

PERCEIVE EFFECT OF RELIGION AND CULTURE ON UNINTENDED PREGNANCY AMONG TEENAGERS IN KOGI STATE NIGERIA

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ABSTRACT

The growing problem of teenage pregnancy remains a significant public health concern in Nigeria, particularly in rural areas where cultural; religion and socio-economic factors, including early marriage, poverty, and limited economic opportunities persist. This study assess the perceive effect of religion and culture on unintended pregnancy among teenagers in Kogi State. The design used for this study is descriptive, and the target populations of this study are teenagers and women of reproductive age. The instrument used for this study is questionnaire and the statistics used are frequencies, tables and percentages. The result showed that the socio demographic characteristics of respondents revealed that majority are within the ages of 13- 15years (43%), with no level of education (31%), married (55%) and from Igala ethnic group (34%). Findings further reveal that majority of respondents are Muslims (52.7%). This study also noted that perceived effect of religion on unintended teenage pregnancy is positive (55%) and culture is negative (40.4%) and lastly, the perceived effect of contraception on unintended teenage pregnancy is positive (60.4%). The study recommended that teenagers and young adults should be better informed about the benefits of modern contraceptives earlier. This would allow them to recognize the need for modern contraception, and would, thus, increase the chances of early initiation of use. Also, early sexual and reproductive health education among teenagers would be very effective in reducing unintended pregnancy.

KEYWORDS Perceive; Effect; Religion; Culture; Unintended Pregnancy; Teenagers.

INTRODUCTION

Teenage pregnancy remains a significant public health concern in Nigeria, particularly in rural areas where cultural and socio-economic factors including early marriage, poverty, and limited economic opportunities persist (NPC, 2019). Globally, an estimated 21 million girls aged 15-19 become pregnant annually, with approximately 12 million giving birth. In 2018, 43% of all pregnancies worldwide were unintended, with 61% of pregnancies among women aged 15-19 being unintended (Bearak et al., 2020). By 2022, the worldwide unintended pregnancy rate reached approximately 45% of all pregnancies, totaling 120 million annually, though rates vary by geographic areas and socio-demographic groups (UNFPA, 2022).

In sub-Saharan Africa, about 14 million unintended pregnancies occur annually, with adolescent girls and young women aged 15-24 being most vulnerable (WHO, 2018 and 2020). This situation stems from high prevalence (70%) of sexually active young girls with low contraceptive utilization rates of less than 10% (Johnson, 2017). In low/middle-income countries, nearly half (49%) of pregnancies among adolescent girls aged 15-19 are unintended (Oyediran et al., 2017).

Nigerian statistics indicate that 22.2% of women aged 15-19 had begun childbearing or were pregnant with their first child in 2018 (Okara et al., 2023). The North-West and North-East regions have the highest teenage pregnancy rates at 34.6% and 32.4% respectively, with rural areas showing higher rates than urban areas due to socio-cultural norms such as early marriage and traditional

family structures (Okara et al., 2023 and Guttmacher, 2019). Consequences include severe health risks such as maternal and infant mortality, pre-term births, and low birth weight babies (Aliyu et al., 2019 and WHO, 2020).

Although most adolescent pregnancies in Nigeria occur within unions and are intended due to religious and cultural influences, they present significant challenges (Amoran, 2012 and UN, 2016). An estimated 44% of girls are married before age 18, ranking Nigeria 11th globally for child marriage (Aliyu et al., 2019). The influence of culture and religion on unintended teenage pregnancy in Nigeria and Kogi State is complex and multifaceted. In some Nigerian cultures, including those in Kogi State, early marriage is common practice, leading to teenage pregnancy as girls are often married before age 18 (Aliyu et al., 2019). In some communities, traditional birth attendants may encourage teenage girls to become pregnant to prove their fertility (Oyediran et al., 2020 and Ali, 2022). Family honor is closely tied to female chastity, creating pressure on girls to marry early and avoid premarital sex, which can result in unintended teenage pregnancy (Otoide et al., 2020).

