

EXPLORING SOCIO-DEMOGRAPHIC CAUSES CONTRIBUTING TO TEENAGE PREGNANCY OF SECONDARY STUDENTS IN LAGOS STATE

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Abstract

Teenage pregnancy is currently a menace and an ugly trend across the globe, and it is critically eating deep into the societal membrane in Nigeria also. This has necessitated a strong concern in different communities of Lagos state and its environs. The study examined exploring socio-demographic causes contributing to teenage pregnancy of secondary school students in Iwaya community of Lagos State. Two research questions and hypotheses were formulated for the purpose of the study. The research design used for the study was descriptive survey research design. The sample comprised one hundred (100) secondary school residents of Akoka, Lagos State, using the simple random sampling technique. A questionnaire constructed by the researcher was used for data collection. Data collected from the study were analysed using descriptive statistics and chi-square at 0.05 level of significance. Findings from the study showed that, teenagers from single-parent households are at a higher risk of experiencing teenage pregnancy compared to those from two-parent households in Iwaya community; limited access to reproductive health services is a significant predictor of teenage pregnancy among secondary school students in Iwaya community. The following were the recommendations: Government and NGOs should implement programs that could offer counselling services, parenting workshops, and economic assistance to help single parents provide adequate supervision and guidance to their children; local healthcare providers should also offer free or subsidized sexual health services, including contraception, counselling, and education.

Keywords: Socio Demographic Factors, Reproductive Health Services, Teenager, Teenage Pregnancy.

Introduction

Adolescents who are between childhood and adulthood stage are referred to as teenagers. They are most times regarded as young adults. Sousa, Srivastava and Tiwari (2023) established that a higher proportion of almost every society in the developmental stage are regarded as “adolescents” or “teenagers”. It is mainly a period of transition between the conclusive period of childhood and dawning of adulthood. It is not strange that individuals within this age frame are sexually active and adventurous, and this

is the point at which sexual exploration begins (UNICEF, 2021). Hence, these individuals (teenagers) relate more with the opposite sex at this stage (Sousa et al., 2023). Adolescence most times are confused and curious about so many things, including their sexuality (Langham, 2015). This sense of curiosity lures them into unnecessary adventures, which in most cases makes them a prey to sexual relationships leading to unwanted pregnancies.

Pregnancy is a physiological body change in females, this is noticeable with a missed menstruation, fatigue, enlarged

breast size, hips and protruded tummy, this often times result into abdominal distension (Sousa et al., 2023). Pregnancy is designed as an aftermath occurrence of wedlock, which is a social institution of a global acceptance between two adults (male and female); who are eventually referred to as husband and wife in line with the social status demands (United Nations, 2020). Nowadays, children get pregnant, especially teenagers, thereby resulting to teenage pregnancies. Teenage pregnancy is when a female or girl in her teen age gets pregnant mostly between the ages of 13 and 19 years (Nyakubega, 2009, WHO, 2020). This, most times occur due to ignorance about sexual behaviours. Teenage pregnancy is a global phenomenon occurring in advanced and developing countries including Nigeria.

Teenage pregnancies are most times linked with various adverse conditions, these are: higher risks of obstetric complications, increased rates of neonatal mortality, and socio-economic issues leading to a halt in education and inhibited career aspirations (World Health Organization, 2020).

Globally, about 16 million females between the ages of 15 to 19 years, and about 2.5 million females under the ages of 16 become mothers on a yearly basis, unfortunately, most of these births occur within the low and middle income earning nations (UNICEF, 2021). In sub-Saharan Africa, the adolescent birth rate is alarming. Nigeria, with her popularity in Africa, has the highest rate of teenage pregnancies owing to a wide range of regional disparities hinged on socio-cultural, economic, and educational factors (Okereke, 2010). From cultural and religious beliefs, attitude towards

teenage pregnancy have been encouraged in a way. Some cultures promote early marriages and motherhood, and this has also contributed to the high rate of teenage pregnancy (Kabagambe & Asiimwe, 2024). Conversely, societies with liberal dispositions towards sex and sexuality education, with ample knowledge of contraceptives mostly experience lower teenage pregnancy rates (Santelli et al., 2017).

Family dynamics, including parental involvement and communication, significantly influence adolescents' sexual behaviours. Adolescents from single-parent households or families with low parental supervision are at higher risk of early pregnancy (Adebayo et al., 2016, Odeyemi-Bsd, 2019). The presence of strong familial support and open communication about sexual health can mitigate these risks.

