

A RETROSPECT OF THE INCIDENCE OF TEENAGE PREGNANCY: THE ROLE OF SOCIAL WORKER IN CALABAR MUNICIPALITY

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ABSTRACT

This paper attempts at enquiring into the possible causes and consequences of teenage pregnancy and how the home and society could advance through its various agencies, be enlightened on the significance of curbing the problem of teenage pregnancy. Surely, the youths have a vital role to play in the social, economic and political development of any social system, but the occurrences of pregnancies amongst teenagers inhibits these societal role expectations as well as their physiological and psychological well-being. There is a significant relationship between level of education and teenage pregnancy. However, social work services/practitioners, in collaboration with other health care providers, have given empirical solutions and recommendations on how to alleviate and / or ameliorate teenage pregnancy in our society.

Keywords; teenage, pregnancy, social work, and Non-Governmental Agencies.

Introduction

Teenage pregnancy is said to occur when a girl aged between eleven (11) and nineteen (19) years becomes pregnant. Teenage Pregnancies constitute a socio-medical problems in both developed and developing countries, but especially so in the sub-Saharan African countries where they are not only common but occur against the backdrop of poor socio-economic infrastructures, poor knowledge and availability and use of contraceptives. (Briggs 1995) Also, early marriage and social permissiveness favour early exposure to sexual activities and are probably responsible for the increased teenage pregnancies in our societies. (Briggs 1995). Teenage pregnancies even when desired often occur in illiterate girls of poor socio-economic status who undertake to marry at an early age before acquiring an appreciable level of education. In a few cases, where teenage pregnancy is not desired, the teenager who is pregnant, either conceals the apparent changes in her body (Egboh, 2003). In Nigeria generally, and calabar in particular, Egboh (2003) opined that the rate of pregnancy among both primary and secondary school girls, usually measured between the ages of thirteen and nineteen years, increases in number on a daily basis.

Luke (1975), posited that some women/girls believe that pregnancy might force the male partner to be more committed to their relationship. In other situation also, being pregnant was evidence that they are truly women. This erroneous belief, has led to nasty union, which is characterized by turbulent rriage, disharmony, wretched lives and even death. (Egboh, 2003)

Older relatives on the importance of delaying pregnancy until marriage carefully instructed traditionally young boys and girls in many cultures on the negative consequences of premarital sex. Premarital pregnancy is often a race to the parents, families, the ethnic groups and the young persons involved. When lost traditions are not replaced by modern systems of support, adolescents have no guidance, so they often make serious mistakes that often -esuft in teenage pregnancy. (Egboh, 2003).

Therefore, the family is blamed for failing to provide adequate models and socialization about the causes and consequences of teenage pregnancy. It is a fact that the youths have a vital role to play in the social, economic and political development of any social system. It is in recognition of this that emphasis is placed on the intellectual development of the youth and in spite of the concern for the welfare of youths, the issues of teenage pregnancy still remains in our midst. (Briggs, 1995)

The Social worker plays a very important role in the life of these pregnant teenagers. They render such help as advising them on how to cope with the pregnancy and also telling them the dangers of abortion. Therefore, this study shall examine the causes of teenage pregnancy and the attendant consequences it has on the teenager, child and the family. Finally, Information will be presented on the role of social workers in curbing this canker worm in our society.

SOCIAL ORGANISATION

The Social Organisation of the Calabar people, is founded upon two fundamental institutions, the family and the secret societies, (EKPE), Even though some changes have been introduced into the traditional constitution of these institutions with the advent of Christianity and Civilization, certain trace of the traditional concept still abound.

The people of Calabar, have an ordered pattern of inhabitation moving from lesser number to a greater number of people. Thus we find people living in typical settlements called "Efuk". This usually consists of a small number of people who more than not are bound together by some historical ancestry. A group of settlements, make up a village which is called "QBIO". In turn, a number of villages make up a clan called "Ekpuk". It would suffice to say that in each of these levels, there is a form of social strata with the clan head. (Oral interview from Christopher Iyamba Inameti, 2009)

In Calabar, it is believed that a woman is on the same pedestal as the man. The fact, is brought to light especially in aspect of the inheritance system which entitles a woman to inherit property to the same extent as the man. Moreover, when a woman is the first child of the family (Adiaha), she will be the family head to the exclusion of her younger male siblings. The fact of her femininity, does not disentitle her from assuming such leadership position.