Girls may be discouraged from pursuing education due to poor socio-economic status and cultural practices, limiting their knowledge about reproductive health and increasing their risk of unintended pregnancy (Ekefre et al., 2014 and Ochen, 2019). Cultural norms around sex discourage open discussion within communities, preventing girls from receiving adequate education about sex and reproductive health (Adebowale et al., 2011). Addressing cultural factors requires programs aimed at reducing unintended teenage pregnancy to be culturally sensitive and account for local customs and traditions (Sedgh et al., 2019). Engaging with local communities and involving traditional leaders in programs can help change cultural attitudes towards teenage pregnancy (NPC, 2019). Regarding Muslim influence, Islamic law allows for early marriage, which can contribute to higher rates of teenage pregnancy (Aliyu et al., 2019), and some Muslim communities may have limited

access to contraception due to cultural or religious beliefs (Oladapo et al., 2019).

However, according to the reports from previously concluded research, it was revealed that the common barriers to modern contraceptive use in Nigeria as well as other Sub-Saharan African countries has been linked to treatment costs, cultural and religious barriers, low male involvement in family planning, lack of adequate knowledge of where to obtain family planning methods, misconceptions about family planning, inadequate family planning trained personnel and equipment, and lack of information on what women considered to be the trusted sources of family planning information and services (Alege et al., 2016 and Adebowale et al 2013).

The problem of teenage pregnancy in Nigeria is exacerbated by insufficient healthcare infrastructure, cultural resistance to contraceptive use, and inadequate sexual reproductive health education (Olausson et al., 2011 and 2014). The impact of teenage pregnancy extends beyond health, as it often results in school dropout, unemployment, and a cycle of intergenerational poverty (Ganchimeg et al., 2014). Socioeconomic difficulties are commonly experienced by teenagers who become pregnant during their teenage years (De Jong, 2001; Hanna, 2001). According to Bissell (2000), women who become teenage mothers are more likely to be socio-economically disadvantaged later in life compared to women who delay childbearing. Turner (2004) suggests that teenage pregnancy perpetuates poor socio-economic backgrounds, as teenage pregnancy sometimes results in poverty, and teenage mothers tend to have worse socioeconomic outcomes than other women who delay childbearing (Ramkissoo, 2004).

Teenage girls are likely to have reproductive health problems, including HIV infections. Adolescent girls who become pregnant are at higher risk of experiencing complications during pregnancy and childbirth, and their babies face greater risk of preterm birth and low birth weight (Pusdekar et al., 2020). Regarding psycho-social development of teenagers, Egbule et al. (2000) asserted that

"the social results of teenage pregnancy are unfortunate." Hanna (2001) opined that parenting teenagers have not had time to resolve their own stages of role identity and intimacy. They may suffer from stigmatization and isolation, while their education and future career prospects may be negatively affected (Maheshwari et al., 2022; Nkhoma et al., 2020). These girls are also more prone to mental health issues such as depression, anxiety, and stress (Mohammadi et al., 2021).

Over 95 percent of births among adolescents occur in developing countries, and 9 out of 10 of these pregnancies occur within marriage or in a union. This finding concurs with research conducted by Ekeng et al. (2013), which reported that most young girls are usually under pressure to get married and consequently bear children without being properly prepared. According to Isa et al. (2010), it is pertinent to note that teenage pregnancy has significant interaction with culture and religion. Chiazor et al. (2018) stated that there is a positive correlation between culture, religion, and the level of education of girls and adolescent pregnancy.

OBJECTIVES OF THE STUDY

1. To identify the perceive effect of religion on unintended pregnancy among teenagers in Kogi State.
2. To identify the perceive effect of culture on unintended pregnancy among teenagers in Kogi State.

METHODOLOGY

Design: This study adopted a descriptive survey research design.

