



Teenage pregnancy and early child care: Implication for health education/counselling in cross River state

Okoi Nta Obono¹, Anake Paulina M², Ebri Omini U³

¹ Department of Family Medicine, University of Calabar Teaching Hospital, Calabar, Nigeria

² Department of Guidance and Counselling, University of Calabar, Calabar, Nigeria

³ Department of Educational Foundations, Federal University, Kashere, Gombe State, Nigeria

Abstract

Teenage pregnancy and early child care are issues that call for reasoning into the underlying causes of adolescent pregnancy, such as poverty, homelessness, gender inequality, social pressure, culture, coercion and self will. Hence, the purpose of this study was aimed at intensifying awareness on the challenges and crisis of teenage mothers and early child care in Cross River State, Nigeria, through seminars, campaign on girl child rights, sex education, abstinence and focus on education, love and acceptance. Counselling intervention and recommendations are made based on appropriate comprehensive sexuality education for all young people, investing in girl child education, preventing early marriage, sexual violence and building gender equitable society by empowering girls and encouraging men and boys on positive reasoning.

Keywords: teenage pregnancy, early child care, implication for counselling

Introduction

Teenage pregnancy also known as adolescent pregnancy is pregnancy in females under the age of 20 years. Female can become pregnant from sexual intercourse after she has begun to ovulate, which can be before her first menstrual period (menarche) but usually occurs after the onset of her periods. In well-nourished females, menarche usually takes place around the age of 12 or 13 (World Health organization, 2004) [17]. Teenage pregnancies are in most cases unwanted, unplanned and out of wedlock. They occur as a result of inadequate information about reproductive health and contraception and the risk of pregnancy. It also occurs within the context of early marriage, rape, try out the experiences of sex and fun having. Pregnant teenagers face many of the same pregnancy related issues as other women. There are, however additional concerns for those under 15 of age as they are less likely to be physically developed enough to sustain a healthy pregnancy or to give birth. The negative long lasting health problem of girls between 15-19 are associated more with socioeconomic factors than with biological effect of age. Risks of low birth weight and still birth premature labour, anemia, and pre-eclampsia are connected to the biological age, been observed in teen births even after controlling for other risk factors such as accessing prenatal care (Loto, Ezechi, Kalu, Loto-A, Ezechi & Ogunniyi, 2014) [10].

In developed countries, teenage pregnancies are associated with social issues including lower education level, poverty and other negative life outcomes in children of teenage mothers. Early child bearing may also result in vesico-vagina fistula (VVF) and rector-vaginal fistula (RVF). This is a hole caused by weakening of the wall between the bladder and rectum and the vagina, leading to uncontrolled leakage of urine or faeces. Girls affected by VVF often become outcasts in their communities. Teenage pregnancy in developed countries is usually outside of marriage, and carries a social stigma in

many communities and cultures. By contrast, teenage parents in developing countries are often married and their pregnancies welcomed by family and society. However, in these societies, early pregnancy may combine with malnutrition and poor health care to cause medical problems. Thus, educational intervention and promotion of birth control can reduce the risk of unintended teenage pregnancies (Oringanje, Meremikwu, Eko, Esu, Meremiku & Ehiri, 2016) [12]. In developing countries, 7.3 million females under age 18 give birth per year. The number of adolescent pregnancies is much higher if all teenage pregnancies are indicated.

Similarly, teenage parents often do not have financial resources to take care of their babies. They usually have to rely on the families to assist them. This may lead to a breakdown in vocational development. Also pregnant teenagers are often expelled from school and may not have the opportunity of being re-absorbed to the school system. This may also hinder the future developmental opportunities as well as the quality of life of the young person. Moreso, teenage mothers do not have the maturity to meet or cope with the emotional needs of children. While socially, they may feel isolated and deserted by their friends who are continuing their education.

Child care begin from the first month of conception which is refers to as prenatal care. This varies enormously but usually involves a package or medical care services in a defined schedule of visits. In addition to medical care, child care or prenatal care programmes often include comprehensive educational, social and nutritional services (Ladewig, London, Moberly & Olds, 2001) [7] for healthy living and well being of the mother and for functional development of cell in the infant child. This care usually includes screening that can reveal manageable conditions and/or treatable diseases that could affect both the baby's life and pregnant woman's life. The education the mother receives about pregnancy, labour and

delivery and caring for the new born can be extremely valuable, especially for first time mother. Prenatal care is very important for teenager and for women in poverty, because it links them with other social services. The legacy of prenatal care continues after the birth because women and teenagers who experience this type of care are more likely to get preventive care for their infants.