Limited access to reproductive health information and services is also perceived as a significant barrier to preventing teenage pregnancy. Inadequate sexual education in schools and communities, coupled with stigma and discrimination, prevents adolescents from seeking and utilizing contraceptive services (Akinrinola et al., 2017).

Teenage pregnancy is risky for the mother and child. These adolescents sometimes experience complications during pregnancy and childbirth, including premature birth and obstetric fistula (Neal et al., 2012). Furthermore, infants born to teenage mothers are vulnerable to neonatal mortality and prolonged health issues (WHO, 2020). Most teenage mothers are also susceptible to anxiety, depression and social isolation which is capable of leading to mental ailment (Wall-Wieler

et al., 2016). These conditions makes it critical for teenage mothers and their infants to receive timely support and needed interventions.

Several strategies have been put in place to curb teenage pregnancy all over the world. These measures include: comprehensive sexual education programs, accessible contraceptive services, and youth-friendly health services which have proven effective in ameliorating teenage pregnancy rates (Reiss, 2023). In Europe, Netherlands has one of the lowest rate of teenage pregnancy through its comprehensive sex and sexuality education (Weaver et al., 2019).

Nigeria has been noted amongst the countries with the highest rate of teenage pregnancy globally. According to the Nigeria Demographic and Health Survey (NDHS), approximately 23% of adolescent females in the ages of 15-19 have given birth, with significant regional variations (National Population Commission, 2018). The prevalence is alarming in rural areas consisting of the less educated and poor demographics. Poverty is a critical factor driving teenage pregnancy in Nigeria. Many adolescents from low-income families lack access to education and health services, increasing their vulnerability to early pregnancy (Ochiogu, Miettola, & Ilika, 2011). Limited access to quality education is also perceived as a significant contributor to teenage pregnancy. Girls who dropped out of school have the propensity to explore early sexual relationship with the opposite sex, hence, gets pregnant (Okigbo, 2015). Educational attainment has been noticed as an impetus for delaying teenage motherhood; thereby equipping the female child with adequate knowledge needed for career aspirations in the future.

In several Nigerian communities, early marriages and motherhood are supported due to their cultural norms and religious beliefs. These practices are often assumed as a way of securing the future of the girl child, thereby leading to higher rates of teenage pregnancy (Isiugo-Abanihe & Isiugo-Abanihe, 2007). Teenage mothers in Nigeria are exposed to high level of health risks ranging from complications at prenatal stages and at childbirth. These in most cases has contributed to high level of infant and maternal mortality (WHO, 2020). These teenage mothers also experience obstetric difficulties which includes eclampsia and obstructed labour (Izugbara, 2015). Notably, the social stigma attached to teenage pregnancy can sometimes lead to mental and psychological health issues like anxiety and depression (Adebowale et al., 2012). These health issues require comprehensive support systems for teenage mothers. Nigeria has also implemented several policies to address teenage pregnancy, but the challenges remains persistent. The National Policy on the Health and Development of Adolescents and Young People, has been equipped with the responsibility of improving and providing access to reproductive health services and education of the adolescents (Federal Ministry of Health, 2015). However, there has been a level of inconsistency in the implementation of the services, also with several cultural barriers hindering the progress of the programme (Okonofua et al., 2023).

Addressing the challenges of teenage pregnancy as a complex issue requires comprehensive policy responses, such as the provision of improved access to education and reproductive health services, and cultural shifts towards reasonably delaying marriage and

motherhood. It is of paramount need to understand and address the socio-demographic causes of teenage pregnancy, thereby making it possible to improve health outcomes and provide a better future for the female young adults.

Statement of the Problem

Teenage pregnancy is a serious public health issue that has led to significant social, economic, and health challenges, especially in developing countries like Nigeria. The incidence of teenage pregnancy among secondary school students is alarming in the Iwaya community of Lagos State, it is an exacerbating issue, which has led to high rate of school dropouts, poverty, and health difficulties for the young mothers and their children. In spite of all awareness and intervention programs, the prevalence of teenage pregnancy still remains as high as possible, this possibly implies that underlying socio-demographic factors have not been adequately and comprehensively looked into, particularly, in Iwaya community of Lagos State, thereby creating a gap in targeted effective intervention strategies. Factors such as family structure, cultural norms, and limited access to reproductive health services and socioeconomic factors may be seen as major causes, but these have not been understood in the community.

