# UNDERSTANDING TEENAGE PREGNANCY: A VIEW FROM BEHAVIOURAL PARADIGM.

# BY

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*Teenage pregnancy therefore means conception by girls between the ages of 13 and 19 years. There are various sexual behaviours like flirting, kissing, intercourse, masturbation, petting, and homosexuality that are commonly found among secondary school students which always result in teenage pregnancy. They indulge in these acts without guilt and knowledge of its effect on them. This paper focused on the view of behaviourist about teenage pregnancy. It examined the concept of teenage and teenage pregnancy, factors that influence teenage pregnancy, effects of teenage pregnancy on the teenage mother and the child, problems emanating from teenage pregnancy, view of behaviourist on teenage pregnancy among others. It therefore suggested that counsellors, parents, religion leaders should strategies a means of encouraging the adolescent to avoid sexual acts and Sex education should be given to both secondary school boys and girls alike because both genders have an equal possibility of being involved in sexual relationships.*

***Keywords: Teenage pregnancy, View of behvioural paradigm.***

**Introduction**

A teenager is a person who falls within the teen ages, that is, between 13 and 19 years old (Olunlade, 2017). This definition is not universally accepted as some believed it comprised of persons of ages between 13 and 17 years only (Lawin, 2016) and some other scholars believed it is made up of persons between the ages of 14 and 19 years (World Health Organization - WHO, 2016). Teenagers can therefore be regarded as an adolescent which is a stage between childhood and adulthood. They are also either regarded as older children or younger adults. According to Lawin (2016), a substantial proportion of the members of every society in the developmental stage are termed “adolescence” or otherwise called “teenage”. It is a transitional period between the end of childhood and beginning of adulthood or maturity. Persons within this age categories are sexually active and adventurous because this is when sexual maturity starts (Count, 2015). Hence, they tend to want to relate with the opposite sex more (Carrera, 2012). Children at this stage are said to be in a state of confusion because they are curious about sex (Langham, 2015). With these definitions, teenagers make up a significant proportion of the world’s population.

Pregnancy is a physiological process, presenting with history of missed period, fatigue, breast enlargement and tenderness, abdominal distension, nausea and vomiting together with light-headedness (Ashimolowo et al., 2013). Pregnancy is expected 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. However, pregnancy now occurs in children especially those in their teens. Teenage pregnancy is a situation whereby a female person is pregnant in her teen ages (Nyakubega, 2019). This is as a result of lack of knowledge or ignorance about sexual behaviour activities. Teenage pregnancy is a global issue as it occurs in both developed (like USA) and developing countries like Nigeria. Adolescent/teenage pregnancy is characterized as pregnancy that occurs between the maternal ages of 14 and 19 years (WHO, 2016).

Teenage pregnancy is an unwelcomed occurrence among females who are both educationally and economically disadvantaged. Pregnancy among teenagers is one of the most pressing issues confronting most countries today. Teenage pregnancy is becoming a growing concern, and understanding the various causes of teenage pregnancy is critical. Pregnancies among girls appear to be one of the social issues confronting not only Nigeria, but also a number of other countries around the world. Sexual activities among teenagers in Nigeria are also on the rise (Nwosu, 2012). Out-of-wedlock pregnancies, which can result in abortion, childbirth, or even death, are a major consequence of these increased sexual activities among teenagers. Pregnancy, regardless of age, can be a life-changing experience that transcends race, educational attainment, and socioeconomic status. Motherhood imposes demands on one's life that were previously unimaginable before the woman's birth. When a girl who should be in school becomes pregnant, her entire life could be turned upside down as her hopes and dreams are dashed. Pregnancy is usually welcomed when it occurs at the appropriate age and in the context of marriage. On the contrary, it is particularly unwelcome when it occurs outside of marriage or during the adolescent years, when the individual is learning skills in a formal or informal setting.

