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Sexual Health Information and Teen Pregnancy in Ebonyi State, Nigeria

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Abstract

Our study focused on sexual health information and teen pregnancy among girls in Ebonyi State, Nigeria. The aim was to establish how prevalent the issue of teen pregnancy is among female adolescents in this part of Nigeria, who are adjudged very vulnerable to risky sexual behaviour. To give direction to our study, four research questions were posed. The research design adopted was descriptive survey. The total population used was588, 000, out of which a sample of 400 was selected. A structured interview was used to collect data from our respondents. Pretests were conducted to validate the internal consistency of this instrument. Correlation of these tests, using Pearson product moment yielded 0.74, showing that the instrument was highly reliable. The study found among other things, that many teen girls from Ebonyi State are usually sexually active at young ages, so they oftentimes get pregnant and give birth at their teen ages. This early pregnancy comes with attendant sexual health problems and risks. The study recommended among other things, that sex education should be inculcated into the school curriculum to help guide female teens in Ebonyi state in making healthful sexual choices.

Keywords: Female sexuality, pre-marital sex, sexual health information, Teen pregnancy, unsafe sexual behaviour

INTRODUCTION

Despite improvements in sexual health education and services for young people, pregnancy rates and sexually transmitted infections among this group remain generally high. This, therefore, necessitates prioritizing sexual health in early adolescence. Unsafe sexual behaviours such as unwanted pregnancy and sexually transmitted infections (STIs) could have adverse consequences for young people. The willingness to indulge in "Risky" behaviours is common when adolescents become sexually active.

Adolescence is a period of transition from childhood to adulthood and as Nigeria's over 26 million adolescents prepare to enter adulthood, they face enormous challenges in an environment of rapid urbanization and social change. The challenges young people face include: Coping with the physical, emotional and social changes that accompany this period of transition from childhood to adulthood, inadequate access to appropriate information, education and services to meet their peculiar needs during this transitional period, weakening of traditional norms and support systems in adolescence especially the reduction in the influence of the extended family due to urbanization. The globalization of communication and the mixed and confusing messages about male versus female sexuality portrayed in the mass media; decline in annual earnings of families resulting in pressure on young people to contribute to family income in the face of decreasing job and economic opportunities, gender inequities including the double standard on sex before marriage, where premarital sex is restricted for girls and tolerated for boys. Although many young people are unprepared to face these challenges, the way they respond to them now can affect the rest of their lives.This study was therefore designed to gather information about teen pregnancy and their sexual health information in Ebonyi State, Nigeria.

TEENS AND SEXUALITY

One-fifth of the world's population includes youth and young adults, with more than four-fifths in developing countries. During the transition from childhood to adulthood, youth establish patterns of behaviour and make lifestyle choices that affect both their current and future health.

Sexual activities among youth have been reported to be on the increase worldwide. Most youth throughout the world engage in sexual intercourse by age 20, whether married or unmarried. Youth are at high danger of risky sexual behaviours and reproductive health problems. But these problems are not considered health priorities by assuming young people have lower morbidity; mortality and good knowledge than older and adult age groups (5). Youth have limited access to reproductive health services and risky sexual behaviour. Their reproductive health strategies demand a multi-sector and integrated approach on risky sexual factors and unsafe sexual behaviour.

Young age is a critical developmental period when many youth begin to define and clarify their sexual values and start to experiment with sexual behaviours. Most of these youth are students and they are also at a high risk for unsafe sexual behaviours and problems like HIV/AIDS or STI, unwanted pregnancy, abortion, poor school performance, high school dropout rate, psycho-social problems, conduct disorder, divorce, and economic problems.

In the era of HIV/AIDS and reproductive health, it is crucial to understand the determinants of sexual activities among the youth in order to inform policies and programs that help protect them. Sexual behaviour and reproductive health of youth in developing countries have attracted a considerable attention over the last 15 years. But, a large proportion of the population in these countries is affected by HIV/AIDS and reproductive health problems. The sexual behaviour of youth is important not only because of the possible reproductive outcomes but also because of the fact that risky sexual behaviour is associated with sexually transmitted infections.

In growing up, adolescents have six key developmental tasks to accomplish: physical and sexual maturation; independence; conceptual identity; functional identity; cognitive development; and sexual self-concept. However, in addition to dealing with these normal developmental tasks, the transition to adulthood for young Nigerians is complicated by our peculiar economic political and cultural turmoil.

Average age at first intercourse for girls is just over 16 years and a little higher for boys. Advocates for Youth, (1995) The Nigerian society restricts premarital sex for young women, while it is tolerated and sometimes applauded for young men. In a survey of more than 5500 urban youth aged 12-24 years, 41 percent had experienced sexual intercourse of these 82 percent of females and 72 percent of males had had intercourse by age 19 Makinwa, A. (1992). Young men have also been found to report having multiple sexual partners and having intercourse with casual partners while in contrast young women usually report they had their first encounter with acquaintances or steady boyfriends. Without question, there are grave risks associated with unprotected sexual intercourse for young people and these include the exposure to early unwanted pregnancy, unsafe induced abortion and STDs/ HIV/AIDS.

Whilst many young parents will have positive parenting experiences, evidence clearly shows that having children at a young age can have a negative impact on young women's health and well-being and severely limit their education and career prospects. Longitudinal studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become a teenage parent themselves. The facts are stark:

- At age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner.

- Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over.
- Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth.
- The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers.
- Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, than older mothers - both of which have negative health consequences for the child.
- Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems.
- Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three
- Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three.
- A 2009 report by Bristol University and the National Society for the Prevention of Cruelty to Children found that a disturbing 33% of girls between 13-19 years old report some form of sexual partner violence and 25% report physical violence (NSPCC, Bristol University, 2009).

Certain groups of the population experience disproportionately poor sexual health. Amongst these groups are young people, who represent 12% of the population but experience approximately 70% of newly diagnosed sexually transmitted infections.

CAUSES OF TEENAGE PREGNANCY

Teenage pregnancy is caused by a number of societal and personal factors. Armstrong (2001) observed the obvious cause of teenage pregnancy is unprotected sex. He went further to say that this factor can bring about teenage pregnancy due to the fact that the teenager may lack the knowledge of the contraceptives or their inconsistent and/or incorrect use. Also, a teenager who is not well informed in contraceptive methods may end up using a method with a high failure rate. This is a problem in that it deceives the teenage to think that she is at safe side only for her to find herself pregnant.

Ede (2001) opined that teenage pregnancy is caused by rape. This involves a situation where the teenager is forced to have sexual intercourse with a man against her consent. This is a major factor that causes teenage pregnancy such that it subjects to teenager to psychological trauma and even sometimes lead to development of inferiority complex.

Mohammed (2007) summarized the factors that cause teenage pregnancy as:

- Limited access to accurate and information on sexual health unprotected sex or ineffective use of contraceptive.

- Unwanted sexual relationship/ sexual abuse.
- Societal or parental pressure on the teenagers.

Others include;

- Earlier onset of sexual maturation and the accompanying natural increase in body secretions (sex hormones) which stimulate sexual urges in adolescent boys and girls.
- Pressure by the peer group and adults on young people to engage in sexual relations.
- Increasing socio-economic problems which result in pressures on young people to exchange sex for money.
- Glamorization of sex in the mass media without equally highlighting the associated risks.
- Permissive attitude of society towards premarital sexual relations for boys as part of their predatory sexual socialization.
- Culture which places higher value on child-bearing as a greater achievement for girls.
- Parents who give out their daughters in marriage at an early age for economic gains or under the guise of protecting her from herself or temptation from others.
- Delayed marriage for reasons of increasing focus on educational/career pursuits. While marriage is being delayed, the other factors listed above combine together to influence sexual activity among young people.
- Limited access to accurate and comprehensive information and services on sexual and reproductive health
- Societal, parental or partners. pressure on young women to bear children
- Unwanted sexual relations, sexual exploitation and abuse

From the foregoing, it can be said that teenage pregnancy is brought about by a lot of factors. However, lack of adequate information/knowledge on sex and sexuality among teenagers is a central factor. This is because adequate knowledge/information on sex and its risks will put the teenager on the part of known, and therefore be able to take care of other factors.

TEEN PREGNANCY AND THE IMPLICATIONS FOR SEXUAL HEALTH

Sex and sexuality are core dimensions of the human experience and an important determinant of well-being. An individual's sexual behaviour and sexual health cannot be separated from their social and cultural context. This is brought out in the World Health Organisation's (WHO) definition of sexual health. It is concerned not just with the absence of disease or dysfunction but with a broad definition of health: "Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence." Nonetheless, sexual behaviour can have serious consequences for physical health.

The health and social consequences of early unwanted pregnancy include:

- Girls aged 10-14 years are five times more likely to die in pregnancy or childbirth than women aged 20-24.
- Pregnancy-related complications are the main cause of death in 15 .19 year old girls worldwide.

- Other health complications for mother and child include bleeding inpregnancy, severe anaemia, prolonged difficult and obstructed labour, stillbirth, low birth weight and infantile death.
- Socio-economic consequences for the young person may include, termination of education, poor job prospects, loss of self-esteem and broken relationships.

STATEMENT OF THE RESEARCH PROBLEM

According to Biddlecom (2008), teenage pregnancy makes it difficult for teenagers to excel in their academic activities. In some states in Nigeria like Ebonyi State, this is a clog in the academic performance of teenage girls especially in secondary schools in Ebonyi State where this study is based the incident of sexual health information and Teen pregnancy in Ebonyi State and its attendant problems are enormous.

This has become a problem as observed by Ogba (2005) that "Ebonyi" people are one of the downtrodden people among the homo sapien species. Ebonyi State government needs functional girl child education to free them from clutch of poverty.

According to Ebonyi State Government Education Authority, (ESGEA) the incident of teenage pregnancy has dramatically reduced the number in the junior secondary schools in the area. This is because those who get pregnant are not favorably disposed to continue after delivery. Some of them end up engaging in road side hawking instead of being in school, a situation which may be due to social stigma attributed to teenage pregnancy.

It is a result of this scenario that the researcher embarks on this research to know about "Sexual Health Information and Teen Pregnancy among girls in Ebonyi State".

PURPOSE/RATIONALE OF THE STUDY

The main purpose of this study was to investigate the level of Sexual Health Information and teen pregnancy in Ebonyi State. The research specifically aims at the following purposes which are to:

1. Assess the level of teen pregnancy among girls in Ebonyi State
2. Determine the implication of unsafe induced abortion and STIs/HIV and AIDS as a result of teen pregnancy in Ebonyi State.
3. Find out how teen pregnancy leads to poor academic performance among teens in schools.
4. Find out how teen pregnancy is associated with emotional trauma among girls in Ebonyi State.

