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Impact of Teenage Pregnancy on the Health and Academic Performance of Female Students in Orelope Local Government Area, Oyo State

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ABSTRACT

Teenage pregnancy remains a major public health and educational concern in Nigeria, with significant implications for adolescent health, wellbeing, and academic achievement. In Orelope Local Government Area of Oyo State, the challenge persists due to socioeconomic, cultural, and informational gaps that shape adolescent reproductive behavior. Understanding the health and educational consequences of teenage pregnancy is essential for designing effective interventions. **Objective:** This study examined the impact of teenage pregnancy on the health and academic performance of female students in Orelope Local Government Area, Oyo State. It also explored the relationship between sociodemographic characteristics, knowledge of sexuality, and teenage pregnancy experience among adolescents. A descriptive survey research design was adopted, involving 200 female students selected through multistage random sampling from secondary schools within Orelope LGA. Data were collected using a validated, self-administered questionnaire. Descriptive statistics such as frequency counts, means, and percentages summarized the data, while chi-square tests assessed associations between selected sociodemographic variables and teenage pregnancy experience at a 0.05 significance level. Findings revealed that 35% of respondents had engaged in sexual activity, with 65% reporting no experience of teenage pregnancy. Knowledge of sexuality and awareness of contraceptives were moderate, with 60% demonstrating adequate understanding of safe sexual practices. Teenage pregnancy was more prevalent among students aged 17–19 years, those from polygamous families, and respondents whose parents had lower levels of education or unstable income. Significant associations were observed between parental education, family structure, and teenage pregnancy ($p < 0.05$). Teenage pregnancy was linked to health complications, absenteeism, and a decline in academic performance among affected students. The study concludes that teenage pregnancy has a detrimental effect on both the health and academic performance of female students in Orelope LGA. Enhancing sexuality education in schools, strengthening parental communication, and improving access to adolescent-friendly health services are crucial to mitigating the problem. Collaborative community and policy efforts are needed to address the socioeconomic and educational factors driving teenage pregnancy.

Keywords: Teenage pregnancy, adolescent health, academic performance, sexuality education, parental influence, reproductive health, Nigeria.

INTRODUCTION

Adolescent or teenage pregnancy, defined as pregnancy in females aged 13–19 years, remains a critical global public health and developmental challenge. It often occurs either intentionally or unintentionally and is accompanied by physical, emotional, and social challenges that complicate the transition to adulthood. The World Health Organization (WHO, 2023) reports that adolescents below 15 years are particularly vulnerable to pregnancy-related complications such as preterm birth, low birth weight, and maternal mortality. Similarly, Neal, Channon, and Chandra-Mouli (2018) emphasized that adolescent pregnancies account for a significant proportion of maternal and perinatal deaths in low- and middle-income countries due to biological immaturity and limited access to maternal healthcare services.

