
**The Menace of Teenage Pregnancy and Motherhood in Mbaise, Imo State Nigeria:
Implications for Counselling**

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Abstract

Teenage pregnancy is pregnancy that occurs in human females under the age of 20. It has become a major issue in Nigeria today. Twenty-three percent of Nigerian women aged 15-19 years have begun childbearing, of which 17 percent have had their first child and 5 percent are pregnant with their first child especially in rural areas. Teenage pregnancy has detrimental effects on the health of both mother and child. The study which adopted descriptive survey design reviewed various aspects of teenage pregnancy and young motherhood and its outcome in Mbaise. Some of the root causes of the menace were identified as low socio-economic status, cultural factors, peer pressure, inadequate sex education, illiteracy, lack of discipline and control, and rural community living. The effects include: school drop-out, inadequate care for the child born by a teenage mother, health problems and a host of other vices. Counselling implications include special programs for pregnant teenagers and their offspring, providing conditions for young mothers to continue education in schools, adequate parental care, and inculcation of moral values as ways of reducing teenage pregnancy in Nigeria. The paper recommends supporting pregnant teens and young mothers to resolve housing issues, financial support, promoting healthy and responsible parenthood and others. Implications for policy and prevention were also offered.

Introduction

Teenage Pregnancy involves under-aged girls, usually within ages of thirteen to nineteen years, becoming pregnant. The term usually refers to women who have not reached legal adulthood becoming pregnant. In the same vein, a teenage mother is a young woman who becomes a mother at less than 20 years of age, that is, before reaching adulthood which is, generally regarded as 20 years of age (WHO (2006), UNICEF (2008) and UNFPA (2015)). The issue of teenage pregnancy and motherhood has become a serious canker worm that has eaten deep into the fabric of our society in this contemporary period. Demographic and Health Survey, 2018 revealed that in Nigeria, an estimated 19 percent of women aged 15-19 years have begun childbearing, of which 15 percent have had their first child and 4 percent are pregnant with their first child. The proportion of teenagers who

had begun childbearing rises rapidly with age, from 2% at age 15 to 37% at age 19. Rural teenagers tend to start childbearing earlier than urban teenagers (27% versus 8%). The report shows disparities within the geopolitical zones as follows: Northwest (29 percent); Northeast (25 percent); North Central (16percent); South South (11 percent); South East (9 percent); and South West (6 percent).

Some girls get pregnant because of voluntary early sex and peer pressure. Others are sexually abused or forced to marry early. In general, they lack proper sex education and information on contraceptives. Very few have access to contraceptives and condoms which also protect people from HIV/Aids. Many teenage girls bask in the euphoria of so far unknown male attention, and some are curious about sex. They are made vulnerable because they were raised in a patriarchal society which expects women to be shy and undemanding. Inexperienced teenagers hardly demand that their male partner wear a condom. This leads to their being taken advantage of, all too often.

The impacts of teenage pregnancy often ruin girls' lives, whether they engaged in sex willingly or were forced and whether they get married to their assailants or not,. Consequently, they drop out of school and do not acquire any skills that would help them earn money. If they are not married already, they normally end up in a bad marriage, wedded to their child's father who often is too young for parenthood himself (UNFPA, 2013) In many cases, the girls' young bodies cannot cope with the stress of pregnancy and labour. Vaginal fistulas are a common consequence of lacking antenatal and postnatal care. The implication is that patients become incontinent and ostracized by society. All too often, surgery is not available or not done properly, so the persons concerned become marginalized in the long run. (UNFPA, 2013).

In 2013, the National Population Commission (NPC) warned that the number of teenage mothers in Nigeria may rise to 60 million by 2015. It argued that aggressive steps must be taken to stop the trend. In particular, good sex education could make a difference. Some nations like the United States of America and Britain provide outspoken and comprehensive sex education to teenagers, helping them to understand what is going on with their bodies and minds. These countries have the lowest rates of teenage pregnancy. Nigeria, however, is a closeted society. Sexual issues are not discussed freely. Even many married couples do not talk about sex. Advocates of sex education in schools have met with stiff resistance from religious leaders who say that such education would promote immorality. Nigerian society preaches abstinence, ignoring the fact that masses of teenagers are sexually active nonetheless (Alabi & Oni, 2017).

