

The Issues and the Challenges of Teenage Pregnancy: Investigating the Counseling Implications of the Speedy Remedial and Strategies for Sustainable Development

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Abstract: The study analyzed the issues and challenges of teenage pregnancy, investigating the counseling implications of the speedy remedial measures and strategies for sustainable development. Teenage pregnancy poses significant health risks for both the mother and the baby. Young mothers may face complications during pregnancy and childbirth, including preterm birth, low birth weight, and an increased risk of maternal mortality. Teenage pregnancy often disrupts educational attainment. Young mothers may be forced to drop out of school, limiting their future opportunities and potential career paths. This educational setback can perpetuate the cycle of poverty, as individuals with lower educational levels often face challenges in securing stable employment and achieving financial independence. Since early pregnancies can perpetuate cycles of poverty and limited opportunities that can impede the long-term success of communities and nations, addressing these concerns is crucial to supporting sustainable development. Counselors play a crucial role in mitigating teenage pregnancy by addressing the various factors that contribute to this phenomenon, these factors include Counseling on reproductive health choices, exploring socioeconomic factors, promoting parental involvement, addressing mental health and emotional well-being, community engagement and awareness and advocating for accessible contraception. The study concluded that teenage pregnancy poses significant challenges, including adverse effects on the health and well-being of both the adolescent mother and the child. These issues extend beyond personal consequences to impact societal development. Addressing teenage pregnancy requires comprehensive strategies that encompass education, access to contraceptives, and social support systems. One of the recommendations made was that comprehensive sex education programs should be implemented in schools to equip adolescents with accurate information about reproductive health, contraception, and responsible decision-making.

Keywords: Teenage Pregnancy, Sustainable Development and Counseling Implications.

Introduction

Adolescent pregnancies provide serious obstacles to both the general public's health and the wellbeing of the adolescent population. Early motherhood has a variety of negative effects, including negative effects on young mothers' health, educational, and financial paths. Examining the underlying dynamics and underlying causes of the complex interaction of social, cultural, and economic factors that contribute to the occurrence of adolescent pregnancy is crucial because these phenomena frequently results from them. Since early pregnancies can perpetuate cycles of poverty and limited opportunities that can impede the long-term success of communities and nations, addressing these concerns is crucial to supporting sustainable development. Being pregnant is the state in which a woman is carrying a baby inside her body. Pregnancy lasts roughly nine months in humans. (Learning XL 2023) Beginning on the first day of your last menstrual cycle, often known as LMP, and ending on the day of your due date, a pregnancy typically lasts 40 weeks (280 days). The day your provider predicts you will give birth is known as your due date.

Adolescent pregnancy has problems that go beyond personal situations and impact larger societal institutions. Investigating and putting into action quick corrective actions is crucial to lessen the short- and long-term effects of early parenting. It is imperative that policymakers, healthcare providers, educators, and community leaders work together to develop all-encompassing approaches that include teen pregnancy support systems, access to contraception, and sex education. A 2023 pregnancy is one that happens to a woman who is younger than 20 years old, according to the American Pregnancy Association. This definition also includes young women 12 years of age or younger who are pregnant, even though they are not considered teenagers. Additionally, ending the cycle of adolescent pregnancies and promoting sustainable development depend on creating an atmosphere that values gender equality, gives young girls agency, and tackles underlying socioeconomic imbalances. It is also crucial to comprehend the complex nature of the problems related to teenage pregnancy. Adolescent well-being and prospects for the future can be given priority in sustainable development by looking into the underlying reasons and putting effective policies in place. This calls for a comprehensive strategy that incorporates socioeconomic, medical, and educational programs in order to empower youth, end the cycle of early parenthood, and advance global society as a whole.

Statement of problem

Like many other states in Nigeria, Akwa Ibom State is not new to the problems and difficulties associated with adolescent pregnancy. One of the major obstacles to Akwa Ibom state's growth has been teenage pregnancies; combating this threat may be one step in the direction of Akwa Ibom's sustainable development. Despite intervention attempts by schools, religious groups, concerned citizens, the state government, and nongovernmental organizations, the rate of adolescent pregnancies in Akwa Ibom State has remained high. Therefore, this study is necessary to look at this problem in Akwa Ibom State and offer evidence-based solutions that may be implemented quickly.