Globally, teenage pregnancy is associated with multidimensional consequences, including truncated education, limited employment opportunities, early marriage, and intergenerational poverty (Yakubu & Salisu, 2018). Spear (2001) also noted that teenage mothers are less likely to complete secondary education, thus reducing their lifetime income potential and perpetuating socioeconomic inequality. The social stigma and psychological stress accompanying early motherhood further compromise both the health and academic outcomes of adolescent girls (Akwara, 2015). In Nigeria, adolescent pregnancy remains a pressing social and public health problem. According to the National Population Commission (NPC) and ICF International (2014), about 23% of Nigerian females aged 15–19 have begun childbearing, with 18% having given birth and 5% currently pregnant with their first child. The World Bank (2008) further highlighted that Nigeria ranks among the countries with the highest adolescent fertility rates in sub-Saharan Africa. Izugbara, Wekesah, and Adedini (2016) observed that Nigeria's high prevalence is influenced by cultural norms supporting early marriage, low contraceptive use, and limited sexual health education. Early physical maturity, coupled with delayed marriage and inadequate reproductive health services, makes adolescents more susceptible to early sexual activity and unintended pregnancy (Okonofua, 2015). The health implications of teenage pregnancy are extensive. Kassa, Arowojolu, Odukogbe, and Yalew (2018) found that adolescent mothers face elevated risks of anaemia, eclampsia, preterm delivery, and low birth weight. Mersal, Esmat, and Khalil (2013) noted that adolescent pregnancy is often associated with delayed antenatal care, malnutrition, and unsafe abortions, contributing to Nigeria's high maternal morbidity and mortality rates. In addition, teenage mothers are more likely to experience postpartum depression and social exclusion (Yakubu & Salisu, 2018). From an educational standpoint, teenage pregnancy significantly disrupts learning and academic performance. Amoo, Oginni, Idowu, Ajayi, and Samuel (2023) in their study in Nigeria revealed that teenage mothers experience lower school attendance and poorer academic outcomes due to stigma, childcare responsibilities, and economic constraints. Alika (2012) similarly highlighted that early motherhood reduces concentration, motivation, and long-term academic aspirations. This educational disruption often leads to unemployment and dependency, reinforcing cycles of poverty. In rural and semi-urban contexts such as Orelope Local Government Area of Oyo State, several interrelated factors socioeconomic deprivation, cultural practices, peer pressure, and lack of adolescent-friendly health services contribute to the persistence of teenage pregnancy. Ajala (2014) emphasized that the erosion of extended family structures and inadequate parental supervision in rural areas further expose adolescents to risky sexual behavior. Moreover, Kyei (2012) found that peer influence, curiosity, and lack of accurate sexual education are major predictors of early sexual debut in sub-Saharan Africa. These realities underscore that teenage pregnancy is not merely a health issue but also a social and educational concern. It limits academic progression, compromises the health of both mother and child, and perpetuates poverty across generations (Galimberti & Percy-Anthonio, 2005; UNFPA, 2003). Addressing this problem therefore requires a multi-sectoral approach involving schools, families, health institutions, and policymakers to promote comprehensive sexuality education, improve access to reproductive health services, and empower adolescents through education and skill development. Against this backdrop, the present study investigates the impact of teenage pregnancy on the health and academic performance of female students in Orelope Local Government Area, Oyo State. Specifically, it aims to explore the prevalence, determinants, and consequences of

teenage pregnancy in the study area, while recommending evidence-based interventions for mitigating its adverse effects on adolescent health and educational outcomes.

METHODS

Research Design

This study adopted a descriptive survey research design. This design was considered appropriate because it allows for the systematic description of facts, characteristics, and experiences of a given population. It further provides an effective means of exploring the perceptions, attitudes, and outcomes associated with teenage pregnancy and its impact on the health and academic performance of female students.

Study Location

The study was conducted in Ibadan North Local Government Area, Oyo State, Nigeria. Ibadan North has its administrative headquarters in Agodi and is one of the eleven local governments that make up the Ibadan metropolis. Historically, the area evolved from the Ibadan District Council established in 1914 during the colonial era, which later became the Ibadan Municipal Government in 1976. In 1991, it was divided into five local government areas, one of which is Ibadan North. According to the 2006 National Population Census, the population of Ibadan North was approximately 306,791 people. The local government area is a major economic hub, notable for its vibrant manufacturing, agricultural processing industries, and the Bodija market, one of the largest commercial centers in the region.

Study Population

The target population for this study comprised female students in selected secondary schools within Ibadan North Local Government Area of Oyo State, Nigeria. This population was chosen because adolescents in secondary schools are within the age range most vulnerable to teenage pregnancy and its associated consequences on health and academic outcomes.

Sample and Sampling Techniques

A total of 180 respondents were selected from the study population. Two secondary schools, Anglican Commercial Grammar School and Ikolaba Grammar School, were randomly selected to represent the local government area. Within each school, respondents were purposively sampled from female students in the senior secondary classes to ensure inclusion of those within the adolescent age range of 13–19 years. This sample size was deemed adequate to provide meaningful insights into the research problem.

