

Outcomes of Teenage Pregnancy in Selected Rural Communities of Akwa Ibom State

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Abstract

Teenage pregnancy is becoming rampant in the rural communities of Akwa Ibom State. From observation, most adolescent girls are becoming pregnant and are dropping out of school to become young mothers. Interrogation by the researchers revealed that a lot of the girls facing this problem are faced with poverty and in their quest to make a livelihood, they are exposed to sexual exploitation by men who took advantage of their vulnerability. However, the associated outcomes related to their plight were not adequately explored, which necessitated the emergence of this study. Based on this hindsight, this study examined the outcomes of teenage pregnancy in the selected rural communities of Akwa Ibom State. In-depth interview was used as a method of data collection. Purposive sampling technique was used to select 45 teenage pregnant girls (ages: 13 - 19) from three local government areas (L.G.As) of the state for data collection. The local government areas were: Uruan, Oruk Anam, and Mbo respectively. The choice of only 45 respondents was influenced by the fact that the number of teenage pregnant girls in the selected LGAs was not known. So, the researchers purposively went for 45 respondents to conveniently conduct in-depth interviews with them. Findings from the study showed that: the main outcomes of teenage pregnancy in the rural communities of Akwa Ibom State are multivariate and are the same across all rural communities. Key among the outcomes were the act of dropping out of school, economic burden, anger/non-support from parents, lack of money, non-visitation of the hospital, non-taking of drugs recommended by the hospital, and no intention to birth babies in the hospital. Consequent upon these, it is recommended that there is a need for widespread sensitization on the dangers of engaging in unprotected sex in the rural communities of Akwa Ibom State. If possible a door-to-door campaign should be organized by the government and other relevant agencies to sensitize teenage girls and their partners on the need to use condoms and other contraceptives if they must engage in sexual intercourse; otherwise, they should abstain from it.

Keywords: Teenage Pregnancy, Outcomes, Rural Communities

1.0 Introduction

Teenage age is a critical period universally. Teenage girls growing up in resource-poor settings worldwide face unique challenges as they transition to adulthood

(Kabiru, 2005). One of such challenge is the issue of teenage pregnancy which is a major problem confronting many girls in rural communities across the globe. As reported by UNICEF (2021), about 15 percent of young women give birth before the age of 18. This is worse in rural communities where the birth rate among teen girls is reported to be higher than what is obtainable in urban centers (Blackman, 2015; Bennett, DeClerque, Priscilla, Loda, and Klerman, 1997).

According to the World Health Organization (2024), 1.5 per 1000 girls aged 10 to 14 years give birth globally to children without husbands. This is a shortfall from 64.5 births per 1000 women in 2000 (WHO, 2024). However, despite this reduction in the global teenage pregnancy rate, there is still an indication that the menace is on the increase in Sub-Saharan Africa (Kassa, Arowojolu, Odukogbe, & Yalew, 2018); leading to a projection that the number of teenage pregnancies will increase globally by 2030, as the total population of adolescents continues to grow, with the greatest proportional increases in western and central, eastern and southern Africa (UNFPA, 2024; UNICEF, 2024).

According to global statistics, Sub-Saharan Africa has recorded the highest occurrence of teenage pregnancies, with childbirths to adolescent mothers accounting for more than half of all births in the sub-region (United Nations Population Fund, 2013). Reports have it that pregnancy among teenage girls of less than 18 years in the region has increased greatly in recent times in countries like Nigeria (9.2 million), the United Republic of Tanzania (3.7 million), the Democratic Republic of the Congo (3.3 million), Uganda (2.5 million) and Kenya (2.3 million) (Loaiza, 2013 cited by Omoro Gray, and Otieno, 2017). This is a pointer to what is expected in 2030 given the current projection of the teenage pregnancy rate in the world.