Setting: The setting is Kogi State located in the North-Central region of Nigeria, often referred to as the "Confluence State" because the Niger and Benue rivers meet there. It shares borders with ten states: Niger, Federal Capital Territory (FCT), Nassarawa, Benue, Enugu, Anambra, Edo, Ondo, Ekiti, and Kwara. Land area is approximately 29,833 km² with a tropical climate condition featuring hills, plains, and

river valleys, with the Niger-Benue confluence at Lokoja. Demographic population estimated at over 4 million (2023 projections) and major ethnic groups are Igala, Ebira, Okun (Yoruba subgroup) and Bassa. Predominantly religion is Islam and Christianity with traditional beliefs also practiced. The state consists of twenty one Local Government Areas and major agricultural crops include yam, cassava, rice, maize, and cashew. Fishing is prominent along riverine communities. Mineral resources such as limestone, iron ore, coal, and gold—though largely underexploited except cement production (Obajana Cement Plant, one of Africa's largest). Kogi state has two tertiary health facilities (Kogi State University Teaching Hospital, Anyigba and Federal Teaching Hospital Lokoja), twenty-two general hospitals, over eight hundred Primary Health Care (PHC) spread across the 21 LGAs, though many require upgrades, and numerous private hospitals, clinics, and maternity centers. Faith-Based & Mission Hospitals including ECWA Hospital Egbe, St. Luke's Anglican Hospital, and Grimand hospital Anyigba with various healthcare services. Face with challenges of inadequate staffing (doctors, nurses, and midwives), poor infrastructure and equipment.

Population:

The population of the study consists of women within the age of 13 to 30 years leaving in state.

Inclusion and Exclusion Criteria

Inclusion Criteria:

- Women within the age of 13-30 years leaving in state.
- Women who have consented (or parental consent for minors 13-17 years) to participate in the study.

Exclusion Criteria:

- Women outside the age range of 13-30 years.
- Women who did not consent to participate in the study.
- Women who are visitors to the Kogi State.

Sample Size Determination:

According to World Health Organization (Measuring Coverage in MNCAH: A Guide for Survey, 2018) 600 sample size is a statistically valid sample size for a population more than three million people at 95% confidence with a $\pm 4\%$ margin of error.

Sampling Technique:

The study employed a multi-stage sampling technique to select 600 women aged 13–30 years from Kogi State. Stage 1: Selection of Local Government Areas (LGAs). Kogi State is divided into 21 Local Government Areas (LGAs). For this study, 12 LGAs were randomly selected using a simple random sampling method (balloting). Stage 2: Selection of Communities. From each selected LGA, 2 communities were randomly chosen, giving a total of 24 communities for the study. Stage 3: Household Selection. Within each selected community, households were enumerated with the assistance of community leaders and research assistants. A systematic random sampling technique was used to select households. Stage 4: Selection of Participants. In each selected household, all women aged 13–30 years were listed. Where more than one eligible woman was present in a household, one was randomly chosen using simple balloting. A total of 50 women were selected from each LGA to make up the total sample size of 600 participants.

Instrument for Data Collection:

A self-designed questionnaire was used for the research which was given to the respondents in the area of study. The questionnaire is of two sections. Section A consist of demographic data, section B consist of items which addressing the research objectives.

Method of Data Collection

Data were collected using a self-designed questionnaire administered by the researchers and the research assistants.

Validity of the Instrument

Validity refers to the degree of which an instrument measures what it intended to measure. A drafted copy of the instrument

(questionnaire) was subjected to face and content validation by the researcher Assessor and other experts in the field of studies. Their suggestions were strictly adhered to and incorporate in the final copy of the instrument.

