

Determinants of Teenage Pregnancy and Its Public Health Implications Among Teenagers in Tertiary Institutions in South-South Nigeria

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Abstract

Original Research Article

Teenage pregnancy refers to pregnancy occurring in females aged 10–19 years. Although tertiary institutions are expected to be centers of academic maturity, teenage pregnancy remains a public health concern among students who enroll at a young age. This phenomenon poses serious health, social, educational, and economic challenges for affected individuals and society at large. This study is aim to evaluate the Determination of teenage pregnancy and its public health implications among teenagers in tertiary institutions in South-South Nigeria. This was a cross-sectional study involving 250 women (Teenagers) with age between 13 to 19 years. A well-structured questionnaire was administered to participants. The study lasted for a period of 2 months. Statistical analysis was done using SPSS version 25.0 and $p < 0.05$ was significant. The results revealed that most of the participants were between 17 to 19 years, 68% resident in urban centres, 60% were in tertiary institutions, 76% were school drop-out, 60% were raised by single-parents, 52% from low class family, 60% do not discuss their issues with parents/guidance, 68% are due to peer influence, 60% not aware of health consequences of teenage pregnancy, 80% is due to financial problem, 76% agreed that school drop-out increases the risk, 80% early marriage, 80% no health service, 80% agreed that it affect their education, 88% said it increases the health risk for mothers and child, 80% agreed that it contribute to socio-economic challenges and 88% agreed that supportive system can reduce negative outcomes of teenage pregnancy.

Keywords: Determinants, Teenage pregnancy, public health, Implications, Tertiary institutions.

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INTRODUCTION

Teenage pregnancy refers to pregnancy occurring in individuals aged 10–19 years, a stage marked by biological change, psychosocial development, and increased vulnerability to reproductive health risks (De Checchi *et al.*, 2024). While much research focuses on adolescents in secondary schools or community settings, young women enrolled in tertiary

institutions (universities, polytechnics, colleges) remain an understudied subgroup despite being of similar adolescent ages and exposed to risky sexual and reproductive health behaviors. Many studies indicate that broader socioeconomic inequalities strongly influence teenage pregnancy. Poor teenage girls often have higher pregnancy rates due to limited access to education, healthcare, and empowerment opportunities (Société Reproductive Health Systematic Review; Yakubu &

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Salisu, 2018). Socioeconomic status influences early sexual debut, contraceptive non-use, and unintended pregnancies (Yakubu & Salisu, 2018). In Nigeria, marital status, household wealth, media exposure, and religion have also been shown to contribute to socioeconomic inequalities in teenage pregnancy (Adebiyi *et al.*,2022). Individual determinants include early sexual activity, peer influence, substance use, and limited knowledge of contraception. Empirical research on adolescent behavior and pregnancy outcomes shows that early initiation of sexual activity and poor contraceptive use are consistent predictors of teenage pregnancy across multiple settings (Alukagberie *et al.*,2023). Other behavioral determinants include risk-taking, low self-esteem, and limited negotiation skills for safe sex (cf. integrative reviews on social determinants and teenage pregnancy). For students in tertiary institutions, close social networks and peer norms can either facilitate or inhibit risky sexual behavior, reinforcing the importance of addressing individual behavioral determinants through targeted interventions. Educational attainment has a protective effect against teenage pregnancy. Adolescents with higher education levels generally have better knowledge and use of contraceptives, delaying childbearing relative to those with lower education (Alukagberie *et al.*,2023). For tertiary students, higher educational levels should theoretically reduce pregnancy rates; however, gaps in youth-friendly sexual health education within tertiary curricula may limit their effectiveness in reducing risky sexual behaviors. Across sub-Saharan Africa and similar contexts, structural barriers to reproductive health services, such as cost, accessibility, stigma, and lack of privacy, impede adolescent access to contraceptives and counseling (Yakubu & Salisu, 2018). Studies conducted in urban tertiary-like settings highlight that inadequate health services and provider attitudes can deter adolescents from seeking contraception, contributing to unplanned pregnancies. Teenage pregnancy poses serious health risks for both the mother and child. Adolescents are more likely to experience obstetric complications, anemia, preterm delivery, and low birth weight infants due to physiological immaturity and limited prenatal care engagement (Assam medical college study; CHRISMED Journal, 2022). These outcomes highlight the importance of adolescent reproductive health services within and outside tertiary campuses. One of the most documented consequences of teenage pregnancy is interruption of education and its long-term socioeconomic effects. Pregnant students often miss classes, experience reduced academic performances, or discontinue their education