POLITICAL ORGANISATION

Traditionally the functions of any government are supposed to be compartmentalized into three primary functions. Legislative, Executive and judicial. In the primordial Nigerian societies, all these function were performed by the same body of persons leading to the interference that there were no strict separation of powers. In other words, what we had was a deliberate fusion of powers and Calabar was not left out.

It would be recalled that in Calabar, there are three ethnic groups, each with its traditional institutions. Thus, we have OBONG OF, CALABAR, who is the paramount Ruler of the Efiks, "MURI MUNENE", The paramount Ruler of the Efiks and the "NDIDEM". The paramount Ruler of the Quas. Each paramount Ruler, has council of elders Chiefs (Emah 1987)

In discharging their duties, the traditional Institution have recourse to other structures on ground which facilitates the machinery of their government. This traditional society, was the handmaiden of the traditional government seen as having the power of life and death even though in recent times, each authority has however been withheld. Its activities, were influence on the lives of the people. This also explains why it was convenient for the traditional Institutions to use it as an effective tool and agency for social mobilization.

HEALTH FACILITIES

Because we are focusing attention on Calabar Inhabitant, it would be pertinent to highlight the state of medical facilities as it exists currently in Calabar.

The provision of adequate health facilities for the sustenance of a healthy population in Calabar has remained a top priority of both the government of the state and the Calabar municipal council. The concern of the government can be appreciated, after all, Calabar in the state Capital and based on this fact, should receive the lions share of infrastructural attention in every facet of life, health inclusive.

This last assertion, is without prejudice to the fact the geographical entity known as Calabar has been split into two administrative units- Calabar municipal council and Calabar south local government Council - before the creation of new local government councils on October 1,1996. It must be emphasize that till date, must of the efforts of the government of cross River State and the Old Calabar municipal council. However, health facilities in Calabar necessarily encapsulate reference to the structure existent in both administrative units of both Calabar municipality and Calabar South,

Most of the earliest health care facilities in Calabar were established and run by missionary organizations. The first of these organisations was St. Mary's Hospital Calabar established in 1897 by the Roman Catholic Mission. Today this hospital, is serving as the temporary Annex facility of the University of Calabar teaching Hospital, with the permanent site located with the University of Calabar, Calabar. Hospital, with the permanent site locate with the University of Calabar, Calabar. Through the Instrumentality of the ministry of health located in Calabar which co-ordinates the activities of health facilities, the control and prevention of communicable disease has been facilitated as well as the delivery of maternal and child services this is carried out by the field staff who are spread over all parts of the state.

Aside from the teaching Hospital in Calabar, There are other health structures for the purpose of delivery effective health services to the people of Calabar and beyond. Because the researcher is examining the facilities which make up the health care delivery in Calabar, it will be considered necessary to sit here under the details of such facilities we have within our contemplation.

Thus, in Calabar, there are four hospitals aside from the teaching hospital, one comprehensive health centre, one primary health center, there are also three health centres, six health posts and about sixty private clinics and eleven other health facilities which do not full within any of the itemized categories. All these, come to a grand total of eighty seven (87) health facilities in Calabar (C R S Health Review, January 2002, Vo1 No. 1)

STATEMENT OF THE PROBLEM

"We live in a challenging, fascinating world. We have learnt how to travel to the moon, yet we often have difficulty reaching someone in the same room. We live in a fast-moving push - buttons, space-age, yet we find that people are still the center of the world and its values" (More and Thackery, 1982).

The term teenage is virtually synonymous with adolescence, the later, emphasizing the physiological maturation that occurs during teenage period. In our society, there are no set guidelines for how adolescents should behave (More and Thackery, 1982). Consequently, adolescents often alternate between acting like the children they recently were and the adults they are on their way to becoming. The level of maturity fluctuates from one adolescent to another and those poses a problem to the masses (Egboh, 2003)

Teenagers, who engage in pre-marital sex, stand the chances of becoming pregnant. Most of them, engage in this act due to various reasons, which lead to great problems in their lives and that of their families. Firstly, teenagers, due to lack of parental care and guidance turn to their males partners for love, care, and guidance which could in turn lead to pre-marital sex and the result would turn out to be teenage pregnancy, what they did not bargain for. Secondly peer pressure poses as one of the major problems that lead to premarital sex, which in turn, leads to teenage pregnancy. Here, the teenage girl is being pressurized by her peers to engage in pre-marital sex.