Objectives of the study

1. To find out the extent of teenage pregnancy in Akwa Ibom State.
2. To examine the issues and challenges of teenage pregnancy
3. To determine speedy remedial steps for teenage pregnancy for sustainable development in Akwa Ibom State.

Research questions

1. What is the extent of teenage pregnancy in Akwa Ibom State?
2. What are the issues and challenges of teenage pregnancy?
3. What are the speedy remedial steps for teenage pregnancy for sustainable development in Akwa Ibom State?

LITERATURE REVIEW

Concept of Pregnancy

Wikipedia (2023) defines pregnancy as the period of time within a woman's uterus (womb) during which one or more offspring develop (gestates). (K. S. Eunice & Mosby, 2013), Multiple pregnancies, including those involving twins, result in multiple offspring. Livingstone Churchill (2017). The act of carrying a developing embryo or fetus inside the body of a female, according to Davis, C. P. (2023). An X-ray, blood test, ultrasound, fetal heartbeat detection, or positive results from an over-the-counter urine test can all be used to confirm this disease. When counting from the day of the woman's last menstrual period (LMP), a pregnancy lasts around nine months. Traditionally, it is separated into three trimesters, which last around three months each. The process of fertilizing an egg cell with sperm to create a new cell known as a zygote that will eventually grow into a new human being is known as pregnancy. The typical length of a human pregnancy is 40 weeks beginning on the day of the last menstrual period (LMP), or 38 weeks from the moment of conception. In 2020, Thomas, L., and Cooke, M. The process and sequence of alterations in a woman's organs and tissues brought on by a

growing fetus is known as pregnancy. An average of 266–270 days, or almost nine months, pass between fertilization and delivery. (See gestation for pregnancies other than human.) W. J. Huffman (2023), Being pregnant is the state in which a woman is carrying a baby inside her body. Human pregnancy lasts for approximately nine months, during which the mother may have a need for a sandwich made of chocolate chips and pickles. Get one for her. (Learning XL 2023) Beginning on the first day of your last menstrual cycle, often known as LMP, and ending on the day of your due date, a pregnancy typically lasts 40 weeks (280 days). The day your provider predicts you will give birth is known as your due date. A full-term pregnancy is defined by the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) as one that lasts between 39 weeks, 0 days and 40 weeks, 6 days. This indicates that the duration of your pregnancy is one week, starting one week earlier and ending one week later. When comparing the chances of health, infants delivered at full term have the highest likelihood. The average length of a pregnancy is 40 weeks; however actual lengths might differ. A pregnancy that lasted from three weeks before to the due date to three weeks following (about 37 to 42 weeks) was referred to as full-term in the past. It was discovered in the latter part of 2012 that babies born within the five-week window at different times experienced diverse results and difficulties.

Concept of Teenage Pregnancy

Teenage pregnancy, often referred to as teenage pregnancy, is defined as a pregnancy in a female adolescent or young adult under the age of twenty, according to Wikipedia, the free encyclopedia (2023). Pregnancy-related problems rank as the primary cause of mortality for women and girls aged 15 to 19 worldwide. Those who are legally regarded as adults in their nation are included in the definition of teenage pregnancy. Adolescence, according to the WHO, is the time between the ages of 10 and 19. Sexual activity can result in pregnancy following the onset of ovulation, which can happen prior to the onset of the first menstrual cycle (menarche). The first period often occurs in females who are healthy and well-nourished between the ages of 12 and 13. The percentage of pregnancies among women under the age of twenty-one that result in live births, stillbirths, abortions, ectopic pregnancies, and miscarriages is known as the "teen pregnancy rate." In actuality, only hospitals and citizens of Manitoba are included under the term. Studies on adolescent pregnancy usually focus on females between the ages of 15 and 19, however they may sometimes take a wider age range into account. For instance, adolescent pregnancy rates for girls aged 12 to 19 were also computed in Brownell et al. (2008); however, the rate of teen pregnancy for females under the age of 15 was extremely low, and the patterns resembled the rates for females aged 15 to 19, therefore only the latter were published. Although a global problem, adolescent pregnancies mostly affect underprivileged and vulnerable populations. There is a lot of pressure on females to get married young and have children while they are still in school. When girls are not allowed to make decisions about their own sexual and reproductive health and well-being, the number of teenage pregnancies rises. According to Plan International (2023), girls need to be empowered to make decisions about their bodies and futures, comprehend the consequences of adolescent pregnancy, and have access to comprehensive sexuality education and appropriate healthcare services.

