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A Review on the Impact of Teenage Pregnancy on Students' Academic Performance

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Abstract:

Teenage pregnancy has been reported to be rampant among secondary (high) school girls across the world, especially in developing countries. Low self-esteem, poor social-economic standards, poor parenting and peer influence, lack of age-appropriate sex education and poor knowledge of the apparent use of contraceptives are among the leading causes of teenage pregnancy. Teenage pregnancy has become a global concern as a result of its multifaceted consequences on the girl child and the general society. The primary aim of this study is to evaluate the impact of teenage pregnancy on the academic performance of students. Teenage pregnancy has overwhelming detrimental impacts on the academic achievement of the girl child. It has been listed as a major factor responsible for the majority of school dropouts by female students. It is characterized by low self-esteem, isolation and psychological effects, which may make the pregnant student skip classes and miss assignments, projects and exams, resulting in poor academic performance, which may ultimately lead to the student dropping out of school. The study recommends that deliberate efforts should be made by society to prevent teenage pregnancy, and if teenage students get pregnant, efforts should be made to improve their mental health and self-esteem. They should be given adequate support and not be isolated or thrown out of school.

Keywords: Teenage pregnancy, academic performance, impact, students, school, peers, girl child

1. Introduction

Teenage pregnancy may be defined as the pregnancy that occurs in young girls within their teenage years, usually from thirteen (13) to nineteen (19) years of age. Today, teenage pregnancy is mostly predominant among girls in secondary/high schools across developing countries. Teenage pregnancy has had several regressive impacts on achieving the dreams of the girl child as the majority of girls entangled in the web of teenage pregnancy stop attending school and do not find it easy to return to school even after the pregnancy (Kauffman, 2016; Fagbamigbe *et al.*, 2019).

Macleod (2014) opines that teenage pregnancy is among the major problems confronting several countries across the world. Teenage pregnancy is a cosmopolitan challenge as it ravages both first-world countries as well as third-world countries, where it has particularly constituted a source of great concern to human service providers, policymakers and social workers owing to the severe negative impact it has on girls globally. Africa, particularly, has been severely hit by the menace of teenage pregnancy; however, it continues to be a global challenge.

Teenage pregnancy is a direct result of voluntary or involuntary sexual activities involving teenage girls. This is mostly due to inadequate attention from parents to their children. Today, children grow up in a society in which transmission of overt or covert information on premarital sexual intercourse, which also involves teenagers through music, motion pictures, peers and magazines, is accepted. This culture has grossly fostered moral decadence among teenagers (Slowiski, 2015). Despite efforts being made by several agencies across the globe to foster education as a framework for responsible sexual activities and expose the consequences of premarital sexual intercourse, such as psychological effects, sexually transmitted diseases and unwanted pregnancy, teenagers, including those in secondary/high schools seem not to be in control of their sexual behaviors because, even today, there are recurrent teenage pregnancies across the world with several of the affected teenagers being faced with the reality of either committing abortion, quitting education or even going as far as committing suicide (Panday *et al.*, 2015). This situation has resulted in the emergence of several awareness programs in secondary/high schools put together to proffer solutions to the challenge of teenage pregnancy, attempting to cut down on its occurrence. School attendance and teenage pregnancy do not usually fit well together because of the negative effects that teenage pregnancy has on school attendance. Teenage mothers mostly quit school or, at best, attend classes irregularly due to the responsibilities that come with parenting (Patton, 2012). The primary aim of this study is to assess the impact of teenage pregnancy on the academic performance of students.

2. Causes of Teenage Pregnancy

Teenage pregnancy results directly from engagement in unprotected sexual intercourse. It occurs as a result of lack of access to or incorrect/inconsistent use of contraceptives. Moreover, whether sexually active adolescents make use of contraceptives or not is largely influenced by perception. Several studies have evaluated the extent to which school dropouts related to pregnancy are significant to gender differences in achievement among secondary school students (Spencer, 2012; Bolarinwa *et al.*, 2022; Panday *et al.*, 2015; Wood & Jewkes, 2006; Coombe *et al.*, 2020). According to the report of the United Nations Population Fund, teenage girls living in rural areas are more likely to get pregnant when compared to those living in urban areas (Spencer, 2012). This is because secondary school students in urban areas have higher exposure to information on how to prevent unwanted pregnancy, whereas those living in rural areas have little or no exposure to such information (Spencer, 2012).

