which increase the risk of dying from malnutrition, pregnancy induced hypertension, eclampsia and other life threatening conditions. An immature pelvis resulting from incomplete skeletal growth may lead to prolonged or obstructed labour. Prolonged and obstructed labour can lead to brain damage or maternal and child death.

Furthermore, children born to teenage mothers are more likely to be premature, of low birth weight and suffer the health risk of retarded growth than those born to matured mothers. It is against the background of adolescent safety, health living and healthy translation to adulthood that the researcher was motivated toward ascertaining the level of health risk of teenage pregnancy among adolescents in Awka South Local Government Area of Anambra State.

In order to achieve the objectives of the study, the following research questions were posited to guide the study.

Research Questions

1. What is the level of awareness of physical health risks associated with teenage pregnancy among adolescents in school in Awka South Local Government Area?
2. What is the level of awareness of emotional health risks associated with teenage pregnancy among adolescents in school in Awka South LGA?
3. What is the level of awareness of social health risks associated with teenage pregnancy among adolescents in school in Awka south L.G.A?

Hypotheses

1. There is no significant relationship between male and female adolescents in school in Awka South L.G.A in their level of awareness of health risks associated with teenage pregnancy.
2. There is no significant relationship among adolescents in school of various ages in Awka South L.G.A in their level of awareness of health risks associated with teenage pregnancy.

Method

A cross sectional survey research design was used for the study. The design was considered appropriate for the study because sampling is done on a cross section of subjects of varying demographic data at the same time. The appropriateness of this research design could be adduced from the use in similar study by previous researchers including Okesina, Obiyeme, Wole and Umoh (2002).

The accessible population of the study consisted of 500 in school adolescent from eight public secondary schools in Awka South L.G.A. Multi stage sampling procedure was utilized for the study. In stage 1, the respondents were clustered into representing eight antonymous communities in Awka South Local Government Area. Simple random sampling technique was used in drawing four communities.

In stage two, one secondary school was randomly drawn from each of the four autonomous communities. Therefore, four secondary schools were drawn.

In stage three, non probability (chance selection) was used in selecting the first 50 male and the first 50 female students to attend morning assembly on 1st Monday in March 2019. The main instrument for data collection was structured questionnaire self developed by the researchers following review of related literature. The questionnaire was in three sections. Section 'A' contained four questions on background information of the respondents. Section 'B' contained five questions on physical health risks associated with teenage pregnancy, section 'C' contained five questions on emotional health risk factors. The instrument was submitted to two Health education experts in Nnamdi Azikiwe University and a medical doctor at Chukwuemeka Odimegwu Ojukwu Teaching Hospital Awka, Anambra State (COOTU) for validation. All their corrections were adequately effected in restructuring the instrument.

Reliability of the instrument was established by exposing the structured questionnaire twice for reliability using test-retest method.

Twenty copies of the structured questionnaire were distributed to twenty students from ten secondary schools in Awka South L.GA which was not part of the study population. After fourteen days, a re-test with the same but fresh copies of the instrument were made.

The results were subjected to reliability co-efficient using person product moment correlation co-efficient (PPMCC) which yielded high positive correlation of .82. Out of 400 copies of structured questionnaire used four hundred and ninety seven 497 (94.6%) were returned and used for data analysis.

Results

Result of the data analysis are shown in the labels 1

Table 1

Responses on the Levels of Awareness of Physical Health Risks Among the Respondents
N – 497

S/No	Physical Health Risks of Teenage.	High	Moderate	Low	Total
1	High death of mother during delivery	66 (13.3%)	209 (42.1%)	222 (44.7%)	497
2	Obstructed labour	75 (15.1%)	206 (41.4%)	216 (43.5%)	497
3	Vesico vaginal	48 (9.7%)	214 (43.1%)	235 (47.3%)	497
4	Frequent miscarriages	30 (6.0%)	221 (44.5%)	246 (49.5%)	497
5	Severe anaemia	49	218	230	497
Grand total		268	1068	1149	
Grand average		54	214	230	
Percentage		(10.8%)	(42.9%)	(46.2%)	