RESEARCH QUESTIONS

In order to give direction to the investigation, the following research questions were formulated:

Research Question 1: Are Ebony people Aware of the prevalence of teenage pregnancy among girls in Ebonyi State?
Research Question 2: What are the implications of teen pregnancy on the sexual health of teen girls in Ebonyi State?
Research Question 3: How does teen pregnancy lead to poor academic performance among teens in schools in Ebonyi State?
Research Question 4: How does emotional trauma associated with teen pregnancy, lead to early marriage among girls in Ebonyi State?

LITERATURE REVIEW

"Every year, almost one million teenage girls becom pregnant in Nigerian and many of these pregnancies are unintended and unwanted"— *1998 State of the World Population Report*

The future of any teenager depends on the quality of education he/she receives. Teenage pregnancy is a serious issue that imparts negatively on the health and future of the teenager. According to United Nations International Children Emergency Fund (UNICEF) (2011) about sixteen million (16,000,000) teenage pregnancies occur globally, every year. This, of course, means that teenage pregnancy has become a social problem with severe health implication which has taken global dimension. This is due to its effect on the future of teenagers and in turn the society. Teen pregnancy is usually outside marriage and carry a stigma that attracts social discrimination and economic setback to the victims, their family and community. Ede, (2011).

Unprotected sexual intercourse can lead to an unwanted adolescent pregnancy which is often considered a serious social and public health problem. Teenagers have a high risk of unintended pregnancy (Mestad*et al*. 2011). Richter and Mlambo (2005) said teenage pregnancy appears to be encouraged by lack of access to sex education. Some parents are reluctant to make sex education and contraceptives available to their teenagers, as they are afraid that their teenagers might interpret this as permission to engage in sexual activities. They further pointed out that teenagers are reluctant to visit clinics to obtain contraceptives and thus do not make use of available health services. Morake (2011) revealed that teenagers appear to be ignorant about issues such as puberty, pregnancy and contraception. Ignorance, aggravated by cultural taboos to discuss sex with one's parents, combined with real or perceived peer group pressure to engage in sexual activities, cause unnecessary heartache for many young women. The study by Davies *et al.* (2006) indicated that the use of contraceptives has increased amongst adolescents in recent years. Whereas Manlove, Terry, Gitelson, Pappilo and Russel (2000) said that the consistent reliance on effective forms of contraception remains low. Reasons for

inconsistent contraceptive use are not easily characterized as they are diverse and complex (Davies *et al*. 2006). Understanding teenage pregnancy involves recognizing the complexities surrounding teenagers' attitudes and knowledge about the use of contraceptives (Phipps *et al*. 2008). Knowledge on sexual and reproductive issues amongst teenagers in Sekhukhune and Waterberg districts of Limpopo Province is low Morake (2011). There is also a lot of misinformation on sexual and reproductive issues that affect teenagers.

Most adolescents lack information on sexuality and contraception, as most of the education that is presented on this matter is limited (Arai 2003; Bankole, Ahmed, Ouedraogo, Neema&Konyani 2007). The study by Kaufman, De Wet and Stadler (2001) indicated that there was a slightly lower level of knowledge about modern methods of contraception amongst teenagers. The authors further reported that young mothers in Soweto, South Africa, did not have knowledge of sexuality and information on contraception and contraceptive use. Morake (2011) indicated that in the reports of the Department of Health of the Limpopo Province, adolescents were reportedly not good contraceptive users, because they might not admit to being sexually active. Other studies reported that adolescents had inaccurate knowledge on the use of contraceptive (Bankole*et al*. 2007).

Teenage pregnancy does not occur if the environment is not provided. Ede (2011) observed that sexual abuse of teenage girls lead to teenage pregnancy. When teenage pregnancy occurs, retardation takes it toes in the academic performance of the teenager. Those teenagers most of the times lost the cognizance that there is an academic future for them to work for. Some even do not know that pregnancy is associated with series of sickness that require ante-natal tests. This means that the pregnant teenager would be visiting hospital regularly for ante-natal care. This of course takes her time, emotion and strength are devoted in taking care of the pregnancy, a lot of harm may be done to her academic programmes. Atimes, frustration sets in which she may not be able to handle at this stage of her education (secondary school). This become more dangerous when it occurs in her terminal stage of junior and senior secondary school as it may likely affect her preparations and performances in her junior and senior WAEC examinations respectively.

According to Nations United: *World population prospects (2006),* Globally, young people aged between 15 and 24 years make up 1.2 billion of the world's population. The majority live in Sub-Saharan Africa and are vulnerable to teenage pregnancies and HIV infection. Unwanted pregnancies and HIV infection continue to be daunting problems for young people, and studies indicate that HIV-infected youth face the greatest dilemmas Beyeza, Kaharuza, Mirembe, Neema, Ekstrom, Kulane, 2009:p**9**(1)**:**2-12) UBOS,(*2006)*. Uganda Bureau of Statistics, Kampala, Uganda and Macro International Inc, Calverton Maryland, USA, Kampala; 2007). Great attentions have been given to prevention of teenage pregnancy in recent times leading to several campaigns to prevent teenage pregnancy. This is because it has been viewed as a negative phenomenon in modern times because of the attending negative effect on the health of these young teenagers. Despite the establishment of national teenage pregnancy programmes and strategies,teenage birth rates have increased globally.

