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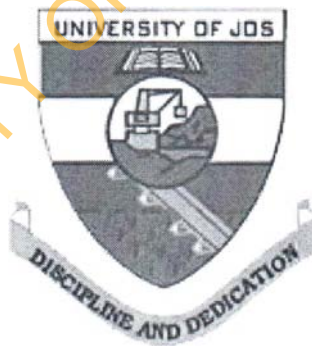


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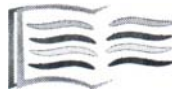
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The Role of Social Workers in the Prevention of Adolescent Pregnancy in Oyo East Local Government Area, Oyo State

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ABSTRACT

The study investigated the role of Social Workers in the prevention of adolescent pregnancy in Oyo East Local Government Area of Oyo State, Nigeria. It has been observed that unwanted pregnancy is popular among adolescents resulting in most of them dropping out of school. Specifically, the objectives of the study are to ascertain the factors associated with adolescent pregnancy and to establish social work intervention strategies for adolescent pregnancy. The population for the study consisted of 27 social workers in social work department of state hospitals, health centers, primary and secondary schools as well as social welfare organizations spread across 16 different locations in Oyo East Local Government Area of Oyo state. Total enumeration sampling technique was used to sample the 27 social workers. Questionnaire was used to gather relevant data. The findings revealed that poverty (100%), child abuse (100%), child abandonment 100%, and lack of sex education (92.6%) predisposed adolescents to early or unwanted pregnancy. However, Social Workers adopted improving communication between parents and their children (85.2%), community-based prevention (85.2) and encouraging adolescents to attain higher education (100%) as major intervention strategies to prevent adolescent pregnancy among teenagers. The study therefore recommends that Local Government Authority in collaboration with the state government should employ the services Social Workers who have the competence and skills to address the root causes of adolescent pregnancy in order to prevent adolescent pregnancy. Also parents should instil sound moral teachings in their children and collaborate with social workers to provide effective sex education for teenagers.

KEY WORDS:

Role, Social workers, Adolescent, Adolescent pregnancy

Introduction

The social work profession has overtime lent itself to the varied and multifaceted needs of the society. Social work profession according to IFSW and IASSW (2014) is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Among the multitude of social problems Social Workers deal with is adolescent pregnancy. Teenage is often used interchangeably with adolescence. A teenager, or teen, is a young person whose age falls within the range of 13-19. They are called teenagers because their age number ends with "teen" (Wikipedia, 2019). According to World Health Organization – WHO (2018), Adolescents are young people between the ages of 10 and 19 years and are often

thought of as a healthy group. For the purpose of this study, adolescent and teenage are used interchangeably and the age range adopted is between 10 and 19.

According to WHO (2004), adolescent pregnancy means pregnancy in a woman aged 10–19 years. United Nations International Children's Emergency Fund (UNICEF) also defined teenage pregnancy as a teenage girl, usually within the ages of 13–19, becoming pregnant. The following are factors that contribute to teenage pregnancy as identified by UNICEF (2008): Customs and traditions that lead to early marriage, adolescent sexual behaviour which may also be influenced by alcohol and drugs, lack of education and information about reproductive sexual health including lack of access to tools that prevent pregnancies, peer pressure to engage in sexual activity, incorrect use of contraception, sexual abuse that leads to rape, poverty, exposure to abuse, violence and family strife at home, low self-esteem, low educational ambitions and goals.

According to Achema, Emmanuel & Moses (2015) poverty is strongly correlated with teenage pregnancy. He stated other factors associated with teenage pregnancy to include low social values and low self-esteem of girls, assault and low level of contraceptive use. In addition, he pointed out that early pubertal development, lack of attentive and nurturing parents, culture and patterns of early sexual experience, lack of school performance were predictors of teenage pregnancy. Bradley (2001) also posited the potential risk factors for a teenage girl to have early sexual behaviour to include having multiple sexual partners, early use of alcohol or substance abuse, and lack of academic achievement. UNICEF further highlighted the socio economic and psychological outcomes for the teen mother. A teen mother is more likely to drop out of school, have no or low qualifications, be unemployed or low-paid, live in poor housing conditions, suffer from depression which may result in suicide.