Furthermore, the level of education could also stand as a problem. Here, adolescent girls who are not educated and are not properly informed could get themselves into pre-marital sex because of the are illiterate which would in turn lead to unwanted pregnancy. In our society today, 60% of teenage girls who become pregnant are those who were not properly informed or educated about sex (Egboh, 2003).

Teenage pregnancy tends to be a very big problem not only to the teenager but also to the child and the entire family. The social worker on the other hand, plays a very important role in the lives of the teenager. Social workers, render useful advise to this pregnant teenagers. Most often than not, teenagers, due to fear of the unknown, run away from their homes once they notice they are pregnant. They tend to wonder about without any destination. The social workers noticing this would talk to them and advise them on how to go about it. They tell them the dangers of abortion and advise them against it (Egboh, 2003). Most of these social workers go as far as taking these teenagers back to their homes and breaking the news to their parents telling them how to go about the issue. It has never been easy.

TEENAGE PREGNACY

For the teenagers, a pre-marital pregnancy according to Udemezue (1998) is the untimely and devastating experience of an un married girl getting pregnant outside marriage, It is a period of sudden unexpected transformation of a teenager to mother-hood.

The fear, myth and misconception, which this youngster harbour is alarming. Some of them do not even know how they become pregnant, others, simply think it is a dream. However, teenage pregnancy causes snowballing effects, which demands stressful answers of the young mother-to-be. These border on whether to have the body or not, and whether to raise the child or dump/abandon him or her anywhere (Udemezue 1998)

teenage pregnancy further compounds life problems, the girls whose deck is stacked against marital success, the future of such a marriage is bleak and the prospect of its lasting is slim or non-existence. In his research, Fostenbery (1996) found out that teenage mothers were more likely to get married early. The marriage of teenage mothers was twice as likely to end in divorce as those of their peer who married without already having children.

CAUSES OF TEENAGE PREGNANCY

In many countries, girl children endure a low status and have fewer of the benefits and rights of childhood than the boy child. They have reduced access to nutrition, health care and education. They are too often victims of discrimination, violence, sexual exploitation and abuse. Violence, is seen as the most serious problem for the girls, everywhere, varying regionally from interfamilial sexual and physical abuse to early marriage and commercial sexual exploitation. (Biggs 1995).

Teenage pregnancy has become a national epidemic, because more and more teenagers who give birth, decide to keep and raise their children. There is a great cost to individuals, families and society when female youngsters have children of their own. (Ojo 2003).

Here are some of the factors that contribute to adolescent sexuality and pregnancy:-

(i) EARLY MARRIAGE

In many African Societies, early marriage is an accepted tradition. In some culture, a girl is betrothed as early as few months old. The intended family lost time take her away at a very tender age (Onwujugwu 1990, Obe 1991). This exposes her to sexual abuse since most time, the intended husband, is older and cannot wait until she attains the age of biological maturity. Also, some mothers, give their daughters to early marriage in order to prevent premarital pregnancy.

(ii) LACK OF SEX EDUCATION

Garrison, (1976), delineated that although sex education in schools is not new, it remains one of the controversial issues in the curriculum. Many parents and professionals have strong reservation about what should be included in a comprehensive sexual education programmes that are given to adolescents.

According to Lorand (1996), much of what teenagers learn about sex is from the traditional "geller"- from others as ignorant as themselves. In the clinical atmosphere of classes on Anatomy and Biology, they learn much of the physiological aspect of sex. The sum total of "sex knowledge" possessed by most teenagers come from other teens, movies, televisions, books magazines.

Scharf (2000), maintained that most teenagers are aware of the fact of reproduction, but do not constantly practice contraception. Some are not able to easily obtain contraceptives while those who were able to obtain these contraceptives, do not use it for fear of rejection by their male friends.

