



Preventive Counselling on Curbing Teenage Pregnancy Among Students in Rogo Local Government Area of Kano State, Nigeria



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KEYWORDS

Preventive Counselling,
Teenage Pregnancy,
Secondary School Students,
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ABSTRACT

Teenage pregnancy remains a significant social, educational and public health concern, with adverse consequences for adolescents' wellbeing and educational development. This study examined the role of preventive counselling in curbing teenage pregnancy among female Senior Secondary School Two (SS II) students in Rogo Local Government Area of Kano State, Nigeria. The study adopted a descriptive correlational research design. The population comprised 1,060 female SS II students, from which a sample of 278 students was drawn from eight eligible public senior secondary schools. Data were collected using a researcher-developed 21-item questionnaire titled 'Prevention Counselling on Curbing Teenage Pregnancy Questionnaire (PCCTPQ)', which was validated by experts in counselling psychology, measurement and evaluation. The instrument yielded a reliability coefficient of 0.72 using the Spearman-Brown formula. Percentages and mean scores were used to answer the research questions, while Pearson's Product-Moment Correlation Coefficient tested the hypotheses at the 0.05 significance level. It was discovered that inadequate access to youth-oriented programs was the highest-rated perceived factor associated with teenage pregnancy ($M = 3.43$), closely followed by sexual violence and harassment ($M = 3.42$). Educational interruption was the highest-rated perceived consequence ($M = 3.30$). Providing appropriate information on contraceptive use and correcting sexual misconceptions was the highest-rated preventive counselling measure ($M = 3.49$), while appropriate discussion of relationships was the highest-rated curtailment strategy ($M = 3.49$). Hypothesis testing revealed strong positive relationships in perceptions across age groups ($r = 0.97-1.00$). The study recommends strengthening school counselling programmes, parental involvement, adolescent-friendly reproductive health services and deployment of professional counsellors.

CITATION

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INTRODUCTION

Teenage pregnancy remains an important public health and social concern, particularly in developing countries where adolescents face considerable sexual and reproductive health challenges. Globally, a substantial proportion of young people aged 15–24 years live in sub-

Saharan Africa, where adolescents are particularly vulnerable to unintended pregnancies and sexually transmitted infections (STIs). Adolescent pregnancy has significant implications for the health, education and socioeconomic wellbeing of young mothers and their children. Its consequences may also extend beyond the

individual to families, communities and society (Arnett, 2000; Saikia, 2017).

Despite various interventions aimed at preventing teenage pregnancy, its prevalence remains a concern in Nigeria. Teenage pregnancy has been associated with several interconnected factors, including inadequate sexuality education, inconsistent or non-use of contraceptives, poverty, peer pressure, sexual coercion, early sexual initiation and limited parental communication about sexual and reproductive health. Amoran (2012) for example, reported a teenage pregnancy prevalence of 22.9% among adolescents studied in a rural community in Western Nigeria. These challenges are particularly important because adolescent pregnancy may expose young mothers to adverse maternal and reproductive health outcomes and interrupt their educational and socioeconomic development (Ekefre *et al.*, 2014; Brosh *et al.*, 2007; Tabansi *et al.*, 2012).

The sexual and reproductive health environment of Nigerian adolescents is influenced by social, cultural and economic factors. Exposure to sexual content through television, music, films and the internet, combined with peer influence and inadequate access to reliable sexual health information, may contribute to risky sexual behaviours (Albert, Chein & Steinberg, 2013; Engle, Brown & Kenneavy, 2006; Kaestle *et al.*, 2002). Although parents are expected to play an important role in educating adolescents about sexuality, discussions about sex and contraception are often regarded as culturally sensitive. Consequently, many adolescents obtain sexual information from peers and other potentially unreliable sources. Limited knowledge may increase vulnerability to unprotected sexual activity, unintended pregnancy and unsafe abortion (American Psychological Association, 2002; Okere *et al.*, 2014; Okonkwo & Eze, 2000)).

Access to appropriate Sexual and Reproductive Health (SRH) information and services also remains challenging for many Nigerian adolescents. Evidence indicates that a substantial proportion of sexually active adolescents do not use contraceptives, while misconceptions regarding their safety and appropriate use persist. Adolescents may also experience barriers to accessing reproductive health services because of stigma, embarrassment, cost, limited availability and negative attitudes from healthcare providers. These barriers may be particularly significant in rural communities where adolescent-friendly reproductive health services are often limited (Onyechi, 2006).

Teenage pregnancy has substantial health, psychological, educational and socioeconomic consequences. Pregnant adolescents may experience emotional distress, social stigma, reduced educational opportunities and increased economic dependency (Brown, 2013; Igbolo & Ejue, 2016; Undiyaundeye *et al.*, 2015). Some unintended pregnancies may also result in unsafe abortion, exposing adolescents to further health complications. Furthermore, teenage

motherhood may contribute to school dropout and restrict opportunities for further education and employment. These consequences highlight the importance of interventions that address not only adolescents' sexual behaviour but also the social and psychological factors influencing their reproductive decisions (Ayuba & Gani, 2012).

