



THE ROLE OF FAMILY TYPE AS DETERMINANT AND PREVALENCE OF TEENAGE PREGNANCY IN ORIADE LOCAL GOVERNMENT AREA OF OSUN STATE NIGERIA

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Final Received: 8th June 2022

Final Proof Received: 7th April 2023

Abstract: The study was designed to examine family type as determinant and prevalence of teenage pregnancy in Oriade Local Government Area (LGA) of Osun State, Nigeria. The study adopted the descriptive survey design of ex-post facto type. The study objectives included, to: ascertain family type as determinant of teenage pregnancy, examine the role of age in teenage pregnancy, and determine the influence of elder sibling(s) pregnancy on younger sibling(s) teenage pregnancy. A valid and reliable instrument; family type and pregnancy questionnaire (FT2PQ) was used to provide data for the study. The multi-stage selection procedure was adopted. Twenty towns were randomly selected from the LGA, with Family type as stratum. Housing units were further selected to participate in the study. Fifteen pregnant teenagers (identified in prior visits) were selected from each town using stratified sampling technique. In all, three hundred teenagers (100 from intact families, 100 from single parent families and 100 from step families) constituted the study sample. Data were analysed with Chi-square and Bivariate regression statistical methods. The results indicated that: family type was not a significant determinant of teenage pregnancy ($\chi^2=4.568$, $p>0.206$); age was not a significant determinant of teenage pregnancy ($\chi^2=2.333$, $p>0.206$); elder siblings' pregnancy is responsible for 8.4% of the variation in younger siblings' pregnancy. Based on the findings, recommendations included that parents communicate acceptable sexual values and attitude; ensure early sex education and guidance for older teenagers as a model for younger siblings

Keywords: intact-family, single-family, step-family, teenage pregnancy

JOMSIGN: Journal of Multicultural Studies in Guidance and Counseling
Website: <http://ejournal.upi.edu/index.php/JOMSIGN>

Permalink: <http://ejournal.upi.edu/index.php/JOMSIGN/article/view/6314>

How to cite (APA): Onongha, I. G., Alebiosu, Y. O., and Raji M. N. (2023). The Role of Family Type as Determinant and Prevalence of Teenage Pregnancy in Oriade Local Government Area of Osun State Nigeria. *JOMSIGN: Journal of Multicultural Studies in Guidance and Counseling*, 7(1), 1-20.



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INTRODUCTION

Teenage pregnancy has remained a hyper-ruinous recurring global social menace, with Nigeria exhibiting a more complicated scenario given her cultural diversity and the influence of western liberal family system. A

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teenager is considered as anyone from the age of 10 and 19 years (WHO, 2013), with pregnancy resulting from such age considered as teenage pregnancy (World Health Organization, United Nations Population Fund, 2006); age being her age at time of birth of the baby (WHO, 2004).

Raising a teenager is the most complicated and exacting for parents, irrespective of family structure. Each family type imparts upon a teenager specific social, cultural and ethical principle which help mould their human interactivity, socialisation, world-view and behaviour. Allen (2019), uphold that adolescence age is a period of transition, with serious physical, sexual, cognitive, social and emotional changes which brings about anxiety for both children and their families.

There exist substantive variance across regions of the world on rate of teenage pregnancy with America topping the chart at 60% teenage mothers (Sedgh, Finer, Bankole, Eilers, & Singh, 2015); UK (27%); Bulgaria (33%); Romania (34%); and the Baltic States (21–23%). Extraordinary high levels are also reported for Ukraine (38%), Macedonia (34%), Russia (31%), and Belarus (27%). By contrast, extremely low rates of teenage births are reported for Japan and Korea (less than 5%), Switzerland (4%), Netherlands (5%), and Sweden (6%). Less than 15% were reported in Italy, Spain, Denmark, Finland, France, Luxembourg, Belgium, Greece, Norway, Germany, and Austria (UNICEF, 2001). In the Asia Pacific, it ranges from 43% in Bangladesh (Presler-Marshall & Jones, 2012); 11.1% to 47.3% in Nepal (Lama, Rijal, Budathoki, & Shrestha, 2012; Dagadu, 1997), and Jordan, 25% (Ziadeh, 2001).

