JOMSIGN: Journal of Multicultural Studies in Guidance and Counseling

Journal homepage: http://ejournal.upi.edu/index.php/jomsign
ISSN 2549-7065 (print) || ISSN 2549-7073 (online)

The Role of Family Type As Determinant and Prevalence of Teenage Pregnancy in Oriade Local Government Area of Osun State Nigeria

Igaba Grace Onongha[1], Yejide Olulani Alebiosu[2], Moromoke N imota Raji[3]*

[123] Osun State University, Nigeria
*Correspondence: E-mail: yejide.alebiosu@uniosun.edu.ng

ABSTRACT

The study was designed to examine family type as determinant and prevalence of teenage pregnancy in Oriade Local Government Area (LGA) of Osun State, Nigeria. The study objectives included, to: ascertain family type as determinant of teenage pregnancy, examine the role of age in teenage pregnancy, and determine the influence of elder sibling(s) pregnancy on younger sibling(s) teenage pregnancy. The multi-stage selection procedure was adopted. Twenty towns were randomly selected from the LGA, with Family type as stratum. Housing units were further selected to participate in the study. Fifteen pregnant teenagers (identified in prior visits) were selected from each town using stratified sampling technique. In all, three hundred teenagers (100 from intact families, 100 from single parent families and 100 from step families) constituted the study sample. Data were analysed with Chi-square and Bivariate regression statistical methods. The results indicated that: family type was not a significant determinant of teenage pregnancy (x2=4.568, p>0.206); age was not a significant determinant of teenage pregnancy (x2=2.333, p>0.206); elder siblings' pregnancy is responsible for 8.4% of the variation in younger siblings' pregnancy. Based on the findings recommendations included that parents communicate acceptable sexual values and attitude; ensure early sex education and guidance for older teenagers as a model for younger siblings.

ARTICLE INFO

Article History:
Submitted/Received 28-06-2022
First Revised 25-07-2022
Accepted 28-02-2023
First Available Online 1-03-2023
Publication Date 1-03-2023

Keyword:
Intact-family,
Single-family,
Step-family,
Teenage pregnancy

1. INTRODUCTION

Teenage pregnancy has remained a hyper-ruinous recurring global social menace, with Nigeria exhibiting a more complicated scenario given her cultural diversity and the influence of western liberal family system. A teenager is considered as anyone from the age of 10 and 19 years (WHO, 2013), with pregnancy resulting from such age considered as teenage pregnancy (World Health Organization, United Nations Population Fund, 2006); age being her age at time of birth of the baby (WHO, 2004).

Raising a teenager is the most complicated and exacting for parents, irrespective of family structure. Each family type imparts upon a teenager specific social, cultural and ethical principle which help mould their human interactivity, socialisation, world-view and behaviour. Allen (2019), uphold that adolescence age is a period of transition, with serious physical, sexual, cognitive, social and emotional changes which brings about anxiety for both children and their families.

There exist substantive variance across regions of the world on rate of teenage pregnancy with America topping the chart at 60% teenage mothers (Sedgh et al., 2015); UK (27%); Bulgaria (33%); Romania (34%); and the Baltic States (21–23%). Extraordinary high levels are also reported for Ukraine (38%), Macedonia (34%), Russia (31%), and Belarus (27%). By contrast, extremely low rates of teenage births are reported for Japan and Korea (less than 5%), Switzerland (4%), Netherlands (5%), and Sweden (6%). Less than 15% were reported in Italy, Spain, Denmark, Finland, France, Luxembourg, Belgium, Greece, Norway, Germany, and Austria (UNICEF, 2001). In the Asia Pacific, it ranges from 43% in Bangladesh (Presler-Marshall & Jones, 2012); 11.1% to 47.3% in Nepal (Lama et al., 2012; Dagadu, 1997), and Jordan, 25% (Ziadeh, 2001).

In Africa, whereas, South Africa exhibits 2.3% to 19.2% (Mchunu et al, 2012); East Africa (Kenya) 31% (Were, 2007); Assossa (Ethiopia) 20.4% (Assefa et al, 2015), and Sudan 31% (Adam, Elhassan, Ahmed, & Adam, 2009). In Nigeria, unmarried adolescents are reported to be highly sexually active (Alo & Akinde, 2010; Fatusi & Blum, 2008; Morhason-Bello et al., 2008; National Population Commission (Nigeria) & International Coaching Federation Macro, 2009; Okereke, 2010a; Nwankwo & Nwoke, 2009; Okereke, 2010b) which results in increased rate of teenage pregnancy (Oyefara, 2009).