Hence, understanding the perceived socio-demographic causes of teenage pregnancy in Iwaya is crucial for developing targeted interventions to address this public health menace. It is against this backdrop that this study sought to explore and identify the perceived socio-demographic causes of teenage pregnancy among secondary school students in Iwaya community, and proffering critical insights needed to

inform policy, education, and health interventions.

Objectives of the Study

- i. To ascertain if teenagers from single-parent households are at a higher risk of experiencing teenage pregnancy compared to those from two-parent households in Iwaya community.
- ii. To study if limited access to reproductive health services is a significant predictor of teenage pregnancy among secondary school students in Iwaya community.

Research Questions

- i. Do single parents households experience higher risk of teenage pregnancy compared to those from two-parent households in Iwaya community?
- ii. Do limited access to reproductive health services a predictor of teenage pregnancy among secondary school students in Iwaya community?

Research Hypotheses

The following research hypotheses were tested at 0.5 level of significance in this study

- i. Teenagers from single-parent households do not experience higher risk of teenage pregnancy compared to those from two-parent households in Iwaya community.
- ii. Limited access to reproductive health services is not a significant predictor of teenage pregnancy among secondary school students in Iwaya community.

Theoretical Framework

This study is hinged on a combination of sociological and psychological theories. The two theories that underpinned this study are: The Social Learning Theory and the Ecological Systems Theory.

Social Learning Theory of Albert Bandura, established that behaviours are learnt through observation, imitation, and modeling. Adolescents are particularly influenced by their immediate environment, this includes family, peers, and media. In the context of teenage pregnancy, this theory established that young people most times model behaviours observed in their immediate environments, some of these behaviour centers around early sexual activity, observed from peers, family members, or media presentations. This theory is relevant in exploring socio-demographic factors like family structure, parental education, and peer influences contribute to teenage pregnancy (Bandura, 1977).

Ecological Systems Theory of Bronfenbrenner (1979) emphasises the multiple levels of influence the environment has on individual's development, from immediate settings such as the family and school (microsystem) to broader societal factors like cultural norms and economic conditions (macrosystem). The comprehensive provision of this framework makes this theory suitable for this study in the understanding of how various socio-demographic factors like socio-economic status, cultural expectations, and community support systems, interact to influence the degree of teenage pregnancy in Iwaya community.

These theories also offer a robust framework of analysis for the complex interplay of individual, familial, and societal factors that contributes to

teenage pregnancy. The fusion of these theories guided the exploration of how certain socio-demographic features in Iwaya community shapes the perceptions of teenage pregnancy, providing a deeper understanding of this critical issue. These theories are most relevant to this study because everyone within the environment experiences almost all behaviours and events through observations and modelling from familial structures and peers, especially children and the young adults as they grow. It is also relevant because an average teenage girl in Iwaya community goes through these experiences of life.

Review of Related Literature

Role of Parental Influence and Family Structure in Teenage Pregnancy

Parental education levels and involvement in adolescents' lives are significant predictors of teenage pregnancy. Studies consistently show that adolescents with educated parents are less likely to experience teenage pregnancy. Educated parents in Nigeria are more likely to engage in discussions about sexual health, set higher educational expectations, and provide better guidance on avoiding early sexual activity (Miller et al., 2016, Oluyemi et al., 2017). Parental involvement includes open communication about sexual health and access to resources, which has been linked to lower rates of teenage pregnancy (Gatheru et al., 2024). Effective parent-child communication about sexual health and relationships is a crucial factor in preventing teenage pregnancy. Research indicates that adolescents who have open and honest conversations with their parents about sex are less likely to engage in early sexual activity and more likely to use contraception (Widman et al, 2016).

Parents who communicate clearly about the risks of early pregnancy and provide comprehensive sexual health education help adolescents make informed decisions (Widman et al., 2016).

Parental supervision and monitoring also plays a role in teenage pregnancy prevention. Adolescents with involved and attentive parents who monitor their activities and relationships are less likely to engage in risky behaviours that leads to teenage pregnancy (Dittus et al., 2023). Effective parental monitoring involves not only tracking whereabouts, but also understanding peer influences and providing guidance on healthy relationships (Dittus et al., 2023). Parental attitudes and values regarding sex and teenage pregnancy significantly influences adolescent behaviour. Parents who have conservative views on premarital sex and teenage pregnancy are more likely to set strict rules and communicate their disapproval of premarital sex leading to teenage pregnancy. Conversely, permissive attitudes can lead to less effective communication and increased risk of teenage pregnancy (Benson et al., 2013). The impact of parental attitudes is often mediated by the level of support and guidance provided to adolescents.