In Africa, whereas, South Africa exhibits 2.3% to 19.2% (Mchunu, Peltzer, Tutshana, & Seutlwadi, 2012); East Africa (Kenya) 31% (Were, 2007); Assossa (Ethiopia) 20.4% (Assefa, Abiyu, & Yeneneh, 2015), and Sudan 31% (Adam, Elhassan, Ahmed, & Adam, 2009). In Nigeria, unmarried adolescents are reported to be highly sexually active (Alo & Akinde, 2010; Fatusi & Blum, 2008; Morhason-Bello et al., 2008; National Population Commission (Nigeria) & International Coaching Federation Macro, 2009; Okereke, 2010a; Nwankwo & Nwoke, 2009; Okereke, 2010b) which results in increased rate of teenage pregnancy (Oyefara, 2009).

Demographic Health Survey 2013 showed North-Western States of Katsina, Jigawa and Zamfara to produce the highest percentages of teenage pregnancies, and this triggered National Population Commission warning of

2013 that, the number of teenage mothers in Nigeria may rise to 60 million in 2015 (Oyedele, 2017). Meanwhile, the Niger Delta states exhibits a mere 6.2% (Gani, 2012), and Abia state is 49% (Nwosu, 2017). The situation of teenage pregnancy in Osun State is said to have reached an alarming rate (Yusuf, 2018). Though, a preventable menace, teenage pregnancy has been allowed to wreak havoc on the potentials of teenage girls leading to morbidity and mortality on the teen mothers and their babies, as well as other severe consequences (Alasi & Oni, 2017; Aderibigbe, Araoye, Akande, & Babatunde, 2014; WHO, 2020; Nwosu, 2017; Kukpoluji, Njoku, & Oyinloye, 2015).

Driven by the complexity and overlapping nature of teenage pregnancy, most scholars analyse the subject multidimensionally (Albert et al., 2005; Raj et al., 2010; Holborn & Eddy 2011; Brahmbhatt, et al., 2014) albeit family being a privileged environment of personality formation and bounding with the fundamental role of developing toddlers and adolescents (Berry, Kagitcibasi, Georgas, Poortinga, & Van de Vijler, 2006; Relvas & Vaz, 2007). Family is the fulcrum of teenage behaviour as such, a key parameter for evaluating teenage pregnancy. Parenting which is essentially significant to the sociology of a family unit, including socialisation of children, parental roles, single parenting, adoption and foster parenting, and roles of children based on gender, is handled differently by different family types. Variation in family type, vary teenagers' social manifestations intrinsically. Each manifestation is indicative of cultural, ethical and social disposition or practice of specific groups or household which differentiates their commonly shared ancestry, one from another (Crossman, 2019).

Family type therefore underscores the way family members interact with each other; that is, levels of adaptability, cohesiveness and communication demonstrated by the family unit (Sanni et al. 2010). It is a parenting process that is essential for adolescent development and could be represented by family functioning, parental behavioural control, parental psychological control, and parent-child relational qualities. Family functioning denotes to what extent family members are bonded emotionally, communicate effectively, and respond to problems collaboratively (Epstein, Bishop & Levin, 1978). Family structure (or composition) and relationships within families influence young people's development, well-being and behaviour (Epps, 1993; Sweeting, West & Richards, 1998). Irrespective of other intervening perspectives associated with teenage pregnancy

(Brahmbhatt, Kågesten, Emerson, Sonenstein, Blum, & Delany-Moretlwe, 2014), lack of parental care, communication and supervision remain conspicuous to the subject of teenage pregnancy (Vincent & Alemu, 2016).

Akpan-Idiok and Ackley, (2018) posited that family provides the basic foundation and most valuable and indispensable school of socialisation. The teen age is a developmental phase during which teenagers become increasingly independent from families, parents and other family members play a critical role in the promotion of adolescents' well-being by providing a positive support system within which youth can explore their changing identity (Santrock, 2014). Teenagers with higher levels of parental guidance are less likely to engage in sexual intercourse. On the other hand, teenagers with lowest levels of parental guidance are more likely to have had sex before the age of 16 (Ikramullah et al., 2009).