Preventive counselling represents one potentially important intervention for addressing these challenges. Counselling provides individuals with opportunities to understand their circumstances, develop appropriate decision-making and coping skills, modify risky behaviours and make informed choices. Within secondary schools, preventive counselling may provide adolescents with accurate information about sexual and reproductive health while strengthening self-control, problem-solving, communication and decision-making skills. Strategies such as cognitive restructuring, dialogue, modelling, sex education, behavioural modification and education about the consequences of risky sexual practices may therefore contribute to preventing unintended teenage pregnancy (McIntosh J.E., Pnett M., & Kelly J.B., 2014; Steinberg, 2005; Steinberg & Morris, 2001; Onyechi & Obikezie, 2010).

The relevance of preventive counselling can also be understood through Bandura's Social Cognitive Theory, which emphasizes the reciprocal interaction between individual cognition, behaviour and the social environment. Adolescents learn behaviours partly through observation and interaction with influential individuals within their environment. Parents, teachers, counsellors and peers may therefore influence adolescents' attitudes and decisions regarding sexual behaviour (Steinberg & Scott, 2003). Through positive modelling, appropriate information, reinforcement and the development of self-efficacy, preventive counselling may enable adolescents to resist risky sexual behaviours and make healthier reproductive choices (Mang'atu & Kisimbii, 2019).

Although previous Nigerian studies have examined the prevalence, determinants and consequences of teenage pregnancy, sexual behaviour and abortion among adolescents, comparatively less attention has been directed towards the role of preventive counselling within specific secondary-school populations, particularly in Rogo Local Government Area of Kano State. The sociocultural context of the area makes it important to understand how counselling interventions may contribute to addressing adolescent pregnancy while recognising the environmental and behavioural factors influencing students' sexual and reproductive decisions.

Therefore, this study examines the role of preventive counselling in curbing teenage pregnancy among Senior Secondary School Two (SS2) students in Rogo Local Government Area of Kano State, Nigeria. The study seeks to contribute evidence that may support school counsellors, educators, parents, healthcare providers and

policymakers in developing appropriate strategies for reducing teenage pregnancy and promoting healthier sexual and reproductive behaviours among adolescents. The study contributes to existing knowledge by providing empirical evidence on the perceived factors associated with teenage pregnancy, its consequences, and the role of preventive counselling among female Senior Secondary School II students in Rogo Local Government Area of Kano State. It provides context-specific evidence on how preventive counselling may contribute to addressing teenage pregnancy and fills a geographical and contextual gap in the existing literature by focusing specifically on students in Rogo Local Government Area. The findings therefore provide useful evidence for professional counsellors, educators, policymakers and researchers concerned with adolescent reproductive health and preventive counselling, while also providing a basis for further research and the development of appropriate school-based counselling interventions.

MATERIALS AND METHODS

Research Design

The study adopted a descriptive correlational research design. The descriptive component enabled the researcher to collect and describe respondents' perceptions regarding the causes and impacts of teenage pregnancy, the roles of preventive counselling in curbing teenage pregnancy, and measures for reducing its occurrence among female SS II students in Rogo Local Government Area of Kano State. The correlational component was used to examine the relationships in respondents' perceptions of preventive counselling across the different age groups included in the study. Data were collected using a structured questionnaire and analysed using appropriate descriptive and inferential statistical techniques.

Population and Sample of the Study

Ethical Considerations

Prior to data collection, an introductory letter from the Department of Educational Foundations, University of Jos, introducing the researcher and explaining the purpose of the study. The Education Inspectorate Officer of the local

government approved the survey and facilitated in sampling of eligible public senior secondary schools. The letter was presented to the authorities of the selected schools in Rogo Local Government Area, Kano State, together with requests for permission to conduct the study. Approval was also obtained from the respective school authorities before data collection commenced, and the school authorities facilitated access to the eligible students. Before administration of the questionnaire, the purpose of the study was explained to the respondents. Participation was voluntary, and respondents were assured that the information provided would be treated confidentially and used solely for academic and research purposes. Respondents were also informed of their freedom to decline participation. The participants provided their consent before completing the questionnaire. No personally identifying information was collected or reported in the study.

Population

The target population for this study comprised all female Senior Secondary School II (SS II) students in the eligible public senior secondary schools in Rogo Local Government Area of Kano State. The population included students of varying ages, reflecting the age distribution of learners enrolled in the participating schools. There were 12 public senior secondary schools in the study area. A total of 1,060 female SS II students constituted the population of the study.

Although the study focused on teenage pregnancy, the participating SS II classes included students above the conventional teenage age range. Consequently, respondents were categorised into three age groups: 13–16 years, 17–21 years, and 22 years and above, based on the observed age distribution of the study population.

Sample

Out of the 12 public schools in Rogo Local Government Area of Kano State, only Eight (8) had female senior secondary II classes and were therefore eligible for inclusion in the study. The composition is as seen in table 1.