According to the American Pregnancy Association (2023), a pregnancy for a woman under the age of 20 is considered a teenage pregnancy. This definition also includes young women 12 years of age or younger who are pregnant, even though they are not considered teenagers. Adolescent or teenage pregnancy is not unique to the US, where over 200,000 infants are delivered to women in their teens. That doesn't, however, stop pregnant adolescent girls from feeling intimidated by their condition, especially if it wasn't planned. Adolescent pregnancies are a worldwide health concern that can result in intergenerational cycles of poverty and illness as well as negatively impact birth outcomes. Adolescent pregnancies are more common in populations experiencing social and economic deprivation, regardless of the context.¹ The rate of births to women and girls under the age of 20 has decreased during the past ten years in Australia, as it has in many high-income nations. It fell from 18.4 births per 1000 in 2008 to 9.5 births per 1000 in 2018.^{2,3} Although most people view this general drop as a positive trend, there are many other routes that lead to adolescent parenting, and not all births

are undesired or unintentional.⁴ While some people's harmful relationships and behaviors can be transformed by becoming pregnant as a teenager, this is not always the case.

Issues and Challenges of Teenage Pregnancy

Teenage pregnancy is a complex social issue associated with various social, economic, and health implications (Ganchimeg, 2014). Here are some key issues related to teenage pregnancy:

➤ **Health Risks:**

Teenage mothers and their babies face higher risks of complications during pregnancy and childbirth, including preterm birth, low birth weight, and maternal health issues.

➤ **Educational and Economic Challenges:**

Teenage pregnancy often disrupts educational attainment, limiting future career opportunities for young mothers. Completing education becomes more challenging for teen parents, leading to potential economic difficulties.

➤ **Social Stigma and Discrimination:**

Teenage mothers may face social judgment and discrimination, which can impact their mental health and well-being. Stigmatization may contribute to feelings of isolation and hinder support networks.

➤ **Parenting Skills and Support:**

Teenage parents may lack the necessary parenting skills and emotional maturity to raise a child successfully. Adequate support systems, including family, friends, and community resources, are crucial for positive outcomes.

➤ **Interpersonal Relationships:**

Teenage pregnancies can strain relationships between the young parents and their families. Maintaining healthy relationships with partners and ensuring the involvement of both parents in the child's life can be challenging.

➤ **Limited Access to Healthcare and Reproductive Services:**

Some teenagers may face barriers to accessing healthcare and reproductive services, including contraception. Limited awareness and resources contribute to unintended pregnancies.

➤ **Repeated Pregnancies:**

Teenage mothers are at a higher risk of having repeated pregnancies during their adolescence, which can further compound the challenges they face.

➤ **Cultural and Societal Factors:**

Cultural norms, societal expectations, and community attitudes toward teenage pregnancy can influence how young parents are perceived and treated.

➤ **Substance Abuse:**

Teenage parents may be more susceptible to engaging in substance abuse, which can have detrimental effects on both their health and the well-being of the child.

➤ **Impact on Child Development:**

Children born to teenage parents may face developmental challenges due to potential socioeconomic disadvantages and the younger age of their parents.