(iii) POOR ACADEMIC ACHIEVEMENT

There is a strong association between poor school achievement and pregnancy. And poor academic ability may influence the onset of sexual activity and early parenthood. (Hunter 2001).

(iv) PREMARITAL SEXUAL INTERCOURSE

Some societies, do not limit young peoples' opportunities for sexual Interactions and sexual explorations because they believe it is natural and acceptable for the young to engage in sexual activities. On the contrary, other societies increasingly de-regulates interactions between males and females after puberty, but premarital sexual intercourse is not officially sanctioned.

This therefore supports the theory of social conditioning propounded by Margaret Mead. Mead (1951), contended that the characteristics behaviour of teenagers in terms of sexual intercourse in a given society is not determined by genetic inheritance, but by social and cultural conditioning. Also, religious groups emphasize that sexual intercourse and reproduction should occur only when people are married to each other. In spite of these, the incidence of non-marital sexual intercourse among teenagers has dramatically increased in the past four decades. Kreutner and Hollingsworth (1990) found that about one third of all females and most three quarter of all males in the age group of 25 years reported that they had had non-marital intercourse. In a study about the role of sexual activities for adolescence in 1971 and 1976, some interesting difference emerged According to Zelnik and Kanter (1977). During their five years study period, the percentage of 17 years old girls who had intercourse at least once, increased from 27-41 percent Those of the 5 years Increased from 41-78 percent. Both of these increases support the notion that sexual intercourse is prevalent in teenagers. Although, it is very difficult to obtain accurate data about non-marital sex for the under 15 years old age group, research has it that about one out of ten 13 years old have had sexual intercourse,

(v) Socio- Economic Class of Parents

Reiss (1997), has pointed out that the adolescent from higher socio-economic status (homes), are more conceptive in their sexual behaviour than those of the lower socio-economic status or background. Hunter (2001), added that girls whose needs for either materially or psychological, were less likely to be sexually experienced thus, reducing chances of pregnancy.

Scanzoni (2002) found out that pre-marital pregnancy vary according to social class and as a consequence of sexual permissiveness, because of lack of privacy and crowded ghettos, children of the black class (below poverty line) are exposed to sex at a very early age. A fifteen year old girl from the background of deprivation, told the interviewer that sexual relationship provides a way of escape from the feeling of poverty.

vi) FAMILY INFLUENCE

Teenage Pregnancy is associated with low percent education. Girls, who get pregnant often, have mothers who give birth in their teens. Also, parents of teen mothers and fathers are often considered by their teens to have "permissive attitudes" regarding pre-marital sex and pregnancy (Hunter 2001). There are also cultural differences in the values placed on having children. There is a general belief among the black race that children promote a greater personal, security, marital success and approval of others.

vii) INDUSTRIALIZATION AND URBANIZATION.

With industrialization, comes acculturation. The life style and culture of the immigrant industrialists and their staff can very much affect and adulterates the culture of the lost society.

Urbanization that causes migration from rural to urban areas, in search of greener pastures, may bring with it grief and hardship, lack of accommodation, unemployment and loss of parental support, which may lead to a life of crime, such as prostitution in other to earn a living with the resultant consequences of teen pregnancy. (Brigg 1995).

viii) PEER PRESURE

Peer pressure, exerts tremendous influence on the adolescent. She may be taunted, sneered at if she dared to be different; therefore, in order not to be isolated, she joins her peers in their sexual escapades. The mass media whether electronic, tabloid, visual audio etc are all partners in corrupting the youths. They show sexy seductive films that glamorize sex and send negative messages to the immature minds of the adolescent. Pornographic and advertisements, display sexy postures with young girls for promotion of sales. All these, go to encourage children into early sexual activities (Brigg 1995)

CONSEQUENCES OF TEENAGE PREGNANCY.