Table 1: Sample Distribution of SS2 Female Students of Public Schools

S/N	Name of School	Population	Sample
1.	Government Secondary School, Bari	37	10
2.	Government Secondary School, Falgore	62	16
3.	GGASS, Rogo	105	27
4.	GGSS, Rogo	107	28
5.	GG SIS, Rafin Dadi	190	49
6.	GGSS, Zoza	306	82
7.	GGSS, Beli	108	28
8.	GG SIS, Zarewa	145	38
	Total	1060	278

Source: Education Inspectorate Office, Rogo Local Government Area, 2022

Sampling Technique

A non-probability purposive sampling technique was used at the school-selection stage. Eight of the twelve public senior secondary schools in Rogo Local Government Area were included because they had female SS II enrolment, which constituted the target population of the study.

A sample of 278 female SS II students was determined from the total population of 1,060 students with reference to Krejcie and Morgan's (1970) sample-size table. Proportionate allocation was subsequently used to distribute the sample across the eight participating schools. The sampling fraction was calculated as follows:

$$\text{Sampling fraction} = \frac{\text{Sample}}{\text{Population}} = \frac{278}{1060} = 0.26 \quad (1)$$

This proportion was applied to the female SS II population of each participating school to determine the number of respondents selected from each school, as presented in Table 1.

Description of the Instrument

The instrument used for the data collection was a structured questionnaire tagged Prevention Counselling to Curb Teenage Pregnancy Questionnaire, which consisted of two main parts. The first part which is section A measured the demographic variables of the respondent, while section B comprised of twenty-one (21) items, with four (4) segments structured to elicit information on influence of preventive counselling to curb teenage pregnancy among secondary school II students. The four segments in Section B have 9, 6, 3 and 3 items respectively. A four-point rating scale of Strongly Agree (SA), Agreed(A), Disagreed (D), and Strongly Disagree (SD) was adopted to determine the respondents' degree of agreement or disagreement to the items in the questionnaire.

Procedure for Instrument Development

Research instruments are tools or devices used in measuring, obtaining or recording data. For any research instrument to achieve appropriate results, the procedure for its development has to be thorough. Consequently, in developing the instrument for this piece of work, the researcher reviewed various relevant literatures as well as consulted the supervisor and other experts in counselling vis-à-vis the aim and objectives, research questions and hypotheses of the study to gain more insight on the ingredients that would furnish and make the instrument achieve its intended purpose. After this, the researcher will generate the questionnaire items based on the objective of the study.

Validity and Reliability of Instrument

The quality of a research instrument depends on the extent to which it is valid and reliable.

Validity

The validity of research instrument according to Frankel and Wallen (1993) entails appropriateness, meaningfulness and usefulness of inferences a researcher makes. Groulund (1981) also defines it as the extent to which results of an evaluation procedure serve the particular uses for which they are intended. It is the most important quality to consider when preparing or selecting any research instrument for use. It is important to note that it is the inference about the specific uses of an instrument that are validated, and not the instrument itself. The inference to be made should, therefore, be appropriate, meaningful and useful. An appropriate inference is one that is related to the purpose of the study; a meaningful inference is one that brings out the meaning of data obtained; while a useful inference is one that helps a researcher make a decision that is related to the purpose of study.

Therefore, the instrument was validated by the researcher's supervisor who is an expert in counselling psychology, and other experts in test evaluation and measurement all from the Department of Educational Foundations, University of Jos who ensured the appropriateness and accuracy of the items as well as clarity of expressions.

Reliability

Reliability on the other hand is defined by Awotunde and Ogodutunwa (2004) as the consistency of measurement which is expressed as a correlation coefficient. It indicates the degree to which an instrument measures what it is set measure. Kerlinger (1973) refers to it as a relative absence of errors of measurement in a measuring instrument. Reliability deals with how consistent data obtained from each individual from one administration of an instrument to another and from one set of items to another. For example, a test design to measure verbal ability is reliable if students who receive high scores in the first administration received high scores the next time they take the test and vice versa. Therefore, the reliability of the instrument was 0.72 using Spearman Brown Formula using the Internal Consistency Model.

Procedure for Data Collection

The researcher adopted the face-to-face method in administering the questionnaires. This method is otherwise known as on-the-spot method of administration of questionnaire. Hence, the research through the help of three friends and the various class teachers, having collected a letter of introduction from the Department of Educational Foundations, duly signed by the Head of Department and supervisor proceeded to each of the eight sampled schools across the local government for the data collection. The researcher after due information to the various heads of the schools within one week,

administered the questionnaire on the spot and returned. The researcher chose this method because it ensured high response rate. More so, the researcher attended to some ambiguous areas which needed clarification by the respondents.