Mbaise is a region in Imo State in southeastern Nigeria, in the heart of Igboland. The region includes several towns and cities. It is a group of indigenous clans, connected by intermarriage. With a population density of over 1,000 people per square kilometre, Mbaise is West Africa's most densely-populated area; its 2006 population was 611,204. The name "Mbaise" was derived from five clans: Agbaja, Ahiara, Ekwereazu, Ezinihitte and Oke Uvuru. It has three local government areas covering about 404 km² (156 sq m); namely: Aboh Mbaise, Ahiazu Mbaise and Ezinihitte Mbaise. The people are predominantly Igbo. About 55 percent are Catholics, 35 percent are Protestants and other religions make up the remainder. Mbaise women are noted for their fertility. To be an *eghu ukwu*, a woman must bear at least 10 children; some women have given birth to as

many as 15. Mbaise's present population is over one million, and subsistence farming is still the main occupation. Yams, cassava, palm fruits, vegetables and fruits are the primary agricultural products.

Statement of the Problem

Getting pregnant and becoming a mother should be a cause for celebration and happiness. But this is not the case for every mother especially when the pregnancy is unplanned and the mother under-aged as in teenage pregnancy and motherhood. Approximately 16 million girls aged 15 to 19 years and 2.5 million girls under 16 years give birth each year in developing countries, Nigeria inclusive. Due to religious and cultural sensitivities, Nigerians live in denial of how common teenage sex is. The Demographic Health Survey (DHS) in 2013 revealed that 54 % of women interviewed agreed to have had sexual intercourse before turning 18. A stunning 24 % indicated that they had not even been 15 when they started having sex. The DHS also showed that a mere two percent of sexually active girls between 15 and 19 use contraceptives. An important reason is that they do not have access to contraceptives. It is thus not surprising that 23 % of the girls in this age group have children.

In Mbaise, statistics show that 9% of girls aged 15 to 19 are either pregnant or have had children. Isolation is a common problem experienced by young parents because it becomes difficult maintaining former relationships with friends due to lack of opportunities to socialize with them. They feel they have become 'out of touch' with their friends' concerns or interests. Isolation can have devastating effects on both the child and the parent and confidence levels also drop very quickly. Early childbearing increase risks for newborns, as well as young mothers. Babies born to mothers under 20 years of age face higher risks of low birthweight, preterm delivery, with long-term potential effects. During pregnancy, teens appear to be at increased risk of high blood pressure, anemia, and many experience postpartum depression.

For young women, coping with a disadvantaged background is hard enough. Having a baby during adolescence only makes matters worse. Teen mothers are more likely to end up on public assistance, conflicting relationships with parents; poor education level; poverty; legal insecurity; early sexual activity; addictive behavior; immature emotional and volitional spheres; anxiety, unformed maternal affection; infantilism; focus on seniors; help; low self-esteem; emotional instability; social alienation; complex of victims of sexual violence; indifference to own health and the health of the child.

Because the global population of adolescents continues to grow, projections indicate the number of adolescent pregnancies will increase globally by 2030, with the greatest proportional increases in West and Central Africa and Eastern and Southern Africa. Ultimately Nigeria must accept that, in spite of religious and cultural teachings, interest in sexuality is part of adolescence. Teenagers must be assisted to navigate this period successfully and should be provided with all resources they need. Hence, the need for this study and how counselling can help in ameliorating the problem of teenage pregnancy and motherhood.

Objectives of the study

The aim of this study is to examine the causes and effects of teenage pregnancy on the pregnant teens in Mbaise. Specifically, the study sought to find out how factors like: i. early marriage, ignorance, illiteracy, lack of awareness and unavailability of contraceptives contribute to the incidences and

ii. the subsequent effects of early pregnancy on the life and well-being of the teenagers.