3. Factors Contributing to Teenage Pregnancy

The factors that may be responsible for teenage pregnancy are personal factors, environmental factors and school-based factors (Bolarinwa *et al.*, 2022).

3.1. Personal Factors

The personal character of a girl can result in early pregnancy (Muganda-Onyando & Omondi, 2008). These personal attributes may include early development of sexual characters, early involvement in sexual intercourse (Musonga, 2014), having sexual intercourse with multiple partners, attitude towards teenage pregnancy, risk perception and use of contraceptives (Panday *et al.*, 2009; Cole *et al.*, 2020). Willan (2013), in his study on "access to and use of contraceptives in South Africa", found that many teenage girls reported improper and inadequate use of contraceptives, even though they knew about unwanted pregnancies and the use of contraceptives to mitigate them. The participants also reported that they had insufficient knowledge of fertility and conception. Furthermore, whether teenagers use contraceptives or not is dependent on their perception of contraceptives and their use (Wood & Jewkes, 2006; Coombe *et al.*, 2020). Teenagers who have a negative perception of contraceptives will most likely not use them. According to Panday *et al.* (2009), early engagement in sexual intercourse often leads to involvement with multiple sexual partners, which ultimately heightens the risk of getting pregnant as a teenager in the absence of adequate knowledge on the use of contraceptives, coupled with ambivalent attitudes as well as poor risk assessment. Poor social association is pivotal to teenage pregnancy. Peer groups with negative inclinations encourage members to engage in sexual practices at an early age, leading to teenage pregnancy (Bearinger *et al.*, 2007). Boonstra (2007) opines that teenagers have concerns about unwanted pregnancy, and they want to protect themselves from its occurrence. However, peer pressure and misinformation from peers about sexual intercourse enticed them into early sexual practices, leading to them getting pregnant.

3.2. Environmental Factors

A healthy transition from adolescence to adulthood depends largely on the environment in which teenagers live. The social environment of a teenager is made up of family, peers, and school, as well as community groups. Families and parents constitute a critical fraction of this environment (World Health Organization, 2007), which fundamentally makes up the home environment. According to Panday *et al.* (2009), the physical availability of parents and their closeness to a child reduces the risk of the child getting pregnant by influencing the use of contraceptives as well as the sexual behaviors of their teenage children. In research on "parental presence and adolescent health among the urban poor in Nairobi", Ngom *et al.* (2003) concluded that the probability that teenage girls would participate in sexual intercourse and become pregnant unexpectedly is noticeably reduced by the physical presence of their fathers. Inadequate supervision and monitoring by parents is another factor that is associated with teenage pregnancy (Edoka *et al.*, 2020). According to Panday *et al.* (2009), parents who make rules for their children and enforce the rules can influence the sexual behaviors of their teenage children positively. This entails actions targeted at restricting or shaping teenagers' behavior. This aligns with Makundi (2010), who demonstrated that inadequate supervision and monitoring of children by parents is a major factor contributing to teenage pregnancies. It has been revealed that communication between parents and children on sexual issues significantly influences the dating behaviors of teenagers. Many parents choose not to discuss issues relating to sexual intercourse with their children (Panday *et al.*, 2009), and in most cases, parents are often embarrassed to discuss the subject of sex with their teenage children. Nundwe (2012) opined that low levels of education, gender differences, and poor economic conditions are among the factors that constitute obstacles to parent-child communication. When there is no proper communication between parents and children, teenagers are encouraged to try to find consolation in sexual intercourse (Muganda-Onyando & Omondi, 2008). On the other hand, age-appropriate and open communication between parents and their children on sexual intercourse and conception has been demonstrated to delay engagement in sexual intercourse and reduce bad peer influence that contributes to unplanned pregnancy (Panday *et al.*, 2009; Isaksen, Musonda & Sandøy, 2020).