Adolescent reproductive health is a major social and medical problem. At present, infertility has become a major problem in our society. The pregnant infections with sexually transmitted diseases, especially gonorrhoea and chlamydia and the high rate of syphilis that follows illegally induced abortion have adversely affected the reproductive organs of those involved and lead to increase in the fertility (Kreutner and Holligsworth 1990)

Again, some of the advantages of healthy living and wide spread education bring with it negative consequences, such as general increase in baby's birth weight without corresponding increase in material pelvis thus leading to relative increase in foeto-pelvic disproportion. Consequences of this foeto-pelvic disproportion includes:- ruptured uterus, development of genital -urinary fistula; increased number of caesarian sections with all the immediate and long term hazards of sepsis and scared uterus.

Therefore pregnancy in adolescence carries a relatively high risk of death or long term complications,

HEALTH CONSEQUENCES OF INDUCED ABORTION FOR THE TEENAGER.

In Nigeria, teenagers experience higher induced abortion complications than older women (Biggs 1995) Most teenagers, who have unwanted pregnancy, often seek advice either from equally ignorant peers, or their male consort in a bid to conceal the incident from the parents and the school authorities.

Most often termination of pregnancy is often undertaken in late trimester about the 4th - 6th months. On account of prevailing restrictive abortion laws, the operation is often performed by a non-medically qualified person with insufficient knowledge of the procedure and the dangers of the operation. Additionally, the operating environment is often sub-optimal (Biggs 1995)

The immediate complications of hemorrhage, trauma to vital pelvic and abdominal organs and shock often becomes life threatening later genital tract infection, anemia, septicemia, and peritonitis, intra- peritoneal abscesses, acute in renal failure, coagulation disorders and chronic inflammatory disease with its sequel notably secondary infertility may follow.

Even with intensive medical care, a high maternal mortality rate is inevitable. There is an increased risk of spontaneous abortion, ectopic pregnancy and uterine rupture in a subsequent pregnancy.

Teenagers are more likely than older women to have clandestine or illegal abortion because of legal, social and financial reasons. Data from thirteen studies in seven sub Saharan African countries, show that adolescents comprised 39-72% of all cases of abortion related complication (Ojo 2003).

HEALTH CONSEQUENCES FOR THE TEENAGER

Teenage pregnancies, even when desired often occur in illiterate girls of poor economic status who undertake to marry at an early age before acquiring appreciable changes in her body or do not realize that she is pregnant until it is too late to procure an abortion.

Complications seen during pregnancy include anemia (principally from malaria haemolysis) and inadequate nutrition, spontaneous abortion, preterm labour, pre-eclampsia and eclampsia, and peto-pelvic disproportion (Kreutner and Hoiingsworth 1990).

Disproportion, tends to be common in a teenage pregnancy because of incomplete pelvic growth and it is responsible for a high operative intervention rate. When it is not properly managed, disproportion results in obstructed labour and its sequence notably genital fistulae.

After delivery, puerperal sepsis, anemias are more readily seen. Psychologically, the teenage mother is not stable. Teenage mothers, also tend to drop out of school and the result is they have difficulties getting appropriately paying jobs, most times, they are unemployed and therefore, develop long term dependency on others. This in turn, may limit or destroy their prospect for future social and economic development. Teenage pregnancy, has a way of creating complications such as poverty, delinquency, unfulfilled ambition (Kreutner and Hollingsworth 1990)

HEALTH CONSEQUENCES FOR THE CHILD

Babies, born to teenage mothers tend to be of low birth weight and this may not be unconnected with the high incidence of anemia, hypertensive disorders and perterm labour usually associated with teenage pregnancy.

The pre-natal mortality rate is high and many of the babies have birth asph-pcia, trauma and infection especially neonatal pneumonia. These babies are more likely to have developmental delays, difficulty in school, become involved in anti-social activities and also give birth while in their teens (Brigg 1995).

TEENAGE DIVORCE

Scanzoni (2002), contended that a staggering number of teenage pregnancies occurs in the united states each year, and nearly three quarter of pregnant teenagers rush into marriage which ends up in divorce within five years. He further stated that teenagers frequently marry with little or no preparation for marriage, family living, making a living, family budgeting and child rearing.

Therefore, a large percentage of early married partners soon find themselves facing serious financial problems, basically because they have not develop a useful and accurate conception of the roles of husbands and wives.