Teenage pregnancy might contribute to the cycle of poverty (WHO, 2009). In addition to the lost potentials of girls who are married off, there are real cost associated with women's health and infant mortality. The teenage pregnant girl is exposed to torture, abuse, and the risk of the deadly HIV/AIDS infection. Some young girls are forced into marriage at a very early age (Clark, 2004:p149-160) .Others are simply too young to make an informed decision about their marriage partner or about the implications of the marriage itself. Early marriage deprives a girl of her adolescence. Teenagers younger than 15 are five times more likely to die during pregnancy or childbirth than women in their twenties and mortality rates for their infants are higher as well. Recent studies have shown that associations among young men and women are largely explained by socioeconomic confounding (Woodward , Fergusson &Horwood, 2001: 1170-1184); (Barber, 2001:219-247) and (Kahn &Anderson,1992**:** 39-57).

METHOD

This study adopted descriptive survey as a design of the study. Abonyi, Okereke, Omebe and Anugwu (2006) defined descriptive survey as a research design in which data are collected from a large population to enable the researcher describe in a systematic manner and interest the characteristic features and facts about things that exists. Descriptive survey is most appropriate for the study because it attempts to carry out a survey teen pregnancy and sexual health information of girls in Ebonyi State.

The study was conducted in Ebonyi State, known as the "Salt of the Nation" because of its large salt deposits,Ebonyi State is one of the 36 states in Nigeria. It was created in 1996, making it one of the youngest states in Nigeria. The State shares a border with Benue State to the North, Enugu State to the west, Imo and Abia States to the south and Cross River State to the east.
The State capital and largest town is Abakaliki. Afikpo is the second largest town. Other towns are Ikwo, Izzi, Onicha, Edda, Onueke, Ezzamgbo, Nkalagu, Uburu, Ishiagu, Amasiri and Okposi.
For administrative purposes, Ebonyi State is divided into three Senatorial Zones, each represented by a Senator at the National Assembly, and six Federal Constituencies, each represented by a Member of the House of Representatives also at the National Assembly. The three Senatorial Zones are:

- Ebonyi North – comprising Abakaliki, Ebonyi, Ishielu, Ohaukwu and lzzi LGAs
- Ebonyi Central – comprising Ikwo, Ezza North and Ezza South LGAs
- Ebonyi South – comprising Afikpo North, Afikpo South, lvo, Ohaozara and Onicha LGAs

Figure 1: Map of Ebonyi State showing its Local Government Areas and Senatorial Zones

The state is also divided into thirteen local government areas (LGAs), namely:(1) Abakaliki, (2) Afikpo North, (3) Afikpo South, (4) Ebonyi, (5) Ezza North, (6) Ezza South, (7) Ikwo, (8) Ishielu, (9) Ivo, (10) Izzi, (11) Ohaozara, (12) Ohaukwu and (13) Onicha.

The people of Ebonyi State are predominantly farmers and traders. The main crops produced in the State are rice, yam, palm produce, cocoa, maize, groundnut, plantain, banana, cassava, melon, sugar cane, beans, fruits and vegetables. Fishing is also carried out in Afikpo.

The state is blessed with mineral resources such as lead, limestone, zinc and marble. Ebonyi is called "the salt of the nation" for its huge salt deposit at the towns of Okposi and Uburu.
In the industrial sector, the State has several food processing factories including dozens of rice mills, many quarry factories, a fertilizer blending plant, one of Nigeria's largest poultries (Nkali Poultry) and one of Nigeria's foremost cement factories (the Nigerian Cement Company at Nkalagu).

Educationally, the State boasts of a university in Abakaliki (Ebonyi State University, popularly known as EBSU), a federal polytechnic (AkanuIbiam Federal Polytechnic in Unwana near Afikpo), one college of education in Ikwo, a college of agriculture in Ishiagu and several secondary and primary schools spread across the various towns and villages.

Ebonyi students consistently rank high in educational tests and other achievement scores. The State's secondary school debating teams have a long history of besting other teams to earn top honors in national and international competitions. That trend continues till date.

In the health sector, Ebonyi has two major hospitals – Ebonyi State Teaching Hospital and the Federal Medical Center – both in Abakaliki. The State also has three general hospitals located in Onueke, Onicha and EnohiaItim (near Afikpo). These are complemented by several private hospitals and clinics in various towns and villages. The State also has three schools of nursing at Uburu, Afikpo and Edda.

Tourist attractions in the State include Ndibe Beach in Afikpo, the salt lakes in the towns of Okposi and Uburu, and Ishiagu Pottery Works in Ishiagu.

Ebonyi State has a rich cultural heritage. This is expressed in the many colorful cultural dances, folklore and artwork, some of which have attracted national and international attention. The popular NkwaUmuagbogho Dance Group of Afikpo has won several national and international merit awards. Other popular dance groups include the official State Government cultural dance group, NkwaNwite of Afikpo, Ojianyalere of Amasiri and many more.

Theoretically, the population for this study comprises of all the teen girls in Ebonyi State, about 6,500 according to United Nations Population Funds report.