Demographic Health Survey 2013 showed North-Western States of Katsina, Jigawa and Zamfara to produce the highest percentages of teenage pregnancies, and this triggered National Population Commission warning of 2013 that, the number of teenage mothers in Nigeria may rise to 60 million in 2015 (Oyedele, 2017). Meanwhile, the Niger Delta states exhibits a mere 6.2% (Gani, 2012), and Abia state is 49% (Nwosu, 2017). The situation of teenage pregnancy in Osun State is said to have reached an alarming rate (Yusuf, 2018). Though, a preventable menace, teenage pregnancy has been allowed to wreak havoc on the potentials of teenage girls leading to morbidity and mortality on the teen mothers and their babies, as well as other severe consequences (Alasi & Oni, 2017; Aderibigbe et al., 2014; WHO, 2020; Nwosu, 2017; Kukpoluji et al., 2015).

Driven by the complexity and overlapping nature of teenage pregnancy, most scholars analyse the subject multidimensionally (Albert et al., 2005; Raj et al., 2010; Holborn & Eddy 2011; Brahmbhatt, et al., 2014) albeit family being a privileged environment of personality formation and bounding with the fundamental role of developing toddlers and adolescents (Berry et al, 2006; Relvas & Vaz, 2007). Family is the fulcrum of teenage behaviour as such, a

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

key parameter for evaluating teenage pregnancy. Parenting which is essentially significant to the sociology of a family unit, including socialisation of children, parental roles, single parenting, adoption and foster parenting, and roles of children based on gender, is handled differently by different family types. Variation in family type, vary teenagers' social manifestations intrinsically. Each manifestation is indicative of cultural, ethical and social disposition or practice of specific groups or household which differentiates their commonly shared ancestry, one from another (Crossman, 2019).

Family type therefore underscores the way family members interact with each other; that is, levels of adaptability, cohesiveness and communication demonstrated by the family unit (Sanni et al. 2010). It is a parenting process that is essential for adolescent development and could be represented by family functioning, parental behavioural control, parental psychological control, and parent–child relational qualities. Family functioning denotes to what extent family members are bonded emotionally, communicate effectively, and respond to problems collaboratively (Epstein et al., 1978). Family structure (or composition) and relationships within families influence young people's development, well-being and behaviour (Epps, 1993; Sweeting et al, 1998). Irrespective of other intervening perspectives associated with teenage pregnancy (Brahmbhatt et al., 2014), lack of parental care, communication and supervision remain conspicuous to the subject of teenage pregnancy (Vincent & Alemu, 2016).

Akpan-Idiok & Ackley (2018) posited that family provides the basic foundation and most valuable and indispensable school of socialisation. The teen age is a developmental phase during which teenagers become increasingly independent from families, parents and other family members play a critical role in the promotion of adolescents' well-being by providing a positive support system within which youth can explore their changing identity (Santrock, 2014). Teenagers with higher levels of parental guidance are less likely to engage in sexual intercourse. On the other hand, teenagers with lowest levels of parental guidance are more likely to have had sex before the age of 16 (Ikramullah et al., 2009).

Miller et al. (2001) submited that when teens are emotionally connected to parents and perceive them to be warm and supportive, they are more likely to internalize parental values and follow their counsel because teens trust parents and desire to please them. Within such close parent-child relationships, adolescents are also more likely to exercise self-restraint and to be involved in pro-social activities that lessen their risk of adolescent pregnancy. Conversely, where there is little or no parent-child closeness or connectedness, adolescents are more likely to be emotionally distressed, to use drugs and alcohol, and to begin early/steady dating, which places them at increased risk of adolescent pregnancy.

The interactivity of family in the light of family functioning have shown that family members are bonded emotionally, communicate effectively, and respond to problems collaboratively in intact two-parent families than in single-parent families (Clark et al., 2000; Yeung & Chan, 2010; Freistadt & Strohschein, 2013). Intact family refer to a unit composed of husband, wife and their unmarried children. This type of family is based on companionship between parents and children. Parental care under intact family imparts to the child the first lesson in social responsibility and acceptance of self-discipline thereby bringing out the natural matrix of personality (Mondal, 2020). The parenting situation here is consistent, with emphasis on health and education and focuses on communication . Family functioning is effective in two married biological parents (Brown & Manning, 2009) likewise; parental

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

monitoring is higher in two-parent families (Florsheim et al., 1998); and mothers in two-parent families are reported to show stronger parental monitoring than single mothers (Pettit et al., 2001).

Compared to adolescents raised by intact families, Shek & Leung (2013) believed that marital disruption which ends up in single parenting, influences child development and parenting processes. They upheld that marital disruption dampens parents' well-being, which in turn adversely affects their parenting, such as parental discipline and monitoring. Family disruption may also lead to family financial difficulty which, if the single- parent has to work extensively for a living, parental supervision over the child may further be reduced. Marital disruption brings parents more stress, which may lead to adjustment difficulties for parents and deteriorated parenting processes. Parenting processes are important for adolescent development and could be represented by family functioning, parental behavioural control, parental psychological control, and parent–child relational qualities. Morrison & Coiro (1999) defined single-parent family as a family system with children under age 18 headed by a parent who is widowed or divorced and not remarried, or by a parent who has never married. Parental separation has been reported as being associated with a wide range of adverse effects on children's wellbeing, either as short or long-term consequence of the transition and in the form of more enduring effects that persist into adulthood. Effect reported include social conduct and behaviour; early-onset sexual behaviour (Ellis et al., *2003*); and teenage pregnancy (Woodward, et al., 2001).