Comprehensive sex education, access to reproductive healthcare, assistance for newlyweds, and programs to lessen socioeconomic disparities are frequently included in efforts to prevent adolescent pregnancy. It's critical to address this problem from a comprehensive perspective, taking into account

all the variables that might lead to adolescent pregnancy, and to offer young parents and their kids the resources and assistance they need.

➤ **Risk of School Dropout:**

Many teenage mothers find it difficult to balance the demands of parenting and completing their education, leading to a higher risk of school dropout.

➤ **Health Behaviors:**

Teenage parents may engage in risky health behaviors, such as smoking or substance abuse, which can have adverse effects on both their health and the health of their child.

Addressing the challenges of teenage pregnancy requires comprehensive efforts, including access to sex education, family planning services, healthcare, and support programs for young parents. Additionally, reducing social stigma and promoting understanding within communities can contribute to better outcomes for teenage parents and their children.

Speedy Remedial Steps for Teenage Pregnancy for Sustainable Development

Addressing teenage pregnancy requires a comprehensive and multi-faceted approach involving various stakeholders, including parents, educators, healthcare providers, policymakers, and the community. Here are some speedy remedial steps that can be taken:

✓ **Comprehensive Sex Education:**

Implement and strengthen comprehensive sex education programs in schools to provide accurate information about sexual health, contraception, and the consequences of teenage pregnancy (Kirby, D. 2007).

✓ **Access to Reproductive Health Services:**

Ensure easy access to reproductive health services, including contraception and counseling, to empower teenagers to make informed choices about their sexual health (Santelli et al 2007).

✓ **Community-Based Outreach Programs:**

Develop community-based outreach programs that provide information, resources, and support for teenagers and their families, addressing the social and cultural factors that contribute to teenage pregnancy (United Nations Population Fund (UNFPA) 2012).

✓ **Parental Involvement and Communication:**

Encourage open and effective communication between parents and teenagers about sexuality and relationships. Promote parental involvement in sex education (Aspy, 2010).

✓ **School Support Services:**

Establish support services within schools, including counseling and mentoring programs, to address the emotional and educational needs of teenage parents and those at risk of pregnancy.

✓ **Youth-Friendly Healthcare Services:**

Create youth-friendly healthcare services that are easily accessible and non-judgmental, offering confidential counseling and reproductive health services (World Health Organization (WHO), 2012).

✓ **Promotion of Positive Role Models:**

Highlight positive role models and success stories of young individuals who have overcome the challenges of teenage parenthood, emphasizing the importance of education and personal development (Centers for Disease Control and Prevention (CDC), 2012).

✓ **Empowerment Programs:**

Implement empowerment programs that focus on building life skills, self-esteem, and resilience among teenagers, helping them make positive choices for their future.

✓ **Media Literacy:**

Promote media literacy to help teenagers critically evaluate media portrayals of relationships and sexuality, reducing the influence of unrealistic or harmful representations.

✓ **Policy Changes:**

Advocate for and implement policy changes that support comprehensive sex education, access to reproductive healthcare, and social services for teenage parents (Lindberg, 2016).

✓ **Community Engagement:**

Engage communities in the prevention of teenage pregnancy by fostering a supportive environment that values education, encourages healthy relationships, and provides resources for young parents (Gavin, 2010).

✓ **Peer Education Programs:**

Develop peer education programs where trained peers can share information about sexual health and responsible behavior, creating a supportive network among teenagers (Akers, 2011).

✓ **Mental Health Support:**

Ensure access to mental health services for teenage parents, addressing the emotional challenges associated with pregnancy and parenthood.

✓ **Research and Evaluation:**

Support ongoing research to identify effective interventions and continually evaluate programs to ensure they are meeting the needs of teenagers and their communities.

It's crucial to tailor interventions to the specific cultural, social, and economic context of each community. A collaborative and holistic approach is essential for addressing the complex factors contributing to teenage pregnancy and promoting positive outcomes for young individuals and their children.