A sample of 400 was drawn from a study population of 650,000 . This sample was arrived at using Tara Yamane's formula for calculating sample size. This is as follows:

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

$$\text{Thus } n = \frac{650,000}{(1+650,000[0.05]^2)}$$

$$N = \frac{650,000}{1+650,000\ (\ 0.0025)}$$

$$N = \frac{650,000}{1+650,000x0.0025}$$

$$N = \frac{650,000}{1+1625}$$

$$N = \frac{650,000}{1626}$$

$$N = 399.7$$

N= 400 approximately.

Based on calculations with Taro Yamane's formula, a sample size of 400 was decided upon as appropriate for the study.

Table 1: *Sample frame*

S/N	LOCAL GOVERNMENT AREAS	POPULATION
1	Abakaliki	120,000
2	Afikpo North	20,000
3	Afikpo South	20,000
4	Ebonyi	40,000
5	Ezza North	55,000
6	Ezza South	50,000
7	Ikwo	30,000
8	Ishielu	60,000
9	Ivo	15,000
10	Izzi	33,000
11	Ohaozara	50,000
12	Ohaukwu	45,000
13	Onicha	50,000
	TOTAL	588,000

In table 1, the distribution of the working population is shown. The sample size of 400 was drawn from this population using a multi-stage sampling procedure from the population of 650,000.

In first stage involved the selection of Markets. Two most populated market in different 13 local governments in Ebonyi State were randomly selected.

In second stage involved the selection of Hospitals. One most equipped Hospital in different 13 local governments in Ebonyi State were randomly selected.

In third stage involved the selection of Homes. About ten different homes in different 13 local governments in Ebonyi State were randomly selected.
In fourth stage involved the selection of Schools. Three most populated government schools in different 13 local governments in Ebonyi State were randomly selected.

In sixth stage involved the selection of churches. Four most populated churches in different 13 local governments in Ebonyi State were randomly selected.

A pre-coded 21-item questionnaire was used as data collection instrument. Copies of the questionnaire were administered to parents/guardians, students, teachers and traders at the places mentioned above.

Data were collected in April, 2014, through a cross sectional quantitative survey with 400 teen girls. Participants were volunteers, who were met at Market places, Homes, Churches, Hospitals, Health Posts and Farms. Data collection took place within the span of three weeks.

RESULTS

This chapter dwells on the presentation of data, analysis of data and discussion of findings. Data analysis was done using SPSS (Statistical Package for Social Science) and presented in Tables and Pie Charts. Bivariate correlation and Chi-square test were used to statistically test the hypothesis formulate for this study.
This study sought to know the "Sexual Health and Teen Pregnancy Information among girls in Ebonyi State". The segment of this chapter starts with data presentation, followed by analysis of research questions and hypothesis testing and discussion of findings.

Data entries on SPSS, deals with the presentation and analysis of data. The data were presented in tables. They were organized in four tables in accordance with four research questions, level of teenage pregnancy, implications of unsafe of induced abortion and STIs/HIV and AIDS as a result of teenage pregnancy, how teen pregnancy leads to poor academic performance in school, how emotional trauma is associated with teen pregnancy and analyze using simple mean scores, table one contains five questions, table two contains six questions ,table three contains five questions and table four contain three questions. These items were responded by three hundred and eighty (400) respondents drawn from 13 local government in Ebonyi State.

A total 400 copies of questionnaire were distributed to each of the thirteen local government areas. It was expected that a total of four hundred responses (400) from each of the local government and a total of five thousand two hundred (5,200) responses respectively should be generated but there was no hundred percent return of the questionnaires from the respondents in all the local government areas.

The respondents' demographic variables were measured using question items 1-2 in the questionnaire data generated in their response were presented in the following tables.
Research Question One: Awareness of teenage pregnancy as a prevalent social problem among girls in Ebonyi State?

Table 1: *Percentage responses on the level of teenage pregnancy among girls in Ebonyi State*

S/N	ITEM	SA	A	D	SD	L.G.A COPIES	TOTAL RESPONSE
1	Teenage pregnancy is a prevailing social problem in Ebonyi State.	**2,580**	**1,978**	**530**	**14**	**400**	**5,102**
		49.6%	**32.0%**	**10.2%**	**0.3%**		**98.1%**
2	I have seen many teenage mothers in my neighborhood.	**3,861**	**1,298**	**13**	**8**	**400**	**5,180**
		74.3%	**25%**	**0.25**	**0.2%**		**99.6%**
3	Most girls engage in sexual activities at their teen age?	**3,089**	**2,028**	**40**	**23**	**400**	**5,067**
		59.4%	**39%**	**0.76%**	**0.44%**		**97.4%**
4	Most girls get pregnant because they are ignorant of the danger associated with it?	**3,000**	**1,500**	**30**	**20**		**5,000**
		57.7%	**28.8%**	**0.57%**	**0.38%**		**96.2%**

In table one above, the scale SA initem 1 has high percentage value of 98.1% which indicates that most people knew that Teenager is someone between the age of 13-19,while the scale SAin item 2 has a percentage value of 74.3% which shows that the level of Teenage mothers seen around their neigbourhood is high. The scale SA in Item 3 has a percentage value of 59.4% which shows those teenagers who engage in sexual activities at their teen age is high. Also the SA in item 4 has a high percentage value of 57.7% which shows that people get pregnant because they are ignorant of the dangers associated with it.