**Concept of Teenage and Teenage Pregnancy**

Teenage is often used interchangeably with adolescence. World Health Organization – WHO (2017) opined that, it is the period between 10 and 19 years when the secondary sex characteristics appear. Negi (2019) described this period as the second decade of life. He observed that it is the most important and sensitive period of one’s life when a person is in the second genital stage of psychological development. According to Onuzulike (2013) female teenagers face a wide range of issues everyday relating to their psychological, physiological, emotional and socio-cultural concerns. Turner and Helms (2013) reported that the teen years fall between the ages of 13 and 19 years.

Onuzuilike (2012) described the teen years as a bridge between life as a child, and life as an adult, which gives the individual the opportunity to drop childhood behaviors and learn the adult life-style. There are several views and opinions among authors and researchers on the specific age at which it begins or ends. In the view of Adesomowo (2018) teen years starts at either 11 or 12 years and lasts to 19 years when the character of a person takes the permanent form. According to Nwosu (2005), adolescents include all persons aged 13 to 19 years who constitute about 20 per cent of the world population. Ezeorah (2012), Melgosa (2015), and a host of others agreed that the teen years span from the 13th to the 19th years of life.

Bongaart and Cohen (2018) described the teen years as a period of transition from childhood to adulthood, characterized by heightened social awareness and accelerated physical growth. This period, they opined, marks the onset of puberty and biological maturity. It is a crucial period in the life of an individual because many key social, economic and demographic events occur that set the stage for adult life, While Ukekwe (2015) described it as the most important period in human life, which if not properly handled, could lead to the most disastrous consequences in later life, especially among females.

Teenage pregnancy therefore means conception by girls between the ages of 13 and 19 years. According to Allan Guttmacher Institute – (AGI) (2018), teenage pregnancy is an undesirable phenomenon. Onuzulike (2013) supported this when she observed that teenage pregnancy interferes with expectation regarding education, self-realization and economic prosperity among the affected teenagers. Ukekwe (2011) stated that stress arises even when pregnancies are planned, not to think of unplanned pregnancy, it implies that the girl has to restructure her roles because she is inadequately prepared for parenthood. To support the above, Fadeyi (2018) observed that numerous cases of school dropout; maternal mortality and morbidity, infertility, abortion and children being abandoned in gutters, dustbins, latrines and other deadly places are clear manifestations of the malady of teenage pregnancies.

According to Aquino et al. (2013) and Duncan (2017), teenage pregnancy tends to emerge in contexts marked by social vulnerability and lack of opportunities. In line with this stand, Daly and Wilson (2015) used the phrase “devaluing future” while giving a possible explanation for adolescent or teenage pregnancy. Globally 15 million women under the age of 20 give birth, representing up to one-fifth of all births (WHO, 2010). Also WHO (2015) reported that an average of 529, 000 women die due to pregnancy and child birth related complication on a yearly basis.

In Nigeria, teenage pregnancy takes place in both rural and urban areas across regions but it is more prevalent in rural areas. Also, teenage pregnancy is more prevalent in northern than in southern part of the country due to the prevalence of early marriages. While teenage pregnancy may be attributed to early marriages in the north, most pregnant teenagers are not married in the south. In fact, most of the pregnant teenagers are usually rejected by their lovers who impregnated them leaving them with the option of either aborting the pregnancy or becoming single mothers at an early age. Such persons are usually subject of stigmatization and low-self-esteem in the society. Some of the single parents are supported by their own parents (especially mothers). In more difficult situations, the parents (especially the fathers) tend to neglect the pregnant teenagers and their children and this may force the pregnant teenagers to result to abortion or even leave the child at a dumping site. Teenage pregnancy can therefore be regarded as a major source of children in orphanages. At times, teenage pregnancy is a result of sexual abuse or rape (Langham, 2015).

