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INSTITUTE OF GRADUATE STUDIES

DEPARTMENT OF PSYCHOLOGY

**THE IMPACT OF TEENAGE PREGNANCY ON THE EDUCATIONAL
ACHIEVEMENT AND EMOTIONAL STATES OF STRESS, LONELINESS, AND
DEPRESSION.**

M.Sc. THESIS

EVELINE NGUM ADOH

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**THE IMPACT OF TEENAGE PREGNANCY ON EDUCATIONAL
ACHIEVEMENT AND EMOTIONAL STATES OF STRESS,
LONELINESS AND DEPRESSION**

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NEAR EAST UNIVERSITY
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EVELINE NGUM ADOH

SUPERVISOR


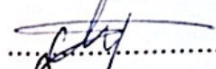
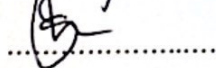
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Approval

We certify that we have read the thesis submitted by EVELINE NGUM ADOH titled **“The impact of teenage pregnancy on the educational achievement and emotional states of stress, loneliness, and depression** and that in our combined opinion it is fully adequate, in scope and in quality, as a thesis for the degree of Master of Educational Sciences.

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Declaration

I hereby declare that all information, documents, analysis, and results in this thesis have been collected and presented according to the academic rules and ethical guidelines of the Institute of Graduate Studies, Near East University. I also declare that as required by these rules and conduct, I have fully cited and referenced information and data that are not original to this study.

EVELINE NGUM ADOH

25/02/2023

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I want to thank the Almighty God for His countless blessings upon my life with good health and substance for bringing me this far. It has not been an easy journey with all the hurdles and puddles, but by His Grace, I emerged successfully. I will like to say a heart feel thank you to my supervisor Assist. Pr. Dr. Gloria Manyeruke for her tireless support, encouragement, guidance, and input to ensure the realization of this research was of excellent quality and that my research was a huge success. I will also like to extend my profound gratitude to my loving parents, Mr. and Mrs. Azefer for their prayers, encouragement, moral support, and tireless financial support throughout my academic journey. I Love you all so much and God bless you immensely. I also wish to express my profound gratitude to my family members Barrister Fru Blaise Tumanjong, Mr. and Mrs. Ange for their prayers, concern and emotional support to see this thesis was a success. I appreciate Mr.Chukwudi Solomon Odoh for his love and concern during the research conducted. I say a big thanks to you. I also want to say a big thanks to all my friends for their support throughout my research. I appreciate all respondents to my questionnaires while carrying out my research “pregnant teenagers” for their cooperativeness during the data collection process, God bless you all. For all those whom I cannot disclose their identification, I appreciate you all, and God will Bless you abundantly.

EVELINE NGUM ADOH

Abstract

The impact of teenage pregnancy on educational achievement and emotional states of stress, loneliness, and depression.

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This present study sought to investigate the effects of teenage pregnancy on the academic achievement of pregnant teenagers and also to examine the emotional states of stress, loneliness, and depression. A total of 150 participants with an age range of 13 to 19 who are pregnant or mothering participated in this research study. A simple random probability sampling technique was utilized in the study. The study result reveals that there is no significant correlation between the ages of the pregnant teenager, depression, stress, loneliness, and academic performance because the reproductive events associated with childbirth make adolescents more vulnerable to complications and poorer health consequences. Also, the study result shows that pregnant adolescents who are at secondary school have significantly higher depression scores than those at the university. Pregnant teenagers who are in the university have lower depression levels presumably, because they have more flexible school schedules. Universities promotes an independent learning structure as compared to the structured learning characteristic of secondary schools which allows students to find a better balance between learning and their new responsibilities. The result shows that there is a statistically significant difference in the level of depression according to the relationship the pregnant teenager has with the father of the child. The involvement of a teenage father improves the infant-parent relationship and infant development. This support from the partner improves on the emotional well-being and a good academic performance. The study recommended that, day-care services should be provided to teenage mothers by public schools, which will play a crucial role in young mothers' decision to continue their education.

Key words: teenage pregnancy, academic performance, stress, loneliness, depression

Öz

Genç gebeliğin eğitim başarısı ve stres, yalnızlık ve depresyonun duygusal durumları üzerindeki etkisi.