RESEARCH QUESTION 2:

What are the implications of Teen pregnancy on sexual health of teen girls?
TABLE 2: Percentage responses on the implications of unsafe induced abortion and STIs/HIV

S/N	ITEM	SA	A	D	SD	L.G.A COPIES	TOTAL RESPONSE
1	Most teenage girls are usually not aware of the sexual health risk of early pregnancy?	**4,000**	**800**	**90**	**10**	**400**	**4,900**
		76.9%	**15.4%**	**1.7%**	**0.2%**		**94.2%**
2	Most teenage girls are ignorant of the use of protective measure and contraceptives in their sexual activities?	**3,200**	**1,600**	**60**	**30**	**400**	**4890**
		61.5%	**30.8%**	**1.6%**	**0.6%**		**94%**
3	Teenage mothers usually face the problem of infertility in their marriage	**3,930**	**1,000**	**50**	**28**	**400**	**5,008**
		75.6%	**19.2%**	**1%**	**0.5%**		**96.3%**
4	Many teen girls have died as a result of abortion and sexually transmitted infections.	**3,800**	**1,200**	**30**	**5**	**400**	**5,035**
		73%	**23%**	**0.5%**	**0.09%**		**96.8%**
5	Teenage girls who are pregnant usually go for abortion for the fear of rejection by peers, parent, partners, and emotional inability to take care of the baby.	**4,006**	**804**	**30**	**0**	**400**	**4,840**
		77%	**15.5%**	**0.6%**	**-**		**93%**
6	Teenage girls who are involved in premarital sex usually contract sexually transmitted infections and HIV/AIDS	5,000	**73**	**5**	**2**	**400**	**5,080**
		96.2%	**1.4%**	**0.09%**	**0.03%**		**97.6%**

In table Two above, the scale SA in item 1 has a high percentage value of 76.9% which indicates that most Teenage girls are usually not aware of the sexual health risk of early pregnant ,while the scale SA in item 2 has high percentage value of 61.5% which shows that Teenagers are ignorant of use of protective measures and contraceptives in their sexual activities. The scale SA in Item 3 has high percentage value of 75.6% which shows that teenage mothers usually face the problem of infertility in their marriage. Also the SA in item 4 has a high percentage value of 73.6% which shows that many teenage mothers have died as a result of abortion and sexually transmitted infection.

The scale SA in Item 5 has high percentage value of 77% which shows that teen girls who are pregnant usually go for abortion for the fear of rejection from peers, parents, partners and emotional inability to take care of the baby. Also the SA in item 4 has a high percentage value of 96.2% which points out that many teenage girls who are involved in premarital sex usually contract STIs,HIV and AIDS.

RESEARCH QUESTION 3:

Teen pregnancy leads to poor academic performance among teens in schools in Ebonyi State?

TABLE 3: Percentage responses on how does teen pregnancy leads to poor academic performance among teens in schools in Ebonyi State?

S/N	ITEM	SA	A	D	SD	L.G.A COPIES	TOTAL RESPONSE
1	Young girls involved in teenage pregnancy find it difficult to concentrate on their studies?	4,900	200	30	5	400	5,135
		94.2%	3.8%	0.6%	0.09%		98.75
2	Teen pregnancy causes frustration among young girls and affect their academic performance	3,800	1,200	50	5	400	5,055
		73%	23%	1%	0.09%		97.2%
3	Teenage pregnancy leads to absenteeism among young girls which affects their academic achievement.	4,090	700	40	7	400	4837
		79%	13.5%	0.8%	0.1%		93%
4	Teenage pregnancy related sickness causes the young	3,800	700	50	10	400	4,960

	girl not to pay attention to studies?	**73%**	**13.5%**	**0.9%**	**0.2%**		**95.4%**
5	Teenage pregnancy brings social stigma to the pregnant girls among their peers	**4,500**	**500**	**50**	**-**	**400**	**5,050**
		86.5%	**9.6%**	**0.9%**			**97.1%**

In table three above, the scale SA in item 1 has a high percentage value of 94.2% which indicates that most young girls involved in teenage pregnancy finds it difficult to concentrate on their studies,while the scale SA in item 2 has high percentage value of 73% which shows that teenage pregnancy causes frustration among young girls and affect their academic performance. The scale SA in Item 3 has high percentage value of 79% which affirms that teenage pregnancy leads to absenteeism among young girls in their academic performance. Also the SA in item 4 has a high percentage value of 73% which shows that teenage pregnancy related sickness causes the young girl not to pay attention to studies. The scale SA in Item 5 has high percentage value of 86.5% which shows that teenage pregnancy brings social stigma to the pregnant girls among their peers.

RESEARCH QUESTION 4:

Emotional trauma is associated with teen pregnancy lead to early marriage among girls in Ebonyi State?

TABLE 4: Percentage responses on how does teen pregnancy leads to poor academic performance among teens in schools in Ebonyi State?