Unlike single-parent family, Segal & Robinson (2019) asserted that step or blended family is formed when two divorced or unmarried single- parents partner to make a life together with the children from one or both previous relationships. The process of forming a new, blended family can be both rewarding and challenging as parents are likely to approach remarriage and a new family with great joy and expectation, while the kids may not be nearly as excited. The uncertainty about upcoming changes and how it will affect relationships with their natural parents; about living with new stepsiblings whom they may not know well, or worse, ones they may not even like breed resistance from children leading to frustration in blended parenting and subjecting it to family dysfunction. Remarriage breeds behavioural difficulties and emotional problems in children/teenagers (Fergusson et al., 1986; Baydar, 1988). Under such conflictual circumstances, only parents who can effectively couple warmth and support with discipline and positive role modelling can reduce their teenage children's risk of pregnancy (Tucker et al., 2011).

Coleman et al. (2001) reasoned that stepfathers do less monitoring because they sometimes lack parental legitimacy in the eyes of stepchildren therefore, stepchildren are more likely to resist the parenting efforts of stepfathers because they do not consider them to be legitimate parental figures. Stepfathers, on average, are less involved and communicative with their stepchildren; provide less warmth and nurturance, and hold a less positive view of their relationships with their stepchildren than birth fathers that live with their children (Hofferth et al., 2002) thus, making teenagers vulnerable to unprotected sex resulting in early pregnancy.

Conversations on the subject of age as a determinant of teenage pregnancy observed in a 3,384 teenagers data from National Survey of Family Growth between 2006 and 2010 that, 289 women had become pregnant before age 15, and the rest between 15 and 19. The study showed that younger pregnant teens were less likely to have been living with both biological parents at age 14. The scholar quoted Lavine as saying that tough economic and family

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

situations also contributed greatly to teen pregnancy thus, "teen pregnancy can be seen as a symptom of a broader problem (Raven, 2014). A further data showed that 12 million girls aged 15 -19 years and at least 777,000 girls under 15 years give birth each year in developing countries (Darroch et al., 2016; UNFPA, 2015). This is indicative of the fact that age is not a direct factor to teenage pregnancy (Makinson, 1985) though, those under 15 are supposedly at higher risk (Mayor, 2004). Incidences among the different age brackets at different times show that differences in age do not define the totality of outcomes.

Anand & Kahn (2013) averted in their study that after an older sibling's teen pregnancy, younger siblings are more likely to be sexually active, have more sexual partners and are more likely to have a teen pregnancy themselves. Some studies have shown younger siblings to be emulative in character of their older siblings (Altonji et al., 2013; Ouyang, 2004; Simmons, 2006). Reasons attributed to this emulative character of younger siblings include: (a) social modelling of the older siblings' decisions and behaviours, (b) similar styles of parenting and techniques used for discipline, and (c) shared socio-economic status and social class contributed to early sexual intimacy and pregnancy. More so, sisters share common social address (East & Felice, 1992). The view of East & Jacobson (2001), that siblings of parenting teens (especially girls) that spent 10 hours a week caring for their older sisters' children, are commonly associated with negative outcomes including permissive sexual behaviour. This suggests that younger sisters of parenting teens are at very high risk of early pregnancy and that this risk becomes increasingly pronounced across time, and collaborates the influential theory of older siblings pregnancy on the younger.

Numerous works have been carried out by coterie of scholars on determinant and prevalence of teenage pregnancy with a multidimensional approach. This present study therefore sought to explore specific and concerted impact of intact, single and step family variants and the prevalence of teenage pregnancy in Oriade Local Government Area, Osun State, Nigeria.

2. METHODS

2.1 Design

The study adopted the descriptive research design of the ex-post facto approach.

2.2 Population

The target population for the study comprised all pregnant teenagers in Oriade Local Government Area (LGA) of Osun State, Nigeria.

2.3 Sample and Sampling Technique

The multi-stage selection procedure was used in the study. Twenty towns were randomly selected with family type stratum. Housing units were further selected to participate. Fifteen pregnant teenagers (earlier identified in previous visits) were selected from each of the twenty towns using stratified sampling technique. In all, three hundred teenagers (100 from intact families, 100 from single-parent families and 100 from stepfamilies) respectively constituted the study sample. The teenagers were between 13 and 19 years.

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

2.4 Instrument

The study made use of a self-developed instrument titled: Family type and teenage pregnancy Questionnaire (FT^2PQ). The questionnaire comprised three sections; A, B, C. Section A elicited demographic data of participants;

3. RESULTS AND DISCUSSION

3.1 Results

Research Question one

Would family type determine teenage pregnancy in Oriade Local Government Area?