In situations where real love exists between the male and female person, such that the male person accepts responsibility for the pregnancy, unplanned marriage may follow thereby leaving both persons to be struggling to take care of the pregnancy as well as the child as soon as it is born into the world. This may worsen the poverty situation of the parents because most often than not, both parents do not have any tangible means of livelihood at this point in time. In southern region of the country, most first born children are results of teenage pregnancy that are born out of wedlock. (Langham, 2015).

In a study conducted by Kapp, Taylor and Edwards (2015), they discovered that in the United States of America, one million teenage girls aged 15 to 19 years, and an additional 30,000 under age 15 became pregnant each year. Rojas (2019) reported that about 31.9 per cent of cases treated at a General Hospital in Columbia were teenagers aged between 15 and 19 years old. A survey by Planned Parenthood Federation (2012) showed that in Jamaica, one third of births were teenagers mostly students. Ekwueme (2017) noted that about 400,000 unplanned births occur annually in Nigeria. Half of these births, she noted were to single girls between the ages of 15 and 19 years. She also observed that in thirty-one countries where data were available, fertility rates among women aged 15 to 19 years were high with an average of 164 live births annually. Audu (2017) remarked that over one million adolescent girls in Nigeria become pregnant every year. Of these, approximately 400,000 are 17 years or younger. He projected that among teenage girls who would turn 20 in 2001; one in five (1:5) would have been pregnant by her 18th birthday. Ekwueme equally remarked that among teenage girls in Nigeria, pregnancies are a common problem. This she maintained is because of high rate of premarital sexual activities among teenagers especially in mixed schools.

**Causes of Teenage Pregnancy**

Some of the causes of teenage pregnancy are outlined below:

**1.** **Age Discrepancy in Relationships**

According to the Family Research Council, a conservative lobbying organization, studies in the United States indicate that age discrepancy between the teenage girls and the men who impregnate them is an important contributing factor. Teenage girls in relationships with older boys, and in particular with adult men, are more likely to become pregnant than teenage girls in relationships with boys of their own age. They are also more likely to carry the baby to term rather than have an abortion. A review of California's 2015 vital statistics found that men older than high school age fathered 77% of all births to high school-aged girls (ages 16–18), and 51% of births to junior high school-aged girls (under 16). Men over age 25 fathered twice as many children of teenage mothers than boys under age 18, and men over age 20 fathered five times as many children of junior high school-aged girls as did junior high school-aged boys.

**2. Media Influence**

A study conducted in 2016 found that adolescents who were more exposed to sexuality in the media were also more likely to engage in sexual activity themselves. According to Time, "teens exposed to the most sexual content on TV are twice as likely as teens watching less of this material to become pregnant before they reach age 20".

**3. Peer Pressure**

During adolescence, teenagers often feel pressure to make friends and fit in with their peers. Many times these teens let their friends influence their decision to have sex even when they do not fully understand the consequences associated with the act. Teenagers have sex as a way to appear cool and sophisticated, but in some cases the end result is an unplanned teen pregnancy. The Kaiser Family Foundation (2012) states that more than 29 percent of pregnant teens reported that they felt pressured to have sex, and 33 percent of pregnant teens stated that they felt that they were not ready for a sexual relationship, but proceeded anyway because they feared ridicule or rejection.

**4. Absent Parents**

Teen girls are more likely to get pregnant if they have limited or no guidance from their parents. Many parents have busy lives that prevent them from providing the guidance and support that their young teenagers need to make good decisions on issues such as sex, according to the website Parent Dish. When a teen does not feel that she can talk to her parents about sex either because they forbid sex talk or because they are not around, she will more than likely turn to friends for direction on whether or not to have sex, resulting in misinformation and possible teen pregnancy.

**5. Glamorization of Pregnancy**

The movie industry and the media contribute to teenage pregnancy by glamorizing teen pregnancy in news stories and movies. Movies that depict teen pregnancy as something to be desired encourage teens to engage in reckless sexual activity, according to ABC's "Good Morning America." During adolescence, teens become more focused on their appearance and how their peers perceive them. They want to be seen as part of the group, so if teen pregnancy is viewed as acceptable in their school or amongst their friends, they may seek to become pregnant as a way to gain social acceptance.