altogether. A university nursing study in Nigeria found that pregnancy negatively affected attendance, concentration, and performance among pregnant students, demonstrating the academic disruption associated with pregnancy in tertiary settings (examining nursing students in Imo State University, Nigeria). These interruptions translate into reduced career opportunities, contribution to intergenerational poverty, and economic dependency, adversely affecting national human capital development. Studies across low- and middle-income countries indicate that adolescents entering tertiary institutions often lack comprehensive understanding of reproductive physiology, fertile periods, and effective contraceptive methods. Many teenage students demonstrate misconceptions regarding the safety, effectiveness, and side effects of modern contraceptives, leading to fear and reluctance to use them consistently (Alukagberie *et al.*,2023). These gaps are often attributed to inadequate sexuality education at earlier educational levels and cultural taboos that discourage open discussions about sexual health.

MATERIALS AND METHOD

This was a cross-sectional study involving 250 women (Teenagers) with age between 13 to 19 years. A well-structured questionnaire was administered to participants. The study lasted for a period of 2 months. Statistical analysis was done using SPSS version 25.0 and $p < 0.05$ was significant.

RESULTS

The results revealed that most of the participants were between 17 to 19 years (Table 1), 68% resident in urban centres, (Table 2), 60% were in tertiary institutions (Table 3), 76% were school drop-out, 60% were raised by single-parents (Table 4), 52% from low class family, 60% do not discuss their issues with parents/guidance, 68% are due to peer influence, 60% not aware of health consequences of teenage pregnancy, 80% is due to financial problem, 76% agreed that school drop-out increases the risk, 80% early marriage, 80% no health service, 80% agreed that it affect their education (Table 5), 76% drop-out of school (Table 6), 88% said it increases the health risk for mothers and child (Table 7), 80% agreed that it contribute to socio-economic challenges and 88% agreed that supportive system can reduce negative outcomes of teenage pregnancy (Table 8).

Table 1: Age Distribution of Participants

Age Group	Frequency	Percentage (%)
13-14 years	10	4.00
15-16 years	40	16.00
17-18 years	80	32.00
19 years	120	48.00
Total	250	100

Table 2: Place of residence

Response	Frequency	Percentage (%)
Urban	170	68.00
Rural	80	32.00
Total	250	100.00

Table 3: Educational status

Response	Frequency	Percentage (%)
Not in school	5	20.00
Primary	15	6.00
Secondary	80	32.00
Tertiary	150	60.00
Total	250	100.00

Table 4: Family type

Response	Frequency	Percentage (%)
Nuclear	30	12.0
Joint	70	28.00
Single-parent	150	60.00
Total	250	100.0

Table 5: Teenage pregnancy negatively affect education

Response	Frequency	Percentage (%)
Agree	200	80.00
Disagree	30	12.00
Not sure	20	8.00
Total	250	100.0

Table 6: Current school status

Response	Frequency	Percentage (%)
Attending	60	24.00
School drop-out	190	76.00
Total	250	100.00

Table 7: Teenage pregnancy increases the health risks for mother and child

Response	Frequency	Percentage (%)
Agree	220	88.00
Disagree	20	8.00
Not sure	10	4.0
Total	250	100.0

Table 8: Supportive system can reduce negative outcomes of teenage pregnancy

Response	Frequency	Percentage (%)
Agree	220	88.00
Disagree	20	20.00
Not sure	10	4.0
Total	250	100.0

Table 9: Barriers to access health services

Response	Frequency	Percentage (%)
Fear of stigma	40	16.00
Lack of awareness	30	12.0
Distance	70	28.00
Cost	100	40.00
Family restriction	10	4

DISCUSSION

Teenage pregnancy refers to pregnancy occurring in females aged 10–19 years. Although tertiary institutions are expected to be centers of academic maturity, teenage pregnancy remains a public health concern among students who enroll at a young age. This phenomenon poses serious health, social, educational, and economic challenges for affected individuals and society at large.