The factors contributing to teenage pregnancy are multi-dimensional, ranging from individual behaviour, economic, environmental, familial, traditional, and socio-cultural to religious (Ochen Chi, & Lawoko, 2019; Kassa, *et al.*, 2018). Unarguably, low socioeconomic status, limited education, early sexual activity, lack of community support, poverty, increased accessibility to social media and pornographic sharing, cross-cultural influences, and decreased supervision by adults can perpetuate teenage pregnancy (Ochen *et al.*, 2019). Other factors are weak moral values, lack of sexuality education, steady disintegration of the extended family system, breakdown of social cohesion, peer group influence, and the increasing number of irresponsible parents (Appiah-Sekyere & Awuah-

Nyamekye, 2012; Gould & Ward, 2015; Inyang, Makondelele, Thobile, & Makgopa, 2018).

Consequently, there are several detrimental health, psychological, and economic outcomes connected with teenage pregnancy that are disturbing and should not be underestimated (O'Brien, Chumbler, Bute, & Huff, 2015; Wilson-Mitchell, Bennett, & Sennett, 2014). These include critical maternal and neonatal outcomes such as undesirable maternal weight increase, prematurity (birth at <37weeks' gestation), pregnancy-induced hypertension, anemia, urinary tract infection, post-partum hemorrhage, mental disorders (e.g. depression), and STDs (United Nations Population Fund, 2013; O'Brien *et al.*, 2015; Spence, 2008; Forrest, 1993). Others are school dropouts (with subsequent lower educational accomplishment and reduced social prospects, including decreased lifetime earnings (abject poverty), restricted vocational opportunities, parting from a child's father, divorce or separation, and in some settings possible discrimination and denial by family or community members, violence, including suicide and homicide (UNICEF, 2008; WHO, 2012).

In response, various strategies have been adopted to deal with the challenges emanating from teenage pregnancy. One of the key strategies in addressing teenage pregnancy is the provision of pregnancy prevention information and services to adolescent girls. These include but are not limited to information regarding anatomy and the physiology of biological sex and reproduction, intimacy, body image for all adolescents (Brunner & Mattson, 2016; Martino, Elliott, Corona, Kanouse, & Schuster, 2008), and contraceptives (Bankole & Malarcher, 2010; de Castro, Barrientos, Braveman, Santelli, Place, & Eternod-Aramburu, 2018; McMiking, Lloyd, & Mrcog, 2017). Such information is provided by teachers, as well as health workers and parents who have major responsibilities toward the sexual reproductive health of adolescents (Baheiraei, Khoori, Foroushani, Ahmadi, & Ybarra, 2014; Baku, Agbemafle, Kotoh, & Adanu, 2018; Nobeluis, Kalina, Pool, Whitworth, Chesters, & Power, 2010).

However, the extent to which these services are provided for adolescent girls in rural areas is yet to be established, given the availability of sociocultural norms that do not allow parents or teachers to discuss sex education freely with adolescents (Akinkorah *et al.*, 2019; Hagan & Buxton, 2012; Muhwezi, Katahoire, Banura, Mugooda, Kwesiga, & Bastien 2015, Kumi-Kyereme, Awusabo-Asare, & Darteh 2014). As a result of this, many rural adolescent girls

are left in the dark regarding sex education because of the perception that if they are exposed to such, it may enable them to engage in sex earlier and more often than anticipated (Ahinkorah *et al.*, 2019).

The outcome is a high rate of teenage pregnancy in rural communities as compared to urban centres. This has attracted research from scholars in recent times who have chosen to penetrate rural areas more, in a more coordinated and multidisciplinary fashion to examine the menace of teenage pregnancy and the factors associated with it (Ayele, Gebregzabher, Hailu, & Assefa 2018; Sungwe, 2015; Izugbara, 2015; Envuladu, Agbo, Ohize, & Zoakah, 2014; Kupoluyi, 2013; Gideon, 2013; Nyarko, 2012; Alemayehu, Haider, & Habte, 2010; Fathi, 2003). Despite this effort, there are still areas with rampant cases of teenage pregnancy, particularly in sub-Saharan Africa that are yet to be covered with large-scale studies (Gunawardena, Fantaye, & Yaye, 2019).