A great deal of evidence all over the world indicates that poverty is among the most unswerving factors responsible for teenage pregnancy (Alex-Ojei *et al.*, 2023). In the United States of America, for instance, teenagers living in poor neighborhoods have been reported to be more inclined to have unprotected sexual intercourse, which may get them pregnant (Domenico & Jones, 2007). In a number of cases in South Africa, poverty causes transactional sex across generations, which diminishes the ability of girls to negotiate for sex (Willan, 2013). This implies that a girl may end up pregnant, sometimes even against her wish (Willan, 2013). Research by Fawe Uganda (2011) reported that a lack of fundamental needs predisposes teenage girls to unwanted pregnancy, as these girls end up engaging in sexual intercourse in exchange for money.

According to Kirby (2002), most victims of teenage pregnancy did not have adequate information about safe sex that could have helped them handle pressure from friends who enticed them to engage in early sexual intercourse. He emphasized the fact that single-parented girls are more predisposed to teenage pregnancies. Furthermore, teenagers are more inclined to have sexual intercourse if they are exposed to sex and pornographic chat rooms, sexuality in the media and sexual content on television (L'Engle *et al.*, 2006; Esan *et al.*, 2022). The UN (2004) further noted that exchanging gifts for sex, as well as adults intentionally taking advantage of poor and vulnerable teenagers and luring them into engaging in sexual intercourse, were also observed as factors contributing to teenage pregnancy. Boredom, stress, unhappiness, isolation, malice and dislike that teenage girls are exposed to within their home setting could cause deviant behaviors, including unwanted pregnancy.

3.3. School-Based Factors

Collins *et al.* (2002) opined that the American populace wants educational institutions to pass strong messages of abstinence together with safety information to sexually active teenagers. They further state that most parents are in support of sex education within educational institutions, including the dissemination of information on the use of contraceptives. In a policy working document created for Nigeria, Rosen *et al.* (2004) showed that comprehensive sex education is an effective tool for enhancing the reproductive health of young people. Sex education achieves this by stalling the initiation of sexual intercourse, decreasing the number of sex partners and increasing the usage of contraceptives among teenagers who are sexually active. Bearinger *et al.* (2007) noted that sex education should be explored to provide comprehensive and apt information while developing abilities to negotiate sexual behavior. Efficient sex education is capable of providing culturally relevant, age-appropriate and scientifically sound information for teenagers. This includes organized avenues for teenagers to discover their values and behaviors, practicalize their decision-making skills, and other skills applicable in life that they will require to make informed decisions concerning their sex life (UNESCO, 2009; Elekeh *et al.*, 2021). According to Collins *et al.* (2002), adequate information should be provided for the large number of school students who say they are sexually active so that they will be able to protect themselves. Even though students strongly believe that it is within the purview of schools to provide a concise curriculum on sex education, the Ministries of Education in several countries have not done that (Muganda-Onyando & Omondi, 2008). The United States Agency for International Development (USAID, 2010) noted the limited Life Skills Education that is being put into practice presently in covering sexual intercourse and conception issues that teenagers are faced with, rendering them susceptible to sexual encounters, leading to many of them getting pregnant. The chronic inadequacy of sex education at home or in school results in teenagers seeking information from the media and their peers (Muganda *et al.*, 2008). The information they get from these sources is usually misleading, making them engage in sexual intercourse and, most often, resulting in teenage pregnancy.

Another notable factor that exposes teenage girls to the risk of getting pregnant is sexual harassment at school. Sexual harassment is mainly carried out by male students and, in some cases, teachers (Abuya, 2013). In addition, Luker (1996) established that bullying by other students and teachers made teenagers dislike school. Teenagers who do not have an interest in school are more likely to engage in deviant activities, including premarital sexual intercourse, which in most cases results in unwanted pregnancy.

4. Impact of Teenage Pregnancy

Teenage pregnancy has far-reaching impacts, mostly detrimental and transcend beyond individuals, affecting the general society. Such effects include low self-esteem, poor mental and physical health, social isolation, etc.

4.1. Social Isolation

The fear of rejection or social isolation as a result of getting pregnant is very high among teenagers (Allan, 2016). As a matter of fact, adolescents are deeply scared of being rejected by their peers (Allan, 2016). Research has established how damaging this fear can become, often resulting in teenage isolation (Bolarinwa *et al.*, 2022; Wood & Jewkes, 2006; Coombe *et al.*, 2020; Panday *et al.*, 2015). As a result, pregnant teenagers are inclined to self-isolate as a way of shielding themselves from pain and rejection. Pregnant teenagers may withdraw after a breakup or a traumatic social experience; otherwise, they may experience social anxiety or become bereft of social skills (Allan, 2016).