Family composition, including the presence of both parents, significantly affects teenage pregnancy rates. Adolescents from single-parent households, particularly those with absent fathers, are at a higher risk of teenage pregnancy compared to those from two-parent families (Ellis et al., 2003). The absence of a father can lead to economic hardships, lack of supervision, and emotional distress, which increases the likelihood of early sexual activity and pregnancy (Miller et al., 2016). Economic hardship associated with single-parent

households can exacerbate the risk of teenage pregnancy. Single-parent families often face financial difficulties that can limit access to education and reproductive health resources. Economic instability may also increase the likelihood of early marriage and childbearing as a means of financial support (Guttmacher Institute, 2017). The economic strain on single-parent families can contribute to higher rates of teenage pregnancy compared to more economically stable two-parent families (Miller et al., 2016).

The dynamics and quality of family relationships play a crucial role in influencing teenage pregnancy. Supportive and cohesive family environments are associated with lower rates of teenage pregnancy. Strong family bonds, emotional support, and positive relationships between parents and children can act as protective factors against teenage pregnancy (Mohr et al., 2019). Conversely, dysfunctional family environments characterized by conflict, neglect, or abuse increases the risk of early sexual activity and pregnancy (Reis, Surkan, Atkins, Garcia-Cerde, Sanchez, 2023). Parental separation and divorce can impact teenage pregnancy rates. Adolescents from divorced or separated families may experience emotional turmoil and instability, which can influence their sexual behaviour and decision-making. Studies have shown that parental divorce is associated with higher rates of teenage pregnancy, particularly among girls who may seek emotional support or validation through early sexual relationships (Reiss et al., 2023).

Cultural norms and values regarding family structure and sexuality influence the role of parental influence and family structure in teenage pregnancy. In cultures where early

marriage and childbearing are common, parental influence may be less effective in preventing teenage pregnancy. Cultural expectations and traditions can shape parental attitudes and behaviours, impacting how families address issues related to sexual health and pregnancy (Reis et al., 2023). In some cultures, strict adherence to traditional norms can limit open communication about sexual health and reduce the effectiveness of preventive measures (Kabagambe & Asimwe, 2024). The influence of parental and family factors on teenage pregnancy can vary by context. For example, in high-income countries with strong social support systems and comprehensive sex education programs, the impact of family structure may be less pronounced compared to low-income countries where access to resources and support is limited (Kearney & Levine, 2014). The availability of community resources, healthcare, and educational opportunities can mediate the effects of parental influence and family structure on teenage pregnancy (Weaver et al., 2019).

Limited access to sexual and reproductive health education in Teenage Pregnancy

Access to sexual and reproductive health (SRH) education is crucial for promoting healthy behaviours and preventing adverse health outcomes, particularly among adolescents and young adults. Comprehensive SRH education aims to provide individuals with knowledge and skills to make informed decisions about their sexual and reproductive health. Comprehensive SRH education encompasses a broad range of topics, including human sexuality, contraception, sexually transmitted infections (STIs), pregnancy,

consent, and healthy relationships. It is designed to equip individuals with accurate information, promote positive attitudes, and develop skills to make informed choices regarding their sexual and reproductive health (Zeglin & Lazebnik, 2023). There are different models of SRH education, which ranges from abstinence-only programs to comprehensive sex education. Abstinence-only programs focus solely on encouraging abstinence until marriage and often provide limited information about contraception and sexual health (Miller et al., 2016). Comprehensive programs, on the other hands, offer a more inclusive approach, addressing a wide range of topics and emphasising both abstinence and contraception as viable options (Mbizvo et al., 2023).

Access to comprehensive SRH education has been associated with a reduction in risky sexual behaviours among adolescents globally and in Nigeria. Studies have shown that adolescents who receive comprehensive sex education are more likely to delay sexual initiation, reduce the number of sexual partners, and increase the use of contraception (Alukagberie et al., 2023; Kareem et al., 2023, Mbizvo et al., 2023). Comprehensive education provides adolescents with the knowledge and skills needed to make informed decisions about their sexual activity, leading to healthier sexual behaviours. Comprehensive SRH education can delay the age of sexual initiation. Research indicates that adolescents who receive comprehensive education are more likely to postpone sexual activity compared to those who receive limited or abstinence-only education (Kareem et al., 2023; Santelli et al., 2017). Delaying sexual initiation can reduce the risk of unintended pregnancies and STIs,

contributing to better overall sexual health and understanding the consequences of their actions and make informed choices, while abstinence-only programs may fail to address the complexities of sexual behaviour.