CONSEQUENCE ON THE FAMILY

Cash-trapped parents who may have other children to raise, find themselves forting the bills for pre-natal health care alternative schooling (if the teen is unable to attend her regular school), maternity clothes and enough nutritious food. After the body had arrived, their household expenses skyrocket with the additional cost of baby, food, diaper, baby clothes and other necessities (Briggs 1995).

The parents are also relied upon for body sitting, errand running and provision of every need of both the mother and the baby.

THEORETICAL FRAME WORK

The Marxian theory would be suitable for our theoretical framework because it cover the explanation of various demission of the human phenomenon of teenage pregnancy and hence is appropriate to be adopted as a theoretical base that guides this research.

This theory, sees the society as divided into two classes, the "haves" and the "have nots", owners and non-owners of the means of production. The haves here are the owners of the means of production while the have nots, are the property less who have nothing to offer but their labour. Struggles in the society, are between these two classes of people.

This theory sees teenage pregnancy from a different angle. It explains the role of economic position on the phenomenon of teenage pregnancy.

The theory, contents that in the process of seeking for economic stabilization in order to obtain the necessities of life, the have-not in the society seek for help from the haves who in turn take advantage of them by giving them conditions like having sexual intercourse with them. Most of them render empty promises leaving these teenagers with no other option than allowing themselves to be sexually abused thereby resulting to teenage pregnancy.

The essence of the less privileged (the have-nots) in the society allowing themselves to be continually abused sexually is to improve their socio-economic status.

**Table 1
GENDER DISTRIBUTION OF RESPONDENTS BY GENDER**

GENDER	FREQUENCY(F)	PERCENTAGE(%)
MALE	57	42.2
FEMALE	78	57.8
TOTAL	135	100

SOURCE: FIELDWORK, 2009

The above table, shows that only 57 representing (42,2%) of the sample are male while 78 representing (57.8%) are females. This shows that more females are concerned over the issue of teenage pregnancy the reason for this is because they constitute 57.8%, the largest as against the males.

Table 2 MARITAL DISTRIBUTION OF RESPONDENTS

GENDER	FREQUENCY(F)	PERCENTAGE(%)
SINGLE	80	59.3 %
MARRIED	55	40.7
TOTAL	135	100

The table above, shows that 80 representing 59.3% of the sample population were single while 55 representing 40.7% are of the married status. The table shows father that majority of the respondents are single in the sample population.

The above table shows that 109 respondents representing 80.7% agreed that the decline in our cultural value has led to sexual promiscuity vis-a-vis teenage pregnancy while 26 (193) are of the negation.

**TABLE 3
Distribution of respondent to the opinion about the effect of teenage pregnancy on the teenager, the child and the family.**

RATING	RESPONDENT	PERCENTAGE(%)
YES	75	55.6
NO	60	44.4

TOTAL	135	100
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The above table shows that 75 (55.5%) are of the opinion that teenage pregnancy has an effect on the teenager, the child and the family while 60 respondents representing 44.4% are of the negation.

TABLE 4

Distribution of respondent to the opinion about the trend of teenage pregnancy among youth in Calabar municipality.

RATING	RESPONDENT	PERCENTAGE (%)
YES	69	51.1%
NO	66	48.9
TOTAL	1135	100

The above table shows that 69 respondents representing 51.1% are of the opinion that there is a great trend of teenage pregnancy among youth in Calabar municipality while 66 (48.8%) do not agree to this fact.

TABLE 5

Distribution of respondent on the opinion that there is a significant relationship between the level of education and teenage pregnancy

RATING	RESPONDENT	PERCENTAGE (%)
YES	69	51.1%
NO	66	48.9
TOTAL	1135	100

The above table, shows that 69 respondents representing 51.1% are of the opinion that there is a significant relationship between level of education and teenage pregnancy while 66(48.8] disagreed with this which means that the number of respondent who agree to this are more than those who disagreed.

DISCUSSION OF FINDINGS

A total of 150 questionnaires were administered out, with 135 returned.

