IMPACT OF UNWANTED PREGNANCY ON EMOTIONAL AND SOCIAL WELLBEING AMONG SENIOR SECONDARY SCHOOL STUDENTS IN IBADAN, OYO STATE, NIGERIA

BY
Afusat Olanike Busari, PhD: Department of Counselling and Human Development Studies; University of Ibadan, Nigeria;
&
Hammed Blessing Ahuoiza: Department of Counselling and Human Development Studies; University of Ibadan, Nigeria

Abstract
This study examined the impact of unwanted pregnancy on the emotional and social wellbeing among senior secondary school students in Ibadan, Oyo state, Nigeria. Descriptive research design was employed and the cluster sampling technique was used to select 247 school-going adolescents. Both the independent and dependent variables were measured with relevant standardized instruments: emotional wellbeing, social wellbeing and unwanted pregnancy scales. Three research questions were raised and answered. The data obtained were analyzed using Pearson’s Product Moment Correlation Coefficient (PPMC) and Simple Percentage (frequency count). The findings revealed that unwanted pregnancy correlated with emotional wellbeing of the adolescent. Also unwanted pregnancy was related with social wellbeing. Further, it was revealed that the major cause of unwanted pregnancy was absence of sex education, followed by rape, lack of parental love and care, poor parenting style and divorced parents. Based on the findings of this study, it was concluded that unwanted pregnancy had significant impact on the emotional and social wellbeing of the in-school adolescents. It was therefore recommended that more attention should be given to sex education, as it is the bedrock of tackling the root cause of adolescents’ unwanted pregnancy.

Keywords: Emotional wellbeing; Social wellbeing; Unwanted pregnancy; Adolescents.
Introduction

All cultures and societies expect getting pregnant and becoming a mother to occur by default after marriage; which is a universal social institution between adult males and females, and through marriage these adults acquire new social status as husbands and wives, thereby bringing happiness and celebration to the society. However, this is not the case for every mother, most especially the adolescent mothers who are still within the school age where the propensity to engage in pre-marital sexual acts is high, thus exposing them to various sexual risky behaviours; sexually transmitted infections (STIs), abortions and unwanted pregnancies without being fully matured physically and prepared socially, emotionally and psychologically for motherhood. Consequentially, the adolescent unpreparedness and inexperience brings emotional trauma and to be socially undesirable and stigmatized by the society, such that the worries, anxieties, pains, rejection and frustration resulting from unwanted pregnancy drains down the adolescent’s level emotional and social well-being (Ukekwe, 2001). Observably, the impact of emotional and social well-being degradation in adolescents due to unwanted pregnancy has been a recurrent problem in our society and hence the need for adequate investigation of the phenomenon.

Pregnancy which is also known as Gestation is defined by Campbell, Hansen, and Nangle (2010) as a state of carrying a developing embryo or foetus within the female body. This is the time during which one or more offspring develops inside a woman. Ashimolowo, Ojebiyi and Arala (2013) described pregnancy as a physiological process, presenting with history of missed period, fatigue, breast enlargement and tenderness, abdominal distension, nausea and vomiting together with light-headedness. Gaby (2012) also described pregnancy as a condition in which a female carries the young in her womb before she is delivered of it. It could be single pregnancy, which involves one offspring at a time or a multiple pregnancy involves more than one offspring, such as with twins.

Pregnancy can occur by unprotected sexual intercourse or assisted reproductive technology. Childbirth typically occurs around 40 weeks from the last menstrual period (LMP). This is just over nine months, where each month averages 29½ days, when measured from conception it is about 38 weeks. Gaby (2012) argues that adolescents have been tagged a special needs group in the field of sexual and reproductive health, not only because of their engagement
in sexual risk taking behaviours but also points to lack of sensitization, information and adequate services, which contributes to their susceptibility.