Research Questions

The following Research questions guided the study:

1. To what extent is teenage pregnancy prevalent in Mbaise?
2. What are the causes of incessant teenage pregnancy in Mbaise?
3. What role does religion play in curbing teenage pregnancy and motherhood in the region?
4. Is teenage pregnancy planned or accidental
5. What are the effects of pregnancy on the teenagers?

Review of Literature

Pregnancy can be one of the most difficult experiences a teenager faces. While the typical teenage girl is biologically ready for motherhood, a complex set of social and psychological variables leads those least well-suited for the role into becoming teenage parents. Furthermore, the emotional, psychological and social needs of pregnant adolescent girls can be greater than those of other women. According to (Kozuki N, Lee A, Silveira M, et al 2013), Teenage parenthood is one of the challenges that can have a considerable impact on a young person's life and is associated with a number of adversities.

Healthwise, teenage pregnancy remains a major contributor to maternal and child mortality, and to intergenerational cycles of ill-health and poverty. Pregnancy and childbirth complications are the leading cause of death among 15 to 19 year-old girls globally, with low and middle-income countries accounting for 99% of global maternal deaths of women ages 15 to 49 years (WHO, 2016).

Teenagers face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' own inability to access contraceptives because of knowledge, transportation, and financial constraints. Additionally, adolescents face barriers that prevent use and/or consistent and correct use of contraception, even when they are able to obtain contraceptives: pressure to have children; stigma surrounding non-marital sexual activity and/or contraceptive use; fear of side effects; lack of knowledge on correct use; and factors contributing to discontinuation (for example, hesitation to go back and seek contraceptives because of negative first experiences with health workers and health systems, changing reproductive needs, changing reproductive intentions).(Alabi & Oni, 2017).

Economic and social consequences

Sexual violence is widespread and particularly affects adolescent girls: about 20% of girls around the world experience sexual abuse as children and adolescents. In some situations, adolescent girls may be unable to refuse unwanted sex or resist coerced sex, which tends to be unprotected. Inequitable gender norms and social norms that condone violence against women put girls at greater risk of unintended pregnancy (Oringanje, Meremikwu, Eko, Esu, Meremikwu, & Ehiri, 2016).

Teenage pregnancy can also have negative social and economic effects on girls, their families and communities. Unmarried pregnant adolescents may face stigma or rejection by parents and peers and threats of violence. Similarly, girls who become pregnant before age 18 are more likely to experience violence within marriage or a partnership (UNFPA, 2013). With regards to education, school-leaving can be a choice when a girl perceives pregnancy to be a better option in her circumstances than continuing education, or can be a direct cause of pregnancy or early marriage. An estimated 5% to 33% of girls ages 15 to 24 years who drop out of school in some countries do so because of early pregnancy or marriage (World Bank, 2017).

Based on their subsequent lower education attainment, many have fewer skills and opportunities for employment, often perpetuating cycles of poverty: child marriage reduces future earnings of girls by an estimated 9%. Nationally, this can also have an economic cost, with countries losing out on the annual income that young women would have earned over their lifetimes, if they had not had early pregnancies (World Bank, 2017).

Psychological/ Mental Health Outcomes

Teenage mothers have also been found to be at greater risk of psychological problems compared to non-parenting teenagers and older mothers (Birkeland, Thompson, & Phares, 2005; Liao, 2003; Schweingruber & Kalil, 2000). Depression was found to be common amongst teenage mothers (Birkeland et al., 2005; Liao, 2003; Sadler, Swartz, Ryan- Krause, Seitz, Meadows- Oliver, Grey & Clemmens, 2007). Birkeland et al.(2005) found that one third of their participants had clinical levels of depressive symptoms. This was similar to the rate found by Sadler et el. (2007) who also found that life stress events, particularly homelessness, could lead to poor psychological well-being. The findings from Birkeland et al.(2005) indicated that social isolation, weight/shape disturbance, and maternal self-efficacy were associated with depression in teenage mothers. Birkeland et al.(2005) also concluded that the first year postpartum was a challenging period for teenage mothers and many of them confronted this difficult time with limited psychological and social resources.