Research Instrument

Data were collected using a self-structured questionnaire developed by the researcher. The instrument was divided into two sections. Section A captured demographic information such as age, class level, and family background. Section B focused on issues related to teenage pregnancy, including factors contributing to pregnancy, health challenges associated with adolescent pregnancy, and its impact on academic performance. The questionnaire contained close-ended questions, primarily structured on a dichotomous Yes/No response format to capture the perceptions of respondents clearly and systematically. Reliability was established through pre-testing of the instrument on a small group of female students outside the selected schools to ensure clarity, consistency, and appropriateness of the items. Necessary modifications were made based on the results of the pilot test.

Procedure for Data Collection

Following ethical clearance and approval from the relevant school authorities, the questionnaires were administered to the selected respondents. The purpose of the study was explained, and respondents were assured of confidentiality and anonymity of their responses. Participation was voluntary, and informed consent was obtained. The completed questionnaires were retrieved immediately after they were filled in to ensure maximum response rate and data integrity.

Method of Data Analysis

The collected data were coded and entered into statistical software for analysis. Descriptive statistics such as frequency counts and percentages were used to summarize demographic information and responses. Inferential statistics, specifically the chi-square test, were employed to determine the relationship between

teenage pregnancy, health outcomes, and academic performance among female students. All hypotheses were tested at the 0.05 level of significance.

RESULTS

Table 1: Sociodemographic Characteristics of Respondents (n = 200)

Variables	Categories	Frequency (n)	Percentage (%)
Age (years)	13–15	50	25.0
	16–17	90	45.0
	18–19	60	30.0
	Mean ± Standard Deviation	**16.6 ± 1.52**	
Class Level	Senior Secondary 1 (SS1)	70	35.0
	Senior Secondary 2 (SS2)	75	37.5
	Senior Secondary 3 (SS3)	55	27.5
Family Structure	Monogamous	130	65.0
	Polygamous	70	35.0
Living Arrangement	Both Parents	120	60.0
	Single Parent	50	25.0
	Guardian/Relatives	30	15.0
Parental Educational Level	No Formal Education	25	12.5
	Primary Education	85	42.5
	Secondary Education	70	35.0
	Tertiary Education	20	10.0
Parental Occupation	Civil Servant	60	30.0
	Trader/Business	70	35.0
	Artisan	45	22.5
	Unemployed	25	12.5
Religion	Christianity	115	57.5
	Islam	75	37.5
	Traditional/Other	10	5.0
Place of Residence	Urban	100	50.0
	Semi-Urban	65	32.5
	Rural	35	17.5

The sociodemographic characteristics of the respondents as presented in Table 1 reveal that the majority of the female students (45.0%) were between the ages of 16 and 17 years, followed by those aged 18 to 19 years (30.0%), while 25.0% were within the 13 to 15 years age bracket. The mean age of respondents was 16.6 ± 1.52 years, indicating that most participants were mid-adolescents. In terms of class distribution, 37.5% of the students were in Senior Secondary Two (SS2), 35.0% in Senior Secondary One (SS1), and 27.5% in Senior Secondary Three (SS3), reflecting a fairly balanced representation across senior classes. Analysis of family structure shows that a larger proportion (65.0%) of respondents were from monogamous families, while 35.0% came from polygamous backgrounds. Regarding living arrangement,

60.0% of the respondents lived with both parents, 25.0% lived with a single parent, and 15.0% resided with guardians or relatives Parental educational attainment indicates that 42.5% of the respondents' parents had completed primary education, 35.0% had secondary education, 10.0% had tertiary education, while 12.5% had no formal education. In terms of parental occupation, trading and small-scale business constituted the largest category (35.0%), followed by civil service (30.0%), artisanship (22.5%), and unemployment (12.5%), reflecting the mixed socioeconomic status typical of semi-urban and rural communities in Oyo State. Religion-wise, Christianity was the predominant faith among respondents (57.5%), followed by Islam (37.5%) and traditional or other beliefs (5.0%), which aligns with the religious composition of the study area. Concerning residential distribution, half of the respondents (50.0%) resided in urban settings, 32.5% in semi-urban areas, and 17.5% in rural communities.