Method of Data Analysis

This part deals primarily with the method to be used by the researcher in analyzing the data collected. The researcher used the 4-point scale of Strongly Agree with 4 points; Agree with 3 points; Disagree with 2 points; and Strongly Disagree having 1 point which mean score is 2.5 in the frequency distribution table presented. Each table will be characterized by variable and number of respondents in each case and mean of responses will be calculated. The formula used for the calculation of the mean frequencies is:

$$\text{Mean } X = \frac{\sum fx}{n} \quad (2)$$

Where: X = Arithmetic Mean; $\sum$ = Summation; f = Frequencies of responses; x = Scores; n = number of responses

$$\text{Mean } X = \frac{4+3+2+1}{4} = \frac{10}{4} = 2.5$$

Therefore, any mean score below 2.5 was rejected and that which was above 2.5 was accepted. On the other hand, the formula to analyse the hypotheses is the Pearson Correlational Formula. The calculated and established Pearson Correlational Coefficient would be used to corroborate the degree of relationship which exists between the responses of the 13-16years and 17 – 21years as well as between 22years and above and 13-16 years, 22 years and above and 17-21years students. The formula is:

$$r = \frac{\sum xy}{\sqrt{(\sum xy^2)(\sum xy^2)}} \quad (3)$$

Where: r = Product-moment Correlation coefficient; x = Deviation of each (x) score from their mean; y = Deviation of each (y) score from their mean; $\sum$ = Sum of scores

RESULTS AND DISCUSSION

This section discusses the results of the data received from respondents alongside the hypotheses raised on the topic: “Preventive Counselling on Teenage Pregnancy of SSS11 Students” in Rogo LGA.

Results

Table 2: Descriptive Distribution Table of Age Respondents

S/N	Age	Number of Respondents	Percentage (%)
1.	13 – 16 years	77	27.7
2.	17 – 21 years	93	33.5
3.	22 years and above	108	38.8
Total		278	100

Source: Field Study, 2022

Table 2 shows the correlational distribution of the respondents based on age where 13-16 years were 77 and represented 27.7% of the sample size used for the study. 17 – 21 years were 93 and represented 33.5% of the

elements in the sample frame while 38.8% of the sample size, representing 108 teenage girls was of the age bracket of 22 years and above. The chart of the distribution is represented in Figure 1.

Chart Distribution of Ages of Respondents

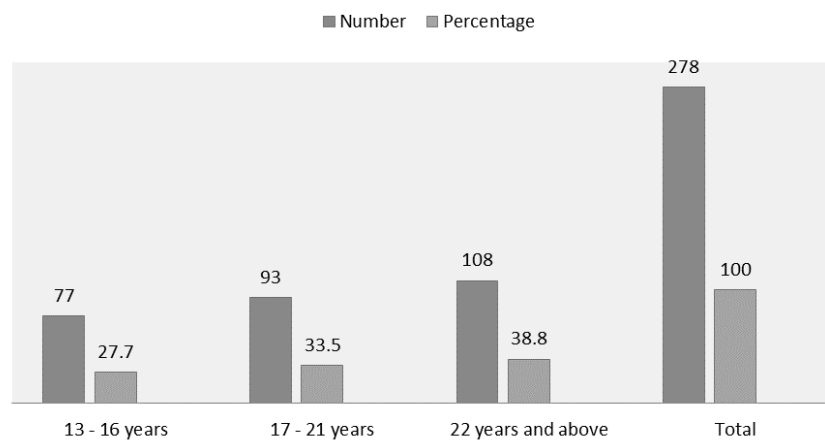


Figure 1: Chart Distribution of Ages of Respondents

Research Question One: What are the causes of teenage pregnancy among secondary school students in Rogo Local Government Area of Kano State?

Table 3: Showing the Causes of Teenage Pregnancy Among Secondary School Students in Rogo Local Government Area of Kano State

S/N	Statement	Strongly Agree (SA)	Agree (A)	Disagree (D)	Strongly Disagree (SD)	Mean	Decision
1.	Lack of information about sexual and reproductive health and rights can make teenage girls become pregnant.	83	165	24	6	3.17	Accept
2.	Inadequate access to services aimed at young people can cause teenage girls to become pregnant.	140	122	11	5	3.43	Accept
3.	Parents' lack of education and not too much knowledge can make a teenage to become pregnant.	117	149	0	12	3.33	Accept
4.	Sexual violence in the form of rape and other sexual harassment can make a teenage girl become pregnant.	129	141	5	3	3.42	Accept
5.	Early child and forced marriage can cause a girl-child to become pregnant	87	172	14	5	3.23	Accept
6.	Poverty can cause a teenage girl to become pregnant.	95	162	15	6	3.24	Accept
7.	Instability of parents in marriage can cause teenage girls to get pregnant.	107	148	23	0	3.3	Accept
8.	Curiosity to have sexual acts can cause a teenage girl to get pregnant.	85	170	18	5	3.21	Accept
9.	The mass media and internet could pose as big openings to make teenage girls become pregnant through experimentation.	55	135	53	35	2.76	Accept

Source: Field Data, 2022

Table 3, Showing the causes of teenage pregnancy among secondary school students in Rogo Local Government Area of Kano State, it revealed that item 1, based on SA, A, D, and SD has scores of 83, 165, 24 and 6 respectively with an average score of 3.17, stands accepted; and shows that lack of information about sexual and reproductive health and rights can make teenage girls become pregnant. Item 2 having scores of 140, 122, 11, and 5 based on SA, A, D and SD respectively has an average score of 3.43, consequently, stands accepted and confirmed that inadequate access to services aimed at young people can cause teenage girls to become pregnant. Additionally, item 3 with scores of 117, 149, 0, and 12 based on SA, A, D, and SD respectively has a mean score of 3.33, thus, stands accepted for the study. This proves that parents' lack of education and not having much knowledge about the challenges of youngsters can make a teenage to become pregnant. Item 4 with scores of 129, 141, 5, and 3 based on SA, A, D, and SD respectively has a mean score of 3.42, therefore, stands accepted for the study; proving that sexual violence in the form of rape and other sexual harassment can make a teenage girl become pregnant.