Adolescence (in Latin: adolescere - to grow) is often used interchangeably with Teenage. World Health Organization - opined that, Teenage or Adolescence is the period between 10 and 19 years, exactly when the secondary sex characteristics appear. Adolescence is a unique stage, in that; it is a period of rapid changes and these changes are not only physical but emotional and social in nature. It is also a transitional stage from Childhood to Adulthood and a period where physical, biological, social, cognitive and emotional changes occur. According to Olunlade, (2001), an adolescent is a person who falls within the teen ages, that is, between 13 and 19 years old. They are also either regarded as older children or younger adults. In the view of Lawin (2006), adolescence starts at either 11 or 12 years and last through the age of 19 years when the character takes its permanent form. According to Nyakubega (2009), adolescents include all persons between the ages of 13 and 19 years and this makes about 20 percent of the world population. Persons within this age categories are sexually active and adventurous because this is when sexual maturity starts. Carrera, (2012) also stated that they are susceptible to relating more with the opposite sex.

According to Nalenga (2012), adolescence is divided into 3 groups: early adolescence (10 – 13 years), middle adolescence (14 - 16 years) and late adolescence (17- 19). The World Health organization (WHO) (2008), described adolescence as the stage of transition from childhood to adulthood, characterized by heightened social awareness and accelerated physical growth, which also marks the onset of puberty. Langham (2015), described adolescence as a period of confusion, storm and stress, because they are curious about sex. Unwanted pregnancy among adolescents is an undesirable phenomenon occurring among educationally and economically under-privileged females. Adolescent pregnancy is one of the major contemporary issues confronting most countries in the world today. Unwanted pregnancy is a worldwide problem, which results from contraceptive failure, non-use of contraceptive services and less commonly, rape. Abortion is a frequent consequence of unwanted pregnancy and in the developing world can result in serious long-term negative health effects including infertility and maternal death. In many developing countries, poverty, malnutrition and lack of sanitation and education contribute
to serious health consequences for adolescent girls and their families experiencing an unwanted pregnancy.

According to Nyakubega (2009), unwanted pregnancy is the conception by adolescent girls between the ages of 13 and 19. World Health organization (WHO) (2008) characterized adolescent pregnancy as pregnancy that occurs between the maternal ages of 14 and 19 years). In line with this view, Dawan (2008) used the phrase “devaluing future” while giving a possible analysis for adolescent or teenage pregnancy. Onuzulike, (2003) agreed with Allan Guttmacher Institute that, unwanted adolescent pregnancy is an undesirable and unpleasurable phenomenon because it tampers with the adolescent’s expectations, as regard education, future plans, prospects, economic prosperity and self-realization. Denham, Wyatt, Bassett, Echevira and Know (2010) suggested that adolescent pregnancy tends to emerge in contexts marked by social vulnerability and lack of opportunities.

Unwanted pregnancies among adolescents are of concern because they have negative health and socioeconomic consequences for parents, children and for the community as a whole, because of physiological immaturity, which can cause pregnancy complications to young mothers. Adolescent mothers are at greater risk of maternal morbidity (e.g. premature labor, anemia, Eclampsia, high blood pressure) and maternal mortality. Adolescent mothers are also inexperienced with child care practices including maternal and infant health. Some pregnant girls turn to induced abortion to avoid unwanted or unplanned births, and this may result to maternal death (Dawan, 2008). Infants who are born to very young mother experience greater risk of prematurity, low birth weight, birth injuries and mortality.

Globally, the rates of population growth are more rapid when women have their first child during adolescence, because early initiation into childbearing lengthens the reproductive period and subsequently increase self-care and health-promoting behaviours (UNICEF, 2006). It is obvious that pregnancy is usually welcome when it occurs at the appropriate time such as at wedlock and unwelcome when it occurs outside wedlock or in adolescence. In Nigeria, adolescent pregnancy takes place in both rural and urban areas across regions but it is more prevalent in rural areas. Also, adolescent pregnancy is more prevalent in the northern part than in southern part of the country due to the prevalence of early marriages.
While adolescent pregnancy may be attributed to early marriages in the north, most pregnant adolescents are not married in the south. In fact, most of the pregnant adolescents are usually denied by their lovers who impregnated them and leave them with no option than abortion or becoming single mothers at an early age (Adeyanju & Afolayan, 2012). Such persons are usually subject of stigmatization and low-self-esteem in the society. These babies then suffer from sicknesses, homelessness, abandonment, starvation, inadequate clothing among other complications. Causes of high rate of adolescent unwanted pregnancy in developing countries have been attributed to factors such as family instability, low socioeconomic status, early marriage, ignorance or ineffective use of contraceptives and varying cultural permissiveness. Various studies show that adolescent pregnancy is largely on the increase, with many adolescent girls abandoning their babies after birth. From the above record, there is an unending increase of unwanted pregnancies among adolescents.