Table 1. Statistics of Teenage Pregnancy

Test statistics	Value	Df	Asymp. Sig(2-sided)
Pearson Chi-Square	4.568*	3	0.206
Likelihood Ratio	5.335	3	0.149
Linear-by-Linear Association	2.409	1	0.121
No of Valid cases	300		

Chi square test of association was employed to provide answer to the first research question. The result in **Table 1** showed that family type is not a significant determinant of teenage pregnancy in Oriade Local Government (X^2 = 4.568, p>0.206). This decision is consequent upon the fact that the probability value of 0.206 is greater than 5% (0.005) significant level.

Table 2. Family Type as a Determinant of Teenage Pregnancy

Family type	N	Mean	Std.Deviation
Intact Family	100	0.36	0.48
Single Family	100	0.36	0.52
Bonus Family	100	0.36	0.54

*Insignificant at 5% alpha level

The result therefore implied that family type did not significantly influence or determine teenage pregnancy. What this means is that irrespective of the family type, teenage pregnancy is inevitable, as it can occur in any of the family types. Though, the possibilities vary as shown in the mean values, the result showed that the possibility of teen getting pregnant is much higher in single-parent families followed by bonus/step families, while intact families have low possibility. The mean value suggested that teenage pregnancy occurs in all the family types although it tends to be low in intact families. As shown in **Table 2**, teens from single-parent and bonus families are more vulnerable to teenage pregnancy than teens from intact families.

Research Question Two

What is the role of age in teenage pregnancy in Oriade Local Government Area, Osun State?

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

Table 3. Chi-Square Tests Showing The Influence of Age in Teenage Pregnancy

Test Statistics	Value	Df	AsympSig.(2-sided.
Pearson Chi-Square	2.333*	3	0.506
Likelihood Ratio	3.100	3	0.377
Linear-by-Linear Association	0.629	1	0,428
N of Valid Cases	300		

Table 4. Descriptive Statistics on Teenage Pregnancy

Age	N	Mean	Std.Deviation
13-14	142	0.40	0.55
15-19	142	0.35	0.48

***Insignificant at 5% alpha level.

Chi Square test of association was employed to provide answer to the second research question. The result in **Table 3** indicated that age is not a significant determinant of teenage pregnancy in Oriade Local Government (X^2=2.444, p>0,206). This decision is consequent upon the fact that the probability of the value of 0.506 is greater than 5% (0.005) significant level. The result therefore implied that age is not a significant determinant of teenage pregnancy. The result obtained implied that teenage pregnancy is not age specific as it occurs across the ages but more prevalent among teens between the ages of 13-14. The age of respondents or teens as depicted in **Table 4** using results of the mean value revealed that teenage pregnancy is low in ages of 15- 19 years. The reason being that at 15-19 years, a good number of teens have had some knowledge concerning teenage pregnancy and ways to avoid them. Increased rate of knowledge on sex education mostly among teens of 15-19 years could be responsible for the low incidence of teenage pregnancy and that teens <15 years have higher propensity of teenage pregnancy than those >15 years.

Research Question Three

What influence does elder sibling's pregnancy have on teenage (younger siblings') pregnancy in Oriade Local Government Area?

Table 5. Bivariate Regression Analysis Showing The Influence Elder Sibling Pregnancy to Teenage (Younger Siblings') Pregnancy

Independent variable	**Coefficients**		
	B	**B**	**t-value**
Family history	0.888	0.090	1.567*
Test results			
F-value	2.454		
R	0.290		
R**2**			
	0.084		
Constant	0.406		10.832*

***Significant at 0.05 significant level; probability value=0.118; Critical F-ratio=3.87

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

Bivariate regression analysis was employed to provide answer to the third research question. For the analysis, the independent variable is elder sibling's pregnancy while teenage (younger siblings') pregnancy is the dependent variable. In order to make the data obtained suitable for the application of parametric statistics, the categorical variables were recorded into dummy of 1 and 0 (Sayem and Nury, 2021; Alkharusi, 2012). For instance, family history with 2 responses were recorded into 1 for yes and 0 for No. While Teenage pregnancy was recorded into reported occurrence as 1 and absence as 0, Result obtained as shown in **Table 5**, revealed that elder sibling's pregnancy is responsible for 8.4 per cent of the variation in teenage (younger siblings') pregnancy. The result in **Table 5** therefore provided answer to the third research question that elder sibling(s) pregnancy has positive association with teenage (younger sibling's) pregnancy in Oriade Local Government Area.

3.2 Discussions

The result indicated that family type is not a significant determinant of teenage pregnancy in Oriade LGA though, the mean result showed a higher possibility of teens getting pregnant in single-parent families, followed by stepfamilies, while intact families showed low possibilities. This finding agreed with Smith et al. (2018) that, teenage pregnancy; family instability and poverty are intertwined. Though, the basicness of family structure imparted distinctively on teenagers from the various family types (Ryan et al., 2014), many of the individual and environmental risk factors that are determinants of teenage pregnancy may be tied into experiences of poverty (Oke, 2010).