Furthermore, there are concerns about inconsistent and inconclusive findings on the distribution of the problems associated with teenage pregnancy in Africa (Kassa *et al.*, 2018). Available studies in the literature have not shown the extent to which these problems are similar in the context of environment and culture. Again, data from Akwa Ibom State, particularly from the rural communities where teenage pregnancy is prevalent are lacking in the collection of such studies in the literature. Based on this hindsight, this study examined the main outcomes of teenage pregnancy across rural communities of Akwa Ibom State, to establish whether there are similarities or differences based on environmental, cultural, familial, or socioeconomic contexts in those communities. This is necessary because, despite the purported efforts put in place to check the menace, it is still increasing at a very worrisome rate.

2.0 Methods

The survey was adopted as the research design because of its explorative nature. Ten local government areas of Akwa Ibom State were used for this study. They were systematically selected from the list of local government areas representing the 3 senatorial districts of the state. As discussed under the sampling technique, women leaders were purposively contacted to select 5 teenage pregnant girls respectively from their communities who were pregnant and were facing livelihood issues for in-depth interviews.

Akwa Ibom is one of the six states in the south-south region of Nigeria. Its population as of the last national census conducted in 2006 was 3,178,950. However, based on projections, the state population is expected to rise to 7.3 million in 2025, 10.7 million in 2030, and, if not checked, “would double itself in 2039” (Ojoye and Odey, 2018). In its rural communities, there are reports of rampant cases of unwanted pregnancies, cases where teenage girls get pregnant before marriage, and cases where teenage girls give birth within 9 months of marriage (Girl Effect, 2016).

The study population comprised teenage girls between the ages of 13-19 who were pregnant during the time of study in selected communities of Akwa Ibom State. They were drawn from the three senatorial districts that make up the state for in-depth interview sessions on what caused their pregnancies. These senatorial districts are Uyo, Ikot Ekpene, and Eket senatorial districts that make up the state.

Purposive sampling technique was used to select respondents for the study. Akwa Ibom State is made up of three senatorial districts: Eket, Ikot Ekpene, and Uyo. These senatorial districts are made up of local government areas: Eket (12 LGAs); Ikot Ekpene (10 LGAs); and Uyo (9 LGAs). To select communities for this study, a list containing names of local government areas was prepared and numbers were assigned to each of the local government areas respectively. However, the researcher purposively picked one from each of the senatorial districts for the study. The choice of one local government area per senatorial district was to give the three senatorial districts a representation in the study. Thus, the process produced three local government areas for the study. The chosen local government areas were: Uruan (Uyo Senatorial District); Oruk Anam (Ikot Ekpene Senatorial District); as well as Mbo (Eket Senatorial District) respectively.

From each of the selected local government areas, women leaders were purposively contacted and mobilized to select 15 teenage pregnant girls from their communities for in-depth interview sessions. This was to give each local government area, a fair and equal chance to participate in the study. Therefore, we had a total of 45 respondents for data collection.

The study used the in-depth interview as a method of data collection. Based on this, a structured in-depth interview guide was developed and used to elicit information from the selected teenage pregnant girls from rural communities of

Akwa Ibom State on the subject matter. Before the field exercise for data collection, consent was sought from their parents/guardians to allow them to participate in the exercise, and it was duly granted.

At the end of data collection, the two principal researchers transcribed the responses obtained, arranged the data, and used the qualitative inductive approach to analyze and present the results thematically based on the objectives of the study. Throughout the process of analyses, they repeatedly cross-checked and verified the data to avoid mistakes.

3.0 Results and Discussions

Three variables were used to examine the outcomes of teenage pregnancy in rural communities of Akwa Ibom State. These were: education, economics, and health. Questions were generated during the in-depth interview session to probe each of the variables to determine amongst them, the main outcome of teenage pregnancy in rural communities of Akwa Ibom State. Responses from the in-depth interviews are presented below in themes.

Education

This variable was used to examine the outcome of teenage pregnancy in rural communities of Akwa Ibom State. Questions asked bothered on the following; the act of dropping out of school because of pregnancy, the act of sending teenage pregnant girls away from school by the school authority, the inability to cope with the shame, and stress of pregnancy, with education at the same time, the act of mocking the teenage pregnant girls by their classmates and teachers, and the intention to return to school after delivery.