More so, item 5 with scores of 87, 172, 14, and 5 based on SA, A, D, and SD respectively has a mean score of 3.23, hence, stands accepted for the study; proving that early child and forced marriage can cause a girl-child to become pregnant. As well, item 6 with scores of 95, 162, 15, and 6 based on SA, A, D, and SD respectively has a mean score of 3.24, thus, stands accepted for the study; confirming that poverty can cause a teenage girl to become pregnant. Meantime, item 7 with scores of 107, 148, 23, and 0 based on SA, A, D, and SD respectively has a mean score of 3.3, thus, stands accepted for the study; affirming that instability of parents in marriage can cause teenage girls to get pregnant. Also, item 8 with scores of 85, 170, 18, and 5 based on SA, A, D, and SD respectively has a mean score of 3.21, hence, stands accepted for the study; supporting the fact that curiosity to have sexual acts can cause a teenage girl to get pregnant. Lastly, item 9 with scores of 55, 135, 53, and 35 based on SA, A, D, and SD respectively has a mean score of 2.76, thus, stands accepted for the study; affirming that the mass media and internet could pose as big openings to make teenage girls become pregnant through experimentation. Therefore, the average

score for this research question having collated and analysed the nine averages is 3.232. Accordingly, it can be said that all the stated are causes and predisposing factors

to causing teenage girls to become pregnant in Rogo Local Government Area of Kano State.

Research Question Two: What is the impact of teenage pregnancies among secondary school students in Rogo Local Government Area of Kano State?

Table 4: Showing the Impact of Teenage Pregnancy Among Secondary School Students in Rogo Local Government Area of Kano State

S/N	Statement	Strongly Agree (SA)	Agree (A)	Disagree (D)	Strongly Disagree (SD)	Mean	Decision
	The education of a teenage girl can be cut short or interrupted once pregnant.	129	113	27	9	3.3	Accept
	There are a lot of health problems or complications like fistula issues that a teenage girl could face.	76	152	29	21	3.02	Accept
	Incidences of child mortality of death may be possible.	83	146	35	14	3.07	Accept
	There is high tendency of emotional and psychological difficulties due to neglect by people.	79	182	14	3	3.21	Accept
	There is likelihood of having suicide thoughts.	93	168	14	3	3.26	Accept
	There are high chances of resorting to taking of drugs and other substances.	90	168	19	1	3.25	Accept

Source: Field Data, 2022

Table 4, Showing the impact of teenage pregnancy among secondary school students in Rogo Local Government Area of Kano State, it revealed that item 10, based on SA, A, D, and SD has scores of 129, 113, 27 and 9 respectively with an average score of 3.3, stands accepted; and shows that the education of a teenage girl can be cut short or interrupted once she gets pregnant. Item 11 having scores of 76, 152, 29, and 21 based on SA, A, D and SD respectively has an average score of 3.02, consequently, stands accepted and confirmed that there are a lot of health problems or complications like fistula issues that a teenage girl could face once pregnant. Additionally, item 12 with scores of 83, 146, 35, and 14 based on SA, A, D, and SD respectively has a mean score of 3.07, thus, stands accepted for the study. This shows that incidences of child mortality of death may be possible when teenage girls get pregnant. Item 13 with scores of 79, 182, 14, and 3 based on SA, A, D, and SD respectively has a mean score of 3.21, therefore, stands accepted for the study; attesting that

there is high tendency of emotional and psychological difficulties due to neglect by people when teenage girls become pregnant out of wedlock. More so, item 14 with scores of 93, 168, 14, and 3 based on SA, A, D, and SD respectively has a mean score of 3.26, thus, stands accepted for the study; proving that there is the likelihood of having suicide thoughts with teenage girls who become pregnant out of wedlock. As well, item 15 with scores of 90, 168, 19, and 1 based on SA, A, D, and SD respectively has a mean score of 3.25, hence, stands accepted for the study; confirming that there are high chances of resorting to taking of drugs and other substances when teenage girls become pregnant unwantedly. Therefore, the average score for this research question having collated and analysed the five averages is 3.19. Accordingly, it can be said that there lots of negative impacts on teenage girls who become pregnant unwantedly among secondary school students in Rogo Local Government Area of Kano State.

Research Question Three: What are the roles of preventive counselling in curbing Teenage Pregnancy among secondary school students in the area?