Similarly, the findings showed that age is not a significant determinant of teenage pregnancy though; it is more prevalent among teens between the ages of 13-14, and lower among ages 15-19. This negative association agreed with Live Science Staff (2011), assertion that a woman can get pregnant and have a baby as soon as she begins ovulating, or producing eggs. This typically occurs about a year after menarchè which for some women, usually happens between the ages of 11 and 12. Some women start ovulating late, and others, extremely early. Other studies by Habitu et al. (2018); Central Statistical Agency and The DHS Program ICF (2017); Were (2007); and Nwosu (2017), learnt support to the fact that as age increase by one year, the odds of being pregnant increased by 2.1. As age increases, teenagers will have more exposure to sex and their chance of being married will also increase to procreate children.

The study further revealed that older sibling's pregnancy is not responsible for 8.4% of variation in teenage pregnancy therefore; elder sibling pregnancy is not significant. However, the regression coefficient indicated a positive association or influence of elder sibling pregnancy. This is consistent with East et al. (2009) postulation that, teenager's childbearing might also give rise to protective factors, which prevent other adolescents within the family from becoming pregnant or fathering a child. For instance, mothers might increase their attentiveness to their children or monitor them more vigilantly, and family members might explicitly discourage adolescents from early sexual activity and early parenting. Mothers might also attempt to use the older daughter's experience as an object lesson, emphasizing the older sister's pregnancy, as a behaviour not worthy of emulation. Siblings themselves might be strongly motivated to postpone parenthood after witnessing the difficulties of teenage parenting. These effects illustrate adaptive responses to a teenager's childbearing.

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

However, the present finding is inconsistent with other studies by Wall-Wieler et al. (2016) which indicated that of the girls having an older sister with a teenage pregnancy, 40.4 % had a teenage pregnancy. This is significantly higher than the 10.3 % teenage pregnancy rate among those not having an older sister with a teenage pregnancy.

4. CONCLUSION

The outcome of the study has shown that family type (intact, single and step) is not a significant determinant of teenage pregnancy in Oriade LGA though, some possibility exist of teens pregnancy being higher in single-parent families, followed by bonus-parent families, while intact families have low possibility; apparently, every family, the study revealed, have pregnant teens. Further, age was found not to be a significant determinant of teenage pregnancy though, it is more prevalent among teens between the ages of 13- 14, and lower among ages 15-19. However, older sibling's pregnancy is not responsible for teenage pregnancy though, the regression indicated a positive association. Apparently, teenage pregnancies occur within economically disadvantaged intact families the same way it occurs among unsupervised/unruly teenagers in a well-to-do single and step families. To break this circle therefore requires a standardised holistic approach as recommended above.

Given the findings of the study, the following recommendations are hereby made: (1) parents (intact, single and step/blended) should establish and communicate acceptable sexual values and attitude; ensure early sex education and guidance for older teenagers as a model for younger siblings in families; (2) parents should create a reward system for good morals among teenagers in the family (promising compelling gift for any pregnant-free teenager in the family, up to graduating from the university); legislation mandating and enforcing implantation of “Intrauterine Device” or “Contraceptive Ring” in adolescence girls between 12-19 years, should be enacted by government, to help curb/reduce teenage pregnancy.

5. REFERENCES

Akpan-Idiok, P. and Ackley, A. (2018). Influence of family background on social adjustment of adolescent students of southern senatorial district of cross river state, Nigeria. *International Journal of Humanities Social Sciences and Education*, *5*(8), 227- 243.

Aderibigbe, S. A., Araoye, M. O., Akande, T. M., and B abatunde, O. (2014). Teenage pregnancy and prevalence of abortion among in-school adolescence in North Central Nigeria. *Asian Social Science Journal*, *7*(1), 122-126.

Alasi, O. T. and Oni, I. O. (2017). Teenage pregnancy in Nigeria: causes, effect and control. *Int. Journal of Academic Research in business and Social Science*, *7*(2), 17-32.

Albert, B., Lippman, L., Franzetta, K., Ikramullah, E., Dombrowski, J., Swalb, R., Ryan, S., and Terry-Humen, E. (2005). *Freeze frame: a snapshot of America’s teens.* Washington, D.C: National Campaign to Prevent Teen Pregnancy.

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

Allen, B. (2019). Stages of adolescence. Available at https://www.healthychildren.org/English/agesstages/teen/pages/Stages-of Adolescence. Retrieved 17th August, 2020.

Altonji, J. G., Cattan, S., and Ware, I. (2013). Identifying siblings influence on teenage substance use. Institute for Fiscal Studies, *13*(4), 1-97.

Anand, P. and Kahn,L. B. (2013). The effect of teen pregnancy on siblings' sexual behavior. (Unpublished Manuscript) Yale University, New Heaven, CT. Retrieved from https://aids.wss.yale.edu/- pa88/research/docs/siblings.pdf.

Alo, O. A. and Akinde, I. S. (2010). Premarital sexual activities in an urban society of Southwest Nigeria. *Journal of Medical Humanities and Social Studies of Science and Technology*, *2*(116), 1–16.