Analysis from the in-depth interview responses indicated that one of the major outcomes of teenage pregnancy in rural communities of Akwa Ibom State is the issue of dropping out of school. Most of the girls interviewed reported that they dropped out of school as a result of their pregnancy. As submitted by some of them:

I withdrew from school after I discovered that I was pregnant. My parents are not alive, and I have nobody to support me. So, I have stayed back from school (*excerpt from an IDI session with a teen pregnant girl, age 16, in Uruan L.G.A, 2022*).

Things are not okay with me. I don't have money. I have stopped going to school because since I became pregnant, I have always been sick. So, I decided to stay back and take care of myself (*excerpt from an IDI session with a teen pregnant girl, age 14, in Oruk Anam L.G.A, 2022*).

I went to school for two months, I did not know that I was pregnant. However, when I found out about my pregnancy, I withdrew from school because of shame, and I could not combine school with the stress of this pregnancy (*excerpt from an IDI session with a teen pregnant girl, age 13, in Mbo L.G.A, 2022*).

These revelations are worrisome and they indicate that many young persons are out of school in Akwa Ibom State because of unwanted pregnancies.

Economic

This variable was also used to examine the outcomes of teenage pregnancy in rural communities of Akwa Ibom State. Questions asked bothered on the economic burden pregnancy at teenage age has brought upon the girls, the non-support from parents because they were angry over the pregnancy, the act of sending the teenage pregnant girls away from home by their parents/guardians because of the pregnancy, the non-acceptance of the pregnancy by the man responsible for it, the non-support from men who got teenage girls pregnant, the non-support from family and friends, the non-engagement in economic activity by the teenage pregnant girls to cater for their welfare and that of their unborn child, and their lack of money to cater for their welfare and that of their unborn babies after delivery.

Views from the in-depth interview sessions revealed that most teenage pregnant girls have economic burden during the period of pregnancy because some of them do not have any economic engagement that could cater to their welfare and that of their unborn child, and they do not receive help from family and friends, including the men that got them pregnant. This much is as reported by some of them below;

What I have experienced is that nobody has been helping me anymore since I got pregnant. If I seek help, my people are telling me to go to the man who got me

pregnant. As you can see now, my month of delivery is quite close, yet I have nobody to help me. I have acquired nothing in preparation for the birth of my child (*excerpt from an IDI session with a teen pregnant girl, age 15, in Uruan L.G.A, 2022*).

Before I became pregnant, I used to plait people's hair and make money. However, now that I am pregnant, I am ashamed, and I can't go out to plait hair again. People are talking too much. They are saying that I wanted it, and I have seen it by becoming pregnant (*excerpt from an IDI session with a teen pregnant girl. Age 17, in Mbo L.G.A, 2022*).

Things are difficult for me. I don't have money to eat. If I am not given, I can't eat. These days I have been very sick, and I am told that my baby is not well positioned. My main problem is that I don't have money to go to the hospital. Right now, I am looking for someone to borrow money (*excerpt from an IDI session with a teen pregnant girl, age 18 in Oruk Anam L.G.A, 2022*).

One of the major reasons they face economic burden is that their parents who served as their support system, stopped supporting them because of anger over the pregnancy, as narrated by some of them below;

Yes, my parent got angry, and they stopped supporting me. I don't know why they got angry to that extent. Right now, I am not even staying with them (*excerpt from an IDI session with a teen pregnant girl, age 16, in Uruan L.G.A, 2022*).

My dad is late. My family has stopped being supportive. They sent me to the man who got me pregnant and said I should go to him for support. Meanwhile, this man they are pushing me to is a student, and he has no money (*excerpt from an IDI session with a teen pregnant girl, age 17, in Mbo L.G.A, 2022*).

Right now, it is only my mom that is supporting me. My dad told me to go for an abortion, but I refused. My mom said I should not go for the abortion (*excerpt from an IDI session with a teen pregnant girl, age 14, in Oruk Anam L.G.A, 2022*).

However, these submissions do not suggest that all parents are overreactive in rural communities of Akwa Ibom State over the pregnancy status of their teen daughters. Even though they may be angry at the initial stage, some of them do not stop showing support to their daughters even in that circumstance. This was observed in the reports presented by some of the teen pregnant girls as captured below:

Only my mom is helping me, nobody else. My mom supports me by sharing farm-weeding contracts with me. If she goes out and has a contract to weed farms for people, she will share it with me. That is how I am working to raise money for delivery. Also, if she cooks, she shares with me too (*excerpt from an IDI session with a teen pregnant girl, age 15, in Oruk Anam L.G.A, 2022*).