Furthermore, when teenagers self-isolate, they resort to technology or technological devices for distraction and connection; this can result in addiction to social media. At times, parents have to appeal to their teenagers to go out and visit their friends rather than holding them back and implementing curfews. In fact, some teenagers tend to observe curfews because they do not go out. Isolation often results in loneliness, which is common among teenagers. Isolation and loneliness among teenagers may cause a wide array of social and psychological symptoms. Social isolation among teenagers may be a warning sign of depression. It may also be a presentation of avoidant personality disorder (Carter & Coleman, 2016). Streetman (1987) established that teenage mothers encounter greater social isolation than their counterparts who have not become mothers.

4.2. Low Self-Esteem

The attitudes and feelings towards one's self are referred to as self-esteem. Self-esteem is usually described and measured along scales calibrated from negative to positive or low to high. Several pieces of research have been documented linking low self-esteem to teenage pregnancy (Spencer, 2012; Bolarinwa *et al.*, 2022; Panday *et al.*, 2015; Wood & Jewkes 2006; Coombe *et al.*, 2020). Nelson *et al.* (1986), while comparing sexually active teenagers with their peers who are either pregnant for the first time or have been pregnant multiple times, found that pregnant teenagers have

notably lower self-esteem, higher degrees of tension and anxiety as well as feelings of isolation, than those that have never been pregnant. According to Steane and Heald (1987), as their pregnancy develops, several teenagers experience a feeling of emptiness, low self-esteem and helplessness. McGee (1982) documented observations of social workers who attend to pregnant teenagers. One of the observations of these workers was stated as follows "...they appear less and less able to adapt and cope, display less self- accepting attitudes and are more likely to have adopted deviant response patterns and attitudes" (p. 9).

4.3. Poor Mental and Physical Health

Deprived mental and physical health issues have been known to be common among teenagers. One in every five adolescents has a disorder (Grant & Hallman, 2008). Mental health disorders among teenagers, in most cases, are linked to poor socio-economic development (Grant & Hallman, 2008). Teenagers who live under harsh economic conditions are more prone to stressful situations that could compel them to indulge in sexual practices. The effects become even more detrimental as children grow into maturity (Grant & Hallman, 2008; Alex-Ojei *et al.*, 2023). The occurrence of pregnancy in teenagers and the development of mental health issues can better be viewed as a bio-psychological incidence. A lot of other social risk factors that are responsible for the development of mental health disorders are also responsible for teenage pregnancy (Patton, 2012). The stress of coping with the task of parenting a child as an adolescent and, at the same time, managing the normal demands of adolescence may cause a mental breakdown or psychological distress (Eloundou, 2004).