Cases of Teenage Pregnancy

Teenage pregnancy occurs in every community and this is a sad situation. Factually, 14 percent of teenage girls and young women worldwide gave birth before the age of eighteen in 2021, according to UNICEF (2022). Adolescent pregnancy and delivery, often known as early childbearing, can negatively affect a girl's health, education, and livelihood in addition to sabotaging her otherwise normal adult development. It can affect their chances for education and employment as many pregnant girls feel coerced or compelled to drop out of school. For females, early pregnancy and motherhood can also have negative social effects, such as lower status in the family and society, stigma, rejection and abuse from peers, family, and partners, as well as early and forced marriage. Because their bodies might not be physiologically prepared, adolescent females, especially those in the early stages of adolescence, are especially susceptible to the negative health effects of pregnancy and childbirth. Their short- and long-term risks include obstetric fistula, eclampsia, puerperal endometritis, and systemic infections, to name a few significant disorders. Maternal conditions rank highly among the leading causes of mortality and disability-adjusted life years (DALYs) for girls between the ages of 15 and 19 worldwide.

The UK continues to have one of the highest rates of teenage births in Western Europe, with 6.4 live births for every 1,000 women aged 15 to 17 in 2015. The problem of teenage pregnancy is still very much present throughout the rest of the globe. 5–7 With 57 pregnancies per 1,000 teenagers in 2010, the United States had the highest rate of adolescent pregnancy, followed by New Zealand with 51 per

1000.7. It is estimated that 16 million females between the ages of 15 and 19 give birth annually, making about 11% of all births worldwide. Approximately 89% of these births happen outside of marriage, and 95% of them take place in underdeveloped nations.^{8,9} One measure of physiological maturity is gynecologic age (GA), which is calculated as the age in years at conception minus the age of menarche. A lower gynecologic age is linked to a higher risk of perinatal and obstetric problems. Anemia, bleeding during pregnancy, early birth, placental insufficiency, pre-eclampsia, alcohol and illegal drug use by mothers, gestational diabetes, and infection by mothers are among the difficulties associated with pregnancy. Preterm birth, premature birth, extended labor because of an undeveloped pelvis, vacuum extraction/forceps delivery, breech presentation, hypoxia at birth, and nuchal cord entanglement are some of the delivery difficulties that might occur. Neonatal jaundice and infections in the infant are examples of perinatal problems. In low- and middle-income nations, babies born to moms under 20 have a 50% greater chance of dying in the first few weeks of life or being stillborn than babies born to mothers between 20 and 29.¹² While the majority of evidence associates adolescent pregnancy with low birth weight, fetal growth restriction, preterm delivery, and perinatal or fetal mortality, some studies indicate that these effects may be avoided with comprehensive coverage and excellent mother care. According to a research on teen pregnancy difficulties, occurrences of insufficient mother care were associated with higher rates of eclampsia, UTIs, stillbirths, and neonatal death. Socially speaking, youths who were unmarried and continued to smoke during their first trimester were frequently those who received subpar mother care.

Effects of Teenage Pregnancy on the Teenager, Family Society

Adolescent pregnancies can have a significant and lasting impact on the person and the community at large. Adolescent pregnancy has a variety of negative effects, including social, emotional, physical, and financial ones. Given the numerous effects this issue may have on the lives of young people and their communities, it is imperative that it be addressed in its entirety.

➤ Health Risks for Teen Mothers:

Teenage pregnancy poses significant health risks for both the mother and the baby. Young mothers may face complications during pregnancy and childbirth, including preterm birth, low birth weight, and an increased risk of maternal mortality. The lack of prenatal care and inadequate healthcare knowledge among teenagers can contribute to these adverse outcomes (Ganchimeg et al., 2014).

➤ Educational Challenges:

Teenage pregnancy often disrupts educational attainment. Young mothers may be forced to drop out of school, limiting their future opportunities and potential career paths. This educational setback can perpetuate the cycle of poverty, as individuals with lower educational levels often face challenges in securing stable employment and achieving financial independence (Kearney & Levine, 2021).

➤ Emotional and Psychological Impact:

The emotional and psychological well-being of teenage mothers is another crucial aspect. Teenagers may experience heightened stress, anxiety, and depression due to the challenges of parenthood at an early age. These emotional struggles can affect not only the mother but also the overall family dynamics (Mollborn, 2017).