In child care, early pre natal classes may include couples in both early pregnancy and pre-pregnancy. The classes often focus on topics such as these

- Changes in the development of the embryo and the fetus
- Self-care during pregnancy
- Fetal development concerns and environmental dangers for the fetus
- Sexuality during pregnancy
- Birth setting and types of care providers
- Nutrition, rest and exercise
- Common discomforts of pregnancy and relief measures
- Psychological changes in both the expectant mother and her partner
- Information needed to get the pregnancy off to a good start

Furthermore, each class also may include information about factors that place the expectant mother at risk for preterm labour and recognition of the possible signs and symptoms of preterm labour. Information on the advantages and disadvantages of breastfeeding and bottle-feeding are learned. While most expectant mothers (50-80 percent) make this infant feeding decision prior to the sixth month of pregnancy. Later classes on prenatal education focus on preparation for the both, infant care and feeding, post partum self-care, and birth choices.

Similarly after child birth, a special component of the parent-infant relationship is bonding. This is the formation of connection, especially a physical bond between parents and newborn in the period shortly after birth. Some physicians believe that this period, shortly after birth is critical in development. During this time, the parents and child need to form an important emotional attachment that provides a foundation for optimal development in years to come (Kennell & McGrath, 1999) [6]. Special interest in bonding stems from concern by paediatricians that the circumstances surrounding delivery often separate mothers and their infants, preventing or making difficult the development of a bond. The paediatrician further argued that giving the mother drugs to make her delivery less painful may contribute to the lack of bonding. The drug may make the mother drowsy thus interfering with her ability to respond to and stimulate the newborn. Advocate of bonding also assert that preterm infants are isolated from their mothers to an even greater degree than are full-term infants, thereby increasing their difficulty in bonding.

Nevertheless, the weakness of the maternal infant bonding should not be used as an excuse to keep motivated mothers from interacting with their infants in the post partum period. Such contact brings pleasure to many mothers. In some mother-infant pairs – including preterm infant, adolescent mothers or mothers from disadvantaged circumstances – the practice of bonding may set in motion a climate for improved

interaction after the mother and infant leave the hospital, that is, skin-to-skin contact-kangaroo care.

In recognition of the positive effect of bonding on getting the parental-infant relationship off to a good start, many hospitals now offer a room-in arrangement, in which the baby remains in the mother's room most of the time during its hospital stay. However, if parents choose not to use this rooming-in arrangement, the weight of the research evidence suggests that it will not harm the infant emotionally (Lamb, 1994) [8].

Observing the teenage persons in Cross River State through interaction, it was discover that most adolescents were let loose to care, direct self on issues of sex and education. This has leads so many into engaging in extra sexual activity to help them for money making and to feel belonging in the family and society, also to fit in among peers of the same grouping in their competitive life to achieve quick success. As a result this research study is aimed at investigating the causes, effects and consequences of teenage pregnancy and early child care in Cross River State, Nigeria.

Problems associated with teenage pregnancy and child care

According to the United Nations Population Fund (UNPF), pregnancies among girls less than 18 years of age have irreparable consequences. It violates the right of girls, with life-threatening consequences in terms of sexual and reproductive health, and poses high development cost for communities, particularly in perpetuating the cycle of poverty. Health consequences include not yet being physically ready for pregnancy and childbirth leading to complications and malnutrition as the majority of adolescents tend to come from lower-income households. The risk of maternal death for girls under age 15 in low and middle income countries like Nigeria is higher than for women in their twenties. Teenage pregnancy also affects girls' education and income potentials as many are forced to drop out of school which threatens future opportunities and economic prospects. Stepp (2009) [15] suggests that, teenage parents who can rely on family and community support, social services and child-care support are more likely to continue their education and get higher paying jobs as they progress with their education.

In the United States, one third of high school students reported being sexual active. In 2011-2015, 79% of females reported using birth control. Teenage pregnancy put young women at risk for health issues economic, social and financial issues (CDC, 2015).

The problem and effect on the young mother

The special concern of many new young mothers is whether they should stay home with the baby or go back to work or school. Some teenage mothers want to return to school or work as soon as possible after the infant is born, others want to stay home with the infant for months or years before they return to school or work, and yet others did not work outside the home prior to the baby's arrival and to do plan to do so in the future. Many teenagers, because of a variety of pressures – societal, career, peer, financial do not have the option of staying at home after child birth. The process of decision making is often difficult and agonizing due to the fact that the resource to care for self and their infants is not readily