Statement of the Problem

It has been observed that unwanted pregnancy is also popular among teenagers resulting in most of them dropping out of school. In the light of this development, social workers have the professional capacity and are better placed to provide the useful skills and inculcate the right attitudes in or reshape the attitudes of teenagers to manage and cope with life challenges. However, there are areas individual or family may need the services of a Social Workers such as having problems with family relationships; struggling with the challenges of growing old; suffering serious personal troubles and mental distress; being isolated within the community; or having practical problems with money or housing. Oyo East local government area is like any other community with varied social problems. There is no available literature on the awareness or activities of social work professionals in the local government. It is against this background that this study seeks to investigate the role of social workers in the prevention adolescent pregnancy in Oyo East Local Government Area of Oyo State.

Objectives of the Study

The purpose of the study generally is to examine the roles of social workers in the prevention of adolescent pregnancy in Oyo East Local Government area of Oyo State. Specifically, the study set out:

- I. To ascertain the factors associated with adolescent pregnancy.
- ii. To establish social work intervention strategies for adolescent pregnancy.

Literature review

Teenage pregnancy

According to Omole-Ohonsi and Attah (2010), Pregnancy occurring in mothers aged between 11 and 19 years is classified as teenage pregnancy. UNICEF (2008) defined teenage pregnancy as a teenage girl, usually within the ages of 13-19, becoming pregnant. The term in everyday speech usually refers to girls who have not reached legal adulthood, which varies across the world, who become pregnant. The World Health Organisation (WHO, 2001) stated that 75 million teenagers experienced unwanted pregnancies between 1996 and 1999 worldwide. In 2006 the United States of America (USA) had an estimated 750 000 pregnant teenagers between the ages of 15 and 19 years.

However, the number decreased, albeit insignificantly, to 733 000 in 2008 because of school programmes such as sex education implemented as part of the school curriculum (Domenico & Jones, 2007; Borne, 2011; Solomon-Fears, 2012). The situation in Africa is similar. Mwinga (2012) states that Africa has the highest rate of teenage pregnancy in the world with 143 per 1 000 girls aged 15 to 19 years becoming young mothers due to early pregnancy. According to the Demographic and Health Survey (2013), in Nigeria, an estimated 23 percent of women aged 15-19 years have begun childbearing, of which 17 percent have had their first child and 5 percent are pregnant with their first child. Also, 32 percent of teenagers in rural areas have begun childbearing, as opposed to 10 percent in the urban areas of Nigeria.

Tripathi and Sherchan (2014) noted that Teenage pregnancy is a common social phenomenon with public health and medical consequences worldwide. Equally, Omole-Ohonsi and Attah, (2010) noted that teenage pregnancies that are carried on to delivery are usually regarded as a high-risk pregnancy, with increased incidence of complications like preterm labour, low birth weight, intrauterine growth retardation, increased risk of instrumental delivery, caesarean section and perinatal mortality.

Aderibigbe, Araoye, Akande, Musa, Monehin & Babatunde, O. A. (2011) surveyed Teenage Pregnancy and Prevalence of Abortion among In-school Adolescents in North Central, Nigeria and reported that out of the sexually active female respondents, 66.3% have been pregnant only once while 33.3% have been pregnant more than once. A study conducted by Amoran (2012) on the predictors of teenage pregnancy and its prevention in Sagamu local government area of Ogun

state-Nigeria reported [48.2%] unwanted pregnancy among teenagers when compared with the older age group (13.6%). Onyeka et al (2011) investigated unintended pregnancy and termination of studies among students in Anambra state, Nigeria. The study indicated 87% cases of unintended pregnancies among female students and the pregnant students were either suspended, expelled or withdrew by themselves before the schools found out or when the pregnancies were discovered.