Comprehensive SRH education has been shown to increase the use of contraceptives among adolescents and young adults. Access to accurate information about different contraceptive methods and their effectiveness enable individuals to make informed choices about their contraceptive use (Darroch et al., 2016). Studies have also found that comprehensive education is associated with higher rates of contraceptive use and lower rates of unintended pregnancies (Dittus et al., 2018). Education programs that provides information about various contraceptive options and its accessibility, including long-acting reversible contraceptives (LARCs), can lead to more informed decision-making and higher rates of LARC use (Santelli et al., 2017). Comprehensive education helps individuals understand the benefits and limitations of different contraceptive methods, leading to more effective and personalized contraceptive choices.

Comprehensive SRH education is associated with a reduction in teenage pregnancy rates. Studies have demonstrated that adolescents who receive comprehensive education are less likely to experience unintended pregnancies compared to those who receive abstinence-only education (Mbizvo et al., 2023). Comprehensive education equips individuals with the tools and knowledge needed to avoid unintended pregnancies and make reasonable choices. Access to comprehensive SRH education has long-term effects on pregnancy outcomes.

Research shows that individuals who receive comprehensive education are more likely to delay pregnancy and pursue higher education and career goals, leading to better life outcomes (Darroch et al., 2016). Comprehensive education helps young women to make informed decisions about their reproductive health, contributing to positive long-term outcomes.

Comprehensive SRH education is associated with improved sexual health outcomes, including lower rates of STIs and better sexual health knowledge. Education programs that provide information about STI prevention, safe sex practices, and healthy relationships contribute to improved sexual health and reduced incidence of STIs (Dittus et al., 2018). Comprehensive education helps young women to understand the importance of sexual health and adopt practices that reduce their risk of infection. Access to comprehensive SRH education also improves relationship skills, including communication, consent, and negotiation. Education programs that addresses healthy relationships and consent help individuals to develop skills to navigate sexual and romantic relationships in a healthy and respectful manner (Zeglin & Lazebnik, 2023).

Methodology

The present study followed a descriptive survey design, exploring a broad understanding of the respondents' views on the phenomenon under study. The study population consists one hundred public secondary school teachers and administrators in Iwaya Community, Lagos State. Through a random sampling technique, the population was selected from the total population of three hundred and two teachers and administrators (302) within the Lagos Mainland Local

Government. Data were also collected with the use of a researcher made questionnaire titled: Questionnaire on Teenage Pregnancy (QTP). The data was also collated, analysed and interpreted for the purpose of giving a description of findings, drawing inferences and conclusions.

The responses hinged on a 4-point Likert scale, ranging from strongly agree, agree, disagree and strongly disagree, scored 4, 3, 2 and 1 according to each item in terms of scoring positive items, and a reversal of direction in scoring negative items. The validity of the instrument was achieved through experts in the field of measurement and evaluation, and psychology of education; while the reliability was achieved through a pilot test at schools of different location from the schools in the study. With test retest method, the reliability was empirically ascertained with the intervals of four weeks, which gave a coefficient value of 0.65. The correlation

of the variable on teenage pregnancy was also established using Chi-Square. The instrument of the study was personally administered by the researcher, and the questionnaire items were analysed quantitatively using SPSS (Statistical Package for the Social Science),

Results and Discussion

Two null hypotheses were formulated for the present study, and statistically tested to ascertain the acceptance or rejection of the hypotheses. T-test statistics and inferential statistics of Chi-Square were applied. All hypotheses were tested at 0.05 level of significance.

Hypotheses

Hypothesis One

H₀₁: Teenagers from single-parent households are not at a higher risk of experiencing teenage pregnancy compared to those from two-parent households in Iwaya community

Table 1: Chi-square (χ^2) Analysis on Household Structure and Risk of Teenage Pregnancy

N	Df	L.S	Calc value	χ^2	Crit χ^2 value	Remarks
100	12	0.05	29.6	21.03		Significant

*P > 0.05

Table 1 shows that the Calculated Chi-Square (χ^2) value of 29.6 is greater than Critical Chi-Square (χ^2) values of 21.03, with degree of freedom 12 at 0.05 level of significance. This implies that null hypothesis one which states that, teenagers from single-parent households are not at a higher risk of experiencing teenage pregnancy compared to those from two-parent households in Iwaya community was rejected, the implication of this is that, teenagers from single-parent

households are at a higher risk of experiencing teenage pregnancy compared to those from two-parent households in Iwaya community.