Miller, Benson and Galbraith, (2001) submitted that when teens are emotionally connected to parents and perceive them to be warm and supportive, they are more likely to internalize parental values and follow their counsel because teens trust parents and desire to please them. Within such close parent-child relationships, adolescents are also more likely to exercise self-restraint and to be involved in pro-social activities that lessen their risk of adolescent pregnancy. Conversely, where there is little or no parent-child closeness or connectedness, adolescents are more likely to be emotionally distressed, to use drugs and alcohol, and to begin early/steady dating, which places them at increased risk of adolescent pregnancy.

The interactivity of family in the light of family functioning have shown that family members are bonded emotionally, communicate effectively, and respond to problems collaboratively in intact two-parent families than in single-parent families (Clark, Barrett, Kolvin, 2000; Yeung, Chan, 2010; Freistadt, Strohschein, 2013). Intact family refer to a unit composed of husband, wife and their unmarried children. This type of family is based on companionship between parents and children. Parental care under intact family imparts to the child the first lesson in social responsibility and acceptance of self-discipline thereby bringing out the natural matrix of personality (Mondal, 2020). The parenting situation here is consistent, with emphasis on health and education and focuses on communication (Oelze, 2020). Family functioning is effective in two married biological parents (Brown and Manning, 2009) likewise; parental monitoring is higher in two-parent families (Florsheim,

Tolan, Gorman-Smith, 1998) and, mothers in two-parent families are reported to show stronger parental monitoring than single mothers (Pettit et al., 2001).

Compared to adolescents raised by intact families, Shek and Leung (2013) believed that marital disruption which ends up in single parenting, influences child development and parenting processes. They upheld that marital disruption dampens parents' well-being, which in turn adversely affects their parenting, such as parental discipline and monitoring. Family disruption may also lead to family financial difficulty which, if the single-parent has to work extensively for a living, parental supervision over the child may further be reduced. Marital disruption brings parents more stress, which may lead to adjustment difficulties for parents and deteriorated parenting processes. Parenting processes are important for adolescent development and could be represented by family functioning, parental behavioural control, parental psychological control, and parent-child relational qualities.

Morrison and Coiro, (1999) defined single-parent family as a family system with children under age 18 headed by a parent who is widowed or divorced and not remarried, or by a parent who has never married. Parental separation has been reported as being associated with a wide range of adverse effects on children's wellbeing, either as short or long-term consequence of the transition and in the form of more enduring effects that persist into adulthood. **Effect reported include** social conduct and behaviour; early-onset sexual behaviour (Ellis et al., 2003); and teenage pregnancy (Woodward, et al., 2001).

Unlike single-parent family, **Segal and Robinson, (2019) asserted that** step or blended family is formed when two divorced or unmarried single-parents partner to make a life together with the children from one or both previous relationships. The process of forming a new, blended family can be both rewarding and challenging as parents are likely to approach remarriage and a new family with great joy and expectation, while the kids may not be nearly as excited. The uncertainty about upcoming changes and how it will affect relationships with their natural parents; about living with new stepsiblings whom they may not know well, or worse, ones they may not even like breed resistance from children leading to frustration in blended parenting and subjecting it to family dysfunction. Remarriage breeds behavioural difficulties and emotional problems in children/teenagers (Fergusson et al. 1986; Baydar, 1988). Under such conflictual circumstances, only parents who

can effectively couple warmth and support with discipline and positive role modelling can reduce their teenage children's risk of pregnancy (Tucker, Perreira & Halpern, 2011).

Coleman et al., (2001) reasoned that stepfathers do less monitoring because they sometimes lack parental legitimacy in the eyes of stepchildren therefore, stepchildren are more likely to resist the parenting efforts of stepfathers because they do not consider them to be legitimate parental figures. Stepfathers, on average, are less involved and communicative with their stepchildren; provide less warmth and nurturance, and hold a less positive view of their relationships with their stepchildren than birth fathers that live with their children (Hofferth et al., 2002) thus, making teenagers vulnerable to unprotected sex resulting in early pregnancy.