available. They depend on parents, friend and concerned individual to make a change for a better life, teens mothers are more likely to drop out of school. However, recent studies have found that many of these mothers had already dropped out of school before becoming pregnant, but those in schools at the time of their pregnancy were likely to graduate as their peers (Seitz, 1993) ^[14]. One study in 2001 found that women who give birth during their teens completed secondary level schooling 10-12%, as often and pursued post-secondary education 14-29% as often as women who waited until age 30 (Hofferth, Reid & Mott, 2001) ^[5]. Young motherhood in an industrialized country can affect employment and social class. Less than one third of teenage mothers receive any form of child support, vastly increasing the likelihood of turning to the government for assistance. The correlation between earlier child bearing and failure to complete high school reduces career opportunities for many young women (National Campaign to Prevent Teen Pregnancy, 2002). Furthermore, the NCPTP reported that nearly 1 in 4 teen mothers will experience another pregnancy within two years of having their first. Pregnancy and giving birth significantly increases the chance that these mothers will become school dropout and as many as half, have to go on welfare. On the other side, many teen parents do not have the intellectual or emotional maturity that is needed to provide for another life. Often these pregnancies are hidden for months resulting in lack of adequate prenatal care and dangerous outcomes for the babies (Cornelius, Goldschmidt, Wilford, Leech, Larkby & Day, 2008) ^[3]. Hence, factors that determine which mothers are more likely to have a closely spaced repeat birth include – marriage and education, the likelihood decreases with the level of education of the young woman or her parents and increases if she gets married.

The child

The child is the most hit person in the process of teen parenting. Early motherhood affects not only the psychic of the mother, but also the psycho-social development of the infant. The children of teen mothers are more likely to be born prematurely with low birth weight, predisposing them to many other lifelong conditions (Gibbs, Wendt, Petters & Hogue, 2012) ^[4]. Children of teen mothers are at higher risk of intellectual language and socio-emotional delays. Developmental disabilities and behavioural issues are increased in children born to teen mothers Hofferth and Reid (2002) in one of their studies suggested that adolescent mothers are less likely to stimulate their infant through affectionate behaviour such as touch, smiling and verbal communication, or to sensitive and accepting toward his or her need. While those who had more social supports were less likely to show anger toward their children or to rely upon punishment.

Poor academic performance in the children of teens has also been observed and noted, with most of the children being held back, in their grade level and scoring lower on standardized tests, or failing to graduate from secondary school (National Campaign on Teen Pregnancy, 2002). As a result of the effect on the growing child, daughters of adolescent parents are more likely to become teen mothers themselves, while sons born of teens are three times more likely to serve time in

prison.

Medical service or care

One of the most challenging ethical dilemmas arising from teenage pregnancy relates to the parental rights of abusive parents, caretakers, culture and society with regard to their children, particularly as in their medical care and services to be render to teenage parents. The ethical dilemma here refers to the rejection, neglect and abuse of the teenage rights in some cultures to be married at an early and face the consequences of child bearing alone. In this vein, maternal and prenatal health is of particular concern among teens that are pregnant or parenting. The worldwide incidence of premature birth and low birth weight is higher among adolescent mother. Mothers between 15 and 19 years old are more likely to have anaemia, preterm delivery and a baby with lower birth weight than mothers between 20 and 24 years old (Berierja, Pandey, Dutt, Sengupta, Mondal & Deb, 2009) ^[2]. Pregnant teens are less likely to receive prenatal care, often seeking it in the third trimester, if at all.

Young mothers who are given high quality maternity care have significant healthier babies than those who do not. Many of the health issues associated with teenage mothers appear to result from lack of access to adequate medical care.

Nutritional deficiencies from poor eating habits common in adolescence; including attempts to lose weight through dieting, skipping meals, food faddism, snacking and consumption of fast food. Inadequate nutrition during pregnancy is an even more marked problem among teenagers in developing countries (Peice, Sanchez & Solano, 2003) ^[13]. The complications of pregnancy result in the death of an estimated 70,000 teen girls in developing countries each year. Young mothers and their babies are also at greater risk of contracting HIV (Major, 2004) ^[11]. The World Health Organization estimates that the risk of death following pregnancy is twice as high for women age 15-19 than for those aged 20-24. The maternal mortality rate can be up to five times higher for girls aged 10-14 than for women aged 20-24. Illegal abortion also holds many risks for teenage girls in areas such as sub-sharan African (Locoh, 1999) ^[9].

Moreso, risk of medical complications are greater for girls aged fewer than 15, as an underdeveloped pelvis can lead to difficulties in childbirth. Obstructed labour is normally dealt with by caesarean section in industrialized nations; however, in developing nations where medical services might be unavailable, it can lead to eclampsia fistula, infant mortality or maternal death. For mothers who are older than fifteen, age in itself is not a risk factor, and poor outcomes are associated more with socioeconomic factors rather than with biology (UNFPA, 2013) ^[16].