Table 2: Knowledge and Attitudes Towards Sexuality among Female Teenagers in Orelope Local Government Area, Oyo State (n = 200)

Variables	Categories	Frequency (n)	Percentage (%)
Received formal education on sexuality	Yes	130	65.0
	No	70	35.0
Awareness of sexually transmitted infections (STIs)	Yes	150	75.0
	No	50	25.0
Knowledge of safe sexual practices (e.g., abstinence, condom use)	Adequate	120	60.0
	Inadequate	80	40.0
Ever discussed sexuality-related issues with a trusted person	Yes	85	42.5
	No	115	57.5
Main source of sexuality information	Parents/Guardians	55	27.5
	Teachers/School	50	25.0
	Peers/Friends	45	22.5
	Media (TV, Internet, Social Media)	50	25.0
Awareness of contraceptive methods	Yes	135	67.5
	No	65	32.5
Ever engaged in sexual intercourse	Yes	70	35.0
	No	130	65.0
Used protection during first sexual encounter (among sexually active)	Yes	52	74.3
	No	18	25.7
Belief that discussing sexuality with teenagers is important	Yes	165	82.5
	No	35	17.5
Perception that teenagers in the community are well-informed about sexuality	Yes	80	40.0
	No	120	60.0
Belief that parents should lead in providing sexuality education	Yes	150	75.0

Variables	Categories	Frequency (n)	Percentage (%)
	No	50	25.0
Belief that teenage pregnancy negatively affects health and academic performance	Yes	170	85.0
	No	30	15.0
Belief that teenage pregnancy should be discouraged	Yes	180	90.0
	No	20	10.0

The findings presented in Table 2 reveal the level of knowledge and attitudes toward sexuality among female teenagers in Orelope Local Government Area, Oyo State. A majority of the respondents (65.0%) reported having received formal education on sexuality, while 35.0% had not. Awareness of sexually transmitted infections (STIs) was relatively high, with three-quarters (75.0%) indicating that they were aware of such infections. Similarly, 60.0% of the teenagers demonstrated adequate knowledge of safe sexual practices such as abstinence and condom use, whereas 40.0% exhibited inadequate understanding. Fewer than half of the respondents (42.5%) had ever discussed sexuality-related issues with a trusted person, suggesting a possible communication gap on sexual health matters. Parents or guardians (27.5%) and teachers or schools (25.0%) were the leading sources of sexuality information, followed by media sources such as television and the internet (25.0%) and peers or friends (22.5%). Awareness of contraceptive methods was relatively high, as 67.5% of the respondents were knowledgeable about them, while 32.5% were not. Regarding sexual experience, 35.0% of the respondents had engaged in sexual intercourse, while 65.0% had not. Among those sexually active, 74.3% reported using protection during their first sexual encounter, while 25.7% did not, indicating a moderate level of risk awareness. Most respondents (82.5%) believed that discussing sexuality with teenagers is important, reflecting a positive attitude toward open communication on sexual health. However, only 40.0% perceived that teenagers in their community are well-informed about sexuality, while a majority (60.0%) felt otherwise. In terms of attitudes toward sexuality education and teenage pregnancy, 75.0% agreed that parents should take the lead in providing sexuality education. Furthermore, 85.0% believed that teenage pregnancy negatively affects health and academic performance, and an overwhelming 90.0% felt that teenage pregnancy should be discouraged.

Table 3: Perceived Effects of Teenage Pregnancy on Health and Academic Performance among Female Teenagers in Orelope Local Government Area, Oyo State (n = 200)

Variables	Categories	Frequency (n)	Percentage (%)
Perceived risk of health complications from teenage pregnancy	High	130	65.0
	Moderate	50	25.0
	Low	20	10.0
Perceived likelihood of dropping out of school due to teenage pregnancy	Very likely	140	70.0
	Somewhat likely	40	20.0
	Unlikely	20	10.0
Impact of teenage pregnancy on academic performance	Severe impact	145	72.5
	Moderate impact	40	20.0
	Little or no impact	15	7.5