I did not grow up to see my parent. I grew up with my aunt. She has been supportive. She is feeding me and assisting me as she can. When I am sick, she buys drugs for me (*excerpt from an IDI session with a teen pregnant girl, age 14, in Uruan L.G.A, 2022*).

On the aspect of sending them away from home, some of them reported that when their pregnancy status was known, their parents got angry and sent them away from home, as narrated by some of them below;

When my parent heard that I was pregnant, they got furious and sent me away from the house. I had to go to my grandmom's place. My grandmom accommodated me. She loves her grandchildren and cannot pursue me (*excerpt from an IDI session with a teen pregnant girl, age 16, in Mbo L.G.A, 2022*).

Further reports indicated that some men in the rural communities of Akwa Ibom State who got the teen pregnant girls pregnant refused to accept such pregnancy.

When information about the pregnancy gets to them, they deny, abscond, or stop relating with the girls involved. Below are some of the accounts of the encounter as narrated by some of the teen pregnant girls:

He has refused to accept the pregnancy, or, even to come out or pick up my calls. He is not from this village; he came for Christmas with his friend and got me pregnant. When I reported to his friend that I was pregnant, he said that he had not seen him recently, but he had told him before now, that he didn't want to suffer by keeping a girl like me (*excerpt from an IDI session with a teen pregnant girl, age 15, in Uruan L.G.A, 2022*).

He is in Port Harcourt, he does not stay here. When I discovered that I was pregnant, I called him on the phone, but he did not answer me. I have gone to meet his parent, but they have refused to answer me too (*excerpt from an IDI session with a teen pregnant girl, age 13, in Oruk Anam L.G.A, 2022*).

When I discovered that I was pregnant, I informed my aunt, and she took me to his compound. On reaching there, he ran away. I looked for his number and called him, but he denied it and told me that he was not responsible for it and that I should look for who impregnated me. He has not given me any support (*excerpt from an IDI session with a teen pregnant girl, age 16, in Mbo L.G.A, 2022*).

This trend of responses is worrisome because it shows that men who got these girls pregnant are not ready for the responsibility of fatherhood. They only enjoy having unprotected sex with them and getting them pregnant, but are not ready to take up the responsibility of having a child, which is why they deny the pregnancy, or, run away when confronted with the news of the pregnancy. Apart from denying the pregnancy, absconding, or stopping to relate with the pregnant girls, it was also reported that they do not give support as men responsible for the pregnancy.

However, some of the teenage girls reported that they have been receiving support from their family members, particularly from their moms, aunts, and grandmoms who have an idea of what pregnancy and childbearing mean. In most of the cases reported, it was their moms, aunts, and grandmoms who always provided support, even when their dads became angry and sent them away from home. As narrated by some of them,

My mom is helping me, nobody else. My mom supports me by sharing farm-weeding contracts with me. If she goes out and has a contract to weed farms for people, she will share it with me. That is how I am working to raise money for delivery. Also, if she cooks, she shares with me too (*excerpt from an IDI session with a teen pregnant girl, age 19, in Uruan L.G.A, 2022*).

When my parent heard that I was pregnant, they got furious and sent me away from the house. I had to go to my grandmom's place. My grandmom accommodated me. She loves her grandchildren and cannot pursue me (*excerpt from an IDI session with a teen pregnant girl, age 17, in Mbo L.G.A, 2022*).

It is only my mom that is helping me. She gave me a farm outside the knowledge of my father. It is the land that I am cultivating. Proceeds from there are what I will use for my survival and that of my baby (*excerpt from an IDI session with a teen pregnant girl, age 18, in Oruk Anam L.G.A, 2022*).

Furthermore, responses from the in-depth interview also revealed that most of the teen pregnant girls have nothing to do economically that can cater to their welfare and that of their unborn child. As narrated by some of the teen pregnant girls,

I don't have anything to do presently to take care of myself and the unborn baby. I have plans to learn handwork after delivery (*excerpt from an IDI session with a teen pregnant girl, age 15, in Uruan L.G.A, 2022*).