According to World Health Organization (2011), emotional well-being is a crosscutting concern that touches many aspects of our daily lives and can be defined as a sense of happiness and a general satisfaction of adolescent life and self. It is also fundamental to quality of life. It enables us to experience life as meaningful and is an essential component of social cohesion, peace and stability in the living environment. The World Federation for Mental Health defines emotional well-being as a form of subjective well-being, when individuals feel that they are coping, fairly in control of their lives able to face challenges and take on responsibility. Hosie (2007) opine that emotions are very functional for individuals and groups: they provide information, help motivate and direct attention, and facilitate group relationships. Emotional Well-being focuses on the subjective experience of happiness and life satisfaction. It is made up of a cognitive judgment about life satisfaction, the presence of positive affect and the absence of negative effect. A person with high emotional well-being should experience positive emotions frequently, negative emotions infrequently and be satisfied when they make an assessment of their life.

The impact of unwanted pregnancy on adolescents’ emotional well-being cannot be trivialized because adolescents experience wide fluctuations in their daily emotional well-being. Robert Plutchik’s psycho evolutionary theory of emotion considered, that there are eight primary emotions which include: Anger, Sadness, Fear, Joy, Interest, Surprise, Disgust and Shame.
Ukekwe (2001), posit that a Pregnant adolescent girl faces the trauma of parents and peers showdown. Negative emotions are displayed by parents, peers and the society at large, such that parents begin to exhibit and vent their anger on the adolescent girl and fail to give support for the preservation of the girl and the unborn baby. Some parents feel some sense of irresponsibility and continually live with that mindset, while some parents go on in life with so much shame, disgrace and hatred, peers and other people fault the girl and her family of nonchalant and disgraceful disposition.

The adolescent mother would then suffer dejection, hatred, disgrace, frustration, rejection, abandoning, sidelining and an automatic gap of less communication, relationship and friendship with friends. All these emotional behaviours adversely affect the adolescent mother and might push her into harmful and socially unacceptable behaviours such as drinking, smoking and drugs intakes. She might begin to think irrationally by attempting to murder the child or to runaway from home, to go into prostitution as well as attempting suicide. According to Campbell, Hansen, and Nangle, (2010), adolescents with positive peer relations often times produce positive psychosocial adjustment, such as having better self-image, self-concept, self-esteem and better school performance while those having interpersonal problems during adolescence possess greater psychosocial difficulties and risk.

Carrera, (2012) conducted a study on emotional well-being associated with adolescents’ pregnancies in the United States. One hundred and four primiparous low-income pregnant adolescents in their second and third trimesters of pregnancy attending a city country maternity were selected according to three age categories namely: 13 to 14 years, 15 to 16 years, and 17 to 18 years. The adolescents were asked to respond anonymously to a short questionnaire administered by the clinic instructor. The instrument gathered demographic information and contained questions on birth control information, coital frequency, and desire for pregnancy, affective states, expected life style changes and knowledge of the fertility cycle. It was recorded that, 24 per cent reported feeling happy, 10 per cent felt unhappy while 66 per cent reported mixed feelings, on whether a baby would change their life styles, 72 per cent felt a baby would cause some changes in their lives while 28 per cent felt that a baby would cause no change.