4.4. Poor Academic Performance

Teenage pregnancy is reported globally as one of the leading causes of school dropout among girls (Kaufman, 2001; Maslowsky *et al.*, 2021). According to Theron and Dunn (2006), teenage pregnancy particularly disrupts the academic process of the girl child, and as a result, the majority of adolescent mothers permanently drop out of school. World Health Organization (2011) reported that globally, about sixteen million girls get pregnant each year. Teenage pregnancy continues to hinder girls from pursuing their academic goals in developing countries (Eloundou-Enyegu, 2004). The motivation to continue schooling diminishes as teenage mothers start to experience difficulties at school (McCauley-Brown, 2005). According to Lloyd and Mensch (2008), girls are even expelled from school in some cases when they get pregnant. This is true in many African countries where pregnant women are not allowed to attend classes, especially in secondary schools (Wolpe *et al.*, 1997; Meana, 2001). This implies that there are several ways through which teenage pregnancy hinders the academic pursuit of the girl child. While some are directly expelled from school, others simply drop out of school as a result of stigmatization from peers, educators or parents who tag them as school failures (Shultz, 2001) or inability to manage the stress from combining school work and parenting as teenagers which often results in frustration as they are often termed poor or incapable (Pillow, 2004). Only thirty-eight percent of teenagers who became mothers before age 18 have a high school diploma in the United States compared to ninety percent of their counterpart who did not become pregnant during their high school (VanPelt, 2012). VanPelt further states that less than two percent of teenagers who became pregnant before age eighteen earned a college degree. Manlove and Lantos (2018) noted that about 50% of women who gave birth during their teenage years graduated from high school as opposed to ninety percent of those who did not. Teenage mothers have fewer education years and have a lower chance of getting a high school diploma than women who did not start giving birth during their teenage years (Mollborn, 2007). Data from the National Survey of Family Growth revealed that fifty-three percent of women between the age of twenty and twenty-nine who became mothers before clocking eighteen years obtained a high school diploma in contrast to ninety percent of their counterparts who did not start having children until they reached age twenty. (Manlove & Lantos, 2018) noted that while a number of teenage mothers obtain a GED, the combined rate of diploma and GED for teenage mothers (seventy percent) is lower than that of their counterparts who are not yet mothers. Furthermore, Kane *et al.* (2013) noted that teenage mothers attain much fewer education years, including college, compared to women who did not become mothers during their teenage years. According to Eloundou-Enyegu (2004), teenage pregnancy is responsible for thirteen percent of girls who dropout in grade six, thirty-three to forty-one percent in grade seven to ten and four to twenty-two percent in grade ten to thirteen in Cameroon.

According to Dilworth (2000), girls who became pregnant at a young age had lower levels of education, as indicated in existing statistics. Dilworth further noted that inquiries on the prevention of teenage pregnancy mostly focus on the downside of teenage motherhood. It is also believed that the relationship between education and teenage pregnancy goes both ways (when teenagers drop out of school, they will most likely get pregnant, and when teenage students get pregnant, they will most likely drop out of school). It has been observed that dropping out of school is a "uniquely predictable factor" of pregnancy among teenagers (Bonell *et al.*, 2004). According to Cunningham and Boulton (1996), there are several consequences of teenage pregnancy, among which is school dropout. Grant and Hollman (2006) noted that less than two percent of girls who became pregnant before they turned eighteen earned a college degree before they turned thirty, and around half of them repeated a grade with poor performance in standard examinations.

5. Conclusion

Teenage pregnancy has far-reaching detrimental impacts on the academic performance and the future academic pursuit of students. This is evident in the fact that pregnant teenage students and teenage mothers are characterized by irregular school attendance and skipping of important school events, resulting in poor academic performance and oftentimes, ultimately quitting school as a result of parenting responsibilities that now lie on their shoulders. The study, therefore, recommends that deliberate efforts should be made by the general society to prevent teenage pregnancy, and in

situations where teenage students get pregnant, they should not be isolated or kicked out of school; rather, they should be given adequate support, as well as efforts should be made to improve their mental health and self-esteem.