There was a similar finding from Liao (2003) who conducted a longitudinal study by using data from the British Household Panel Survey (BHPS) 1991-2000. Teenage mothers in this study were found to have a significantly lower level of mental health than other mothers or teenagers who were not mothers. This was found to be in part because most teenage pregnancies were unplanned. Liao's findings suggested that teenage mothers have 'elevated medium term depression'. That is, depression occurring within three years of giving birth (Yardley, 2008).

Stigma and Low Self-Esteem

A number of studies have found that teenage mothers report experiencing stigma and feel devalued by their society. A study from Njooora (2003) in the USA found that while various sources of support were provided, the stigma of being on welfare and receiving handouts works against a teenage mothers' quest for independence and lowers their self-esteem.

Some teenage mothers in Hanna's study (2001) also reported negative public attitudes directed toward them wherever they went. This was particularly frustrating as it occurred in everyday locations such as in the streets, on buses, in supermarkets, in health centres, in medical facilities, in welfare payment offices, and in places where women themselves gather, such as playgroups. They were accused of deliberately becoming pregnant to reap the financial benefits, denied access to full participation in the same society that failed to provide them with full social support, and told that they were irresponsible as parents.(Hanna, 2001). Some teenage mothers reported feeling of devalued and have to cope with people perceiving them as being a bad mother just because they are teenagers and not fulfilling the contemporary social norms of motherhood (Yardley, 2008)

School Interruption

A number of studies found teenage mothers were more likely to have fewer school years compared to adult mothers, be less likely to receive a high school diploma (Jason & Wolfe, 2009; Perper, Peterson, & Manlove, 2010), have limited educational opportunities (Letourneau et al., 2004) and be more likely to drop out of school (Lee SmithBattle, 2007). Even where some school services and support were provided, many teenagers still found that it was challenging to balance their education needs and the demands of motherhood (Pellegrino, 2014). Their limited education and lack of training could restrict job opportunities and potentially reinforcing the cycle of deprivation and teenage pregnancy (Moffitt & The E. Risk Study Team, 2002; Paranjothy et al., 2009).

For many teenage mothers, attending high school is a major challenge due to a lack of child care (Pellegrino, 2014), transport, family support and school policies and practices (Lee SmithBattle, 2007). Sadler et al., pointed out that for teenage mothers trying to attend high school classes, infant and toddler child care was often a major determining factor in their success or failure (Sadler et al., 2007).

Although many studies found that early childbearing was the leading cause of teenage mothers' educational difficulties and interruption, many scholars argued that a teenage mother's decision to leave school had more to do with the school's rigid policy of not allowing pregnant and parenting students on campus or their previous experiences in school than with their pregnancies (Lee SmithBattle, 2007; Zachry, 2005). Early childbearing can adversely affect the quality of life of young mothers, their families and society (Spear & Lock, 2003). Unfortunately, when unplanned pregnancy occurs, more often than not, society blames the girl and leaves all the responsibility of raising the child to her and her family (UNFPA, 2014).

Positive Attributes of Being a Teenage Mother

For some adolescents, pregnancy and childbirth are planned and wanted. In some contexts, girls may face social pressure to marry and, once married, to have children. Each year, about 15 million girls are married before the age of 18 years, and 90% of births to girls aged 15 to 19 years occur within marriage (Babb, 1993, Jacobson, & Wilkinson, 1994).

Even though many teenage mothers are reported to have major obstacles during their pregnancies and child rearing (such as stigma, economic constraint and dropping out of school), many were still able to manage their lives and have positive outcomes. Many research studies have focused on the factors leading to positive experiences.