Conversations on the subject of age as a determinant of teenage pregnancy observed in a 3,384 teenagers data from National Survey of Family Growth between 2006 and 2010 that, 289 women had become pregnant before age 15, and the rest between 15 and 19. The study showed that younger pregnant teens were less likely to have been living with both biological parents at age 14. The scholar quoted Lavine as saying that tough economic and family situations also contributed greatly to teen pregnancy thus, "teen pregnancy can be seen as a symptom of a broader problem (Raven, 2014). A further data showed that 12 million girls aged 15 -19 years and at least 777,000 girls under 15 years give birth each year in developing countries (Darroch et al. 2016; UNFPA, 2015). This is indicative of the fact that age is not a direct factor to teenage pregnancy (Makinson, 1985) though, those under 15 are supposedly at higher risk (Mayor, 2004). Incidences among the different age brackets at different times show that differences in age do not define the totality of outcomes.

Anand and Kahn, (2013) averted in their study that after an older sibling's teen pregnancy, younger siblings are more likely to be sexually active, have more sexual partners and are more likely to have a teen pregnancy themselves. Some studies have shown younger siblings to be emulative in character of their older siblings (Altonji, et al., 2013; Ouyang, 2004; Simmons, 2006). Reasons attributed to this emulative character of younger siblings include: (a) social modelling of the older siblings' decisions and behaviours, (b) similar styles of parenting and techniques used for discipline, and (c) shared socio-economic status and social class contributed to early sexual

intimacy and pregnancy. More so, sisters share common social address (East & Felice, 1992). The view of East and Jacobson (2001), that siblings of parenting teens (especially girls) that spent 10 hours a week caring for their older sisters' children, are commonly associated with negative outcomes including permissive sexual behaviour. This suggests that younger sisters of parenting teens are at very high risk of early pregnancy and that this risk becomes increasingly pronounced across time, and collaborates the influential theory of older siblings pregnancy on the younger.

Numerous works have been carried out by coterie of scholars on determinant and prevalence of teenage pregnancy with a multidimensional approach. This present study therefore sought to explore specific and concerted impact of intact, single and step family variants and the prevalence of teenage pregnancy in Oriade Local Government Area, Osun State, Nigeria.

METHOD

Design

The study adopted the descriptive research design of the ex-post facto approach.

Population

The target population for the study comprised all pregnant teenagers in Oriade Local Government Area (LGA) of Osun State, Nigeria.

Sample and Sampling Technique

The multi-stage selection procedure was used in the study. Twenty towns were randomly selected with family type stratum. Housing units were further selected to participate. Fifteen pregnant teenagers (earlier identified in previous visits) were selected from each of the twenty towns using stratified sampling technique. In all, three hundred teenagers (100 from intact families, 100 from single-parent families and 100 from stepfamilies) respectively constituted the study sample. The teenagers were between 13 and 19 years.

Instrument

The study made use of a self-developed instrument titled: Family type and teenage pregnancy Questionnaire (FT²PQ). The questionnaire comprised three sections; A, B, C. Section A elicited demographic data of participants;

Section B included items on family type; example of items included: I live with both of my parents (intact family), I live with one of my parents mother/father who is not married (single-parent family) and I live with one of my parents and his/her spouse (stepfamily). While Section C contained an item on family history; my elder sister(s) has also been pregnant. The questionnaire was formatted on a two point scale of YES and NO. The instrument possessed construct validity and a reliability at 0.78 index.

Procedure

Following the identification, selection and numbering of the families, the researchers embarked on a house to house visitation. The researchers sought and obtained the consent of the parents as well as the participants. The administration of the questionnaire was carried out by the researchers employing the help of two research assistants. The exercise lasted for a period of three weeks; it required the immediate completion of the questionnaire and retrieval.

Data Analysis

Data collected were subjected to chi-square and bivariate regression statistical methods.

FINDINGS AND DISCUSSIONS

Findings

Research Question one

Would family type determine teenage pregnancy in Oriade Local Government Area?

Table 1a
Statistics of Teenage Pregnancy

Test statistics	Value	Df	Asymp. Sig(2-sided)
Pearson Chi-Square	4.568*	3	0.206
Likelihood Ratio	5.335	3	0.149
Linear-by-Linear Association	2.409	1	0.121
No of Valid cases	300		

Chi square test of association was employed to provide answer to the first research question. The result in Table 1a showed that family type is not a significant determinant of teenage pregnancy in Oriade Local Government (X^2

= 4.568, $p > 0.206$). This decision is consequent upon the fact that the probability value of 0.206 is greater than 5% (0.005) significant level.