Reliability of the Instrument:

Pilot study was done using a similar population. Test re-test method was used where instrument was administered to 20 women within the same age range across the sampled communities and same repeated 2 weeks prior to the conduct of the study to ascertain the internal consistency of the instrument. This was analyzed using the Pearson product for maximum measurement. Correlation co-efficient (r) to determine the internal consistency of the instruments which were 0.73 and 0.74

Ethical Consideration

Ethical considerations are upheld, with approval from the Ethics and Research Committee of Kogi State Ministry of Health and the community leaders. Participants are fully informed, consent is obtained, and assurances of confidentiality, anonymity, and the right to withdraw are provided. Administrative approval is obtained, and written consent is secured ensuring confidentiality and the right to withdraw from the study

Administration of Instrument(s)

The questionnaires were administered personally by the researcher for maximum assurance of returned. Most of completed questionnaire forms were collected on the spot with persuasion and conviction. A second visit was undertaken to collect the questionnaire that were left with the research assistants for distribution to other respondent not available during the first visit and also enable respondents to obtain clarification on any issues needing explanation.

RESULTS

Demographic Information of the Study

The study looked at the demographic information of the respondents in terms of age, level of education marital status, ethnic/culture and religious affiliation with the objective of

finding out whether these had effects on unintended pregnancy among teenager in Kogi State Nigeria. Table 1 shows that 43% of the respondents were within the age of 13- 15 years, 35% were within the age of 16- 20 years, 16% were within the age of 21-25 and 6% were within the age of 26-30 years. Findings shows that 18% of the respondents had tertiary education, 27% of them had secondary education, 24% stopped at primary level of education and 13% had no formal education. Result reveals that 9% of the respondents were single while 55% were married, 8% were divorced, 11% were widows, and 17% were

separated. These findings show high percentage of married girls (55%). Further findings observe that 34% of the respondents were Igala, 29.7% were Ebira, 23.6% were Okun, 7.7% were Bassa and 5% were Ogori. Study shows that 47% of the respondents were Christianity, 52.7% were Islam, and 0.3% was Traditional worshipers. The socio demographic characteristics of respondents revealed that majority are within the ages of 13-15 years (43%), with no level of education (31%), married (55%) and from Igala ethnic group (34%). Findings reveal that majority of respondents are Muslims (52.7%).

Table 1: Demographic Information of the Respondents

ITEMS	Frequency	Percentage (%)
Age of the Respondents in years		
13 – 15	258	43%
16 – 20	210	35%
21 – 25	96	16%
26 – 30	36	6%
Total	600	100%
Level of education		
Tertiary	108	18%
Secondary	162	27%
Primary	144	24%
None	184	31%
Marital Status	Frequency	Percentage (%)
Single	55	9%
Married	331	55%
Divorce	48	8%
Widow	64	11%
Separated	102	17%
Total	600	100%
Ethnic/Culture	Frequency	Percentage (%)
Igala	204	34%
Ebira	178	29.7%
Okun	142	23.6%
Bassa	46	7.7%
Ogori	30	5%
Total	600	100%
Religious Affiliation	Frequency	Percentage (%)
Christianity	282	47%
Islam	316	52.7%
Traditional	2	0.3%
Others	0	0%
Total	600	100%

Table 2 shows that 43% of respondents strongly agreed that Islamic law allows for early marriage, 35% agreed and 16% disagreed while 6% strongly disagreed. 18% of respondents strongly agreed that Muslim communities may have limited access to contraception 27% agreed and 24% disagreed while 31% strongly disagreed. 9% of respondents strongly agreed that there is emphasis on family honour in some Muslim cultures is closely tied to female chastity, 55% agreed and 8% disagreed while 28% strongly disagreed. 34% of respondents strongly agreed that there is emphasis on family honour in some Muslim cultures which can lead to pressure on girls to marry early, 29.7% agreed and 23.6% disagreed while 6% strongly disagreed. Result also shows that 47% of respondents strongly agreed that Christian emphases on the practice