**6. Lack of Knowledge**

Teenagers who are uneducated about sex are more likely to have an unintended pregnancy. Some teens do not fully understand the biological and emotional aspects associated with having sex, these teens may get incorrect information from friends, videos, sitcoms and/or movies. Many times, teens do not have the knowledge needed to make informed and responsible decisions about whether or not to engage in sexual activity that can alter their life. Okafor (2017) reported ignorance of sexual knowledge as one of the factors responsible for pregnancies among teenagers. He added that adolescents in secondary schools have low knowledge regarding sex and sexuality. Nwosu (2015) observed that adolescents face many risks ranging from unwanted pregnancies, HIV and AIDs, other STIs, sexual exploitation, yet they receive inadequate information to help them negotiate this difficult passage to adulthood. Nwosu added that teens need access to specific information about how their bodies work and how to keep their bodies safe as well as information about sexual behaviour and its consequences. She maintained that information about sexuality should be imparted to teenagers in order to help them avoid unwanted pregnancies. Audu (2017) is of the opinion that the less knowledge teenagers have, the more likely they may have unprotected sex and engage in sexual experimentation prematurely. Briggs (2011) noted that the school system does not supply teenagers with adequate information and education about sex and sexuality. As a result, many of them end up in uncertainty and misconceptions on sexual matters.

**7. Sexual Abuse or Rape**

Teens can become pregnant as a result of sexual abuse or rape. The Guttmacher Institute states that between 43 and 62 percent of teens acknowledge that they were impregnated by an adult male, and two-thirds report that their babies' fathers are as old as 27. Approximately 5percent of all teen births are the result of a rape. Studies have found that between eleven and twenty percent of pregnancies in teenagers were as a result of rape, while about sixty percent of teenage mothers had unwanted sexual experiences (abuse) preceding their pregnancy. One in five teenage fathers admitted to forcing girls to have sex with them. Multiple studies have indicated a strong link between early childhood sexual abuse and subsequent teenage pregnancy in industrialized countries. Up to seventy percent of women who gave birth in their teens were molested as young girls. In some countries, sexual intercourse between a minor and an adult is not considered consensual. In those countries, sex with a minor is therefore considered as statutory rape.

**8. Teenage Drinking**

Teen drinking can cause an unexpected pregnancy, according to the website Love to Know. Many teens experiment with drugs and alcohol. Drinking lowers a teen’s ability to control her impulses, contributing to 75 percent of pregnancies that occur between the ages 14 and 21. Approximately 91 percent of pregnant teens reported that although they were drinking at the time, they did not originally plan to have sex when they conceived.

**9. Dating Violence**

Studies have indicated that adolescent girls are often in abusive relationships. They have also reported that knowledge of their pregnancy often intensified violent and controlling behaviour on the part of their boyfriends. Many teenage mothers had been beaten by their boyfriends. 51% had experienced attempts of birth control sabotage and 21% experienced schools or work sabotage. Studies have also found that girls whose fathers left the family early in their lives had the highest rate of early sexual activity and adolescent pregnancy.

**10. Childhood Environments**

Research has shown that women exposed to abuse, domestic violence and family strife in childhood are more likely to become pregnant as teenagers and the risk of becoming pregnant as a teenager increases with the number of adverse childhood experience. Studies have also found that boys rose in homes with a battered mother or who experienced physical violence directly, are significantly more likely to impregnate a girl. According to Patrick (2010), the transition from childhood to teenage may cause unstable emotions to some teenagers, and this may cause complex teenage psychology break on teenagers. Complex teenage psychology can results in an immature and irresponsible behavior which in turn may be another cause of teenage pregnancy. Meanwhile, weak family bonding fails to provide the emotional support that they need during their transitional term. The lack of attention and affection from the family causing depression and pushing them to look for love and attention from others especially from the opposite sex.