Table 5: Showing the Roles of Preventive Counselling in Curbing Teenage Pregnancy Among Secondary School Students in Rogo Local Government Area of Kano State

S/N	Statement	Strongly Agree (SA)	Agree (A)	Disagree (D)	Strongly Disagree (SD)	Mean	Decision
	Counselling through guidance can go a long way to help the teenage girl understand the natural changes which come with her body, hence work at keeping herself.	135	99	35	9	3.29	Accept
	Counselling and guidance concerning sex education must be provided to parents and the girl-child on the need to for abstinence can go a long way.	109	153	11	5	3.32	Accept
	Discussion on the need to use contraceptives when necessary should be enhanced to disabuse misinformation to teenagers about sex.	146	125	4	3	3.49	Accept

Source: Field Data, 2022

Table 5, showing the roles of preventive counselling in curbing teenage pregnancy among secondary school students in Rogo Local Government Area of Kano State, it showed that item 16, based on SA, A, D, and SD has scores of 135, 99, 35 and 9 respectively with an average score of 3.29, stands accepted; and shows that counselling through guidance can go a long way to help the teenage girl understand the natural changes which come with her body, hence work at keeping herself free of unwanted pregnancy. Item 17 having scores of 109, 153, 11, and 5 based on SA, A, D and SD respectively has an average score of 3.32, consequently, stands accepted and affirming that counselling and guidance concerning sex education must be provided to parents and the girl-child

on the need for abstinence can go a long way to prevent the teenage from getting pregnant out of wedlock. Lastly, item 18 with scores of 146, 125, 4, and 3 based on SA, A, D, and SD respectively has a mean score of 3.49, therefore, stands accepted for the study. This shows that discussion on the need to use of contraceptives when necessary should be enhanced to disabuse misinformation to teenagers about sex. Therefore, the average score for this research question having collated and analysed the three averages is 3.37. In view of this outcome, it can be said that preventive counselling can play important roles in curbing teenage pregnancy among secondary school students in the Rogo Local Government Area of Kano State.

Research Question Four: How would the menace of teenage pregnancy among secondary school students in the area be curtailed?

Table 6: Showing How the Menace of Teenage Pregnancy Among Secondary School Students in Rogo Local Government Area of Kano State Could be Curtailed

S/N	Statement	Strongly Agree (SA)	Agree (A)	Disagree (D)	Strongly Disagree (SD)	Mean	Decision
	Create room for discussion on issues about relationships with the opposite sex.	152	117	2	7	3.49	Accept
	Create room for interface with parents and guardians on the need to talk and observe their teenage girls, especially in meeting their emotional, psychological and other needs.	66	194	13	5	3.15	Accept
	Government through the employment of professional counsellors can be deployed to various schools and communities to sensitize parents and guardians.	78	165	25	10	3.12	Accept

Source: Field Data, 2022

Table 6, showing how the menace of teenage pregnancy among secondary school students in Rogo Local Government Area of Kano State could be curtailed, it showed that item 19, based on SA, A, D, and SD has scores of 152, 117, 2 and 7 respectively with an average score of 3.49, stands accepted; and shows that creating room for discussion on issues about relationships with the opposite sex can curtail the menace of teenage pregnancy in Rogo Local Government Area. Item 20 having scores of 66, 194, 13, and 5 based on SA, A, D and SD respectively has an average score of 3.15, accordingly, stands accepted and affirming that creating room for interface with parents and guardians on the need to talk and observe their teenage girls, especially in meeting their emotional, psychological and other needs is welcoming to curtail teenage

pregnancy. Lastly, item 21 with scores of 78, 165, 25, and 10 based on SA, A, D, and SD respectively has a mean score of 3.12, hence, stands accepted for the study. This shows that government through the employment of professional counsellors when deployed to the various schools and communities to sensitise parents and guardians on preventive measures against teenage pregnancy. Consequently, the average score for this research question having collated and analysed the three averages is 3.25. In view of this result, it can be said that the menace of teenage pregnancy among secondary school students in the area could be curtailed through what the result of this study showcased in Rogo Local Government Area of Kano State.

Testing of Hypotheses

Table 7: Correlation between 13-16 years and 17-21 years on Preventive Counselling on Teenage Pregnancy

Groups	Number	Mean	SD	DF	Calculated r	Critical r	Decision
13 – 16 years	77	3.19	14.4	168	0.97	0.1506	Reject H_0
17 – 21 years	93	3.34	20.4				

Source: Field Study, 2022

From Table 7, Correlation between 13-16 years and 17-21 years on Preventive Counselling on Teenage Pregnancy, it reveals that the calculated r value 0.97 is greater than the critical r value, 0.1506, at a degree of freedom value of 168 ($\alpha = 0.05$). Hence, the null hypothesis stated for the study

is rejected. Implying that, there is significant perfect positive relationship that exists in the influence of preventive counselling on teenage pregnancy between secondary school II students of 13 – 16 years and 17 – 21 years in Rogo Local Government of Kano State.

Table 8: Correlation Between 13-16 Years and 22 Years & Above on Preventive Counselling on Teenage Pregnancy

Groups	Number	Mean	SD	DF	Calculated r	Critical r	Decision
13 – 16 years	77	3.19	14.4	183	0.98	0.1443	Reject H_0
22 years and above	108	3.32	23.3				

Source: Field Study, 2022

From Table 8, Correlation between 13-16 years and 22 years and above years on Preventive Counselling on Teenage Pregnancy, it reveals that the calculated r value 0.98 is greater than the critical r value, 0.1443, at a degree of freedom value of 183 ($\alpha = 0.05$). Hence, the null hypothesis stated for the study is rejected. Implying that,

there is significant perfect positive relationship that exists in the influence of preventive counselling on teenage pregnancy between secondary school II students of 13 – 16 years and 22 years and above in Rogo Local Government of Kano State.