Factors Associated with Teenage Pregnancy

The following according to Langham (2015) are some of the factors associated with teenage pregnancy:

Peer Pressure

Many times, these teens let their friends influence their decision to have sex even when they do not fully understand the consequences associated with the act. Teenagers have sex as a way to appear cool and sophisticated, but in some cases the end result is an unplanned teen pregnancy. The Kaiser Family Foundation states that more than 29 percent of pregnant teens reported that they felt pressured to have sex, and 33 percent of pregnant teens stated that they felt that they were not ready for a sexual relationship, but proceeded anyway because they feared ridicule or rejection.

Absentee Parents

Teen girls are more likely to get pregnant if they have limited or no guidance from their parents. Many parents have busy lives that prevent them from providing the guidance and support that their young teenagers need to make good decisions on issues such as sex, according to the website Parent Dish. When a teen does not feel that she can talk to her parents about sex either because they forbid sex talk or because they are not around, she will more than likely turn to friends for direction on whether or not to have sex, resulting in misinformation and possible teen pregnancy.

Glamorization of Pregnancy

The movie industry and the media contribute to teenage pregnancy by glamorizing teen pregnancy in news stories and movies. Movies that depict teen pregnancy as something to be desired encourage teens to engage in reckless sexual activity, according to ABC's "Good Morning America." During adolescence, teens become more focused on their appearance and how their peers perceive them. They want to be seen as part of the group, so if teen pregnancy is viewed as acceptable in their school or amongst their friends, they may seek to become pregnant as a way to gain social acceptance.

Lack of Knowledge

Teenagers who are uneducated about sex are more likely to have an unintended pregnancy. Some teens do not fully understand the biological and emotional aspects associated with having sex, according to DailyRecord.co.uk.

These teens may get incorrect information from friends, videos, sitcoms and/or movies. Many times, teens do not have the knowledge needed to make informed and responsible decisions about whether or not to engage in sexual activity that can alter their life.

Sexual Abuse or Rape

Teens can become pregnant as a result of sexual abuse or rape. The Guttmacher Institute states that between 43 and 62 percent of teens acknowledge that they were impregnated by an adult male, and two-thirds report that their babies' fathers are as old as 27. Approximately 5 percent of all teen births are the result of a rape.

Teenage Drinking

Substance use particularly alcohol among adolescents' increases the risk of unplanned pregnancies. Many teens experiment with drugs and alcohol which lowers their ability to control their impulses contributing to 75 percent of pregnancies that occur between the ages 14 and 21. According to Heil, Jones, Arria, Kaltenbach, Coyle, Fischer, Stine, Selby & Martin (2011) rates of unintended pregnancies are higher among teenage who use substance. For example, treatment-seeking pregnant teenagers with 86% of pregnancies were reported to be unplanned.

Alabi and Oni (2017) also identified the following factors associated with teenage pregnancy:

Childhood Environments

Research has shown that women exposed to abuse, domestic violence and family strife in childhood are more likely to become pregnant as teenagers and the risk of becoming pregnant as a teenager increases with the number of adverse childhood experience. Studies have also found that boys rose in homes with a battered mother or who experienced physical violence directly, are significantly more likely to impregnate a girl. The transition from childhood to teenage may cause unstable emotions to some teenagers, and this may cause complex teenage psychology break on teenagers. Complex teenage psychology can result in an immature and irresponsible behaviour which in turn may be another cause of teenage pregnancy. Meanwhile, weak family bonding fails to provide the emotional support that they need during their transitional term. The lack of attention and affection from the family may cause depression which may lead them to look for love and attention from others especially from the opposite sex.

Low Educational Expectations

Low educational expectations have been identified as a risk factor of teenage pregnancy. A girl who is not so educated and has a mother that is illiterate is also more likely to become pregnant as a teenager if the mother also gave birth in her teen. Adolescent pregnancy can also be caused by a breakdown of communication between parents and child, and as a result of inadequate

parental supervision.