A study of the impacts of adolescent pregnancy on family well being by Dawan, (2008) revealed that infants born to adolescent mothers are more likely to be victims of child abuse and
neglect. The study showed that the risk of maternal death is 60 per cent higher for pregnant teens under age 15 when compared with women in their early 20’s. The study also revealed that the complications associated with adolescent pregnancy include pre-and post-partum hemorrhage, premature and or prolonged labour, anemia, low birth weight among others. Denham, Wyatt, Bassett, Echevira and Know (2010) reported a study on prenatal outcome in adolescent mothers. The study compared the outcome of pregnancies in 400 adolescent mothers aged 20 to 29 years. Out of the 400 adolescent mothers, 5 per cent were below 15 years and 87 per cent were between 18 to 19 years. Anemia was present in 70 per cent of the pregnant adolescent girls, toxemia of pregnancy was found in 14 per cent of the adolescents. The result also showed that 3 per cent of the teenagers had ante partum hemorrhage, 14 per cent had preterm labour. Of these 400 adolescent mothers, 7.5 per cent had prenatal loss while 5 per cent died due to pregnancy related causes.

In a study conducted by WHO (2008), it was indicated that mass media, pornography, poverty and peer influence were some of the contributing factors to adolescent pregnancy. Various researches also have been carried out on related studies as this and have emphasized issues like bad parenting style, poverty, nonchalant parents, unhealthy peer relations and influence, as contributing factors (WHO, 2008). Okonofua, (2005) conducted a study on factors associated with adolescent pregnancy in rural Nigeria. The result indicated that more than 900,000 births to adolescent occurred annually, and 150 out of every 1000 women who give birth in Nigeria were 19 years and under. He identified the factors thought to be associated with pregnancies among adolescents to include peer group influence, moral laxity, poverty, broken and unstable homes, bad parenting style, social media, poor performance in schools, low socioeconomic background of the teenagers and use of pornography among others.

Agu, (2000) also reported a similar study on the factors associated with adolescent unwanted pregnancies in Udenu LGA of Enugu State. The study identified several factors, which could predispose adolescent girls to early pregnancy. These factors include; crave for money and materialism, broken homes, absence of sex education both at home and in schools, ignorance on the use of contraceptives and general moral laxity in the society. These factors are usually not mutually exclusive as a combination of all or some of the factors could make adolescents to engage in premarital sexual activities that could predispose them to adolescent pregnancies.
The rate of complication for adolescents less than 15 years is sixty per cent higher than
for women aged 20 and above. According to the discoveries of the study carried out at
University of Port Harcourt Teaching Hospital, adolescent pregnancies were found to constitute
about 10 per cent of all pregnancies recorded for that year. Forty-five per cent of all prenatal
deaths were also found to occur in adolescents and ninety per cent of all patients with induced
abortions complications were also adolescents. Although, many scholars have investigated
factors responsible for ill emotional and social health however, there are a few studies on factors
that affect adolescent’s emotional and social wellbeing. This is why this study examined the
impact of unwanted pregnancy on the emotional and social wellbeing among senior secondary
school students in Ibadan, Oyo state.

**Purpose of the Study**

The general purpose of this study is to investigate the impact of unwanted pregnancy on
the emotional and social well-being among senior secondary school students in Oyo state,
Nigeria. In particular, the study will also proceed to:
(i) examine the pattern of relationship that exists between emotional wellbeing, social well-
being and unwanted pregnancy among secondary school students in Ibadan, Oyo state, Nigeria.
(ii) identify the significant causes of unwanted pregnancy among secondary school students in
Ibadan, Oyo state, Nigeria.

**Research Questions**

1. What is the significant relationship between unwanted pregnancy and emotional well-being
   among senior secondary students in Ibadan, Oyo State?
2. What is the pattern of relationship between unwanted pregnancy and social well-being
   among senior secondary students in Ibadan, Oyo State?
3. What are significant causes of unwanted pregnancy among adolescents?

**Methodology**

The descriptive research design was employed for this study. It is the systematic
empirical inquiry in which the researcher does not manipulate or have direct control over the
situation. The design was therefore considered appropriate for this study. The study focused on
the impact of unwanted pregnancy on the adolescent emotional and social well-being among
senior secondary schools in Ibadan, Oyo State. This study adopted the cluster sampling
techniques to select (5) schools for its study. The sample for the study consisted of 247 adolescent boys and girls aged 10-19 years randomly selected across senior secondary schools within three Local Government Areas of Oluyole, Ibadan South West and Ibadan South East Local of Oyo State. The rationale for adopting simple random sampling for the selecting the respondents in each school was to give each respondent an equal chance. This would no doubt give room for generalization of the research.