**11. Sexuality**

Melgosa (2011) observed that the physiological changes, which occur during the teen years, seem to contribute to increased sexual urge and that this increase in sexual desire is a response to biological, psychological as well as social changes, which adolescents experience. All these characteristics could be contributory to the high incidence of teenage pregnancies in the society. Gallagher and Gallagher (2020) believed that the inclination towards early initiation of sexual activity is due to a vehement desire for affection and acceptance. They also attributed it to a demonstration of the maturity, which teenagers believe they have attained. This belief, they noted make the teenagers vulnerable to teenage unwanted pregnancies and the associated complications. All these characteristics tend to expose teenagers to pre-marital sexual activities.

**12. Low Educational Expectations**

Low educational expectations have been identified as a risk factor of teenage pregnancy. A girl who is not so educated and has a mother that is illiterate is also more likely to become pregnant as a teenager if the mother also gave birth in her teen. Adolescent pregnancy can also be caused by a breakdown of communication between parents and child, and as a result of inadequate parental supervision.

**13. Foster Care**

Foster care youths are more likely, than their peers, to become pregnant as teenagers. Studies found that the birth rate of girls in foster care was more double the rate of their peers outside the foster care system. Some teens are always ensnare with petty gifts and food items through which their leisure into pre-marital sex when the parent could not provide for the basic needs, they easily fall prey to forces outside .Some are usually confronted with rape through street trading or hawking: all these are as a result of poverty.

**14. General Causes**

In some societies, early marriage and traditional gender roles are important factors in the rate of teenage pregnancy. For example, in some sub-Saharan African countries, early pregnancy is often seen as a blessing because it is proof of the young woman's fertility. The average marriage age differs country by country where teenage marriages are common experience higher levels of teenage pregnancies. In the Indian subcontinent, early marriage and pregnancy is more common in traditional rural communities than cities. The lack of education on safe sex, whether it is from parents, schools, or otherwise, is a cause of teenage pregnancy. Many teenagers are not taught about methods of birth control and how to deal with peers who pressure them into having sex before they are ready. Many pregnant teenagers do not have any cognition of the central facts of sexuality.

In societies where adolescent marriage is less common, such as many developed countries, young age at first intercourse and lack of use of contraceptive methods (or their inconsistent and/or incorrect use; the use of a method with a high failure rate is also a problem) may be factors in teen pregnancy. Most teenage pregnancies in the developed world appear to be unplanned. Some researchers have also outlined several factors associated with teenage pregnancy According to Onuzulike (2013) the factors include; a history of sexual abuse, poverty, lack of interest in school activities, lack of career goals, poor school performance, unhappy homes and peer pressure among others. According to Jackie (2012) low self-esteem is among the causes of teenage pregnancy. Children who are not shown love and affection from parents will seek it out with their peer group. Many adolescents report feeling pressured by their peers to have sex before they are married.

**Effects of Teenage Pregnancy.**

• The medical, social and economic cost of unplanned teenage pregnancies can be devastating to mothers and their children. Teen mothers are more likely to have medical complications during pregnancy and prolonged labor. Their babies are more likely to be born prematurely and to have low birth weights. These are caused by inadequate prenatal care and poor nutrition often experienced by teenage mothers living in conditions of poverty (Dryfoos, 2015).

• Teenage parenthood creates a number of economic and social disadvantages for young mothers. They are less likely to graduate from high school or attend college. The lack of educational achievement makes it more difficult for them to obtain adequate employment. They have a lower standard of living and are more likely to require public assistance. Their marriages are more likely to be unstable and they often have more children than they intended (Furstenberg et al., 2019).

• Children born to teen mothers also are at disadvantage. They show lower levels of cognitive functioning and more behavioral and emotional problems, while boys appear to be more affected than girls. The children of teenage mothers do poorly in school and are likely to become pregnant themselves. Teen mothers may also have less knowledge about child rearing than older mothers and may provide their babies with fewer opportunities for stimulation.