Data on table 1 revealed that 54 (10.8%) of subjects possess high level of awareness of physical health risks of teenage pregnancy 214(42.9%) and 230(46.2%) possess moderate and low level of awareness respectively on the same issue. It also shows that 66(13.3%) of in school adolescent possess high level of awareness of physical health risks of high death of mother during

delivery while 209(42.1%) and 222(44.7%) possess moderate and low level of awareness respectively on the same issue. Regarding obstructed labour which is one of the physical health risks associated with teenage pregnancy, 206(41.4%) and 216(43.5%) possess moderate and low level of awareness respectively. A total of 48(9.7%) of the subjects possess high level awareness that

vesico vaginal fistula (VVF) most often leads to isolation of the teenager involve from the people due to odour that emits from the body, while 214 (43.1%) and 235 (47.3%) possess moderate and low level of awareness respectively on the same issue. Also, 49(9.9%) responded high level of awareness of physical health risks on anaemia which is

deficiency in either quality or quantity of red corpuscles in the blood giving rise to symptoms of anoxaemia while 218(43.9%) and 230(46.3%) responded moderate and low level respectively.

Table 2
Responses on the Levels of Awareness of Emotional Health Risks Among the Respondents
N – 497

S/No	Emotional Health Risks of Teenage.	High	Moderate	Low	Total
6	Normally leads to shame	75	179	213	497
7	Embarrassment	64 (12.9%)	184 (37.0%)	249 (50.1%)	497
8	Disappointment to friends and families	67 (13.5%)	198 (39.8%)	232 (46.1%)	497
9	Depression	70	183	244	497
10	Unhappy	54 10.9%	190 (38.2%)	253 (50.9)	497
	Grand total	330	934	1221	
	Grand average	66	187	244	
	Percentage	(13.3%)	(37.6%)	(49.1%)	

Data on table 2 showed that 66 (13.3%) of respondents possess high level of awareness of emotional health risks of teenage pregnancy 187(37.6%) and 244(49.1%) possess moderate and low level of awareness respectively. The table also show that 75(15.1%) of the respondents possess high level of awareness of emotional health risks of teenage pregnancy that normally leads to shame, 179(36.0%) and 243(48.9%) possess moderate and low level of awareness respectively on the same issue. The table

shows that 64(12.9%) respondents possess high level awareness that embarrassment is an emotional health risk associated with teenage pregnancy, while 184(37.0%) and 249(50.1%) possessed moderate and low level awareness. Also, 70(14.9%) of the subject possessed high level awareness that depression can cause emotion health risks while 183(36.8%) and 244 (49.1%) possessed moderate and low level of awareness respectively on the same issue.

Table 3

Chi-square analysis of relationship between male and females respondents on level of awareness of health risks associated with teenage pregnancy

Gender	High	Moderate	Low	Total
Male	26 (5.2%)	62 (12.5%)	133 (26.8%)	221 (44.5%)
Female	32 (6.4%)	124 (24.9%)	120 (24.2%)	274 (55.5%)
Total	58(11.67)	186(24.9%)	253(50.91%)	492

$\chi^2_{cal} = 61.3 > \chi^2_{0.5} = 5.991$ at $df = zp < .05$

Table 3 showed that male respondents possess slightly higher level of awareness than the females. Male adolescent disclosed 26(5.2%)

as high level, 62/ 125 and 133(26.7%) moderate and low level respectively while females reveal 124 (24.9%) and 120(24.2%) as moderate and low level of awareness respectively.

Table 4

Chi-square analysis on the level of awareness of health risk of teenage pregnancy based on age

Gender	High	Moderate	Low	Total
12-14years	27 (5.4%)	112 (22.5%)	73 (14.6%)	212 (12.7%)
15-17years	20 (4.2%)	54 (10.8%)	122 (24.5%)	196 (39.4%)
18 and above	11 (2.2%)	20 (4.2%)	58 (11.6%)	89 (17.9%)
Total	58(11.67%)	186(37.42%)	125(50.91%)	497

$\therefore \chi^2_{cal} = 44.3 > \chi^2_{.05} = 9.488$
at $df = 4, p < 0.5$

Table 4 reveals that the calculated $\chi^2 = 44.3 > \chi^2_{.05} = 9.448$ at $df = 4$.