➤ Social Stigma and Discrimination:

Teenage pregnancy may subject young mothers to social stigma and discrimination. Negative societal attitudes and stereotypes can contribute to feelings of isolation and shame, affecting the mental health and self-esteem of young parents (SmithBattle, 2019).

➤ Inter-generational Impact:

The cycle of teenage pregnancy can perpetuate across generations. Teen mothers are more likely to have children at a young age, creating a cycle of early parenthood within families. Breaking this cycle

requires comprehensive interventions addressing education, healthcare, and socio-economic factors (Kearney & Levine, 2012).

➤ **Community and Economic Consequences:**

Teenage pregnancy can strain community resources and social services. Communities with higher rates of teenage pregnancy may face increased demand for healthcare, education, and welfare services. This places additional economic burdens on the community and society at large (Kearney & Levine, 2021).

COUNSELLORS ROLES IN MITIGATING TEENAGE PREGNANCY

Teenage pregnancy is a complex and multifaceted issue with significant implications for the health and well-being of young individuals. Counselors play a crucial role in mitigating teenage pregnancy by addressing the various factors that contribute to this phenomenon.

➤ **Comprehensive sex education:**

Counselors advocate for and actively participate in the implementation of comprehensive sex education programs in schools. These programs should cover not only the biological aspects of reproduction but also address topics such as healthy relationships, communication skills, contraception, and consent (Gavin et al., 2019). Counselors ensure that comprehensive sex education is inclusive, addressing the diverse needs of all students including those with different gender identities, sexual orientations, and cultural backgrounds. This approach fosters a supportive and non-discriminatory learning environment (Planned Parenthood, 2021).

➤ **Counseling on reproductive health choices:**

Counselors provide individualized counseling sessions to teenagers, addressing their specific concerns and questions related to reproductive health. These sessions aim to empower teenagers to make informed decisions about contraception, family planning, and the consequences of early parenthood (World Health Organization [WHO], 2018). Recognizing the emotional and mental health aspects of reproductive health, counselors provide support to teenagers dealing with stress, anxiety, or emotional challenges related to pregnancy and family planning. This holistic approach ensures that mental well-being is considered alongside physical health

➤ **exploring socioeconomic factors:**

Counselors assess and address the socioeconomic factors that contribute to teenage pregnancy, such as poverty, lack of access to education, and limited economic opportunities. Interventions may include connecting teenagers with resources, scholarships, and vocational training programs (East, Chaturvedi, & Arulappan, 2020). Counselors can identify and address socioeconomic factors that may hinder access to reproductive health services, such as poverty, lack of education, and limited healthcare resources offer guidance to young adults in making informed decisions about their reproductive health, considering their individual circumstances, values, and goals.

➤ **promoting parental involvement:**

Counselors engage parents in discussions about teenage pregnancy prevention, emphasizing the importance of open communication between parents and teenagers. Parental involvement is crucial for creating a supportive environment where teenagers feel comfortable seeking guidance (Kirby, Laris, & Rolleri, 2007). Counselors can facilitate open and effective communication between young adults and their parents regarding reproductive health, fostering a supportive environment for discussing sensitive topics. Counselors can assist parents in addressing stigmatized topics related to reproductive health, providing guidance on discussing issues such as contraception, STIs, and sexual orientation without judgment. Parenting skills workshops or resources to help parents develop the necessary skills to create a supportive and open environment for discussing reproductive health with their young adults.

➤ **addressing mental health and emotional well-being:**

Counselors recognize the emotional challenges associated with teenage pregnancy. They provide counseling and support to address mental health issues, reduce stress, and enhance emotional resilience among teenagers, thereby minimizing the risk of unplanned pregnancies (Planned Parenthood, 2021). Counselors can advocate for the integration of mental health components into reproductive health education programs, addressing the emotional aspects of sexual health. Counselors can collaborate with mental health professionals to provide comprehensive care for young adults, addressing both reproductive health and mental health needs. M., & Bovin, M. J. (2019).