• The effect of teenage pregnancy is not only on the teenage-mother, the effect on her child could also be devastating. Hofforth et al., (2011) observed that most teenage mothers could not continue with their education. The observation confirms the fear expressed by Mollborn (2017) that if the teenage-mother eventually gets married, she becomes the primary care-taker and her chances of furthering her education decreases drastically. Day (2019) noted that the consequence extends to the children. According to them teenage mothers face hardships, which extends beyond birth and have higher risks which usually plagued by intellectual language and socio-emotional delays, resulting to their education not doing well in relation to child development and school readiness. Terry-Humen et al. (2015) noted problems in cognition, language communication and inter-personal skills among children of teenage mothers compared to those of older mothers. Studies by Hoffman (2016) and Haveman et al. (1917) show that less than 2% of young teen mothers of less than 18 years attain college degree before attaining 30 years of age and about 50% of them repeat a grade with lower performance on standardized tests.

Teenage pregnancy is phenomenal and cuts across the globe. It is a socio-psychological problem found in both developed and developing societies. In Texas, United States of America 62 out of every 1000 births, were by teenage girls. However, Maynard (2017) and Wilson (2016) observed disproportionate concentration of teen parents in poor communities, characterized by inferior housing, high crime, poor schools and inadequate health care services. This points a clear picture of most rural communities in Sub- Saharan Africa, including Nigeria.

• According to Melissa (2012) teenage pregnancy could lead to incomplete education, unemployment and other numerous emotional traumas. Early motherhood had been linked to effects the psychological development of the child adversely. Beside psychological physical risks cannot be ignored. Teenage girl’s body is not as developed as adult women in term of childbearing. Thus, they are often to face certain complications during pregnancy. Lack of sexual education caused teens get abortions since they realize that they are not ready yet to take responsibility to be a parent at such a young age and they still have many things to chase in life. The chance of maternal death cannot be ruled out in effecting teenage pregnancy by child.

According to Marnach et al., (2013) medically, teenage pregnancy maternal and prenatal health is of particular concern among teens that are pregnant or parenting. The world wide incidence of premature birth and low birth weight is higher among adolescent mothers. Teenage mothers between 15-19 years old were more likely to have anaemia, preterm delivery and low birth than mothers between 20-24 years old physiologically for the child as well as the mother. The mother can become easily frustrated and find violence as the way to overcome grief. She might become distraught thinking that she is a failure as a parent when seeing the reaction of her after being beaten. The teen mother might become depressed and consider suicide.

**Problems of Teenage Pregnancies**

The problems associated with teenage pregnancy as highlighted by Guttmacher Institute (2019) are as listed below:

1. There is a higher risk that babies born from teenage mothers are born too early, or that they have a low weight at birth.
2. The mothers may also encounter complications or difficulties at birth; they have a higher risk of anemia than mothers aged 20-24.
3. A pregnancy is best followed by trained medical staff during its course. Teenage mothers are less likely to receive prenatal care, often seeking it in the third trimester, if at all. The Guttmacher Institute reports that one-third of pregnant teens receive insufficient prenatal care and that their children are more likely to suffer from health issues in childhood or be hospitalized than those born to older women.
4. Like most other teenagers, teenage mothers may suffer from poor nutrition. This may lead to them having specific illnesses related to bad nutrition. Bad nutrition is a more marked problem of teenagers in developed countries.
5. Up to 70,000 teen girls in developing countries die from complications during pregnancy each year. Young mothers and their babies are also at greater risk of contracting HIV. The World Health Organization estimates that the risk of death following pregnancy is twice as high for women between 15 and 19 years than for those between the ages of 20 and above. The maternal mortality rate can be up to five times higher for girls aged between 10 and 14 than for women of about twenty years of age. Illegal abortion also holds many risks for teenage girls in areas such as sub-Saharan Africa.
6. Risks for complications are higher for girls 14 years or younger, because their pelvis has not yet developed fully; this may lead to problems with childbirth.
7. Problems other than the age of the mother, such as poverty and social support also affect the outcome. It is important that teenage mothers can rely on the family and the state to help them cope, and educate their child. Teenage parents who can rely on family and community support, social services and child-care support are more likely to continue their education and get higher paying jobs as they progress with their education.
8. Being a young mother often affects education. Teen mothers are more likely to drop out of high school. Recent studies, though, have found that many of these mothers had already dropped out of school prior to becoming pregnant.