Assefa, B., Abiyou, M., and Yeneneh, G. (2015). Assessment of the magnitude of teenage pregnancy and its associated factors among teenage females visiting assosa general hospital. *Ethiopian Medical Journal*, 53 (suppl 2), 25-37.

Baydar, N. (1988). Effects of parental separation and reentry into union on the emotional well-being of children. *Journal of Marriage and the Family, 50*(4), 967-981.

Berry, J., Kagitcibasi, C., Georgas, J., Poortinga, Y., and Van de Vijver, F. (2006). *Families across cultures: A30-nationpsychological study*. Cambridge: Cambridge University Press.

Brown, S. L. and Manning, W. D. (2009). Family boundary ambiguity and the measurement of family structure: the significance of cohabitation. *Demography*, *46*(1), 85–101.

Brahmbhatt,H., Kågesten, A., Emerson, M., Decker, M. R., Olumide, A. O., Ojengbede, O., Lou, C., Sonenstein, F. L., Blum, R. W., and Delany-Moretlwe, S. (2014). Prevalence and determinants of adolescent pregnancy in urban disadvantaged settings across five cities. *Journal of Adolescent Health, 55*(6), 548-557.

Central Statistical Agency and The DHS Program ICF, (2017). *The DHS Program ICF Rockville M, USA Ethiopian Demographic and Health Survey*, vol. 201, CSA and ICF, Addis Ababa, Ethiopia and Rockville, MD, USA.

Coleman, M., Fine, M. A., Ganong, L. H., Downs, K. J., and Park, N. (2001). When you're not the brady bunch: identifying perceived conflicts and resolution strategies in stepfamilies. *Pers. Relationsh*, *8*(1), 55- 73.

Clark, A. F., Barrett, L., and Kolvin, I. (2000). Inner city disadvantage and family functioning. *Eur Child Adolescence Psychiatry, 9*(2), 77–83.

Dagadu, F. (1997). *The magnitude and determinants of teenage pregnancy in the cape coast municipality*. Accra, Ghana: University of Ghana.

Darroch, J., Woog, V., Bankole, A., and Ashford, L. S. (2016). *Adding it up: costs and benefits of meeting the contraceptive needs of adolescents*. New York: Guttmacher Institute.

East, P. L. and Jacobson, L. J. (2001). The younger siblings of teenage mothers: a follow-up of their pregnancy risk. *Developmental Psychol, 37*(2), 254-264.

East, P. L., and Felice, M. E. (1992). Pregnancy risk among the younger sisters of pregnant and childbearing adolescents. *Developmental and Behavioral Pediatrics, 13*(2), 128-135.

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

East, P. L., Slonim, A., Horn, E. J., Trinh, C., and Reyes, B. T. (2009). How an adolescent's childbearing affects siblings' pregnancy risk: a qualitative study of Mexican American youths. *Perspect Sex Reprod Health, 41*(4), 210-217.

Ellis, B. J., Bates, J. E., and Dodge, K. A. (2003). Does father absence place daughters at special risk for early sexual activity and teenage pregnancy?. *Child Development, 74*(3), 801–821.

Epps, E. (1983). Foreword. In: R. Clark (Ed.), *Family life and school achievement*. Chicago: Chicago University Press.

Epstein, N. B., Bishop, D. S., and Levin, S. (1978). The McMaster model of family functioning. *Journal of Marital Fam Ther, 4*(4), 19–31.

Fatusi, A. O., and Blum, R. W. (2008). Predictors of early sexual initiation among a nationally representative sample of Nigerian adolescents. *BMC Public Health, 8*, 138.

Fergusson, D. M., Dimond, M. E., and Horwood, L. J. (1986). Childhood family placement history and behaviour problems in 6-year-old children. *Journal of Child Psychiatry, 27*(2), 213-226.

Florsheim, P., Tolan, P., and Gorman-Smith, D. (1998). Family relationships, parenting practices, the availability of male family members, and the behaviour of inner-city boys in single-mother and two- parent families. *Child Development, 69*(5), 1437–1447.

Freistadt, J., and Strohschein, L. (2013). Family structure differences in family functioning: interactive effects of social capital and family structure. *Journal of Family Issues, 34*(7), 952–974.

Gani, O. A. (2012). Outcome of teenage pregnancy in the Niger Delta of Nigeria. *Ethiopian Journal of Health Sciences, 22*(1), 45–50.

Habitu, Y. A., Yalew, A., and Bisetegn, T. A. (2018). Prevalence and factors associated with teenage pregnancy, Northeast Ethiopia, 2017: a cross-sectional study. *Journal of Pregnancy, 2018*, 1-7.

Hofferth, S. L., Pleck, J. H., Stueve, J. L., Bianchi, S. and Sayer, L. (2002). The demography of fathers: what fathers do. In: Tamis-LeMonda, C., Cabrera, N. (Eds.)*, Handbook of father involvement: Multidisciplinary perspectives*. Erlbaum: Mahwah, NJ, USA, pp. 63– 90.