I have nothing to do. I don't have money, so I can't start anything (*excerpt from an IDI session with a teen pregnant girl, age 17, in Mbo L.G.A, 2022*).

I have nothing to do. I have no money to do anything (*excerpt from an IDI session with a teen pregnant girl, age 14, in Oruk Anam L.G.A, 2022*).

The responses here show that most of these girls have nothing to do that will cater to their welfare and that of the unborn child. It is either they are believing and waiting on God for divine intervention, or, they are hoping for people to help them.

Since most of them claimed they do not have economic engagements that can care for their welfare and that of their unborn babies, it is obvious that they won't also have money to help them achieve that aim. This was confirmed in their responses during the in-depth interview session. Most of them claimed they don't have money, and because of that, they have not prepared adequately for the birth of their babies, and their post-delivery welfare.

As narrated by some of them;

I do not have money because I don't have anything that I am doing that can help me make money. However, through the help of people, I have acquired the things needed for the delivery of the baby. It is remaining the baby's bath. I have yet to buy it because I do not have the money for it (*excerpt from an IDI session with a teen pregnant girl, age 13, in Uruan L.G.A, 2022*).

I have nothing to do. I have no money to do anything (*excerpt from an IDI session with a teen pregnant girl, age 15, in Oruk Anam L.G.A, 2022*).

I don't have money because I have nothing to do (*excerpt from an IDI session with a teen pregnant girl, age 14 in Mbo L.G.A, 2022*).

Health

This variable was also used to examine the outcomes of teenage pregnancy in rural communities of Akwa Ibom State. To achieve this, questions were asked on issues bothering the non-visitation of health centers/hospitals by teen pregnant girls.

Data from the in-depth interview session also revealed the same thing as the majority of respondents submitted that since they got pregnant, they haven't visited the hospital. Here are their reasons as submitted by them:

I don't want to go to the hospital, because I have a phobia of injections, I can't stand them (*excerpt from an IDI session with a teen pregnant girl, age 16 in Uruan L.G.A, 2022*).

Since I got pregnant, I have not gone to the hospital because I do not have money (*excerpt from an IDI session with a teen pregnant girl, age 15 in Oruk Anam L.G.A, 2022*).

I have not gone to the hospital. I have not taken drugs from there. I only visit the TBA's place (*excerpt from an IDI session with a teen pregnant girl, age 17 in Mbo L.G.A, 2022*).

Since it has been established that most teen pregnant girls do not like visiting the hospital; it is also obvious that they won't take medications from the hospital too. This was the finding from the in-depth interview session where the majority of teen pregnant girls claimed that don't go to the hospital, and since they don't go, they don't also take drugs recommended by the hospital.

Similarly, since they do not visit the hospital and take medications from there too, it is obvious they do not also intend to deliver their babies in the hospital. The result from the in-depth interview session also revealed the same. Most of the teen pregnant girls who were interviewed said that they did not intend to deliver their babies in the hospital.

As narrated by them;

I will give birth in the church. Why I chose the church is that the father of my boyfriend is a pastor. I will go back there to live in the church before delivery. Also, I want to give birth in the church because all the children my mom gave birth to, were delivered in the church (*excerpt from an IDI session with a teen pregnant girl, age 18, in Mbo L.G.A, 2022*).

I don't have the intention to give birth at the hospital. I will go to the TBA's place. That is where my mom and grandmom want me to go. All my sisters gave birth there, so, I will also go there (*excerpt from an IDI session with a teen pregnant girl, age 15, in Oruk Anam L.G.A, 2022*).

I will give birth at the TBA's place. My mom said all her children gave birth there. So, my case won't be different, and it is cheaper there (*excerpt from an IDI session with a teen pregnant girl, age 15, in Uruan L.G.A, 2022*).

From the trend of responses, it is obvious that in rural communities of Akwa Ibom State, the decision over the place of delivery is beyond the teen pregnant girl. It is not solely her decision to take, but more of a family thing, particularly from the mom who is an experienced person in the business of pregnancy and delivery.