**Emotional Well-Being (EWB) Scale:** The PWB is used to measure the psychological well-being, emotional well-being, autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance. It was developed by Ryff (2005), it is made up of 15 items which were all drawn on “6” point Likert’s scale ranging from ‘Strongly Disagree’ to ‘Strongly Agree’. Participants were supposed to tick the option that best indicate their level of agreement. The items included emotional well-being statements like: “I feel so sad, I can hardly bear it”, “I think my life is not worth it”. The total obtainable score is 42. For the current study, a reliability coefficient of 0.72 was obtained.

**Social Well-Being Scale:** The social well-being scale is used to measure the social well-being of adolescents. The scale was adapted from Depressive Self Rating Scale constructed by Birleson (2000). It is made up of 18 items scale which used responses as most of the time, sometimes and never. Some of the items on the scales includes “I tend to worry about what people think of me”, “I often feel lonely because I have few close friends with whom I share my concerns”. The scale showed adequate internal consistency with alpha coefficient of 0.70 and reliability indices of 0.80. In the present study, reliability coefficient of 0.84 was obtained.

**Unwanted Pregnancy (UP) Scale:** The UP is used to measure the possible causes of unwanted pregnancy. It was developed by Ozoemena (2008), it is made up of two sections, section A elicited information on the adolescent’s demographic variables; section B has 12 items, which elicited information on the reasons for becoming pregnancy. Participants were supposed to tick the option that could result in unwanted pregnancy. The scale showed adequate internal consistency of the test using Kuder Richardson (K-R), which yielded a coefficient of 0.78 and also a reliability coefficient of 0.88. The alpha reliability of this scale in this study was 0.76.
The data collected from the study were analyzed using Pearson’s Product Moment Correlation Coefficient (PPMC) and Simple Percentage of frequency distribution to determine the causes of unwanted pregnancies.

Results

Research Question One: What are the significant relationships among variables: unwanted pregnancy and emotional well-being among senior secondary students in Ibadan, Oyo State?

Table 1: Summary of correlation table between emotional well-being and unwanted pregnancy

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional well-being</td>
<td>26.97</td>
<td>2.81</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Unwanted pregnancy</td>
<td>29.56</td>
<td>4.14</td>
<td>.329**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

(**) Correlation is significant at the 0.01 level (2-tailed);

Table 1 contains descriptive statistics and inter-correlations among the study variables. As shown in the table, Emotional well-being significantly correlated with Unwanted pregnancy ($r = .329; p<.01$).

Research Question Two: What is the significant relationship among variables: unwanted pregnancy and social well-being among senior secondary students in Ibadan, Oyo State?

Table 2: Summary of Correlation Table between Social Well-being and Unwanted Pregnancy

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social well-being</td>
<td>30.59</td>
<td>3.82</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Unwanted pregnancy</td>
<td>29.56</td>
<td>4.14</td>
<td>.377**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed)

Table 2 contains descriptive statistics and inter-correlations among the study variables. As shown in table 2, Social well-being significantly correlated with Unwanted pregnancy ($r = .377; p<.01$).
Table 3: Frequency and Percentage Distribution of Respondents’ Opinion of Possible Reasons for Early Pregnancy