A number of studies acknowledge that having a child substantially influenced the teenage mother's perspective of her schooling and future (Rezek, 2010; Seamark & Lings, 2004; Zachry, 2005). Although most teenage mothers stated that their pregnancy initially led them to drop out of school, some said that having a child increased their interest in their education and pushed them to discover how education could help them provide a better future for their children, increase their employment opportunities (Seamark & Lings, 2004) and help them get off public assistance (Zachry, 2005). Contrary to the common understanding that teen motherhood puts women at a greater risk of school difficulties, recent studies suggest that motherhood may also be a factor in helping women.

However, many teenage mothers face challenges and difficulties (Pellegrino, 2014). Some do well but many do not. This study explores the causes and life experiences of pregnant teenagers in Mbaise. Influenced by the ecological systems theory of Bronfenbrenner (1979), this study attempts to provide insights into the lives of these teenage soon to be mothers and the factors within their social contexts that influence their lives which have been poorly studied to date. The study also looked at the role counselling can play to cushion the effects as well as curtail the problem of teenage pregnancy and motherhood in Mbaise (Agulanna, 2008).

Methodology

Descriptive and Qualitative research design was adopted for this study to obtain first-hand information from teenagers on the causes and effects of early pregnancy and motherhood on young people. The study was carried out in the three Local Government Areas of Mbaise, namely Aboh-Mbaise, Ahiazu-Mbaise and Ezinihitte-Mbaise. The population of the study consists of teenagers attending antenatal care at three designated centres in Mbaise. They were 180 in number. One centre was chosen from each LGA. Some teenage attendees were randomly sampled and interviewed for this study, giving a sample size of 50 respondents. They were aged between 14-19 years. The consent of the heads of the institutions as well as that of the parents were sought and obtained. The respondents also provided information willingly after being assured of the confidentiality of the information they would provide.

A Yes/No structured interview-questionnaire titled: "Causes and Effects of Teenage Pregnancy" was used for data collection. The questionnaire was validated by two experts in Guidance & Counselling and pilot tested to obtain the reliability coefficient. The Cronbach's Alpha (α) coefficient was 0.81. The researcher conducted the interviews with the help of two research

assistants. The data collected from the respondents were analyzed using frequencies, Percentages, mean and standard deviation to answer the research questions. Interpretative paradigm was adopted in the discussion of the findings.

Results and Discussion

Research Question One: To what extent is teenage pregnancy prevalent in Mbaise?

Table 1

Item	Response	F	%	Response	F	%
Do teenage pregnancies commonly occur in your community?	Yes	36	72	No	14	28
Do pregnant teenagers suffer stigma and isolation	Yes	42	84	No	8	16
Is sex permitted before marriage in your culture	Yes	9	18	No	41	82

From Table 1, 36 (72%) of the respondents agree that teenage pregnancy is a common occurrence in their community. Though sex before marriage is not permitted in the area, young teenagers still get pregnant due to some outlined reasons like inadequate sex education, lack of contraceptives, poverty and moral laxity. Though they are aware of the risks involved, they still fall easy victims to this menace.

Research Question Two: What are the causes of incessant teenage pregnancy in Mbaise?

Table 2

Level of education:	F	%
Never went to school	6	12
Not completed primary school	11	22
Completed primary school	9	18
Not completed secondary school	11	22
Completed secondary school	13	26
Marital Status:		
Married	17	34
Single	28	56
Divorced	3	6
Widowed	2	4

Table 3

Item	Response	F	%	Response	F	%
Were you using any method of Contraception	Yes	17	34	No	33	66
	If yes, which method(s)?					
	Pills	14	82.4			
	Implants	3	17.6			