**Concept of Behavioural Paradigm**

The basic premise of the behavioral paradigm is that human beings are best understood as behaving organisms; creatures who are complex in nature and mental capacity, but who are best understood through an analysis of response to stimuli. Whereas those in the biological paradigm see human behavior as a result of genetics and physiology, behaviorists understand personality traits to be a product of causal factors within a person’s experience ([Montano & Kasprzyk, 2008](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5498235/#R32)).

Scholars in this paradigm understand that experiences and learning are the primary forces that shape human behavior and personality, and that habits are formed and learned as these experiences accumulate. Further, and somewhat in contrast to those in the biological paradigm, behaviorists understand humans to be born with a “blank slate” that immediately begins to form associations from his interactions with the environment. As one ages, he learns new behaviors and personality patters through modeling others, and the cumulative result of these experiences is a predictable behavior and personality of a human (Shields and Bredfeldt 2001).

**Behaviourists view About Teenage Pregnancy**

Different models have been utilized regarding teen sexual behavior and pregnancy; however, when compared to other theories, the Theory of Reasoned Action (TRA) was the only theory that accounted for a significant amount of variance in unprotected sex in teenage mothers) and was a better predictor of teenage girls age at first intercourse and consistency of condom use. The TRA, which assumes the best predictor of behavior is behavioral intention, is guided by two major constructs.  Attitudes are the beliefs and feelings about certain behaviors and the values (positive or negative) attached to the outcome of that behavior. Subjective norms are the perceptions of social norms, including a belief about whether referent individuals approve or disapp rove of a behavior and the individual’s motivation to comply with these normative beliefs ([Montano & Kasprzyk, 2018](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5498235/#R32))

**Suggestions**

Counsellors, behaviourists, religious organization and parents should strategies a means of encouraging the adolescent to avoid sexual acts. Government should set up regulatory bodies to check mate the content of advert made on television, news papers and media houses, and should also give attention to students in rural areas when dealing with issues relating to the sexual behaviour of secondary school students because they are also victims of the dangers that their urban counterparts are exposed to.

Sex education should be given to both secondary school boys and girls alike because both genders have an equal possibility of being involved in sexual relationships. Secondary school students should be counselled not to associate with peers that indulges in dangerous and unhealthy acts especially sexual relations. More so, the students should be taught the dangers and disadvantages of their involvement in sexual acts, because the internet through the social media has already suggested to them that having sex is alright for everyone, irrespective of age and marital status. Lastly, secondary school students should be exposed to other benefits of having a smart phone so that they can effectively utilise it.

**References**

Adesomowo, I. C. & Ikpeme, E. E. (2013) *Pervelance of sexual activity and outcome among*

*femalesecondary school students in Port Harcourt, Nigeria. African journal of reproductive health* 2013; 2:150.

Ashimolowo, B.,Biddecom, A., Ann, E. & Kofi, A. (2019).*Role of parents in adolescent sexual*

*activity and contraception use in four countries 8(2).* Retrieved from [www.icpsr.vmich.ed](http://www.icpsr.vmich.ed).

Audu, J.A. (2017). *Associated factors, incidence and complications of pregnancies among*

*adolescent girls in Zango Kataf LGA. Unpublished* M.ed. project, University of Nigeria Nsukka.