S/N	ITEM	SA	A	D	SD	L.G.A COPIES	TOTAL RESPONSE
1	Teenage pregnancy leads to self -rejection on the part of teenager which force them into early marriage	**4,300**	**800**	**50**	**30**	**400**	**5,180**
		82.6%	**15.3%**	**0.9%**	**10.2%**		**99.6%**
2	Victims of teenage pregnancy lacks financial help	**3,800**	**450**	**600**	**80**	**400**	**4,930**
		73%	**8.7%**	**11.5%**	**1.55%**		**94.8%**

3	The academic dream of pregnant teen is shattered; hence early marriage is seen as only option.	**4,700**	**400**	**30**	**10**	**400**	**5,140**
		90.3%	**7.7%**	**0.6%**	**0.2%**		**99%**

In table four above, the scale SA in item 1 has a high percentage value of 82.6% which

indicates that most Teenage pregnancy leads to self-rejection on the part of teenager which force them into early marriage, while the scale SA in item 2 has high percentage value of 73% which affirms that victims of teenage pregnancy lacks financial help. The scale SA in Item 3 has high percentage value of 90.3% which shows that the academic dream of pregnant teen is shattered hence early marriage is seen as only option.

CONCLUSION AND RECOMMENDATIONS

Based on the data analyzed, the following were discovered that the level of teenage pregnancy in Ebonyi State is high.

Again teenage pregnancy has led some teenage girls to carry out unsafe induced abortion which have resulted to several health problems and in some cases death. In most cases, these teen girls end up contracting Sexually Transmitted Infection STIs/HIV and AIDS. Vessico Vagina Fistula (VVF) has been found to be the major sexual health problem associated with teenage pregnancy Ebonyi State.

In addition, teenage pregnancy has contributed to poor academic performance among teens in schools in Ebonyi State. Moreover, teen pregnancy has led some teenagers to emotional trauma and early marriage in Ebonyi State?

Therefore, teenage pregnancy and young people's sexual health is everyone's responsibility and there is no single organisation or approach that can effect change independently. There is growing recognition that the greatest change agent in supporting young people to make positive and healthy choices in all aspects of their lives is through building their emotional resilience.

The following recommendations were made as a result of our findings:

- Sex education should be taught to wards by their parent at home.

- Sex and sexual health education should be inculcated in school curriculum.
- Sex should not be seen as means of social, economic and emotional gratification.
- Government should create supervisory agencies to monitor the operations of soul soothing homes.
- Parents should provide for their teen girls to protect them from being prey to boys.
- Government should embark on free education so as to enable teenagers who are less privileged to attend school in other to be educated on the issues concerning sexual health so as not to fall victims of sexual health problems.
- There should be massive enlightenment campaign to enlighten young girls on the risk associated with early pregnancy in the remote towns and villages through the village, communities and local government leaders.

REFERENCES

Advocates for Youth. (1995). *The Facts:* Adolescent Sexuality in Nigeria Washington, DC.

Allen, E.*et al*.Does the UK government's teenage pregnancy strategy deal with the correct risk factors? Findings from a secondary analysis of data from a randomised trial of sex education and their implications for policy.*J Epidemiol Community Health* 2007, 51:20-27.

Arai, L.(2003). Low expectations, sexual attitudes and knowledge: Explaining teenage pregnancy and fertility in English communities. Insights from qualitative research', *The Sociological Review* 51, 199–217. http://dx.doi.org/10.1111/1467-954X.00415

Auerbach, J. (2006). Overview of effective and promising interventions to prevent HIV infection.*World Health Organ Tech Rep Ser* 2006, 938:43-78. 317–41.

Babbie, E. and Mouton, J. (2009).*The practice of Social Research*. Oxford University Press, Cape Town.

Bankole, A. (2007).Knowledge of correct condom use and consistency of use among adolescents in four countries in Sub-Saharan Africa.*African Journal of Reproductive Health* 11,198–220. http://dx.doi.org/10.2307/25549740, PMid:18458741, PMCid:2367135

Barber, J. (2001).The intergenerational transmission of age at first birth among married and unmarried men and women.*SocSci Res* 2001, 30:219-247.

Beyeza-Kashesya, J. (2009).The dilemma of safe sex and having children: challenges facing HIV sero-discordant couples in Uganda. *Afr Health Sci* 2009, 9(1):2-12.

Brink, H.(2006).*Fundamentals of Research Methodology for Health Care Professionals*,2nd edn.,Juta, Cape Town.

Bryceson, D and Banks, L. (2000).End of an era: Africa's development policy parallax. *J ContempAfr Stud* 2000, 19:5-25.

Centers for Disease Control and Prevention (US).(2009).*Youth Risk Behavior Survey*. Available from: URL: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Cheesbrough, S. et al. (2002).*A review of the international evidence on preventing and reducing teenage conceptions: the United States*. Australia and New Zealand Health Development Agency, Canada.

Clark, S. (2004). Early marriage and HIV risks in sub-Saharan Africa.*Stud FamPlann*35:149-160.

Coates, T.Behavioural strategies to reduce HIV transmission: how to make them work better. *Lancet* 2008, 372:669-684.

Cooper, D. (2004). Ten years of Democracy in South Africa: Documenting Transformation in Reproductive Health Policy and Status, *Reproductive Health Matters Journal* 12(24), 70–85. http://dx.doi.org/10.1016/S0968-8080(04)24143-X

Darbes, L.(2008).The efficacy of behavioral interventions in reducing HIV risk behaviors and incident sexually transmitted diseases in heterosexual African Americans.*AIDS*.22:1177-1194.

Davies, S.(2006). Predictors of inconsistent contraceptive use among adolescent girls: Findings from prospective study', *Journal of Adolescent Health* 38(1), 43–49.http://dx.doi.org/10.1016/j.jadohealth.2005.10.011, PMid:16781960

Democratic Nurses Organization of South Africa (DENOSA).(1998).*Ethical Standards for Nurse Researchers*, DENOSA, Pretoria.