Media influence

A study conducted in 2006 found that adolescents who were more exposed to sexuality in the media were also more likely to engage in sexual activity themselves. It has been argued that teens exposed to the most sexual content on TV are twice as likely as teens watching less of this material to become pregnant before they reach age 20.

Foster Care

Foster care youths are more likely, than their peers, to become pregnant as teenagers. Studies found that the birth rate of girls in foster care was more double the rate of their peers outside the foster care system.

Poverty

Some teens are always ensnared with petty gifts and food items through which their leisure into pre-marital sex when the parent could not provide for the basic needs, they easily fall prey to forces outside. Some are usually confronted with rape through street trading or hawking; all these are as a result of poverty. Achema et al (2015) supported this view when assert that poverty is strongly correlated with adolescents' mother or having a sister who has become pregnant are critical life events for becoming a teen mother. Achema et al also added other factors associated with teenage pregnancy include – low social values and low self-esteem of girls, assault and low level of contraceptive use. Amoran (2012) reported that teenage pregnancy was associated with primary and secondary level of education when compared with post-secondary education. The study further revealed that teens from the low socio-economic background were about 4 times more likely to be pregnant as a teenager when compared to those from high socioeconomic background. Izugbara (2015), concluded that age of household head, adolescents' age, sex of household head, adolescent girl's educational attainment, and type of place of residence were statistically associated with adolescent pregnancy.

Consequences of Teenage Pregnancy

Studies on the outcome of teenage pregnancy by Omole-Ohonsi and Attah (2010) in Mumbai and Kano respectively revealed that spontaneous abortions; abnormal presentation: lie and prolonged; complicated or difficult labour; premature vaginal delivery; Caesarean section; transvers lie; foetal distress and still birth – fresh and macerated still birth; Pregnancy induced hypertension; Gestational diabetes mellitus; Anaemia; Placenta praevia; Postpartum haemorrhage; Prematurity; Low birth weight; Birth asphyxia; Birth trauma; Neonatal Sepsis; Congenital abnormality and Perinatal mortality are the major outcomes of teenage pregnancy.

In addition, the following are the effect of teenage pregnancy as explained by Alabi and Oni (2017). The medical, social and economic cost of unplanned teenage pregnancies can be devastating to mothers and their children. Teen

mothers are more likely to have medical complications during pregnancy and prolonged labour. Teenage girl's body is not as developed as adult women in term of childbearing. Lack of sexual education caused teens get abortions since they realize that they are not ready yet to take responsibility to be a parent at such a young age and they still have many things to chase in life. The chance of maternal death cannot be ruled out in effecting teenage pregnancy by child.

Social Work – the Profession and the Professional

According to IFSW and IASSW (2014), social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Central to social work according to IFSW and IASSW are the principles of social justice, human rights, collective responsibility and respect for diversities. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.

According to Allen (2014), Social Workers bring a distinctive social and rights-based perspective to their work. Their advanced relationship-based skills, and their focus on personalisation and recovery, can support people to make positive, self-directed change. Allen further observed that Social workers manage some of the most challenging and complex risks for individuals and society, and take decisions with and on behalf of people within complicated legal frameworks, balancing and protecting the rights of different parties. Fanning (2018), posit that Social workers are responsible for helping individuals, families, and groups of people to cope with problems they are facing to improve their patients' lives.

Social Work Intervention Programmes

The following are common intervention programs used in preventing pregnancy and sexually transmitted diseases among adolescents as described by Moore, et al (1995):

Family Life or Sex Education Programs

Family life or sex education is the most common approach to preventing pregnancy among adolescents. Sex education programs generally provide factual information about sexuality, reproduction, and sexually transmitted infections. Curricula focus on specific aspects of anatomy and physiology, basic aspects of pregnancy and childbirth, and discussions of sexually transmitted infections. Most of these types of programs, particularly in recent years, have augmented factual information with discussions about decision-making and clarification of values regarding sex and sexual relationships. Some of these approaches also include strategies for improving communication between parents and their adolescent children. The premise of these augmented approaches is that youth require not only knowledge about sex and reproduction, but also guidance about the

appropriate context for sexual behaviour.