Holborn, L. and Eddy, G. (2011). *First steps to healing the South African family*. Richmond: South African Institute of Race Relation.

Ikramullah, E., Manlove, J., Cui, C., and Moore, K. A. (2009). Parents matter: the role of parents in teens' decisions about sex. *Child Trends Research Brief, 45*, 1-7.

Kukpoluji, J. A., Njoku, E. O., and Oyinloye, B. O. (2015). *Factors associated with teenage pregnancy and child bearing in Nigeria*. Available at https://uap2015princeton.edu/papers151 306. Retrieved 18th December, 2020.

Lama, L., Rijal, P., Budathoki, S., and Shrestha, A. D. (2012). Profile of neonates born to adolescent mothers at Nepal. *Nepal Medical College journal, 14*(4), 294–297.

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

Live Science Staff, (2011). *What's the youngest age at which a woman can give birth?*. https://www.livescience.com/33170-youngest-age-give- birth-pregnancy.html. Retrieved,28th January, 2021

Markinson, C. (1985). The health consequences of teenage fertility. *Family Planning Perspectives, 17*(3),132-139. Mayor, S. (2004). Pregnancy and childbirth are leading causes of death in teenage girls in developing countries. *BMJ*, 328(7449), 1152.

Mchunu, G., Peltzer, K., Tutshana, B., and Seutlwadi, L. (2012). Adolescent pregnancy and associated factors in South Africa. *African Health Science*, *12*(4), 426–434.

Miller, B. C., Benson, B., and Galbraith, K. A. (2001). Family relationships and adolescent pregnancy risk: A research synthesis. *Developmental Review*, *21*(1), 1–38.

Mondal, P. (2020). Family: The Meaning, Features, Types and Functions (5230 Words). Available at https://www.yourarticlelibraty.com/family-the-meaning-features-types-and-functions-5230-words/8588. Retrieved 25th July, 2020.

Morhason-Bello, I.O., Oladokun, A., Enakpene, C. A., Fabamwo, A. O., Obisesan, K. A., and Ojengbede, O. A. (2008). Sexual behaviour of in-school adolescents in Ibadan Southwest Nigeria. *African Journal of Reproductive Health*, *12*(2), 89–97.

Morrison, D. R. and Coiro, M. J. (1999). Parental conflict and marital disruption: do children benefit when high-conflict marriages are dissolved?. *Journal of Marriage and the Family*, *61*(3): 626-637.

National Population Commission of Nigeria, and International Coaching Federation (ICF) Macro, (2009). Nigeria demographic and health survey 2008. From http://pdf.usaid.gov/pdf_docs /PNADQ923.pdf. Retrieved 24 July, 2020.

Nwankwo, B. O. and Nwoke, E. A. (2009). Risky sexual behaviours among adolescents in oweri municipal: predictors of unmet family health needs. *African Journal of Reproductive Health*, *13*(1), 135– 145.

Nwosu, U. M. (2017). Contemporary factors of teenage pregnancy in rural communities of Abia State, Nigeria. *International Journal Of Community Medicine And Public Health*, *4*(2), 588–592.

Oelze, P. (2020). *There are 6 different family types and each one has a unique family dynamic.* Available at https://www.betterhelp.com/advice/family/there/are-6-different-family-types-and-each-one-has-a-unique-family-dynamics.

Oke, Y. F. (2010). Poverty and teenage pregnancy: the dynamics in developing countries. *OIDA International Journal of Sustainable Development*, *2*(5), 63-66.

Okereke, C. I. (2010a). Sexually transmitted infections among adolescents in a rural Nigeria. *Indian Journal of Social Sciences Research*, *7*(1), 32–40.

Okereke, C. I. (2010b). Unmet reproductive health needs and health-seeking behaviour of adolescents in Nigeria. *African Journal of Reproductive Health*, *14*(1): 43–54.

Ouyang, L. (2004). *Siblings effect on teens risky behaviours*. Unpublished Paper, Department Of Economics, Durham, NC: Duke University.

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

Oyedele, D. (2017). *Face the truth: incidence of teenage pregnancies Acceptably High*. Available at https://www.dandc.eu/en/article/nigerias-incidence-teenage- pregnancies-unacceptably-high. Retrieved 24th December, 2020.

Pettit, G. S., Laird, R. D., Dodge, K. A., Bates, J. E., and Criss, M. M. (2001). Antecedents and behaviour-problem outcomes of parental monitoring and psychological control in early adolescence. *Child Development*, *72*(2), 583–598.

Presler-Marshall, E. and Jones, N. (2012). *Charting the future, empowering girls to prevent early pregnancy*. London: Overseas Development Institute.

Raj, A. D., Rabi, B., Poobalan Amudha, P., Van Teijlingen, E. R., and Glyn, C. (2010). Factors associated with teenage pregnancy in South Asia: a systematic review. *Health Science Journal, 4*(1), 3 – 14.