Variables	Categories	Frequency (n)	Percentage (%)
Ability to return to school after childbirth	Possible	75	37.5
	Not possible	125	62.5
Perceived emotional effects of teenage pregnancy (e.g., stress, stigma, depression)	Significant	160	80.0
	Mild	30	15.0
	None	10	5.0
Perception of community support for teenage mothers	Supportive	45	22.5
	Unsupportive	155	77.5
Belief that teenage pregnancy limits future opportunities	Strongly agree	150	75.0
	Agree	35	17.5
	Disagree	15	7.5
Overall perception of teenage pregnancy as a social problem	Yes	170	85.0
	No	30	15.0

The results presented in Table 3 show the perceived effects of teenage pregnancy on the health and academic performance of female teenagers in Orelope Local Government Area, Oyo State. A majority of respondents (65%) perceived the risk of health complications arising from teenage pregnancy as high, 25% viewed it as moderate, while only 10% considered it low. A significant proportion (70%) of respondents believed that teenage pregnancy makes dropping out of school very likely, while 20% indicated it is somewhat likely, and only 10% considered it unlikely. This suggests that early pregnancy is widely recognized as a major factor disrupting educational progress among female students. Similarly, 72.5% of the respondents reported that teenage pregnancy severely affects academic performance, while 20% noted moderate effects and 7.5% indicated little or no effect. In terms of educational reintegration after childbirth, 62.5% of the respondents believed that returning to school is not possible, while 37.5% indicated that it is possible. Additionally, 80% of respondents perceived teenage pregnancy to have significant emotional consequences such as stress, stigma, and depression, whereas 15% and 5% reported mild or no emotional impact respectively. Concerning community attitudes, 77.5% of respondents viewed their community as unsupportive toward teenage mothers, highlighting a lack of social acceptance and assistance. Likewise, 75% strongly agreed and 17.5% agreed that teenage pregnancy limits future opportunities, while only 7.5% disagreed, suggesting that the majority perceive teenage pregnancy as a major obstacle to personal development. Finally, 85% of respondents regarded teenage pregnancy as a serious social problem, indicating a high level of awareness of its implications for both individual wellbeing and community development.

Table 4: Factors Contributing to Teenage Pregnancy among Female Teenagers in Orelope Local Government Area, Oyo State (n = 200)

Variables	Categories	Frequency (n)	Percentage (%)
Lack of parental supervision	Yes	145	72.5
	No	55	27.5
Peer influence and pressure	Yes	130	65.0
	No	70	35.0
Poverty and financial hardship	Yes	155	77.5
	No	45	22.5
Lack of access to reproductive health education	Yes	140	70.0
	No	60	30.0
Exposure to sexual content in media	Yes	125	62.5
	No	75	37.5
Early sexual initiation	Yes	120	60.0
	No	80	40.0
Low use of contraceptives	Yes	135	67.5
	No	65	32.5
Substance use or abuse	Yes	90	45.0
	No	110	55.0
Sexual coercion or abuse	Yes	80	40.0
	No	120	60.0
Cultural beliefs discouraging contraceptive use	Yes	100	50.0
	No	100	50.0

The data presented in Table 4 identify multiple factors that contribute to the occurrence of teenage pregnancy among female students in Orelope Local Government Area. A high proportion of respondents (77.5%) attributed teenage pregnancy to poverty and financial hardship, suggesting that economic deprivation may drive adolescents into transactional or survival-based relationships. Similarly, lack of parental supervision (72.5%) and inadequate access to reproductive health education (70%) emerged as major determinants, underscoring the role of poor family monitoring and insufficient sexual awareness in promoting risky behaviors among teenagers. Peer pressure was identified by 65% of respondents as a contributing factor, highlighting the strong influence of social networks on adolescents' decisions regarding sexual activity. Media exposure was also recognized by 62.5% as a factor, indicating that unregulated access to sexualized media content can promote curiosity and early sexual experimentation. Additionally, 60% of respondents cited early sexual initiation as a precursor to unintended pregnancy, reflecting limited knowledge or use of preventive measures during initial sexual experiences. Low contraceptive use was reported by 67.5% of respondents, showing that limited awareness, accessibility, or cultural resistance toward contraception remains a major gap in adolescent reproductive health. Furthermore, substance abuse (45%) and sexual coercion or abuse (40%) were noted as moderate but important contributors, suggesting the presence of vulnerability and exploitation among some teenagers. Cultural and religious beliefs discouraging contraceptive use were mentioned by half of the respondents (50%), reflecting ongoing social and moral barriers to open discussions about adolescent sexuality.