Table 1b
Family Type as a Determinant of Teenage Pregnancy

Family type	N	Mean	Std.Deviation
Intact Family	100	0.36	0.48
Single Family	100	0.36	0.52
Bonus Family	100	0.36	0.54

Insignificant at 5% alpha level

The result therefore implied that family type did not significantly influence or determine teenage pregnancy. What this means is that irrespective of the family type, teenage pregnancy is inevitable, as it can occur in any of the family types. Though, the possibilities vary as shown in the mean values, the result showed that the possibility of teen getting pregnant is much higher in single-parent families followed by bonus/step families, while intact families have low possibility. The mean value suggested that teenage pregnancy occurs in all the family types although it tends to be low in intact families. As shown in table 1, teens from single-parent and bonus families are more vulnerable to teenage pregnancy than teens from intact families.

Research Question Two

What is the role of age in teenage pregnancy in Oriade Local Government Area, Osun State?

Table 2
Chi-Square Tests showing the influence of age in teenage pregnancy

Test Statistics	Value	Df	AsympSig.(2-sided).
Pearson Chi-Square	2.333*	3	0.506
Likelihood Ratio	3.100	3	0.377
Linear-by-Linear Association	0.629	1	0.428
N of Valid Cases	300		

Table 3
Descriptive Statistics on teenage pregnancy

Age	N	Mean	Std.Deviation
13-14	142	0.40	0.55
15-19	142	0.35	0.48

*Insignificant at 5% alpha level.

Chi Square test of association was employed to provide answer to the second research question. The result in Table 2 indicated that age is not a significant determinant of teenage pregnancy in Oriade Local Government

($X^2=2.444$, $p>0,206$). This decision is consequent upon the fact that the probability of the value of 0.506 is greater than 5% (0.005) significant level. The result therefore implied that age is not a significant determinant of teenage pregnancy. The result obtained implied that teenage pregnancy is not age specific as it occurs across the ages but more prevalent among teens between the ages of 13-14. The age of respondents or teens as depicted in Table 2 using results of the mean value revealed that teenage pregnancy is low in ages of 15-19 years. The reason being that at 15-19years, a good number of teens have had some knowledge concerning teenage pregnancy and ways to avoid them. Increased rate of knowledge on sex education mostly among teens of 15-19 years could be responsible for the low incidence of teenage pregnancy and that teens <15years have higher propensity of teenage pregnancy than those >15years.

Research Question Three

What influence does elder sibling's pregnancy have on teenage (younger siblings') pregnancy in Oriade Local Government Area?

Independent variable	Coefficients		
	B	B	t-value
Family history	0.888	0.090	1.567*
Test results			
F-value	2.454		
R	0.290		
R ²	0.084		
Constant	0.406		10.832*

*Significant at 0.05 significant level; probability value=0.118; Critical F-ratio=3.87

Bivariate regression analysis was employed to provide answer to the third research question. For the analysis, the independent variable is elder sibling's pregnancy while teenage (younger siblings') pregnancy is the dependent variable. In order to make the data obtained suitable for the application of parametric statistics, the categorical variables were recorded into dummy of 1 and 0 (Sayem and Nury, 2021; Alkharusi, 2012). For instance, family history with 2 responses were recorded into 1 for yes and 0 for No. While Teenage pregnancy was recorded into reported occurrence as 1 and absence as 0, Result obtained as shown in table 3, revealed that elder sibling's pregnancy is responsible for 8.4 per cent of the variation in teenage (younger siblings') pregnancy.

The analysis of Variance (ANOVA) result further indicated that elder sibling's pregnancy has no significant influence on teenage (younger siblings') pregnancy ($F=2.453, p>0.05$). This decision is consequent upon the probability value of 0.118 is greater than 5% significant level or because the calculated F-ratio of 2.454 is lower than the critical F-ratio of 3.87. The positive regression coefficient indicated increase in elder sibling's pregnancy. Though, the result revealed no significant influence, but the regression coefficient indicated a positive association or influence of elder sibling's pregnancy. This is seen in many families where pregnancy histories of elder siblings tend to transcend the younger siblings.