Department of Health.(2009).*Family Planning Method and Practice,* Government Printers Africa, Pretoria.

De Vos, A (2006). *Research at Grass roots for the Social Sciences and Human Service Professions*, 3rd edn., J.L. van Schaik Academic, Pretoria.

De Vos, A. (1998).*Research at Grass Roots*, Van Schaik, Pretoria.

Fletcher, A. (2008).Interventions addressing the social determinants of teenage pregnancy.*Health Educ* 2008, 108:29-39.

Institute of Medicine.*Brief no time to lose: getting the most from HIV prevention*. http://www.iom.edu/file.aspid=4131

Johnson, B. (2003). Interventions to reduce sexual risk for the human immunodeficiency virus in adolescents, 1985–2000: a research synthesis. *Arch PediatrAdolesc Med* 2003, 157:381-388.

Kahn, J and Anderson, K. (1992).Intergenerational patterns of teenage fertility. *Demography* 1992, 29:39-57.

Kane, Rand Wellings, K. (2003).*Reducing the rate of teenage conceptions: an international review of the evidence: data from Europe*. London School of Hygiene and Tropical Medicine bulletin, University of London, Bagkok.pp12-15.

Kaufman, C.(2001). *Adolescent pregnancy and parenthood in Limpopo Department of Health 2011. Factors associated with Teenage Pregnancy in Limpopo Province*, Government Printer, Polokwane.

Kirby, D. (2002).Effective approaches to reducing adolescent unprotected sex, pregnancy, and childbearing.*J Sex Res* 2002, 39:51-57.

Kirby, D. (2006).The effectiveness of sex education and HIV education interventions in schools in developing countries.*World Health Organ Tech Rep Ser* 2006, 938:103-150. discussion 317–41

Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*.National Campaign to Prevent Teen and Unplanned Pregnancy, Washington, DC; 2007.

Lyles, C.*et al*.(2007).Best-evidence interventions: findings from a systematic review of HIV behavioral interventions for US populations at high risk, 2000–2004. *Am J Public Health* 2007, 97:133-143.

Makinwa, A. (1992). Sexual Behaviour, Reproductive Knowledge and Contraceptive Use Among Young Urban Nigerians. IntFamPlannPerspect. 18: 67-69.

Manlove, J. (2000). Explaining demographic trends in teenage fertility', *Family Planning Perspective* 32(4), 166–175.http://dx.doi.org/10.2307/2648233, PMid:10942352

Mckee MD, Fletcher J, Schechter CB: Predictors of timely initiation of gynecologic care among urban adolescent girls. *J Adolesc Health* 2006, 39:183-191.

McLeod, A. (2001). Changing patterns of teenage pregnancy: population based study of small areas. *BMJ* 2001, 323:199-203.

Mullen, P. (2002).Meta-analysis of the effects of behavioral HIV prevention interventions on the sexual risk behavior of sexually experienced adolescents in controlled studies in the United States. *J Acquir Immune DeficSyndr* 2002, 30(Suppl 1):S94-S105.

Nations United.(2006).*World population prospects: The 2006 revision*. United Nations, New York.

Noyes, P. et al. (2008). *Health behaviors among youth in East and Central Harlem, Bedford-Stuyvesant and Bushwick, and the South Bronx*.New York City Department of Health and Mental Hygiene, New York; 2008.

Office for National Statistics.(2009)*Conception statistics in England and Wales, 2007*.ONS.

Pedlow, and Carey, M.: HIV sexual risk-reduction interventions for youth: a review and methodological critique of randomized controlled trials. *BehavModif* 2003, 27:135-190.

Prinstein, M. La Greca, A. (2004). Childhood peer rejection and aggression as predictors of adolescent girls' externalizing and health risk behaviours :a 6-year longitudinal study. *Journal of Consulting and clinical Psychology*.72(1):103-112.

Robin, L.*et al*. Behavioral interventions to reduce incidence of HIV, STD, and pregnancy among adolescents: a decade in review. *J Adolesc Health* 2004, 34:3-26.

Russell, T. et al. (2007). Sexual Risk Behaviour for HIV/AIDS in chuuk State, Micronesia: the case for HIV Prevention in Vulnerable Remote Populations.PLOS ONE. 2(12):283.

Social Exclusion Unit.(1999).*Teenage pregnancy*.HMSO.

UBOS.(2007).*Uganda Demographic and Health Survey 2006*. Uganda Bureau of Statistics, Kampala, Uganda and Macro International Inc, Calverton Maryland, USA, Kampala.

UNAIDS. (2008): *Uniting the world against AIDS*. http://www.stopaidsnow.org/documents/WPP-Conference08-Bhatupe%20Mhango-UNAIDS.pdf

UNICEF. (2007).*Child poverty and perspective: an overview of child wellbeing in rich countries*.

Wellings, K and Kane, R. (1999).Trends in teenage pregnancy in England and Wales: how can we explain them? *J R Soc Med*. **92:**277-282.

WHO.(2006).*HIV/AIDS global review*.WHO, Geneva (Switzerland); 2006.

Woodward, L. et al. (2001). Risk factors and life processes associated with teenage pregnancy: results from a prospective study from birth to twenty years. *J Marriage Fam*63:1170-1184.