Since the issue of shame and stigmatization was not a popular opinion on why teen pregnant girls don't visit the hospital, we further probed to know whether the services rendered in the hospitals are too costly that they cannot afford to pay, hence the reason they stay back. Most of the teenage girls responded to this and claimed that this is the major reason they do not visit the hospital.

As narrated by some of the respondents,

I don't go to the hospital. It is costly. When you go to the hospital, they keep asking for money. Anytime you go there, you spend money: 1,000, 2,000, 3,000, etc. So, I don't have much money (*excerpt from an IDI session with a teen pregnant girl, age 13, in Mbo L.G.A, 2022*).

Since I got pregnant, I have not gone to the hospital because I do not have money (*excerpt from an IDI session with a teen pregnant girl, age 15, in Oruk Anam L.G.A, 2022*).

I don't have money. I won't go to the hospital. I have not even purchased anything for delivery (*excerpt from an IDI session with a teen pregnant girl, age 17, in Uruan L.G.A, 2022*).

Furthermore, since they admitted that they don't go to the hospital, we also sought to know whether they prefer the TBA's place. The result obtained indicated that teenage pregnant girls in rural communities of Akwa Ibom State prefer the TBA's place for the delivery of their babies to the hospital. As narrated by them,

I prefer the traditional birth attendant's place. I don't like taking injections. I am more comfortable with the services of the TBA's place than the hospital. Again, I don't like the hospital because of the way the nurses treat people. When my aunt gave birth, I was with her in the hospital. The way the nurses spoke to her was harsh. They are rude in character. Before they offer assistance, they talk to you anyhow (*excerpt from an IDI session with a teen pregnant girl, age 16, in Uruan L.G.A, 2022*).

I prefer to give birth in the church because I don't have money to pay for the hospital bill. Why I chose the church is that the father of my boyfriend is a pastor. I will go back to the church and live there before delivery. Also, I want to give birth there because all the children my mom had, were delivered in the church (*excerpt from an IDI session with a teen pregnant girl, age 15, in Mbo L.G.A, 2022*).

I prefer the traditional birth attendant's place because that is where my mom wants me to go. All my sisters gave birth there, so I will go there (*excerpt from an IDI session with a teen pregnant girl, age 14, in Oruk Anam L.G.A, 2022*).

This trend of responses shows that teen pregnant girls prefer traditional birth attendant places to the hospital. What is fascinating about their preference is that their decision to patronize the TBA's place is mostly influenced by their moms who once used the TBA's place for the delivery of their babies.

Discussion

From the results presented, it is obvious that the main outcomes of teenage pregnancy in rural communities of Akwa Ibom State include; the act of dropping out of school, economic burden, anger/non-support from parents, lack of money, non-visitation to the hospital, non-taking of drugs recommended by the hospital, and no intention to birth babies in the hospital.

From the above findings, it was discovered that when teenage girls get pregnant, they drop out of school and discontinue their education. This has implications for their future and livelihood, as most of them expressed unwillingness to return to school after delivery. This is worrisome because educational qualification is a prerequisite for any meaningful employment in Nigeria. Therefore, in a situation where the majority of the girls are dropping out of school because of pregnancy, their future looks bleak. This is in line with the submissions of Mengo (2010); Van-Harmelen (2007); Brown (2009), Seigel and Brandon (2014); Assin-Meytin and Green, (2015) and Tull (2020), who argued in the literature that teen pregnant girls always drop out of school because they cannot balance their education and the obligations that come with being a parent. Sometimes they lose concentration when they are not sure of their welfare and that of their unborn baby. Thus, the dual responsibility of going to school and preparing for motherhood is a challenge when there is no means of survival for both the mother and the unborn child.

The economic burden was a recurring decimal in the responses of the participants during the in-depth interview sessions. A lot of them complained that they have difficulty in feeding and paying for accommodation. They also lamented that they could not provide food and clothing for themselves, and the situation was even more complicated when they were sent away from home by their parents for getting pregnant outside of wedlock. This corroborates the views of Blackman (2015) and Larson (2007) in the literature who observed that pregnancy can have far-reaching consequences for teens by causing them economic disadvantages.