of abstinence 0% agreed and 0.3% disagreed while 52.7% strongly disagreed

36.5% of respondents strongly agreed that Christian communities leave teenagers without adequate knowledge about contraception and reproductive health 10.7% agreed and 28% disagreed while 32.8% strongly disagreed. 31.5% of respondents strongly agreed that Christian communities may also place a strong emphasis on family values 7% agreed and 27% disagreed while 34.5% strongly disagreed 43.5% of respondents strongly agreed that Poverty and lack of education in both Muslim and Christian communities can contribute to higher rates of teenage pregnancy 13% agreed and 37.5% disagreed while 10% strongly disagreed. This study revealed that perceived effect of religion on unintended teenage pregnancy is positive (55%)

Table 2: Perceived Effect of Religion on Unintended Teenage Pregnancy N=600

Items	SA	A	D	SD
Islamic law allows for early marriage	258(43%)	210(35%)	96 (16%)	36(6%)
Muslim communities may have limited access to contraception	108(18%)	162(27%)	144(24%)	184(31%)
There is emphasis on family honor in some Muslim cultures is closely tied to female chastity	55 (9%)	331(55%)	48 (8%)	168(28%)
There is emphasis on family honor in some Muslim cultures which can lead to pressure on girls to marry early	204(34%)	178(29.7%)	142(23.6%)	76(12.7%)
Christian emphases on the practice of abstinence	282(47%)	0(0%)	2(0.3)	316(52.7%)
Christian communities leave teenagers without adequate knowledge about contraception and reproductive health	219(36.5%)	64(10.7%)	120(28%)	197(32.8%)
Christian communities may also place a strong emphasis on family values	189(31.5%)	42(7)	162(27%)	207(34.5)
Poverty and lack of education in both Muslim and Christian communities can contribute to higher rates of teenage pregnancy	261(43.5%)	78 (13%)	225(37.5%)	60(10%)
	32.8 55	22.2	20.6 46.6	26

Table 3 indicates that 2.5% of respondents strongly agreed that cultural factors are aimed at reducing unintended teenage pregnancy, 47% agreed, 7% disagreed, while 43.5% strongly disagreed. Twenty-four percent of respondents strongly agreed that teenage pregnancy is culturally sensitive to local customs and traditions, 31% agreed, 18% disagreed, while 27% strongly disagreed. Fifty-five percent of respondents strongly agreed that involving local communities and traditional leaders in programs will help change cultural attitudes towards teenage pregnancy, 8% agreed, 28% disagreed, while 9% strongly disagreed. Further findings revealed that 16% of respondents strongly agreed that providing education and awareness about reproductive health and the risks associated with early marriage and teenage pregnancy can help empower girls and young women, 8% agreed, 28% disagreed, while 9% strongly disagreed.

Forty-seven percent of respondents strongly agreed that cultural norms and traditions around marriage, family, and reproductive health can influence attitudes and behaviors related to teenage pregnancy, 0% agreed, 52.7% disagreed, while 0.3% strongly disagreed. Twenty-eight percent of respondents strongly agreed that cultural norms and traditions have caused the highest

rates of teenage pregnancy in Nigeria, 8% agreed, 10.7% disagreed, while 32.8% strongly disagreed. Twenty-eight percent of respondents strongly agreed that cultural norms and traditions cause limited access to reproductive health services, including contraception, 36.5% agreed, 28% disagreed, while 9% strongly disagreed. Seven percent of respondents strongly agreed that culture supports teenage pregnancy, 0.3% agreed, 34.5% disagreed, while 31.5% strongly disagreed. Zero percent of respondents strongly agreed that families accept unintended pregnancy due to culture, 0.3% agreed, 47% disagreed, while 52.7% strongly disagreed.