6. References

- i. Abuya, B. (2013). Ministry of Education the Incidence of Sexual Harassment and Violence among Girls Attending High Schools in Kenya by 2015. African Population and Health Research Centre (APRHC) Briefing paper. October 2013.
- ii. Alex-Ojei, C., Odimegwu, C. O., & Ntoimo, L. F. F. (2023). A qualitative investigation into pregnancy experiences and maternal healthcare utilization among adolescent mothers in Nigeria. *Reproductive Health*, 20, 77. <https://doi.org/10.1186/s12978-023-01613-z>
- iii. Allan, G. (2016). *Kinship and friendship in modern Britain*. Oxford University Press.
- iv. Ballou, D., Sanders, W. L., & Wright, P. N. (2004). Controlling for student background in value-added assessment of teachers. *Journal of Educational and Behavioral Statistics*, 29, 37–65.
- v. Bearinger, L. H., Sieving, R. E., Ferguson, J., & Sharma, V. (2007). Global perspectives on the reproductive health of adolescents: Patterns, prevention, and potential. *The Lancet*, 369, 1220–1231.
- vi. Bolarinwa, O. A., Tessema, Z. T., Frimpong, J. B., Babalola, T. O., Ahinkorah, B. O., & Seidu, A. A. (2022). Spatial distribution and factors associated with adolescent pregnancy in Nigeria: A multi-level analysis. *Archives of Public Health*, 80(1), 43. <https://doi.org/10.1186/s13690-022-00789-3>
- vii. Bonell, C., Wiggins, M., Fletcher, A., & Allen, E. (2014). Do family factors protect against sexual risk behavior and teenage pregnancy among multiply disadvantaged young people? Findings from an English longitudinal study. *Sexual Health*, 11(3), 265–273.
- viii. Boonstra, H. D. (2007). Young people need help in preventing pregnancy and HIV; how will the world respond? *Guttmacher Policy Review*, 10(3).
- ix. Carter, S., & Coleman, L. (2016). *Planned teenage pregnancy: Perspectives of young parents from disadvantaged backgrounds*. Joseph Rowntree Foundation. Policy Press.
- x. Carter, S., & Coleman, L. (2016). *Planned teenage pregnancy: Perspectives of young parents from disadvantaged backgrounds*. Joseph Rowntree Foundation. Policy Press.
- xi. Cole, C., Coppola, A., Cutherell, M., Ede, J. O., Elabo, A., Hamza, I., Idris, R., Ogbondeminu, F. O., Ogungbenro, T., Oluwayinka, A. G., Phillips, M., Tomori-Adeleye, O. T., & Wilson, M. (2020). Connecting contraception to girls' lives and aspirations in southern Nigeria: The case of 9ja girls. Retrieved from: https://www.psi.org/wp-content/uploads/2020/12/A360_9jaGirls_TechPub-11-30.pdf
- xii. Collins, C., Allagiri, P., & summers, T. (2002). *Abstinence only vs. comprehensive sex education: What is the evidence?* AIDS Policy Research Center & Center for AIDS Prevention Studies. AIDS Research Institute, University of California, San Francisco. Policy Monograph Series.
- xiii. Collins, C., Allagiri, P., & summers, T. (2002). *Abstinence only vs. comprehensive sex education: What is the evidence?* AIDS Policy Research Center & Center for AIDS Prevention Studies. AIDS Research Institute, University of California, San Francisco. Policy Monograph Series.
- xiv. Coombe, J., Anderson, A. E., Townsend, N., Rae, K. M., Gilbert, S., Keogh, L., Corby, C., & Loxton, D. (2020). Factors influencing contraceptive use or non-use among Aboriginal and Torres Strait Islander people: A systematic review and narrative synthesis. *Reproductive Health*, 17(1), 1–17.
- xv. Cunningham, P. W., & Boulton, B. E. (1996). Black teenage pregnancy in South Africa: Some considerations. *Adolescence*, 31(123), 691–701.
- xvi. Dilworth, K. (2000). *Preventing teenage pregnancy in Canada: A literature review*. Report prepared for the Canadian Institute of Child Health.
- xvii. Domenico, D. M., & Jones, K. H. (2007). Adolescent pregnancy in America: Causes and responses. *Journal for Vocational Special Needs Education*, 30, 4–12.
- xviii. Edoke, S. E., E., E., Akinboye, D., & Akinoye, J. I. (2020). Factors predisposing to teenage pregnancy among female adolescents in Isoko south local government area, Delta State Nigeria. *Texila International Journal of Public Health*. <https://doi.org/10.21522/TIJPH.2013.08.02.Art036>
- xix. Elekeh, R. I., Enwereji, E. E., & Odina, C. (2021). Factors and conditions that influence teenage pregnancy among in-school adolescents in Umuahia North Local Government Area (LGA) of Abia State, Nigeria. *International Journal of Health Statistics*, 1(1), 15–20.
- xx. Eloundou-Enyegue, P. M. (2004). Pregnancy-related dropouts and gender inequality in education: A life table application to Cameroon. *Demography*, 41(3), 509–529.
- xxi. Esan, D. T., Muhammad, F., Okocha, S. E., Ogunkorode, A., Bamigboye, T. O., Adeola, R. S., & Akingbade, O. (2022). Causes, enablers and perceived solutions to teenage pregnancy: A qualitative study in a South-Western State in Nigeria. *Pan African Medical Journal*, 43, 120. <https://doi.org/10.11604/pamj.2022.43.120.36142>
- xxii. Everlyne, M. P. (2014). Factors influencing girl child dropout rate in mixed secondary schools in Kenya: A case of Bumula sub-County. *Child and Family Social Work*, 9, 295–303.
- xxiii. Fagbamigbe, A., Afolabi, R., & Yusuf, O. (2019). Trend analysis of teenage pregnancy in Nigeria (1961–2013): How effective is the contraceptive use campaign. *International Journal of Public Health Sciences*, 8, 163–173. <https://doi.org/10.11591/ijphs.v8i2.16429>
- xxiv. FAWE. (2011). *A survey of re-entry of pregnant girls in primary and secondary schools in Uganda*.