Table 9: Correlation Between 17 – 21 Years and 22 Years & Above on Preventive Counselling on Teenage Pregnancy

Groups	Number	Mean	SD	DF	Calculated r	Critical r	Decision
17 – 21 years	93	3.34	20.4	199	1	0.1384	Reject H_0
22 years and above	108	3.32	23.3				

Source: Field Study, 2022

From Table 9, Correlation between 17-21 years and 22 years and above years on Preventive Counselling on Teenage Pregnancy, it reveals that the calculated r value 1 is greater than the critical r value, 0.1384, at a degree of freedom value of 199 ($\alpha = 0.05$). Hence, the null hypothesis stated for the study is rejected. Implying that, there is a perfect positive relationship that exists in the influence of

preventive counselling on teenage pregnancy between secondary school II students of 17 – 21 years and 22 years and above in Rogo Local Government of Kano State.

Discussion

The findings of the study, in relation to the research aim, objectives and research questions, revealed several

factors perceived by respondents as contributing to teenage pregnancy among secondary school students in Rogo Local Government Area of Kano State. These included inadequate information about sexual and reproductive health and rights, inadequate access to adolescent-friendly services, limited parental knowledge and education, sexual violence and harassment, early and forced marriage, poverty, family instability, sexual curiosity, and exposure to sexual content through the mass media and internet.

These findings are consistent with the study of Chiazor, Idowu, Ozoya, Udume and Osagide (2017) on the female adolescent dilemma in Alimosho and Ikorodu Local Government Areas of Lagos State. Their study identified low socioeconomic status, cultural barriers, peer pressure and inadequate sex education as important factors associated with teenage pregnancy and abortion. Similarly, previous research on teenage pregnancy in Nigeria has reported adverse consequences for affected adolescents and society. The findings of the present study further revealed that respondents perceived teenage pregnancy as having serious educational, health, psychological and social consequences. These included interruption of the education of affected students, health complications such as obstetric fistula, risks to maternal and child health, emotional and psychological difficulties, suicidal thoughts, and the possibility of substance use. These findings suggest that teenage pregnancy may have consequences extending beyond reproductive health to the educational and psychosocial wellbeing of affected students.

Furthermore, regarding the roles of preventive counselling in curbing teenage pregnancy among secondary school students in Rogo Local Government Area of Kano State, the findings revealed positive perceptions of preventive counselling among the respondents. Specifically, respondents agreed that counselling and guidance could help adolescent girls understand the physical and developmental changes associated with adolescence and make informed decisions regarding their sexual and reproductive health. The respondents also agreed that sex education and counselling should involve both parents and adolescent girls, particularly in promoting abstinence and responsible sexual behaviour. In addition, respondents supported appropriate counselling on contraceptive use as a means of addressing misconceptions and providing accurate sexual and reproductive health information. These findings indicate that preventive counselling may provide an important avenue for equipping students with relevant knowledge and decision-making skills that could contribute to the prevention of unintended pregnancy.

With respect to measures for curtailing teenage pregnancy among secondary school students in Rogo Local Government Area, the findings showed that respondents

supported creating opportunities for appropriate discussions about relationships with the opposite sex and strengthening communication between parents or guardians and adolescent girls concerning their emotional, psychological and reproductive health needs. Respondents also supported the employment and deployment of professional counsellors to schools and communities to provide preventive counselling and sensitisation to students, parents and guardians. These findings are consistent with previous studies on counselling strategies for preventing teenage pregnancy, which have emphasised dialogue, abstinence education, appropriate sexuality education and seminars on the consequences of teenage pregnancy.

The hypotheses further examined the relationships in respondents' perceptions of preventive counselling across the three age groups. The results showed strong positive relationships between the perceptions of respondents aged 13–16 years and those aged 17–21 years ($r = 0.97$), between respondents aged 13–16 years and those aged 22 years and above ($r = 0.98$), and between respondents aged 17–21 years and those aged 22 years and above ($r = 1.00$). In each comparison, the calculated correlation coefficient exceeded the corresponding critical value at the 0.05 level of significance; therefore, the respective null hypotheses were rejected. These findings indicate a high degree of similarity in the pattern of respondents' perceptions regarding preventive counselling across the different age groups represented in the study. Thus, despite differences in age, respondents generally demonstrated similar perceptions regarding the relevance of preventive counselling in addressing teenage pregnancy among female SS II students in the study area.

Summary of Findings

The findings of the study showed that several factors were perceived by respondents as contributing to teenage pregnancy among secondary school students in Rogo Local Government Area of Kano State. These factors included inadequate information about sexual and reproductive health and rights, limited access to adolescent-friendly services, inadequate parental education and knowledge about the challenges faced by adolescent girls, sexual violence and harassment, early and forced marriage, poverty, family instability, sexual curiosity, and exposure to sexual content through the mass media and internet.