Abstinence and Delayed Sexual Initiation

Some of these initiatives focus on attitudes about early sex and behavioural intentions; others target communication with parents and peers regarding values supportive of abstinent behaviour; others take a more comprehensive approach involving parents, schools, and religious institutions. Programs which attempt to influence adolescent attitudes about early or premarital sex presume that teens with attitudes opposed to early sexual behaviour will be more motivated to avoid sex, or more able to handle high-risk situations when they occur.

Family Planning Services

The main objectives of family planning services are to provide access to contraception and reproductive health services, to reduce specific barriers to contraceptive care, and to provide teens with the skills needed for consistent and effective use of contraception. Family planning service interventions tend to employ a medical model, although some recent and quite promising initiatives have begun to employ a psychosocial approach, focusing on cognitive and behavioural skills, satisfaction with services, and services specifically tailored for young clients.

School-Based and School-Linked Clinic Services

School-based initiatives were developed specifically as a means for serving youth populations. Locating clinic services within schools, on school grounds, or linking sex education initiatives with community health centres is one way to effectively target adolescents where most of them congregate.

Mentoring and Role Modelling Programmes

The premise of these programs is that role models or mentors can positively influence adolescents' life goals, as well as their expectations and aspirations for the future; this may be particularly true for teens who lack models of well educated, consistently employed adults and committed parents. Role models can have direct effects on risky behaviours by providing examples for teens of positive behaviours and values supportive of abstinence or responsible sexual behaviour. Mentors may also demonstrate their influence indirectly by shaping teens' goals for the future, providing evidence by their own life that success is possible, and thus providing an incentive for teens to avoid risky behaviours that may interfere with those goals.

Initiatives to Promote Self-Esteem

This component consists of weekly two-hour workshops using music, dance, role-playing, and dramatization to explore issues ranging from conflict resolution to presenting one's self for a job interview. The researchers who designed this program believe that sex for some teenagers is a way of coping with low self-esteem, unhappiness, and little hope for a positive future. They attempt to replace the negative coping response of early sexual behaviour with increased opportunity

and possibilities, and thus enhanced self-esteem.

Culturally-Based Initiatives

Another component of pregnancy prevention programme includes culturally-based strategies that address the cultural or normative factors that influence values and attitudes about sex and childbearing. Specifically, culturally-based strategies focus on the importance of a collective sense of self, and the positive sense of history, identity or pride that can come from belonging to a specific ethnic or racial group. The underlying belief is that adolescents who are aware of the positive contributions of their race or their cultural group, and who feel a strong sense of belonging to that cultural group, will also feel better about themselves and thus will be less inclined to engage in risk-taking behaviours, such as early and/or protected sex.

Community-Based Pregnancy Prevention Initiatives

The program focuses on improving knowledge and understanding of sexuality issues among adults and youth, and promoting communication between adults and youth about sexuality issues. One of the underlying beliefs of the intervention is that adults play an important role in shaping messages and motivation for reducing sexual risk-taking by adolescents. Yet, since sexuality issues are so rarely discussed in communities, it is quite likely that adults hold many misperceptions as well as misinformation about teen behaviour, adult attitudes, and available services.

Methodology

Descriptive research method was used for the study. Total enumeration sampling technique was used to sample the 27 social workers in social work department of state hospitals, health centres, primary and secondary schools as well as social welfare organizations spread across 16 different locations in Oyo East Local Government Area. Questionnaire was the main instrument for collecting data.