Thirty-five point seven percent of respondents strongly agreed that unintended pregnancy experiences may affect cultural identity or sense of belonging, 47% disagreed, while 52.7% strongly disagreed. Ten point seven percent of respondents strongly agreed that unintended pregnancy may be a reflection of poor cultural values or morals, 32.8% agreed, 36.5% disagreed, while 20% strongly disagreed. Thirteen percent of respondents strongly agreed that early marriage is a common practice in Nigerian cultures, 37.5% agreed, 10% disagreed, while 43.5% strongly disagreed. Findings of this study show that the perceived effect of culture on unintended teenage pregnancy is negative (40.4%).

Table 3: Perceived Effect of Culture on Unintended Teenage Pregnancy

Items	SA	A	D	SD
Cultural factors is aimed at reducing unintended teenage pregnancy.	15(2.5%)	282(47%)	42(7%)	261(43.5%)
Teenage pregnancy is culturally sensitive with the local customs and traditions	144(24%)	184(31%)	108(18%)	162(27%)
Involving local communities and traditional leaders in programs will help to change cultural attitudes towards teenage pregnancy.	331(55%)	48 (8%)	168(28%)	55 (9%)
Providing education and awareness about reproductive health and the risks associated with early marriage and teenage pregnancy can help to empower girls and young women	96 (16%)	36(6%)	258(43%)	210(35%)
Cultural norms and traditions around marriage, family, and reproductive health can influence attitudes and behaviors related to teenage pregnancy	282(47%)	0(0%)	316(52.7%)	2(0.3)
Cultural norms and traditions has caused the highest rates of teenage pregnancy in Nigeria	168(28%)	48 (8%)	55 (9%)	331(55%)
Cultural norms and traditions Cultural norms and traditions cause limited access to reproductive health services, including contraception	120(28%)	219(36.5%)	64(10.7%)	197(32.8%)
Culture support teenage pregnancy	42(7)	162(27%)	207(34.5)	189(31.5%)
Families accept unintended pregnancy due to culture	0(0%)	2(0.3)	282(47%)	316(52.7%)
Unintended pregnancy experience may affect cultural identity or sense of belonging	225(37.5%)	60(10%)	261(43.5%)	78 (13%)
Unintended pregnancy maybe a reflection of poor cultural values or morals.	64(10.7%)	197(32.8%)	219(36.5%)	120(20%)
Early marriage is a common practice in Nigeria cultures	78 (13%)	225(37.5%)	60(10%)	261(43.5%)
	20.1%	20.3%	28.3%	30.3%
	40.4%		58.2%	

This study revealed that perceived effect of pregnancy is positive (60.4%)
contraception on unintended teenage

Table 4: Perceived Effect of Contraception on Unintended Teenage Pregnancy

Items	SA	A	D	SD
Contraception also known as family planning				
Contraception is defined as a process whereby individuals' couples decide voluntarily, free from coercion, desired or intended number of children.	162(27%)	207(34.5)	189(31.5%)	42(7)
contraception has a crucial role to play in curbing maternal deaths, limiting high-parity high-risk births and averting unintended or unwanted pregnancies	96 (16%)	258(43%)	210(35%)	36(6%)
Federal Government pronounce an important aspect of the SDGs as reduction of national population growth rate through encouraging child spacing by family planning.	258(43%)	210(35%)	96 (16%)	36(6%)
Contraceptives are not easily accessible to adolescents in many places.	207(34.5)	189(31.5%)	42(7)	162(27%)
Adolescents obtain contraceptives, but may lack the agency or the resources to pay for them.	204(34%)	178(29.7%)	142(23.6%)	76(12.7%)
Adolescents may face stigma when trying to obtain contraceptives.	282(47%)	0(0%)	2(0.3)	316(52.7%)
Adolescents are often at higher risk of discontinuing use of contraceptives due to side effects, and due to changing life circumstances and reproductive intentions.	219(36.5%)	64(10.7%)	197(32.8%)	120(20%)
Restrictive laws and policies on age or marital status regarding the provision of contraceptives pose a barrier to the uptake of contraceptives among adolescents.	282(47%)	316(52.7%)	0(0%)	2(0.3)
Health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs	144(24%)	184(31%)	108(18%)	162(27%)
Common barriers to modern contraceptive use has been linked to treatment costs, cultural and religious barriers,	331(55%)	48 (8%)	168(28%)	55 (9%)
the common barriers to modern contraceptive use has been linked low male involvement in family planning.	282(47%)	0(0%)	2(0.3)	316(52.7%)