- xxv. Grant, M., & Hallman, K. (2006). *Pregnancy-related school performance in South Africa*. Population Council, New York.
- xxvi. Grant, M. J., & Hallman, K. K. (2008). Pregnancy-related school dropout and prior school performance in Kwazulu-Natal, South Africa. *Studies in Family Planning*, 39, 369–382. <https://doi.org/10.1111/j.1728-4465.2008.00181.x>
- xxvii. Isaksen, K. J., Musonda, P., & Sandøy, I. F. (2020). Parent-child communication about sexual issues in Zambia: A cross-sectional study of adolescent girls and their parents. *BMC Public Health*, 20, 1120. <https://doi.org/10.1186/s12889-020-09218-y>
- xxviii. Kane, J. B., Philip, M. S., Harris, K. M., & Guilkey, D. K. (2013). The educational consequences of teen childbearing. *Demography*, 50(6), 2129–2150. <https://doi.org/10.1007/s13524-013-0238-9>
- xxix. Kaufmann, C. (2016). Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*, 32, 147–160. <https://doi.org/10.1111/j.1728-4465.2001.00147.x>
- xxx. Kaufmann, C. (2001). Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*, 32, 147–160.
- xxxi. Kirby, D. (2002). Antecedents of adolescent initiation of sex, contraceptive use and pregnancy. *American Journal of Health Behavior*, 26, 473–485.
- xxxii. L'Engle, K. L., Jackson, C., & Brown, J. D. (2006). Early adolescents' cognitive susceptibility to initiating sexual intercourse. *Perspectives on Sexual and Reproductive Health*, 38(2), 97–105.
- xxxiii. Lloyd, C. B., & Mensch, B. S. (2008). Marriage and childbirth as factors in dropping out from school: An analysis of DHS data from sub-Saharan Africa. *Population Studies*, 62(1), 1–13. <https://doi.org/10.1080/00324720701810840>
- xxxiv. Luker, K. (1996). *Dubious conceptions: The politics of teenage pregnancy*. Harvard University Press.
- xxxv. Macleod, C. (2014). *Adolescent pregnancy and abortion: Constructing a threat of degeneration*. Routledge.
- xxxvi. Makundi, P. E. (2010). *Factors contributing to high rate of teen pregnancy: A study of Mtwara MA*. Dissertation for Award of Muhimbili University of Health and Applied Sciences, Dar es Salaam, Tanzania.
- xxxvii. Manlove, J., & Lantos, H. (2018). Data point: Half of 20-to-29-year-old women who gave birth in their teens have a high school diploma. *Child Trends*.
- xxxviii. Maslowsky, J., Hendrick, C. E., & Stritzel, H. (2021). Mechanisms linking teenage mothers' educational attainment with self-reported health at age 50. *BMC Women's Health*, 21, 15. <https://doi.org/10.1186/s12905-020-01150-y>
- xxxix. McCauley-Brown, C. (2005). *Pregnant and parenting youth: Do we know how they fare in school?* Public School Notebook, Fall edition.
- xl. McGee, E. A. (1982). *Too little, too late: Services for teenage parents*. New York: The Ford Foundation.
- xli. Meena, R. (2001). Quoted in *Africa: Women are losing the battle for education in Win News*: Spring.
- xlii. Mollborn, S. (2007). Making the best of a bad situation: Material resources and teenage parenthood. *Journal of Marriage and Family*, 69(1), 92–104. <https://doi.org/10.1111/j.1741-3737.2006.00347.x>
- xliii. Muganda-Onyando, R., & Omondi, M. (2008). *Down the drain: Counting the costs of teenage pregnancy and school dropout in Kenya*. Center for the Study of Adolescence (CSA).
- xliv. Mugenda, O. M., & Mugenda, A. G. (2003). *Research methods: Quantitative and qualitative approaches*. Nairobi, Acts Press.
- xlv. Musonga, P. E. (2014). *Factors influencing girl child dropout rate in mixed secondary schools in Kenya: A case of Bumula Sub County*. MPP Thesis, University of Nairobi.
- xlvi. Nelson, W. M., Gumlak, J., & Politano, R. M. (1986). MMPI personality differences in various populations of the unwed mother. *Journal of Clinical Psychology*, 42(1), 114–119.
- xlvii. Ngom, P., Magadi, P., & Owuor, T. (2003). Parental presence and adolescent reproductive health among the Nairobi urban poor. *Journal of Adolescent Health*, 33(Suppl. 5), 369–377.
- xlviii. Nundwe, C. S. (2012). *Barriers to communication between parents and adolescents concerning sexual and reproductive health issues: A case study of Kinondoni Municipality*. MA Dissertation, Muhimbili University of Health and Allied Sciences.
- xlix. Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). *Teenage pregnancy in South Africa—With a specific focus on school-going learners*. Child, Youth, Family and Social Development, Human Sciences Research Council Pretoria: Department of Basic Education.
- l. Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2015). *Teenage pregnancy in developing countries* (2nd ed.). Pearson Publishers.
- li. Patton, M. Q. (2012). *Quantitative evaluation and research methods* (3rd ed.). Sage Publication.
- lii. Pillow, W. (2004). *Unfit subjects: Educational policy and the teen mother*. Routledge.
- liii. Rosen, J. E., Murray, N. J., & Moreland, S. (2004). *Sexuality education in schools: The international experience and implications for Nigeria*. Policy Working Papers Series No. 12.
- liv. Schultz, K. (2001). Constructing failure, narrating success: Rethinking the “problem” of teen pregnancy. *Teachers College Record*, 103(4).
- lv. Slowiski, K. (2015). *Unplanned teenage pregnancy and support needs of young mothers* (2nd ed.). Prentice Hall Publishers.
- lvi. Spencer, S. (2012). *Facts about teenage pregnancy* (4th ed.). Prentice Hall Publishers.