Other risk factors include the following

1. Culture: high teenage pregnancy in cultures and societies where it is traditional for girls to marry young and where they are encouraged to bear children as soon as they are able. Economic incentives also influences the decision to have children in societies where children are set to work at an early age, it becomes economically attractive to have many children.
2. Lack of use of contraceptive methods and traditional

attachment as being evil.

3. Other family members: teen pregnancy influences younger siblings in most cases negatively (less emphasis on the importance of education).
4. Sexuality: The increased sexual activity among adolescents is manifested in increased teenage pregnancies and increased in sexually transmitted disease.
5. Risk of drug and alcohol use.
6. Early maturity or puberty in girls encourages sexual intercourse at a younger age, which may result to the greater risk of teenage pregnancy.
7. Sexual abuse of teens
8. Dating violence and socioeconomic factors.
9. Negative media influence

Causes of teenage pregnancies and illegitimate births are as follows

1. Ineffective sex education by parents, school and health organization. Teens left alone can be loose and go beyond reach to discover for themselves that which they term is hidden. Also the high sexual drive to use their body as a means of pleasure.
2. Adult inability to control one's sexual desires. This has lead men to lure young girls of their daughter's age, with their wealth into sexual relationships.
3. Sexual experience and high desires for money. Young girls indulge in sexual activities with more than one partner with the aim of making money and having fun with no serious intention of getting married.
4. Sexual permissiveness brought about by urbanization and other social changes which have altered the scope of the adolescent pregnancy problem. Unmarried men and female are in the increase in sexual relations; they perceived this as a common phenomenon in the society.
5. Negative peer group influence in experimenting self.
6. Turbulent homes or broken homes.
7. The traditional criteria for acquiring social status and prestige, young persons are forced to bear children outside marriage.

Consequences of teenage pregnancy

Consequences of teenage pregnancy among adolescent are

1. Complication during childbirth, leading to death, for mothers aged 15-20. The medical implications include anaemia, bleeding, toxemia, prolong labour, as well as urinary and bowel complication, alter physical maturity especially of the pelvic leading to inability to conceive when desired.
2. Infant of teens suffer high mortality rate than older mothers.
3. Low birth weight among teen mothers may contribute to long term mental and physical handicaps.
4. Career opportunities are often cut off, the young mother is forced to bear children, care and bring them up and is cut out of school or need to put an end or stop in educational pursuits or activities.
5. Unwanted adolescents pregnancy contribute to increasing number of neglected and abandoned babies in the streets and society, death during abortion and those who survive suffer from social stigma, others become infertile at later

age when children are desired.

Prevention strategies

1. The medical practitioners and professional counsellors to intensified group and individual counselling using the following techniques and approaches – drama, demonstration, discussion, films (visual aids), listening and summarizing, helping adolescent adjust to positive approach to sex and sexuality.
2. Probing sexual behaviours of the adult members of the society.
3. The government and community members to take serious the campaign for family planning – having children that you can care for.
4. Parents and counsellors to build up a non-fear approach to sex education at home, school and society to educate the young person on the risk of unplanned pregnancy and parenthood.
5. Formal sex education in formal sectors to replace traditional values and importance of lineage age, sex and fertility.
6. Parents of pregnant teens to accept part of the blame and care for the expectant adolescent mothers – an opportunity to help in reshaping the young person and showing love to them.
7. Adolescents to avoid negative peer group influence and turn to God fearing and loving.
8. Human right policy on sexual abuse to be effectively adopted, practice and defaulters treated according to law.

Objectives

The following objectives are to be achieved in the study

1. Teenagers to develop normal attributes, ideas and attitudes in relation to sex.
2. To become aware of the effects, causes and consequences of sexual act before marriage – unwanted pregnancy, abortion, untimely death, terminal diseases (STD) and poor health care of mother and child.
3. Acquire adequate and comprehensive knowledge on sex education and the use of contraceptives to prevent unwanted pregnancy and its later side effect. Abstinence is the best natural method, learn it, rib up and be well inform.

Summary and conclusion

Teenage pregnancy and sex has plagued the society, affecting young girls and boys who are not yet ready for motherhood and parenthood the danger and risk of child abandonment to relatives, parents and well-wishers after delivering. Teenage mothers and their babies are faced with health challenges and social problems, resulting in fear, false belief, shame, neglect, rejection and ignorance, resulting to increased birth rate among teenagers, especially among the poor who see child-rearing as source of social status and cheap labour. Sexual immorality as a social crime is also at an increased, with high uneventful death and aborted pregnancy.

In conclusion, issues of teenage pregnancy and child care call for counselling needs, either in group or individual counselling to help clarify feelings and thinking, get over the feeling of shame, anxiety and guilt. It therefore becomes necessary to educate the adolescents to help minimize the

emotional and physical effects of teenage pregnancy and early child care, to get on again with her career and achieve set goals.

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