The common barriers to modern contraceptive use has been linked to lack adequate knowledge of where to obtain family planning methods.	219(36.5%)	64(10.7%)	197(32.8%)	120(20%)
The common barriers to modern contraceptive use has been linked to misconceptions about family planning.	261(43.5%)	225(37.5%)	60(10%)	78 (13%)
The common barriers to modern contraceptive use has been linked inadequate family planning trained personnel and equipment.	225(37.5%)	60(10%)	261(43.5%)	78 (13%)
The common barriers to modern contraceptive use include lack of information on what women considered to be the trusted sources of family planning information and services.	197(32.8%)	120(20%)	219(36.5%)	64(10.7%)
	37.9	22.5	30	12.2
	60.4%		42.2%	

DISCUSSION

This study assess the perceive effect of religion and culture on unintended pregnancy among teenagers in Kogi State. The socio demographic characteristics of respondents revealed that majority are within the ages of 13-15years, with no level of education, married and from Igala ethnic group. Findings reveal that majority of respondents are Muslims.

This study revealed that perceived effect of religion on unintended teenage pregnancy is positive. This is in line with Ikamari, (2000) who stated that women adhere strictly to the religion that opposes the use of contraceptives have higher risk to experience unintended births compared with others. This study is also in line with Chiazor et al (2018) who observed that there is a positive correlation between religion and the level of education of girls and adolescent pregnancy. This study concurs with Aliyu et al (2019) that muslim influence and Islamic law allows for early marriage, which can contribute to higher rates of teenage pregnancy.

Finding of this study shows that the perceived effect of culture on unintended teenage pregnancy is negative. This is in line with Sedgh et al (2019) who stated that addressing cultural factors, programs aimed at reducing unintended teenage pregnancy should be culturally sensitive and take into account the local customs and traditions. Also this study concurs with NPC

(2019) who stated that engaging with local communities and involving traditional leaders in programs can help to change cultural attitudes towards teenage pregnancy.

This study revealed that perceived effect of contraception on unintended teenage pregnancy is positive. This finding is in line with Adebawale et al (2013) and Alege et al (2016) who revealed that the common barriers to modern contraceptive use in Nigeria as well as other Sub-Saharan African countries has been linked to low male involvement in family planning (contraception), lack of adequate knowledge of where to obtain family planning methods, misconceptions about family planning, inadequate family planning trained personnel and equipment, and lack of information on what women considered to be the trusted sources of family planning information and services.

Conclusion

In conclusion, this study assess the perceive effect of religion and culture on unintended pregnancy among teenagers in Kogi State. This study conclude that perceived effect of religion on unintended teenage pregnancy is positive and on culture is negative. Lastly, the perceived effect of contraception on unintended teenage pregnancy is positive.

Recommendations

Religion and cultural status of families should not be an excuse for female children to get pregnant. Families should ensure teenage girls are well educated either in the four walls of a classroom or in a vocational training center. Families should ensure that they develop a close relationship with their children. They should know the friends their children keep and educate them on when to have intimate relationship with opposite sex. The government should set up counseling centers in all cities and local government headquarters where teenagers can go for counseling on issues bothering them including their sexual life. Majority of the teenagers cannot open up to their parents on issues bothering on their sexual life. Teenagers should be taught abstinence and how to defer sexual gratification to avoid unintended pregnancy. Also teach them to recognize the need for modern contraception, and would, thus, increase the chances of early initiation of use. The internet would be very effective in educating young women about sexual and reproductive health.

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