The study revealed that most of the participants were between 17 to 19 years of age and by this age they might have not been exposed to much sex education. Again, majority of the participants resident in the urban centres and this could be influenced by social media and peers. Rural areas generally report higher rates of teenage pregnancy due to limited access to sexual and reproductive health services, lower levels of sexuality education, poverty, and stronger traditional norms that discourage contraceptive use. However, urban areas may have better access to health services and information, but higher exposure to peer pressure, substance use, and risky sexual behaviors can still contribute to teenage pregnancy. Most of these students (participants) are living off-campus, especially without supervision, and may be more exposed to risky sexual behaviors. Campuses located in urban centers with nightlife and commercial activities may present higher exposure to sexual risk environments than those in more isolated locations.

Again, 76% participants faced school drop-out and pregnancy often leads to frequent absenteeism due to antenatal visits, pregnancy-related illnesses, fatigue, and childbirth. These interruptions negatively affect academic performance, making it difficult for teenage students to meet course requirements, sit for examinations, or complete academic programs. In many urban centres, tertiary institutions lack clear policies to support pregnant students. Some institutions enforce informal exclusion, lack maternity accommodations, or provide no academic flexibility, which increases the risk of withdrawal or dismissal from school. Also, teenage pregnancy is frequently associated with stigma, shame, anxiety, and depression. Pregnant students may experience discrimination from peers or lecturers, loss of social support, and reduced self-esteem, all of which contribute to school disengagement and eventual drop-out.

The research revealed that majority (60%) of the participants were raised by single-parents and as such these parents may face economic and time constraints that limit close supervision of adolescents. Reduced monitoring can increase exposure to risky peer influences, early sexual debut, and unprotected sexual activity, all of which elevate the risk of teenage pregnancy. Single-parent families are more likely to experience financial challenges. Economic vulnerability may push adolescents especially girls toward

transactional sex or dependence on partners for financial support, increasing the likelihood of unintended pregnancy. Again, Parental separation, divorce, or death may create emotional stress, low self-esteem, or a desire for affection and validation among adolescents. These psychosocial factors can increase susceptibility to early and risky sexual relationships.

The study shows that 80% agreed that teenage pregnancy affects their education and this is because pregnant teenagers often experience frequent absenteeism due to pregnancy-related illness, antenatal visits, fatigue, and childbirth. These interruptions reduce concentration, academic engagement, and performance, increasing the risk of failing courses or repeating academic years. Some teenage mothers return to school after childbirth but experience delayed graduation due to academic interruptions, childcare responsibilities, and reduced study time. This delay affects career progression and lifetime earnings. Pregnant students often face stigma, discrimination, stress, anxiety, and depression. These psychosocial factors negatively affect motivation, self-esteem, and participation in educational activities, further hindering academic success. This teenage pregnancy increases financial burdens related to healthcare, childcare, and living expenses. Many teenage mothers struggle to afford tuition and educational materials, leading to school discontinuation or part-time enrollment. In tertiary institutions, teenage pregnancy disrupts academic schedules, reduces class attendance, and increases withdrawal rates. Lack of maternity support services, flexible learning options, and childcare facilities further compounds educational challenges for teenage mothers.

The research revealed most (88%) of the participants experienced increased health risk for mothers and child and this is due to biological immaturity and delayed health-seeking behavior, including: anemia due to increased nutritional demands, hypertensive disorders of pregnancy, obstructed or prolonged labor due to underdeveloped pelvis, postpartum hemorrhage, unsafe abortion and abortion-related complications and higher maternal mortality rates.

Again, 88% of the participants agreed that a supportive system can reduce the negative outcomes of teenage pregnancy and this occurs when pregnant teenagers and teenage mothers receive adequate support, many of the adverse health, educational, and psychosocial consequences are substantially minimized.

CONCLUSION

Teenage pregnancy among students in tertiary institutions remains a significant public health issue with far-reaching consequences. Determining its prevalence and associated factors is essential for designing effective preventive and supportive interventions. Strengthening reproductive health education and services can

significantly reduce teenage pregnancy and its adverse public health outcomes.

Teenage pregnancy has a substantial negative impact on education by increasing absenteeism, school drop-out, delayed completion, and poor academic performance.

Teenage pregnancy also carries social stigma, psychological stress, and social isolation for adolescent mothers. These psychosocial challenges can undermine mental health, diminish self-esteem, and impair social relationships, further exacerbating the vulnerability of the mothers.

Support systems play a crucial role in mitigating the negative health, educational, and psychosocial outcomes of teenage pregnancy. Family, educational, healthcare, and community support structures collectively enable teenage mothers to achieve better outcomes for themselves and their children.

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