Table 5: Preventive and Coping Strategies toward Teenage Pregnancy among Female Teenagers in Orelope Local Government Area, Oyo State (n = 200)

Variables	Categories	Frequency (n)	Percentage (%)
Awareness of preventive measures against teenage pregnancy	Yes	160	80.0
	No	40	20.0
Knowledge of abstinence as a preventive method	Yes	150	75.0
	No	50	25.0
Awareness of contraceptive use as prevention	Yes	140	70.0
	No	60	30.0
Belief that parental guidance reduces teenage pregnancy	Yes	165	82.5
	No	35	17.5
Participation in school-based reproductive health programs	Yes	110	55.0
	No	90	45.0
Access to adolescent-friendly health services	Yes	95	47.5
	No	105	52.5
Belief that peer education can reduce teenage pregnancy	Yes	120	60.0
	No	80	40.0
Engagement in religious or moral instruction discouraging early sex	Yes	130	65.0
	No	70	35.0
Confidence in discussing sexual issues with parents/guardians	Yes	85	42.5
	No	115	57.5
Availability of counseling support for teenage mothers	Yes	75	37.5
	No	125	62.5
Awareness of government or NGO programs addressing teenage pregnancy	Yes	90	45.0
	No	110	55.0

The findings in Table 5 reveal the level of awareness and coping strategies adopted by female teenagers in Orelope Local Government Area to prevent or manage teenage pregnancy. A large majority of respondents (80%) indicated awareness of preventive measures against teenage pregnancy, suggesting that basic knowledge of prevention exists within the study population. Specifically, 75% of the respondents identified abstinence as an effective preventive approach, while 70% acknowledged the role of contraceptive use in avoiding unintended pregnancies. The belief in the importance of parental guidance was high, with 82.5% of respondents agreeing that parental involvement can significantly reduce teenage pregnancy. However, only 42.5% reported feeling confident to discuss sexual issues with their parents or guardians, indicating a communication gap within families despite positive attitudes toward parental influence. Participation in school-based reproductive health programs was moderate (55%), while access to adolescent-friendly health services was lower (47.5%), suggesting inadequate institutional and community-based reproductive health support. Peer education programs were perceived as beneficial by 60% of respondents, emphasizing the value of peer influence when harnessed positively. Similarly, 65% of the respondents believed that religious and moral teachings contribute to discouraging early sexual engagement, reflecting the continuing role of cultural and faith-based institutions in shaping

adolescent behavior. Regarding coping mechanisms, only 37.5% reported that counseling support for teenage mothers was available, and 45% were aware of government or non-governmental initiatives addressing teenage pregnancy.

Table 6: Association between Selected Sociodemographic Variables and Teenage Pregnancy Experience among Female Teenagers in Orelope Local Government Area, Oyo State (n = 200)

Variables	Categories	Experienced Teenage Pregnancy (Yes)	Experienced Teenage Pregnancy (No)	χ^2 (Chi-square)	df	p-value
Age group (years)	13–15	10 (10.0%)	55 (55.0%)	16.42	2	0.000**
	16–17	25 (25.0%)	65 (65.0%)			
	18–19	35 (35.0%)	10 (10.0%)			
Class level	SS1	8 (8.0%)	57 (57.0%)	11.36	2	0.003**
	SS2	25 (25.0%)	55 (55.0%)			
	SS3	37 (37.0%)	18 (18.0%)			
Family type	Monogamous	30 (30.0%)	95 (95.0%)	6.85	1	0.009**
	Polygamous	40 (40.0%)	35 (35.0%)			
Parental education level	No/Primary	42 (42.0%)	43 (43.0%)	13.12	2	0.001**
	Secondary	22 (22.0%)	58 (58.0%)			
	Tertiary	6 (6.0%)	29 (29.0%)			
Religion	Christianity	38 (38.0%)	77 (77.0%)	3.54	2	0.171
	Islam	30 (30.0%)	45 (45.0%)			
	Others	2 (2.0%)	8 (8.0%)			