Therefore, the result indicates that the health risks of teenage pregnancy amongst in school adolescents in Awka South Local Government Area differ by age.

Discussion

Research question one sought to ascertain the level of awareness of physical health risks physical health risks of teenage pregnancy, 42.9% possessed moderate level of awareness while only 10.8% possessed high level of awareness. The result of the study was surprising; one would have expected at least moderate level of awareness, following media information on reproductive health issues and sex education awareness in schools.

Research question two sought to ascertain level of awareness of emotional health risks

Research question three sought to ascertain level of awareness of social health risks of teenage pregnancy by the respondents.

Results of the study revealed that (10.62%) possessed high level of awareness, (31.95%) possessed moderate level of awareness while (57.42%) possessed low level of awareness. Related literature confirmed that teenage pregnancy is still on the increase due to low level of awareness of social health and other risks (Essien, 2001).

Hypothesis one confirmed that there was significant relationship between male and female adolescents in school in Awka South L.G.A in their level of awareness.

Respondents female possess (6.4%) high, moderate awareness of (24.9%) and low awareness at (24.2%) while male respondent possessed (5.2%) high awareness, (12.5%) and (26.8%) moderate and low awareness respectively.

associated with teenage pregnancy in Awka South local government area. Results of the study revealed that level of awareness of physical health risks of teenage pregnancy is still low (table 1).

From the table 46.2% of the respondents possessed low level awareness of associated with teenage pregnancy among respondents. Results of the study revealed that an appreciable respondents (49.1%) possessed low level of awareness of emotional health risks of teenage pregnancy. 37.6% possessed moderate level of awareness while 13.3% possess high level of awareness. This is worrisome because great proportion of in school adolescents brings on disappointment to families and friends because of low level of awareness of emotional and other health risks.

Result indicates that the level of awareness of health risks associated with teenage pregnancy differ by gender. Male respondents revealed slightly higher level of awareness than females. Hence, null hypothesis was rejected and alternate hypothesis upheld. Related literature confirmed higher level of awareness among the male than the females. (IPPF, 1999).

Hypothesis two confirmed that the health risks of teenage pregnancy among in school adolescents differ in age. Related literature confirmed that teenage pregnancy is a pitiable situation. (Hochbaum, 1999).

Conclusion

Based on the findings, the following conclusions were drawn.

1. The study revealed low level of awareness of health risks of teenage pregnancy among adolescents in school in Awka South Local Government Area.
2. There was low level of awareness of social health risks associated with teenage pregnancy.
3. There was low level of awareness of emotional health risks associated with teenage pregnancy.
4. Male respondents show slightly higher level of awareness of health risks associated with teenage pregnancy.
5. There is significant relationship among respondents of various ages in their level of awareness of health risk associated with teenage pregnancy among in school adolescents.

Recommendations

Based on the findings and conclusion the following recommendations were made. Health and allied educators should intensify health education programme on teenage pregnancy and its consequences in schools, hospitals and communities. Government and non-governmental organizations should sponsor programmes, seminars and workshops on health issues which our teenage girls should be encouraged to attend.

References

- Coleman J.C. & Hammen C.L. (1974). *Contemporary psychology and effective behavior*. New York: Prexton Publisher.
- Hornby, A.S. (2001). *Dictionary of the English Language*. Oxford: Oxford Press.
- Ladipo B. (1993). Undesired pregnancy network. *Family health international*, 14(1)2.
- Noble, S.M. (1996). *Into a new world: Young women's sexual and reproductive lives. Reproductive health matters*. Oxford: Cambridge University Press.
- Onsakwe, S. (1997:5th February). *Teenage pregnancy and its complication: Statesman?* International Nigerian Health Journal, 14(1)2-9.
- Osoba, D. (1997). *A hidden agenda about adolescents*. Enugu: New Layout Publisher Limited.
- UNICEF, (2001). *United Nations Children's Education Fund. The Progress of Nations*, 2001 New York.

WHO (1996). *World health organization. Report 1996 on teenage pregnancy and its implications*, Geneva: WHO Publication.