DATA PRESENTATION AND DISCUSSION OF FINDINGS

Table 1: What are the factors associated with teenage pregnancy in Oyo East LGA

Variable	Responses	Frequency	Percent (%)
Poverty	Yes	27	100.0
	No	0	0.0
	Total	27	100.0
Early sexual initiation	Yes	26	96.3
	No	1	3.7
	Total	27	100.0
Media influence (e.g.: television, Internet and social media)	Yes	19	70.4
	No	8	29.6
	Total	27	100.0
Foster care	Yes	1	3.7
	No	26	96.3
	Total	27	100
Sexual abuse or rape	Yes	11	40.7
	No	16	59.3
	Total	27	100
Absent parent(s)	Yes	10	37.0
	No	17	63.0
	Total	27	100.0
Low educational attainment	Yes	23	85.2
	No	4	14.8
	Total	27	100.0
Peer pressure	Yes	22	81.5
	No	5	18.5
	Total	27	100.0
Lack of sex education	Yes	25	92.6
	No	2	7.4
	Total	27	100.0
Teenage alcoholism	Yes	8	29.6
	No	19	70.4
	Total	27	100.0
Exposure to domestic violence	Yes	7	25.9
	No	20	74.1
	Total	27	100.0
Child abuse and abandonment	Yes	27	100.0
	No	0	0.0
	Total	27	100.0

The first research question sought to find out factors that are associated with teenage pregnancy in Oyo East LGA. All the respondents (100%) used for the survey agreed that poverty and child abuse and abandonment are major factors causing teenage pregnancy in Oyo East LGA. Besides, a larger percentage of the respondents (96%) agreed that early sexual initiation is a major cause of teenage pregnancy. Poverty and child abuse seems to be a major cause of teenage pregnancy as Yampolslaaya, Brown and Greenbaum (2002) in a similar study also found out that high number of adolescent mothers live in poverty at the time of the birth of their babies and about 73% go on welfare within 5 years of giving birth. Others factors as shown in the analysis are foster care (96.3%), lack of sex education

(92.6%), low educational attainment (85%), peer pressure (81.5%), exposure to domestic violence (74.1%), teenage alcoholism (70.4%), and media influence (70.4%), absent parents (63%) and sexual abuse (59.3%) respectively.

This finding is in line with that Kinby (2001) who found that most victims of teenage pregnancy lacked information or probably were not adequately educated on safe-sex either by their parents, schools or development agencies that could have enabled them deal with peer pressure who lure them into sex prematurely. Furthermore, children of single parents are more vulnerable to teenage pregnancy. In the same vein, L'Engle, Brown & Kenneavy (2006) found out that exposure to sexual content on television, sexuality in the media, pornographic and sex chat rooms by teenagers, could most likely tune them to engage in sexual activities

Table 2: What are the social work intervention strategies in curbing teenage pregnancy?

Variable	Responses	Frequency	Percent (%)
Family life and sex education (improving communication between parents and their teen children)	Yes	23	85.2
	No	4	14.8
	Total	27	100.0
Abstinence and delayed sexual initiation (abstinence-focused discussions)	Yes	8	29.6
	No	19	70.4
	Total	27	100.0
Family planning (pregnancy decision making)	Yes	16	59.3
	No	11	40.7
	Total	27	100.0
School-based clinic programs (sex education initiatives with community health centres)	Yes	10	37.0
	No	17	63.0
	Total	27	100.0
Mentoring and role modelling (encourage teens on how to attain higher education and occupational success)	Yes	27	100.0
	No	0	0.0
	Total	27	100.0
Initiatives to promote self-esteem (encouraging teens to take up roles of responsibilities and be hopeful for a bright future)	Yes	22	81.5
	No	5	18.5
	Total	27	100.0
Culturally based programs (educating teenagers on cultural values of sexuality)	Yes	7	25.9
	No	20	74.1
	Total	27	100.0
Community based prevention (explain the consequences of early and unwanted pregnancy)	Yes	23	85.2
	No	4	14.8
	Total	27	100.0
Life options and opportunity development programs (youth entrepreneurial talk)	Yes	10	37.0
	No	17	63.0
	Total	27	100.0

The second reach question sought to know social work intervention strategies that are used in curbing teenage pregnancy. Findings revealed that all the respondents (100%) used mentoring and role modelling which include encouraging teenagers on how to attain higher education and occupational success. Other methods of

interventions used by Social Workers as shown in the analysis include Family life and sex education i.e. improving communication between parents and their teen children (85.2%). Others are community-based prevention such as education on the consequences of early and unwanted pregnancy (85.2%), initiatives to promote self-esteem such as encouraging teens to take up roles of responsibilities and be hopeful for a bright future (81.5%).