Moral laxity, ignorance and illiteracy can be said to be the major contributory factors to teenage pregnancy in Mbaise. From Table 2, it could be seen that only 13 (26%) of the respondents had completed their secondary school education before getting pregnant. The remaining 37 (74%) either were still in secondary school, just completed primary school or did not complete primary education, while 6 (12%) of them have never been to any formal educational institution at all. Not even one of the respondents were undergraduates. This goes on to confirm the assertion of some researchers who found out that teenage mothers were more likely to have fewer school years compared to adult mothers, be less likely to receive a high school diploma (Jason & Wolfe, 2009; Perper, Peterson, & Manlove, 2010), have limited educational opportunities (Letourneau et al., 2004) and are more likely to drop out of school (Lee SmithBattle, 2007). The World Bank (2017), also found out that an estimated 5% to 33% of girls ages 15 to 24 years who drop out of school in some countries do so because of early pregnancy or marriage. Based on their subsequent lower education attainment, many have fewer skills and opportunities for employment, often perpetuating cycles of poverty. Nationally, this can also have an economic cost, with countries losing out on the annual income that young women would have earned over their lifetimes, if they had not had early pregnancies

From the item on Marital Status, it could be seen that early or forced marriage was not a significant factor in teenage pregnancy in the region as only 17 (34%) of the pregnant teens were married, while 28 (56%) were single and unmarried. Only 5(10%) were either divorced or widowed. Again, from Table 3, 33 (66%) of the teenagers did not use any form of contraceptives. Many of them have not heard about it and those that know about them do not know how and where to get them let alone knowing how to use them, despite the fact that they were sexually active. Of the 17 (34%) that use contraceptive, all they knew was pills and implants. They were mostly ignorant of other methods of preventing unwanted pregnancies. This goes on to support the assertion of Alabi & Oni, (2017) that ignorance, fear and negative attitudes of health workers towards adolescents form serious barriers to teenagers accessing and using contraceptives to forestall unwanted pregnancies.

Research Question Three: Is teenage pregnancy planned or accidental**Table 4**

Current pregnancy:	F	%
Wanted and planned	8	16
Wanted but unplanned	15	30
Unwanted and unplanned	27	54

The respondents are aware that premarital sex is risky and not permitted in their communities and so most of their pregnancies are unwanted and unplanned for as could be seen from Table 4 where 54% (27) of the respondents categorically stated that they neither wanted nor planned for their pregnancies. 15 (30%) wanted pregnancy but were not prepared for it. Only 16% of the teenagers wanted it and were prepared for it. These findings support the findings of Neal, Matthews, Frost, et al (2015) and UNFPA, 2015 that ignorance, illiteracy, poverty, moral laxity and lack of meaningful engagements are contributing factors to teenage pregnancy.

Research Question Four: What role does religion play in curbing teenage pregnancy and motherhood in the region?

Table 5

Religion:	F	%
Catholic	16	32
Protestant	12	24
Pentecostal	13	26
Muslim	8	16
Others Specify	1	2

From Table 5, it could be seen that 49 (98%) of the respondents belong to one religious denomination or the other, This means that religion alone cannot curb the incidence of teenage pregnancy in our society. Teenagers are aware that their various denominations preach against sexual immorality but they still engage in it to their detriment educationally, economically, socially, health-wise and otherwise. I suggest that other groups (Counsellors, Governmental and Non-Governmental organizations) should join religious bodies in creating awareness about the implications of sexual activities and the attendant consequences at such an early age. These groups should also help already pregnant teens to navigate the hurdles more successfully.

Research Question Five: What are the effects of teenage pregnancy on the teenagers?

Table 6

Level of education:	F	%
Never went to school	6	12
Not completed primary school	11	22
Completed primary school	9	18
Not completed secondary school	11	22
Completed secondary school	13	26
Occupation:		
Unemployed	22	44
Student	8	16
House wife	17	34
Others Specify	3	6

Table 7

11	Effects/Risks	Response	F	%	Response	F	%
	Do you think teenage pregnancy is risky	Yes	40	80	No	10	20
	Do teenage pregnancies commonly occur in your community?	Yes	36	72	No	14	28
	Do pregnant teenagers suffer stigma and isolation	Yes	42	84	No	8	16
	Is sex permitted before marriage in your culture	Yes	9	18	No	41	82