The result in Table 3 therefore provided answer to the third research question that elder sibling(s) pregnancy has positive association with teenage (younger sibling's) pregnancy in Oriade Local Government Area.

Discussions

The result indicated that family type is not a significant determinant of teenage pregnancy in Oriade LGA though, the mean result showed a higher possibility of teens getting pregnant in single-parent families, followed by stepfamilies, while intact families showed low possibilities. This finding agreed with Smith, Strohshein and Crosnoe, (2018) that, teenage pregnancy; family instability and poverty are intertwined. Though, the basicness of family structure imparted distinctively on teenagers from the various family types (Ryan, Claessens and Markowitz, 2014), many of the individual and environmental risk factors that are determinants of teenage pregnancy may be tied into experiences of poverty (Oke, 2010).

Similarly, the findings showed that age is not a significant determinant of teenage pregnancy though; it is more prevalent among teens between the ages of 13-14, and lower among ages 15-19. This negative association agreed with Live Science Staff (2011), assertion that a woman can get pregnant and have a baby as soon as she begins ovulating, or producing eggs. This typically occurs about a year after menarchè which for some women, usually happens between the ages of 11 and 12. Some women start ovulating late, and others, extremely early. Other studies by Habitu, Yalew, and Bisetegn, (2018); Central Statistical Agency and The DHS Program ICF, (2017); Were, (2007); and Nwosu (2017), learnt support to the fact that as age increase by one year, the odds of being pregnant increased by 2.1. As age increases,

teenagers will have more exposure to sex and their chance of being married will also increase to procreate children.

The study further revealed that older sibling's pregnancy is not responsible for 8.4% of variation in teenage pregnancy therefore; elder sibling pregnancy is not significant. However, the regression coefficient indicated a positive association or influence of elder sibling pregnancy. This is consistent with East, et al'. , (2009) postulation that, teenager's childbearing might also give rise to protective factors, which prevent other adolescents within the family from becoming pregnant or fathering a child. For instance, mothers might increase their attentiveness to their children or monitor them more vigilantly, and family members might explicitly discourage adolescents from early sexual activity and early parenting. Mothers might also attempt to use the older daughter's experience as an object lesson, emphasizing the older sister's pregnancy, as a behaviour not worthy of emulation. Siblings themselves might be strongly motivated to postpone parenthood after witnessing the difficulties of teenage parenting. These effects illustrate adaptive responses to a teenager's childbearing. However, the present finding is inconsistent with other studies by Wall-Wieler, Roos, and Nickel, (2016) which indicated that of the girls having an older sister with a teenage pregnancy, 40.4 % had a teenage pregnancy. This is significantly higher than the 10.3 % teenage pregnancy rate among those not having an older sister with a teenage pregnancy.

CONCLUSION AND RECOMMENDATION

The outcome of the study has shown that family type (intact, single and step) is not a significant determinant of teenage pregnancy in Oriade LGA though, some possibility exist of teens pregnancy being higher in single-parent families, followed by bonus-parent families, while intact families have low possibility; apparently, every family, the study revealed, have pregnant teens. Further, age was found not to be a significant determinant of teenage pregnancy though, it is more prevalent among teens between the ages of 13-14, and lower among ages 15-19. However, older sibling's pregnancy is not responsible for teenage pregnancy though, the regression indicated a positive association. Apparently, teenage pregnancies occur within economically disadvantaged intact families the same way it occurs among unsupervised/unruly teenagers in a well-to-do single and step families. To

break this circle therefore requires a standardised holistic approach as recommended above.

Given the findings of the study, the following recommendations are hereby made: (1) parents (intact, single and step/blended) should establish and communicate acceptable sexual values and attitude; ensure early sex education and guidance for older teenagers as a model for younger siblings in families; (2) parents should create a reward system for good morals among teenagers in the family (promising compelling gift for any pregnant-free teenager in the family, up to graduating from the university); legislation mandating and enforcing implantation of “Intrauterine Device” or “Contraceptive Ring” in adolescence girls between 12-19 years, should be enacted by government, to help curb/reduce teenage pregnancy.

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