To make things worse for teenage pregnant girls, some of their parents who should give them support and make things easy for them, tend to be angry and

drive them away from home to go and live with men who got them pregnant. The implication therefore is, that since most of them were not prepared for the exit from the home, they will be shocked and are likely to be confronted with poverty which may push them to engage in any available livelihood activity within their reach for survival. This corroborates with the views of Breakwell (1993), and Hudson and Iniechen (1991) in the literature who argued that since most teenage pregnancies are unplanned, most teenage mothers are always economically and materially disadvantaged. They depend on people to survive. If they are not given, they can't eat. This also extends to the unborn child, who will be born into poverty and raised to maintain the poverty cycle, which may eventually lead to future pregnancies and other socioeconomic consequences.

Surprisingly, the majority of the men whom their parents pushed them to go live with, also pushed them away, therefore, further exposing them to more dangers in society at their adolescent age. This is worrisome because it shows that men who got these girls pregnant are not ready for the responsibility of fatherhood. They only enjoy having unprotected sex with them and getting them pregnant, but are not ready to take up the responsibility of having a child, which is why they deny the pregnancy, or, run away when confronted with the news of the pregnancy.

Most of these girls remain in the web of poverty. They lack the finances to take care of medical services both antenatal and postnatal services. This informed their decision as reported during the in-depth interview to choose to deliver their babies in the homes of traditional birth attendants (TBAs) whom they perceive offer cheap services, than the hospital they assumed is costly. This situation is similar to the observation of Adamson (2001), Nili, Rahmati, and Sharifi (2002), Ezegwui, Ikeako, and Ogbuefi (2012), Kongnyuy, Nana, Fomulu, Wiysonge, and Kouam (2008), Brown (2009), and WHO (2004; 2017) who argued in the literature that the majority of teenage pregnant girls in the rural areas do not receive antenatal care, and most of them are unbooked for such services for reasons ranging from ignorance of the importance of antenatal care, lack of family, and social support, non-availability of antenatal care services, poverty, unpleasant remarks by antenatal health workers toward unmarried teenagers who are pregnant, to attempts to evade public glare since most clinics lack privacy.

What is fascinating about their refusal to visit the hospital is that most of them do not believe in the services rendered by the hospital. It is not only about the lack of money to visit the hospital. They are socialized by their moms, grandmothers,

aunties, and senior sisters who equally delivered their babies at the traditional birth attendant place to follow suit. The efficacy of the TBA's place is still questionable as most times, delivery at the TBA's place comes with complications that usually demand hospital assistance to help save the lives of the teen pregnant girl and the unborn baby. In most cases, before the teen pregnant girl could be rushed to the hospital, they either lose their life or that of the baby. This calls for supervision and regulation of the sector to ensure that lives are not lost to quacks who present themselves as traditional doctors and deceive our young girls into patronizing their services.

4.0 Conclusion and Recommendations

Teenage pregnancy is a rampant phenomenon in rural communities of Akwa Ibom State. Its occurrence has made many young promising girls drop out of school, live in perpetual poverty with no hope of survival, and bring forth babies they cannot cater to. Sadly, very little has been done to reduce the scourge in our rural communities. However, a lot still needs to be done to address the issue, to prevent other potential adolescent girls from growing to face the same conditions that expose others in their communities to unwanted pregnancy.

Arising from the findings of the study, the following recommendations are put forward:

- (a) The study suggests that the government and other relevant authorities should embark on widespread sensitization on the dangers of engaging in unprotected sex in the rural communities of Akwa Ibom State. If possible a door-to-door campaign should be organized to sensitize teenage girls and their partners on the need to use contraceptives if they must engage in sexual intercourse, otherwise, they should abstain from it.
- (b) Furthermore, adolescent girls in rural communities should be empowered through grants, and loans by government and donor agencies to help them improve their livelihoods. This will make them less dependent on men who take advantage of them and exploit them sexually.
- (c) Efforts should also be made by the government, particularly at the local level to sensitize teen pregnant girls and their parents/guardians on the need to visit the hospital during pregnancy for antenatal and postnatal services. This will help discourage the culture of patronizing the TBA's place for delivery.

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