Raven, K. (2014). *Pregnant teens under age 15 face unique risks: study*. Available at https://.www.reuters.com/article/us-health-pregnant- risks/pregnant-teens-under Retrieved 4th January, 2021.

Relvas, A., and Vaz. C. (2007). Single parenthood: a family apart or part of the family. In Relvas, and M. Alarcõo (Eds), *New Forms of Family* (pp. 253-269). Coimbra: Quartet.

Ryan, R., Claessens, A., and Markowitz, A. J. (2014). *Family structure and children's behaviour*. Available at foc302d.pdf (wisc.edu) Retrieved 4th February, 2021.

Sanni, K. B., Udoh, N. A., Okediji. A. A., Modo, F. N., and Ezeh, L. N. (2010). Family types and juvenile delinquency issues among secondary school students in Akwa Ibom State, Nigeria: counselling implication. *Journal of Social Science, 23*(1), 21-28.

Santrock, J. W. (2014). *Adolescence* (15th Edition). New York: McGraw-Hill Education.

Sedgh, G., Finer, L., Bankole, A., Eilers, M., Singh, S. (2015). Adolescent pregnancy, birth and abortion rates across countries: levels and recent trends. *Journal of Adolescent Health*, 56(2), 223–230.

Segal, J. and Robinson, L. (2019). Blended family and step-parenting tips. Available at https: //www.helpguide.org/articles/parenting- family/step-parenting-blended-families.html. Retrieved 23rd April, 2020.

Shek, D. and Leung, H. (2013). Positive youth development, life satisfaction, and problem behaviors of adolescents in intact and non-intact families in Hong Kong. *Frontiers in Paediatrics*, *1*(18), 1-8.

Simmons, B. J. (2006). *Understanding teen pregnancy through the younger sister's voice: a focused ethnography*. Available at https://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1003andcontext=nursing=diss. Retrieved 8th January, 2021.

Smith, C., Strohschein, L. and Crosnoe, R. (2018). Family history and teen pregnancy in the United States and Canada. *Journal of Marriage and the Family*, *80*(5), 1244-1258.

Sweeting, H., West, P., and Richards, M. (1998). Teenage Family Life, Lifestyles and Life Chances: Associations with Family Structure, Conflict with Parents and Joint Family Activity. *International Journal of Law*, *Policy and the Family*, *12*(1), 15–46.

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073

Tucker, C., Perreira, K. and Halpern, C. T. (2011). *Parenting strategies and teenage pregnancy*. Available at https://www.semanticscholar.org/paper/Parenting-Strategies-and-Teenage-Pregnancy-TuckerPerreira/4f8c5ea29f84c9d81c02d402c71f806207a7e290 Retrieved 27th July, 2020.

UNFPA, (2015). *Girlhood, not motherhood: preventing adolescent pregnancy*. New York: UNFPA.

UNICEF, (2001). *A league table of teenage births in rich nations*. Italy: Innocenti Research Centre Florence.

Vincent, G. and Alemu, F. M. (2016). Factors contributing to and effects of, teenage pregnancy in Juba. *South Sudan Medical Journal, 9*(2), 28-31.

Wall-Wieler, E., Roos, L. L., and Nickel, N. C. (2016). Teenage pregnancy: the impact of maternal adolescent childbearing and older sister's teenage pregnancy on a younger sister. *BMC Pregnancy Childbirth*, *16*(120), 1-12.

Were, M. (2007). Determinants of teenage pregnancies: the case of busia district in Kenya. *Economics and Human Biology*. *5*(2), 322–339.

WHO, (2020). *Adolescence pregnancy*. Available at https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy. Retrieved 18th March, 2020.

WHO, (2013). *Every woman, every child: strengthening equity and dignity through health. The second report of the independent expert review group (IERG) on information and accountability for women's and children's health*. Geneva: World Health Organization.

WHO (2004). *Adolescent pregnancy: issues in adolescent health and development*. WHO Discussion Papers on Adolescence.pp. 1-92

World Health Organisation, United Nations Population Fund (2006). Married adolescents: no place of safety. Geneva, Switzerland: WHO-UNFPA pp. 1-40.

Woodward, L., Fergusson, D. M., and Horwood, L. J. (2001). Risk factors and life processes associated with teenage pregnancy: results of a prospective study from birth to 20 years. *Journal of Marriage and Family*, *63*(4), 1170-1184.

Yeung, J. W. K. and Chan, Y. (2010). Family functioning of chinese families in an impoverished neighbourhood in Hong Kong. *Psychol Rep, 107*(3), 740–8.

Yusuf, S. (2018). Teenage pregnancies among female students in Osun. Available at https:/www.osundefender.com/teenage-pregnancies-among-female-students-osun. Retrieved 24th October, 2020.

Ziadeh, S. (2001). Obstetric outcome of teenage pregnancies in North Jordan. *Archives of Gynecology and Obstetrics*, *265*(1), 26–29.

DOI: https://doi.org/10.17509/jomsign.v7i1.47944
p- ISSN 2549-7065 e- ISSN 2549-7073