Furthermore, culturally based intervention programs such as educating teenagers on cultural values of sexuality was (74.1%), abstinence and delayed sexual initiation which include abstinence-focused discussions was (70.4%) while school-based clinic programs (sex education initiatives with community health centres) while life options and opportunity development programs (youth entrepreneurial talk) was used by (63%) of the respondents. Family planning such as pregnancy decision making was the least method of intervention (59.3%) used the least intervention strategy used by Social Workers in curbing teenage pregnancy.

These findings revealed that Social Workers provide intervention at the individual, family and community level. Freddy (2013) similarly found out that social work services for teenage pregnancy are helpful at three levels of intervention, namely micro, meso, and macro levels. At the micro level, they provide prevention and promotion services. Such early intervention services and family preservation services are helpful to pregnant teenagers, and also played a significant role in preventing the destructive psychological and emotional effects facing pregnant teenagers.

Discussion of the Findings

Findings from the study revealed that poverty, child abuse and abandonment, early sexual initiation, low educational attainment, peer pressure, lack of sex education were factors that predisposed teenagers in Oyo East LGA to early and unwanted pregnancy. This findings to a large extent tally with that of Achema et al, 2015; Amoran, 2012 and Izugbara 2015 and Ozoemena, 2008. Meanwhile, sex education program, improving communication between parents and their children, were the most deployed methods used by social workers to prevent teen pregnancy followed by encouraging teens on how to attain higher education and occupational success, take up roles of responsibilities and be hopeful for a bright future. These findings tally with that of Shearer et al., 2005 and Goyder et al., 2003.

Furthermore, in other to effectively manage and achieve their intervention programmes, social workers used handbills, Social mobilization, empowerment programs and capacity building as tools of creating awareness in the local government. However, the non-usage of television, newspaper, radio and bill boards as ways of creating awareness as indicated in Table 2 may be unconnected with the relative capital intensiveness of those media.

Summary of Major Findings

The study revealed that poverty, child abuse/abandonment, early sexual initiation and foster care are major causes of teenage pregnancy in Oyo East LGA. Other factors are lack of sex education, low educational attainment, and peer pressure. Furthermore, exposure to domestic violence, teenage alcoholism and media influence, absent parents and sexual abuse were also found to cause teenage pregnancy.

Furthermore, the study revealed that mentoring/role modelling is the major intervention strategy used by Social Workers to curb teenage pregnancy in Oyo East LGA. Other includes community, school and culturally based intervention programs.

Conclusion

Arising from the summary of the study's findings, the following conclusions were drawn: Poverty, child abuse, child abandonment, early sexual initiation, low educational attainment, peer pressure and lack of sex education can make teenagers victims of early or unwanted pregnancy. Social Workers' role in preventing teenage pregnancy include: pre-exposure education, sex education as well as improving communication between parents and their children.

Recommendations

Based on the findings of this study, the following recommendations were made:

Local Government Authority in collaboration with the state government should employ the services Social Workers who have the competence and skill to address the root causes of teenage pregnancy in order prevent teenage pregnancy while parents should instil sound moral teachings in their children and collaborate with social workers to provide effective sex education for teenagers.

Social workers should also liaise with relevant stakeholders or agencies in the health and education sectors and lobby the Local Government Authority for assistance in achieving their intervention strategies. In order to achieve these objectives, Social Workers should use the mass media particularly the social media to create awareness for their intervention programs so as to reach out to a wider audience.

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