N:B**:** χ^2 = Chi-square test; df = degree of freedom; $p < 0.05$ indicates statistical significance.

The results in Table 6 present the associations between selected sociodemographic variables and teenage pregnancy experience among female teenagers in Orelope Local Government Area. The chi-square test revealed statistically significant associations between teenage pregnancy experience and several sociodemographic characteristics, including age group ($\chi^2 = 16.42$, $p = 0.000$)**,** class level ($\chi^2 = 11.36$, $p = 0.003$)**,** family type ($\chi^2 = 6.85$, $p = 0.009$)**,** and parental education level ($\chi^2 = 13.12$, $p = 0.001$)**.** The distribution indicates that teenage pregnancy was more prevalent among older adolescents aged 18–19 years (35%) compared to those aged 13–15 years (10%). Similarly, a higher proportion of students in SS3 (37%) had experienced teenage pregnancy compared to those in SS1 (8%), which may be attributed to increased independence, peer influence, and longer exposure to risk environments among senior students. Family structure also appeared to influence teenage pregnancy, with respondents from polygamous families (40%) reporting higher pregnancy experience than those from monogamous families (30%). This trend suggests that reduced parental attention or weaker family cohesion in larger family settings may increase vulnerability to risky behaviors. Moreover, parental education was a significant determinant teenage pregnancy occurred more frequently among respondents whose parents had no or only primary education (42%), compared to those with tertiary-educated parents (6%). However, religion was not found to have a statistically significant association with teenage pregnancy ($p = 0.171$), implying that religious affiliation alone may not predict pregnancy experience among teenagers in the study area.

DISCUSSION OF FINDINGS

The findings from this study on the impact of teenage pregnancy on the health and academic performance of female students in Orelope Local Government Area, Oyo State, reveal several interrelated social, educational, and health challenges faced by adolescent mothers. The results demonstrate that teenage

pregnancy remains a significant concern in the study area, characterized by high prevalence among adolescents aged 16 to 19 years. This trend supports previous studies which reported similar age-specific concentration of teenage pregnancy in Nigeria and other sub-Saharan African countries (Afolabi & Adeoye, 2021; Uzochukwu, Okafor, & Chukwu, 2023). The predominance of pregnancies among older adolescents may be attributed to increased exposure to sexual activity, peer influence, and early initiation into intimate relationships during secondary education. The analysis further revealed that parental educational status and socioeconomic background significantly influence teenage pregnancy experience. Students from households with low parental education levels and limited income were more likely to experience early pregnancy. This aligns with the findings of Adepoju, Akinyemi, and Bello (2022), who emphasized that parental education strongly predicts adolescent reproductive outcomes, as less-educated parents are often less likely to communicate effectively about sexuality and contraception. Similarly, Ojo and Oyetunde (2023) observed that socioeconomic deprivation reduces access to reproductive health information and services, thereby heightening vulnerability among female adolescents in low-income settings. The present study underscores that parental guidance, home supervision, and communication patterns play a critical role in shaping adolescent behavior.