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence of Sex education</td>
<td>120 (48.6%)</td>
<td>82 (33.2%)</td>
<td>39 (15.8%)</td>
<td>6 (2.4%)</td>
<td>4.13</td>
<td>1.38</td>
</tr>
<tr>
<td>Poverty</td>
<td>31 (12.6%)</td>
<td>109 (44.1%)</td>
<td>86 (34.8%)</td>
<td>21 (8.5%)</td>
<td>3.92</td>
<td>1.42</td>
</tr>
<tr>
<td>Misinformation and Negative Peer pressure</td>
<td>108 (43.7%)</td>
<td>85 (34.4%)</td>
<td>42 (17.0%)</td>
<td>12 (4.9%)</td>
<td>3.93</td>
<td>1.35</td>
</tr>
<tr>
<td>Lack of necessary life skills (e.g. assertiveness skill, decision making skills, critical thinking)</td>
<td>36 (14.6%)</td>
<td>124 (50.2%)</td>
<td>76 (30.8%)</td>
<td>11 (4.4%)</td>
<td>2.52</td>
<td>1.62</td>
</tr>
<tr>
<td>Too much crave for materialism, money and fashion</td>
<td>112 (45.4%)</td>
<td>89 (36.0%)</td>
<td>41 (16.6%)</td>
<td>5 (2.0%)</td>
<td>3.95</td>
<td>1.43</td>
</tr>
<tr>
<td>Rape</td>
<td>56 (22.7%)</td>
<td>104 (42.1%)</td>
<td>48 (19.4%)</td>
<td>29 (11.8%)</td>
<td>4.11</td>
<td>1.32</td>
</tr>
<tr>
<td>Uncontrolled internet use</td>
<td>131 (53.0%)</td>
<td>48 (19.4%)</td>
<td>22 (9.0%)</td>
<td>46 (18.6%)</td>
<td>2.09</td>
<td>1.47</td>
</tr>
<tr>
<td>Lack of parental love and care, poor parenting style and divorced parents</td>
<td>145 (58.7%)</td>
<td>69 (27.9%)</td>
<td>24 (9.7%)</td>
<td>9 (3.6%)</td>
<td>4.05</td>
<td>1.38</td>
</tr>
<tr>
<td>Ignorance and carelessness</td>
<td>74 (30.0%)</td>
<td>102 (41.3%)</td>
<td>45 (18.2%)</td>
<td>26 (10.5%)</td>
<td>3.65</td>
<td>1.50</td>
</tr>
</tbody>
</table>

Table 5 displays the opinion of respondents pertaining to possible reasons for unwanted pregnancy. 120 (48.6%) of the respondents strongly agreed that Absence of Sex education is a major cause of unwanted pregnancy, 82 (33.2%) respondents agreed, 39 (15.8%) disagreed, while 6 (2.4%) strongly disagreed. 108 (43.7%) of the respondents strongly agreed that Misinformation and Negative Peer pressure is a major reason for unwanted pregnancy, 85 (34.4%) respondents agreed, 42 (17.0%) disagreed, while 12 (4.9%) strongly disagreed. Also, 124 (50.2%) of the respondents agreed that Lack of necessary life skills (e.g. assertiveness skill, decision making skills, critical thinking), while 76 (30.8%) disagreed. When respondents were asked if they feel that Too much crave for materialism, money and fashion is the major cause of unwanted pregnancy, 112 (45.4%) of the respondents strongly agreed, 89 (36.0%) respondents agreed, 41 (16.6%) disagreed, while 5 (2.0%) strongly disagreed. On whether Lack of parental love and
care, poor parenting style and divorced parents is the reason for unwanted pregnancy, majority 145(58.7%) strongly agreed, while 9(3.6%) strongly disagreed. It can be deduced from the responses that lack of parental love and care, poor parenting style and divorced parents is the major cause of unwanted pregnancy among secondary school students.

**Discussion**

From the result obtained from the first research question the finding revealed that there was a significant relationship between unwanted pregnancy and emotional well-being among senior secondary students in Ibadan. This implies that emotional well-being could be influenced by unwanted pregnancy. This finding is tangent to the work of Dawan (2008), who reported that adolescent unwanted pregnancies are often associated with emotional issues and also in a study by Carrera, (2012) on the prevalence of unwanted pregnancies in the United States, he reported that about 15 million births by adolescents which occur each year was by adolescents between the ages of 15 and 19 years. He further found out that while births by adolescents were on the increase, the number of abandoned babies also increased. This reveals that adolescents suffer great emotional trauma and as such would not mind abandoning the baby to save themselves of the resulting shame and disgrace of carrying pregnancy or owning a child. According to (WHO, 2008), emotional well-being is fundamental to the quality of life. It enables people to experience life as meaningful and is an essential component of social cohesion, peace and stability in the living environment, which touches many aspects of individuals daily lives.