Furthermore, it was discovered that teenage pregnancy was perceived as having significant educational, health, psychological and social consequences. These included interruption of the education of affected students, health complications such as obstetric fistula, risks to maternal and child health, emotional and psychological difficulties, suicidal thoughts, and the possibility of substance use. These findings demonstrate the potentially serious

consequences of teenage pregnancy for the educational development and general wellbeing of affected students. Regarding the role of preventive counselling, the findings revealed that counselling and guidance could help adolescent girls understand the physical and developmental changes associated with adolescence and make informed decisions that may reduce the risk of unintended pregnancy. The findings also indicated the importance of providing appropriate sex education and counselling to both parents and adolescent girls, particularly regarding abstinence, responsible sexual behaviour and accurate reproductive health information. Appropriate counselling on contraceptive use was also considered important in addressing misinformation and misconceptions about sexual and reproductive health. The study further found that teenage pregnancy could be curtailed by creating appropriate opportunities for students to discuss issues relating to relationships and sexual and reproductive health. Strengthening communication between parents or guardians and adolescent girls regarding their emotional, psychological and other developmental needs was also considered important. Furthermore, the findings highlighted the need for government to employ and deploy professional counsellors to schools and communities to provide preventive counselling and sensitisation to students, parents and guardians. The hypothesis testing further revealed strong positive relationships in respondents' perceptions of preventive counselling across the different age groups represented in the study. This indicates that respondents across the age categories generally demonstrated similar perceptions regarding the relevance of preventive counselling in curbing teenage pregnancy among female SS II students in Rogo Local Government Area of Kano State.

CONCLUSION

Teenage pregnancy remains an important educational, health and social concern among secondary school students in Rogo Local Government Area of Kano State. The findings showed that respondents perceived several factors as contributing to teenage pregnancy. Among these factors, inadequate access to services aimed at young people recorded the highest mean score ($M = 3.43$), closely followed by sexual violence and harassment ($M = 3.42$). Other identified factors included inadequate sexual and reproductive health information, limited parental knowledge, early and forced marriage, poverty, family instability, sexual curiosity and exposure to sexual content through the mass media and internet. Teenage pregnancy was perceived as having adverse educational, health, psychological and social consequences. Educational interruption recorded the highest mean score among the identified consequences ($M = 3.30$). Other perceived consequences included health complications, risks to

child health, emotional and psychological difficulties, suicidal thoughts and substance use.

Preventive counselling was identified as an important approach to addressing teenage pregnancy. Among the preventive counselling measures examined, providing appropriate information on contraceptive use and correcting misinformation about sex recorded the highest mean score ($M = 3.49$). Similarly, creating opportunities for appropriate discussions about relationships with the opposite sex was the highest-rated strategy for curtailing teenage pregnancy ($M = 3.49$). The findings across the different age groups also showed generally similar perceptions regarding the relevance of preventive counselling.

The study therefore concludes that strengthening preventive counselling, improving access to appropriate sexual and reproductive health information and adolescent-friendly services, promoting constructive parent-child communication, and providing opportunities for age-appropriate discussions about relationships and reproductive health may contribute to addressing teenage pregnancy among students. This requires collaborative efforts among government, schools, professional counsellors, parents and guardians, healthcare providers, non-governmental organisations and other relevant stakeholders.

Recommendations

Based on the findings of the study, adequate and age-appropriate information on sexual and reproductive health should be made available to female students, while access to adolescent-friendly counselling and reproductive health services should be strengthened. This is particularly important given that inadequate access to services aimed at young people emerged as the highest-rated perceived contributing factor to teenage pregnancy. Parents and guardians should be encouraged to maintain open and appropriate communication with their children regarding relationships, sexual and reproductive health, and the physical and emotional changes associated with adolescence. Schools should complement these efforts by providing structured opportunities for students to receive accurate information and discuss relevant reproductive health and relationship issues in a safe and supportive environment.

Government and relevant authorities should strengthen measures for protecting adolescent girls from rape, sexual harassment, sexual coercion, early and forced marriage, and other forms of sexual violence. Appropriate laws and child-protection measures should be effectively implemented, while students should be provided with appropriate channels for reporting abuse and accessing support.

Government, schools and relevant organisations should strengthen interventions that address socioeconomic

vulnerabilities that may increase adolescents' exposure to risky situations. Parents and guardians should also provide appropriate supervision and guidance regarding adolescents' exposure to potentially harmful sexual content through the mass media and internet.

Educational authorities should strengthen mechanisms for supporting pregnant students and reducing unnecessary disruption to their education, while ensuring that appropriate counselling, health and psychosocial support are available to affected students.

Finally, government and educational authorities should employ and deploy qualified professional counsellors to secondary schools and strengthen existing guidance and counselling programmes. Such counsellors should provide preventive counselling, appropriate sexual and reproductive health information, decision-making and coping skills, and sensitisation programmes for students, parents and guardians. This would help address misinformation and other factors associated with teenage pregnancy identified in the study.

Suggestion for Further Study

Arising from the limitation of this study, future studies should perhaps, expand the scope of the study to cover the state and other classes of the secondary and primary levels. Perhaps, the design of the study could be changed to include experimental and qualitative methods. More so, parents should form part of the study sample too.

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