➤ **community engagement and awareness:**

Counselors collaborate with community organizations to raise awareness about the consequences of teenage pregnancy. Community engagement initiatives may include workshops, seminars, and outreach programs aimed at educating teenagers and their families on reproductive health and responsible decision-making (Family Planning 2020, 2017). Organizing and leading workshops or seminars in the community to raise awareness about reproductive health issues, providing information and resources for young adults. Collaborating with local organizations, such as health clinics, schools, and youth centers, to create a network that addresses reproductive health needs in a coordinated and comprehensive manner. Establishing partnerships with schools and universities to integrate reproductive health education into the curriculum, promoting a culture of informed decision-making.

➤ **advocating for accessible contraception:**

Counselors advocate for increased access to contraception methods for teenagers. This involves promoting policies and initiatives that ensure affordable and confidential access to contraceptives, reducing the likelihood of unintended pregnancies (Santelli et al., 2017). Offering individual or group counseling sessions to help young adults explore their values, preferences, and concerns related to contraception, aiding them in selecting the most suitable method. Counselors can provide accurate and comprehensive information about various contraceptive methods, empowering young adults to make informed decisions about their reproductive health. J., Summers, et al, (2006). Collaborating with policy and advocacy groups to push for policies that enhance contraceptive access, such as reducing age restrictions, promoting insurance coverage, and ensuring confidentiality. Supporting the inclusion of comprehensive sexual health education in schools, emphasizing the importance of contraception as a key component of reproductive health.

METHODOLOGY

In carrying out the study, a descriptive survey design was adopted for this study. The study was carried out in Akwa Ibom State. The targeted population for the study comprised of all medical personnel and counselors in Akwa Ibom State. A stratified random sampling technique was used to select 40 counselors and 80 medical personnel which gave a total of 120 respondents used for the study. The instrument used for data collection was a structured questionnaire titled "Teenage Pregnancy and Remedies Questionnaire (TPRQ)". Face and content validation of the instrument was carried out by an expert in test, measurement, and evaluation in order to ensure that the instrument has the accuracy, appropriateness, and completeness for the study under consideration. The researcher subjected the data generated for this study to appropriate statistical technique such as percentage analysis to answer research questions.

Research Questions 1: The research question sought to find out the extent of teenage pregnancy in Akwa Ibom State. To answer the research question percentage analysis was performed on the data, (see table 1).

Table 1: Percentage analysis of the extent of teenage pregnancy in Akwa Ibom State.

EXTENTS	FREQUENCY	PERCENTAGE
HIGH EXTENT	17	14.16*
LOW EXTENT	25	20.83
VERY LOW EXTENT	78	65**
TOTAL	120	100%

**** The highest percentage frequency**

*** The least percentage frequency**

SOURCE: Field survey

The above table 1 presents the percentage analysis of the extent of teenage pregnancy in Akwa Ibom State. From the result of the data analysis, it was observed that the highest percentage (65%) of the respondents affirmed that the extent of teenage pregnancy in Akwa Ibom State is very low, while the least percentage (14.16%) of the respondents affirmed it to be high.

Research Questions 2: The research question sought to examine the issues and challenges of teenage pregnancy. To answer the research question percentage analysis was performed on the data, (see table 2).

Table 2: Percentage analysis of the issues and challenges of teenage pregnancy.

ISSUES AND CHALLENGES	FREQUENCY	PERCENTAGE
Health Risks	79	17.51**
Educational and Economic Challenges	62	13.74
Social Stigma and Discrimination	23	5.09*
Limited Access to Healthcare and Reproductive Services	41	9.09
Repeated Pregnancies	55	12.19
Cultural and Societal Factors	34	7.53
Substance Abuse	37	8.20
Impact of Child Development	52	11.52
Risk of School Dropout	68	15.07
TOTAL	451	100%

**** The highest percentage frequency**

*** The least percentage frequency**

SOURCE: Field survey

The above table 2 presents the percentage analysis of the issues and challenges of teenage pregnancy. From the result of the data analysis, it was observed that “Health Risk” 79(17.51%) was rated as the most challenging issue and challenge of teenage pregnancy while “Social Stigma and Discrimination” (5.09%) was rated the least.