Hypothesis Two

H₀₁: Limited access to reproductive health services is not a significant predictor of teenage pregnancy among secondary school students in Iwaya community.

Table 2: Chi-square (χ^2) Analysis on Access to Reproductive Health and Teenage Pregnancy

N	Df	L.S	Calc χ^2 value	Crit χ^2 value	Remarks
100	12	0.05	35.22	21.03	Significant

$P > 0.05$

Table 2 shows that the Calculated Chi-Square (χ^2) value of 35.22 is greater than Critical Chi-Square (χ^2) value of 21.03, with degree of freedom 12 at 0.05 level of significance. This implies that null hypothesis two which states that limited access to reproductive health services was a significant predictor of teenage pregnancy among secondary school students in Iwaya community was rejected, the implication of this is that, limited access to reproductive health services is a significant predictor of teenage pregnancy among secondary school students in Iwaya community.

Discussion of Findings

The first finding of this study states that, teenagers from single-parent households are at a higher risk of experiencing teenage pregnancy compared to those from two-parent households in Iwaya community. This finding aligns with existing research on family structure and its influence on adolescent behaviour. Single-parent households often face greater economic challenges, reduced parental supervision, and emotional strain, which can increase teenagers' vulnerability to early sexual activity and pregnancy. Empirical studies of Ellis et al. (2003), Miller et al. (2016), Odeyemi-Bsd (2019), and Oluyemi et al (2017) were in tandem with this study finding, where the studies found that adolescents raised in single-parent families are more likely to engage in early sexual activity and experience teenage pregnancy, partly due to poor or inadequate parental control and guidance. The absence of one parent may

also limit access to emotional support and role models, which can lead to risky behaviours. Additionally, where the single parent household, resources for necessary effective communication about sexual and reproductive health are often unavailable. In the Iwaya community, teenagers in single-parent households may experience higher levels of stress and reduced supervision, increasing their likelihood of teenage pregnancy.

The second finding of this study states that, limited access to reproductive health services is a significant predictor of teenage pregnancy among secondary school students in Iwaya community. This finding reflects a broader issue affecting many low-resource settings. Access to reproductive health services, including contraception, sexual education, and counselling is crucial in preventing unintended pregnancies. When such services are inaccessible, teenagers are more likely to engage in unprotected sex, thereby increasing their risk of early pregnancy. This confirms the studies of Neal et al (2012) which also found that inadequate access to contraceptives and sexual health education is a major factor contributing to teenage pregnancy in developing countries. Similarly, a study by Alukagberie et al (2023), Kareem et al (2023) and Santelli et al (2017) highlighted that limited reproductive health resources often leave adolescents without the necessary information and tools to make informed decisions about their sexual health, leading to higher pregnancy rates. In the Iwaya

community, barriers such as financial constraints, lack of youth-friendly health services, and cultural stigmas surrounding sexual health may further restrict access to reproductive healthcare.

Conclusion and Recommendations

This study examined exploring perceived socio-demographic causes of teenage pregnancy among secondary school students in Iwaya Community, Lagos State. From the findings of the study, it was concluded that, the two formulated null research hypotheses were rejected. From the study, it was found out that female students from single-parent households are at a higher risk of experiencing teenage pregnancy compared to those from two-parent households in Iwaya community, and, limited access to reproductive health services was a significant predictor of teenage pregnancy among secondary school students in Iwaya community.

In conclusion, addressing teenage pregnancy in Iwaya requires a multifaceted approach that includes fostering intact family, where the father and mother are present in the home, and this would help them in monitoring their children and be adequately involved in their children and young adult's lifestyle, supporting single-parent families, and expanding access to reproductive health services. Comprehensive interventions targeting these areas are essential to reducing teenage pregnancy rates and promoting healthier future for adolescents in Iwaya.

Some recommendations were made to drastically control teenage pregnancy as much as possible, they are: addressing the low socioeconomic status of parents; education curriculum planners should integrate comprehensive sexual and reproductive

health education into the school curriculum to equip students with knowledge on responsible sexual behaviour. Community support programs should also be established to reduce the heightened risk of teenage pregnancy among teenagers from single-parent households. These programs could offer counselling services, parenting workshops, and economic assistance to help single parents provide adequate supervision and guidance to their children, and lastly, to tackle the limited access to reproductive health services, local healthcare providers should offer free or subsidized sexual health services, including contraception, counselling and education. Additionally, there should be a focus on creating youth-friendly clinics that provides confidential and accessible services tailored toward adolescents' needs.

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