Unemployment, poverty, health hazards, stigmatization and school dropout are some of the identified results of teenage pregnancy and motherhood. From Table 6, it could be observed that only 13 (26%) of the respondents have completed secondary education. A whopping 74% (37) of the respondents did not complete secondary school education before becoming pregnant. Therefore, teenage pregnancy is a huge threat to the education of the young ones and by implication, to their unborn babies and their communities. It could also be seen from the item on occupation that 94% (47) of the respondents were unemployed. Only 3 (6%) of the subjects reported being apprentices to learning some skills. This spells poverty and lack for the teens and their unborn babies. From Table 7, the respondents reported being aware that pregnant teens face a lot of risks to their health and well being as well as that of their babies. They have to battle with shame and stigmatization following their condition. According to them, the resultant effects of early pregnancy and motherhood include dropping out of school, lack of skills and/or employment and poverty. The findings confirm the assertion of UNFPA 2013 and Njoora (2003) that pregnant and teenage mothers face stigma or rejection by parents and peers and threats of violence. Maliki, (2012) and Bassey & Stella also

asserted that teenage pregnancy is a major contributor to maternal and child mortality, and to intergenerational cycles of ill-health and poverty.

Implications for Counselling

Teenage pregnancy and motherhood is a menace that we can no longer deny or overlook. It brings about crisis for young teenagers and their families. Counsellors have a lot to do by providing social, educational and psychological support for young would be mothers and their families. A holistic programme should be put in place that aims to counsel pregnant teenagers in the emotional, psychological, financial and physical aspects, and at the same time create a more efficient support network that addresses the different needs of the pregnant teens at any stage of their crisis. Counsellors could collaborate with religious houses, governmental and non- governmental agencies in curtailing this menace and the attendant consequences. The following steps could be necessary:

Provide Informational Guidance:. Counsellors should make adolescent health a priority by promoting sex education and reproductive-health services for youngsters. They are to encourage teenagers to abstain from sex until they are old enough to deal with the consequences. Counsellors are to cooperate with the UN Population Fund (UNFPA) to ensure access to condoms to teenagers who are sexually active. The collaboration should involve training and advocacy among health workers to make them less judgmental towards young people.

Provide prenatal counselling: The already pregnant teens are to be counselled to take necessary precautions like eating healthy diets, staying physically active, avoiding risky substances, organizing training programs for pregnant teens to prepare them for childbirth, breast-feeding and responsible parenthood. They should provide them with adequate information about what options they could consider about their conditions like keeping the baby, giving it up for adoption or ending the pregnancy as well as the risks and emotional impacts of each option. Counsellors should canvas for extra support for teen mothers to finish school, find full-time work, go to college, amend relationships with their parents and become better parents themselves. In places, where early marriage is more prevalent, counsellors could collaborate with non-governmental organisations in reaching out to teenage mothers to-be, encouraging them to access health care to mitigate the complications associated with pregnancy at an early age.

Conclusion

The health and psychological well-being of teenage mothers and the well-being of their children may be at risk. Teenage mothers have health needs that are uniquely associated with their age group. They need sensitive medical care and advice during pregnancy. There is concern that teenage mothers may suffer psychological disturbance and somatic illness related to material deprivation, psychological immaturity and a lack of social support. Negative consequences of early pregnancy and motherhood are poverty, economic failure of girls to independently ensure quality life for themselves and their child, social isolation, limited opportunity for education (profession), psychological problems, the risk of disease and discrimination in the society.

Recommendations

Teenage pregnancy often has a negative impact on a teen's future. Counsellors and other Social workers should work with UNDP, governments and Non-Governmental organizations to make the following services available to teenagers :

1) sex education should be introduced at an earlier grade level; 2) funding of preventive and intervention programs must be increased. 3) contraceptives should be made more readily available to teenagers; 4) male teenagers should be encouraged to play a more active role in contraception; 5) parenting techniques should be taught in sex education programs; and 6) Social and education assistance to young parents and their children should be increased. They include: establishment of social services like shelters for young mothers and their children, with interdisciplinary team of experts (teachers, psychologists, social workers, doctors, lawyers); foster and assist families who sometimes take custody of the young mother and her child.

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