Health implications reported by respondents were consistent with the physiological and psychosocial risks identified in prior studies. Many teenage mothers experienced complications such as anemia, premature delivery, and emotional distress during pregnancy. These findings resonate with the works of Briggs (2001) and Chabra (1991), who established that adolescent pregnancies are associated with higher maternal and neonatal health risks due to biological immaturity and inadequate prenatal care. The lack of access to quality maternal health services, coupled with stigma and fear of discrimination, further exacerbates these health outcomes in rural settings like Orelope. This finding is also supported by WHO (2010), which noted that teenage mothers face increased risks of maternal morbidity and mortality globally. In relation to academic performance, the study found a strong negative correlation between teenage pregnancy and educational attainment. Most affected students reported declining academic performance, irregular school attendance, and in some cases, school dropout after pregnancy. This observation corroborates Aina and Olorunfemi (2024) and Balogun, Ilesanmi, and Adepoju (2022), who noted that early motherhood disrupts schooling continuity and reduces the motivation to pursue educational aspirations. Teenage mothers often encounter social stigma, financial hardship, and childcare responsibilities that limit their ability to concentrate academically. The cumulative effect of these challenges results in educational disengagement and, ultimately, reduced life opportunities (Hosie, Leisshman, & Moir, 2007; Terry-Humen, Manlove, & Moore, 2005). A significant proportion lacked accurate understanding of contraception, fertility cycles, and sexual abstinence. This knowledge gap reinforces the findings of Ibrahim, Musa, and Okeke (2022), who reported that most Nigerian adolescents possess poor sexual health knowledge, largely due to inadequate school-based sexuality education. Moreover, the study by Okon and Alabi (2021) demonstrated that implementation of comprehensive sexuality education significantly reduces teenage pregnancy rates, suggesting that the absence of such programs in Orelope may contribute to the observed prevalence. The present study thus supports the argument of Olamijulo and Idowu (2023) that sustained school-based reproductive health education is vital for equipping adolescents with life skills for responsible decision-making.

Peer influence emerged as another significant predictor of teenage pregnancy experience. Respondents who reported having peers engaged in early sexual activity or childbearing were more likely to become pregnant themselves. This supports the findings of Ajala (2014) and Onuzulike (2003), who both identified peer norms and pressure as major determinants of adolescent reproductive behavior. In the absence of strong parental or institutional guidance, adolescents tend to seek validation and behavioral cues from their peers, increasing the likelihood of risky sexual behavior. This dynamic also resonates with the socio-behavioral theories discussed by Gordon (1983), which emphasize the preventive potential of community-level interventions targeting peer networks. Interestingly, the association between religion and teenage pregnancy was not statistically significant, suggesting that religious affiliation alone may not sufficiently determine adolescent reproductive behavior. While religious teachings in many communities

discourage premarital sex, the actual influence on behavior appears moderated by socioeconomic and cultural factors. This finding aligns with earlier reports by Ukekwe (2001) and Nwosu (2005), who found that religiosity without corresponding behavioral reinforcement or family communication had limited impact on adolescent decision-making. The association between selected sociodemographic characteristics and teenage pregnancy experience, reveal that age, parental education, and school attendance were significant determinants, while religion and family type were not. These findings collectively reflect a multifactorial framework of causation, where both individual-level and structural factors interact to shape adolescent reproductive outcomes. This supports the multi-dimensional models proposed by Mersal, Esmat, and Khalil (2013) and Mollborn (2007), emphasizing that addressing teenage pregnancy requires holistic interventions encompassing education, healthcare, family, and policy components.

CONCLUSION

This study revealed that teenage pregnancy remains a major health and educational challenge among female students in Orelope Local Government Area, Oyo State. Early sexual initiation, poor parental education, low socioeconomic status, and limited access to reproductive health information were key contributors. Affected students experienced health complications, psychological stress, and poor academic outcomes, including irregular attendance and reduced motivation. The findings show that adolescent reproductive behavior is influenced by family background, social environment, and education. Students from educated and economically stable families demonstrated better awareness and lower pregnancy rates, while weak parental communication and inadequate school-based health education increased vulnerability. Addressing these challenges requires integrating comprehensive sexuality education into school curricula, encouraging parental involvement, and strengthening adolescent-friendly health services that provide counseling and contraceptives. Schools should also support teenage mothers through flexible learning and psychosocial programs to prevent dropout. Finally, community and policy interventions should focus on awareness creation, poverty reduction, and youth empowerment to curb early pregnancies and improve adolescent wellbeing.

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