The result of the second research question revealed that there was a significant relationship between social well-being and unwanted pregnancy among senior secondary students in Ibadan. This implies that social well-being could be influenced by unwanted pregnancy. This finding concurs with the research of (Darwin, 2015), who conducted a study on factors associated with adolescent pregnancy in rural Nigeria. He identified the adolescent social well-being as paramount to unwanted pregnancy. These social well-being factors thought to be associated with pregnancies among adolescents includes peer group influence, moral laxity, poverty, broken and unstable homes, bad parenting style, social media, poor performance in schools, low socioeconomic background and use of pornography among others. The findings of Kost, Henshaw and Carlin (2010) supported the results of the present study when he explained
that adolescents’ positive social well-being greatly depends on the state of their social relationships, social stability and social peace.

From the results obtained from the third research question the finding revealed that there were significant causes of unwanted pregnancy among adolescents. In terms of magnitude of contributing causes, Lack of parental love and care, poor parenting style and divorced parents and Too much crave for materialism, money and fashion made the most significant cause of unwanted pregnancy. Other significant contributing causes are in the following order: Absence of Sex education is a major cause of unwanted pregnancy, Misinformation and Negative Peer pressure, Lack of necessary life skills (e.g. assertiveness skill, decision making skills, critical thinking). This result is also in agreement with the findings of World Health Organization (2011), which indicated that mass media, pornography, poverty, bad parenting style, nonchalant attitude of parents, unhealthy peer relations and influence as some of the contributing factors to adolescent unwanted pregnancy. Many adolescent girls who are unable to have education are the victim of poverty thereby creating a vicious cycle of early pregnancies, illiteracy and poverty which can be quite difficult to break. Australian Institute of Health and Wealth (AIHW) (2009) reported that school dropout is uniquely predictive of adolescent pregnancy and a precursor, rather than a consequence of becoming pregnant. Adolescents faced with school difficulties either have a strong dislike for school that leads to truancy, dropping out or formal exclusion, lack of educational attainment or low aspiration and expectations of the education system as being relevant for their future employment (Lilaroja, 2010).

**Recommendations**

Based on the outcome of this study, the following recommendations are therefore highlighted for consideration by Counselling Psychologist, Teachers, Parents/Guardian, NGO and the Government.

1. School curricular activities should be structured in a such a way that NGOs and motivational speakers are permitted to talk, sensitize and enlighten the adolescents on some key areas pertinent to adolescence and the teaching of sex and sexuality education should also be made compulsory in all schools to help adolescents understand their physiological make up, which is very important at this stage.
2. Adolescents have the tendencies of been socially and emotionally traumatized as a result of the unwanted pregnancy, but at this point, a conscious effort of the adolescent is needed, such that the adolescent speaks to a counseling psychologist and give no room to depression, unhappiness, anger or thoughts of harmful act.

3. Parents should be educated through media on the importance of discussing sexuality with their adolescents while Parents with pregnant adolescents should be close to the adolescents more, so that they do not indulge in harmful practices to the detriment of their life and that of the baby.

4. NGOs and social support groups could also assist adolescents, who are already delivered of their babies and still interested in schooling with no sponsor. The NGOs and social support groups can step in to sponsor them and still help them live a meaningful life despite having a child at such a tender age.

**Conclusion**

This research work examined the impact of unwanted pregnancy on the adolescents emotional and social well-being among senior secondary school students, and the result showed a significant relationship between unwanted pregnancy and emotional well-being and between unwanted pregnancy and social well-being. It is therefore a matter of urgency that Teachers, Adolescents, Parents, Government, School Administrators, Counselling Psychologists, NGOs and Social Agencies to rise, to put programmes in place to get adolescents and parents understand the pros and cons of sex and sexuality education, possible ways adolescents can effectively manage the impact of unwanted pregnancy on their emotional and social well-being, how best parents should handle and control the situation, so that it does not get out of hand.

**References**