- lvii. Steane, J. E., & Heald, E. E. (1987). Adolescent growth and development. *Maryland Medical Journal*, 36(11), 923–926.
- lviii. Streetman, L. G. (1987). Contrasts in the self-esteem of unwed teenage mothers. *Adolescence*, 22(86), 459–464.
- lix. Theron, L., & Dunn, N. (2006). Coping strategies for adolescent birth-mothers who return to school following adoption. *South African Journal of Education*, 26, 491–499.
- lx. UNESCO. (2009). *International technical guidance on sexual education*. Paris: UNESCO Publishing.
- lxi. United Nations Department of Economic and Social Affairs, Population Division. (2004). *World contraceptive use 2003*. New York: United Nations.
- lxii. USAID. (2010). *Life skills education in Kenya: Comparative analysis and stakeholders perspectives*. USAID.
- lxiii. Van Pelt, J. (2012). Keeping teen moms in school: A school social work challenge. *Social Work Today*, 12(2), 24–29. Retrieved from: www.socialworktoday.com/archive/031912p24.shtml
- lxiv. Willan, S. (2013). A review of teenage pregnancy in South Africa - Experiences of schooling and knowledge and access to sexual & reproductive health services. *Partners in Sexual Health*.
- lxv. Wolpe, A., Quinlan, O., & Martinez, L. (1997). *Gender equity in education: A report by the Gender Task Team*. Pretoria.
- lxvi. Wood, K., & Jewkes, R. (2006). Blood blockages and scolding nurses: Barriers to adolescent contraceptive use in South Africa. *Reproductive Health Matters*, 14, 109–118.
- lxvii. World Health Organization. (2007). *Adolescent pregnancy: Unmet needs and undone deeds: A review of the literature and programs*.
- lxviii. World Health Organization. (2011). *WHO guidelines on preventing early pregnancies and poor reproductive outcomes among adolescents in developing countries*.