Research Questions 3: The research question sought to determine the speedy remedial steps for teenage pregnancy for sustainable development in Akwa Ibom State. To answer the research question percentage analysis was performed on the data, (see table 3).

Table 3: Percentage analysis of the speedy remedial steps to teenage pregnancy for sustainable development in Akwa Ibom State.

SPEEDY REMEDIAL STEPS	FREQUENCY	PERCENTAGE
Comprehensive Sex Education	65	12.12
Access to Reproductive Health Services	24	4.47
Community-Based Outreach Programs	31	5.78
Parental Involvement and Communication	74	13.80**
School Support Services	55	10.26
Youth-Friendly Healthcare Services	40	7.46
Promotion of Positive Role Models	62	11.56
Empowerment Programs	46	8.58
Media Literacy	35	6.52
Policy Changes	11	2.05*
Peer Education Programs	63	11.75
Mental Health Support	18	3.35
Research and Evaluation	12	2.23
TOTAL	536	100%

**** The highest percentage frequency**

*** The least percentage frequency**

SOURCE: Field survey

The above table 3 presents the percentage analysis of the speedy remedial steps to teenage pregnancy for sustainable development in Akwa Ibom State. From the result of the data analysis, it was observed that “Parental Involvement and Communication” 74(13.80%) was rated as the speediest remedial step to teenage pregnancy for sustainable development in Akwa Ibom State, while “Policy Changes” (2.05%) was rated the least.

Discussions

The result of the data analysis in table 1 proves that there is low extent (65%) of teenage pregnancy in Akwa Ibom State. This finding agrees with the findings of Brownell et al. (2008) who mentioned that the rate of teenage pregnancy for females under the age of 15 was extremely low.

The result of the data analysis in table 2 attested that the highest parentage (17.51%) rated “Health Risk” as the most challenging issue in teenage pregnancy. And this, correlates with the opinion of Ganchimeg et al., (2014) who mentioned that teenage pregnancy poses significant health risks for both the mother and the baby, as young mothers may face complications during pregnancy and childbirth, including preterm birth, low birth weight, and an increased risk of maternal mortality.

The result of the data analysis in table 3 affirmed that the highest parentage (13.80%) of the respondents mentioned “parental involvement” as the speediest remedial step to teenage pregnancy for sustainable development in Akwa Ibom State. And these, aligns with the opinion of Aspy (2010) who mentioned that encouraging open and effective communication between parents and teenagers about sexuality and relationships is one of the speedy remedial steps for teenage pregnancy for Sustainable development.

Conclusion

The study concludes that teenage pregnancy poses significant challenges, including adverse effects on the health and well-being of both the adolescent mother and the child. These issues extend beyond personal consequences to impact societal development. Addressing teenage pregnancy requires comprehensive strategies that encompass education, access to contraceptives, and social support systems. Speedy remedial measures should focus on enhancing sex education in schools, promoting awareness through community programs, and providing easily accessible healthcare services. Sustainable development in this context necessitates a holistic approach, integrating education, healthcare, and social initiatives to empower young individuals and break the cycle of teenage pregnancy.

Recommendation

1. Comprehensive sex education programs should be implemented in schools to equip adolescents with accurate information about reproductive health, contraception, and responsible decision-making. This will empower them to make informed choices and reduce the incidence of unplanned pregnancies.
2. Improve access to reproductive healthcare services, including affordable and confidential family planning resources. Ensuring that young individuals have easy access to contraception and healthcare facilities will contribute to the prevention of unintended pregnancies.
3. Establish community-based support systems that reduce stigma associated with teenage pregnancy. Encourage open dialogue within communities to foster understanding and empathy, providing emotional and practical assistance to pregnant teens. This approach will help create an environment conducive to sustainable development.

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