Bongaart, J.R., Hatfield, E., Kessler, D. & Levine, T. (2020).*Sexual Motives, gender and Sexual*

*behaviour.Archives of Sexual Behaviour.* 29(2): 135 – 153.

Califonia, Eisenberg M, Sieving R. &Pettingell, S. (2016). *Friends influence on adolescents first*

*sexual intercourse. Retrieved fromhttp*://www.guttmacter.org

Carrera, H., Andrew, F.&Millier, M.D (2017).*Drive, its Implication on Children: The onset of*

*sexual Relationship in Adolesecent*. Retrieved from [www.kon.org](http://www.kon.org)

Count, K. (2018). *Teen sex – The parent factor. 8 – 10. Retrieved from*

[www.heritage.org/reserach/reports](http://www.heritage.org/reserach/reports).

Edward, I.R., (2015). *Adolescent attitude towards premarital sex.Mediterranean Journals of*

*Social Sciences*, 491 – 495.

Ekwueme .N. (2017). Rethinking*, Recognition and Redistribution*. <https://muep.mau.se.gov>.

Fadeyi, J.L, Morrissey, K., &Werner-Wilson, A.(2011).*Adolescent and parent’s perceptions*

*of media influence on adolescent. Retrieved from* [www.Researchgate.net](http://www.Researchgate.net)

Langham, A. (2015). *Relationships among Gender, Attitudes, Sexual, Selfesteem, and Risky*

*Sexual Behaviour*. An Unpublished M.Ed Thesis, University of Florida, United States of America.

Lawin, B. (2012). *Changing people’s behaviour by changing the environment. Retrieved from*

[*www.infoq.com*](http://www.infoq.com)

Melgosa, A.(2015). *Planning and implementation of guidance and counselling activities in*

*secondary schools.Journal of education and practice.Retrieved from* [*www.iiste.org*](http://www.iiste.org).

Negi, T. (2012). *Attitude of Parents towards sexuality development of their children.*

*Implication for Counselling. The Lagos Counsellor: An official Publication of Lagos State Chapter, Counselling Association of Nigeria*

Nwonu, S., Pool, R., & Kinsman, J. (2015) *The negotiation of sexual relationships among school*

*pupils in South- Western Uganda. Retrieved from* [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

Nyakubega, (2014). *The Role of Family in sex and sexuality education. The Journal of Family*

*Development*. 1(2), 76 – 85.

Olunlade, K.,Ogonlola, L. O., Onayade, A. A. &Owolabi, A. T. (2005) *Sexual behaviour of*

*secondary school students in Illebe, Nigeria.* 25(2): 174 – 178. Retrieved from [www.chs.ovaife.edu.ng](http://www.chs.ovaife.edu.ng)

Onuzulike, R. V. N., &Eze, I. (2010). *Attitude of Nigerian Adolescent to Premarital Sexual*

*Behavior: Implication for sex education*. Journal of Counselling 1(1), 21 – 26.

Rojas, P., Meyer-Weitz, A., Van Den Borne, B. &Kok, G. (2019). *STDrelated knowledge,*

*beliefs and attitudes of Xhosa speaking patients attending STD primary health care clinics in South Africa. International Journal of STDs and AIDS. Vol.10: 39*

Turner & Shuns, (2012). *HIV Prevalence and socio economic contexts of sexuality*

*among youth in Addis Ababa, Ethopia. J Health development. 16(2): 139 -140.*

Ukekwe, A., Duru, A., Nnebue, F., Ifeadike, S., & Okoro., (2015). Sexual behaviour among

senior secondary school students in Anambra state. [www.grossarchive.com](http://www.grossarchive.com).

Weiler, A. (2015). *Information-seeking behaviour in generation of young students. J Acad*

*Librarianship* 31(1):46

World health organisation (WHO) (2018). *Child and adolescent health and development.*

*Retrieved from* www.who.int.org www.wikipedia.com.