The questionnaire, was divided into three sections for easy analysis and interpretation

Section A, sees how level of education affects teenage pregnancy. The observed frequency, has it that 78 representing 57,8% affirmed that the family can be used as a means through which this lifestyle of the youth can be salvaged with the negation of 57 (42.2%) Also, 93 representing 68.8%, affirmed that low 78(57.7%) responded to the affirmative that as a result of poor socio-economic status, parents give out their daughters for early marriage while 57(42.2%) negated. Under this section, 95(70.4%) responded to the affirmative that teenage pregnancy occurs more in families of low socio-economic status than those of high socio-economic status while 40(29.6%) negated.

Section B 103, (76.3%) affirmed that teenage pregnancy is more rampant in slums because of it's sub-culture life style while 32(23.7) negated to it. Also, 78(57.7%) responded to the affirmative that as a result of poor

socio-economic status, parents give out their daughters for early marriage while 57(42.2%) negated. Under this section, 95(70.4%) responded to the affirmative that teenage pregnancy occurs more in families of low socio-economic status than those of high socio-economic status while 40(29.6%) negated.

Section C, checked the societal permissiveness as a cause of teenage pregnancy. Of 135 respondents, 109 representing 80.7% affirmed that decline in our cultural values has led to sexual promiscuity giving rise to teenage pregnancy, while 26 (19.3%) negated. 75(55.5%) responded to the affirmation that teenage pregnancy, has an effect on the teenager, child and the family. While 60 (44.4%) negated. Also, 69 (51.1%) affirmed that there is a great trend of teenage pregnancy among youth in Calabar municipality while 66(48.8%) negated. 77(57%) affirmed that the nonchalant attitude of parents towards their young daughter's daily living and extra-curricular activities has led to teenage pregnancy while 58 (42,9%) negated. Also, 60(44,4%) opinioned that peer pressure does not influence or precipitate teenage pregnancy while 75 (55.5%) negated. 64(34%) opinioned that pornographic and seductive films, does not lead to sexual activities vis-a-vis teenage pregnancy. While 89(65.9%) negated. Also, 96(71.1%) affirmed that there is a relationship between societal permissiveness and teenage pregnancy. While 39(28.8%) negated.

RECOMMENDATION.

The findings above, call for prompt and concerted efforts on several fronts.

As a first step adoption of university formal education will go a long way towards reducing early teenage marriage, which are prevalent in many parts of the country.

There is also an urgent need to identify appropriate strategies to sensitize and inform policy makers and the general public particularly parents, teaches, and the general society about adolescent sexuality and its diverse repercussions.

To improve communication among parents, teaches and adolescent and combat general ignorance about sexuality and reproductive health.

Parents should be made to sit up and perform their age old duty of being the principal source of initial sexual information to their adolescent children.

Furthermore, all attempts should be made to ensure a free-flow of communication between adolescents and parents/ guardians to ensure a situation in which adolescents will readily turn to their parents/ guardians for sexual information. This would correct the abnormalities that have been caused by the significant role the peer group plays as the source of sexual information which are most often incorrect.

Also, adolescents should be provided access to sex family life education, contraceptive advice and treatment, pregnancy care, both pre-natal and post-prelim without parental consent.

Finally, the government, should as a matter of priority, properly institutionalize social work profession and make it mandatory that all welfare agencies especially the youth care centers be managed by professional social workers who have acquired the knowledge and skills of preventing and resolving human problems, as well as restoring and enhancing human potentialities.

CONCLUSION

The prevalence of teenage pregnancy among teenagers in Calabar metropolis, forms a basis for many social problems.

Teenage pregnancy and its aftermaths exist because of lack of sex education and care by school, families, churches and the society at large. For Instance, withholding family planning services from adolescents, does not lead to a decline in the number of adolescents having intercourse, rather, the results are many more unwanted pregnancies with each bearing a tremendous social, educational, economic and emotional cost.

Therefore, the researcher believes that providing a sound sex education is part of the solution to the problem of adolescent pregnancy.

Also, the socio-economic standard of the parents forces teenage girls from poor homes to engage in prostitution and /or having illicit sexual involvement in order to care for themselves.

Therefore, the implementation of aforementioned recommendations which were made after due investigation of the phenomenon would go a long way to drastically reduce or illuminate the incidence of teenage pregnancy in our society because when teenagers are given access to adequate social provisions socially, morally, economically, spiritually and psychologically, they will develop a healthy habit and thus, have a fruitful life.

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