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Bu çalışmada, genç gebeliğin gebe gençlerin akademik başarıları üzerindeki etkilerini araştırmak ve ayrıca stres, yalnızlık ve depresyonun duygusal durumlarını incelemek amaçlanmıştır. Bu araştırma çalışmasına hamile veya anne olan 13-19 yaş aralığında toplam 150 katılımcı katılmıştır. Çalışmada basit bir rasgele olasılık örnekleme tekniği kullanılmıştır. Çalışma sonucu, hamile gencin yaşları, depresyon, stres, yalnızlık ve akademik performans arasında anlamlı bir korelasyon olmadığını ortaya koymaktadır, çünkü doğumla ilişkili üreme olayları ergenleri komplikasyonlara ve daha kötü sağlık sonuçlarına karşı daha savunmasız hale getirmektedir. Ayrıca, çalışma sonucu, ortaokulda olan hamile ergenlerin üniversitedekilerden anlamlı derecede daha yüksek depresyon puanlarına sahip olduğunu göstermektedir. Üniversitede bulunan hamile gençler muhtemelen daha düşük depresyon seviyelerine sahiptir, çünkü daha esnek okul programlarına sahiptirler. Üniversiteler, öğrencilerin öğrenme ve yeni sorumlulukları arasında daha iyi bir denge bulmalarını sağlayan ortaokulların yapılandırılmış öğrenme özelliğine kıyasla bağımsız bir öğrenme yapısını teşvik eder. Sonuç, hamile gencin çocuğun babasıyla olan ilişkisine göre depresyon düzeyinde istatistiksel olarak anlamlı bir fark olduğunu göstermektedir. Genç bir babanın katılımı bebek-ebeveyn ilişkisini ve bebek gelişimini geliştirir. Partnerden gelen bu destek, duygusal refahı ve iyi bir akademik performansı geliştirir. Çalışma, genç annelere günlük bakım hizmetlerinin devlet okulları tarafından sağlanması gerektiğini ve bunun da genç annelerin eğitimlerine devam etme kararında çok önemli bir rol oynayacağını önermektedir. Anahtar Kelimeler: genç hamilelik, akademik performans, stres, yalnızlık, depresyon

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List of Abbreviations

AUC: African Union Commission

ASRH: Adolescent Sexual and Reproductive health

CDCP: Centers for Disease Control and Prevention

CRC: Convention on the Rights of a Child

GST: General Strength Theory

ICPD: International Conference People Development

NGO: Non-Governmental Organizations

PTB: Problem Behavior Theory

PREP: personal responsibility education program

SPSS: Statistical Package for the Social Science

STI: Sexual Transmitted Infections

UNFPA: United Nations Population Fund.

UNICEF: United Nations Children Fund

VTEL: Vocational Training and Education

WHO: World Health Organizations

CHAPTER I

Introduction

Motherhood is the process in which a woman gains the ability to care for her children, accepts her parental duties, develops confidence, and strikes a balance between the new position and her prior one (Currie et al., 2020; Alligood, 2014). Adolescent pregnancy is a significant economic and social issue plaguing the world today and it is a concern for the educational sector in developing and developed nations (Stella, 2019). The World Health Organization (WHO, 2018) estimates that about 16 million girls between the ages of 15 and 19 give birth annually (Santelli et al., 2017). Parents who are teenagers that are between 13 to 19 years old are referred to as teenage parents (Kost et al., 2010). The problem of teenage pregnancy appears to perpetuate poverty and as well poor levels of educational attainment for teenagers (Sharma et al., 2019; Shah et al., 2015). According to the Cameroon Medical Council, it is stated that about 25 percent of pregnancies happen to teenage girls who are at the secondary school level and about 20 percent of pregnant teenagers do not return to school after giving birth, (Ruzibiza, 2022; WHO, 2017). Teenage pregnancy is not a new phenomenon, but it has remained a significant problem throughout the world today despite the fact that we are in the era of sexual literacy with open access to contraceptives (Ahinkorah et al., 2029; Frank, 2005). Having a child at a young age may have both beneficial and negative effects on a young person's life, regardless of her background, education, or socioeconomic standing (Kost et al., 2010). Consequently, the high adolescent pregnancy rate has caused significant social and psychological problems affecting many teenagers worldwide (Cluver et al., 2021; Panday et al., 2009).

The issue of young parenting poses an alarming concern since younger teenagers who are becoming parents for the first time may suffer more stress and undesirable feelings of despair and regret which might harm their child's ability to develop properly (Hans & Thullen, 2009). Consequently, in cases where there is no emotional support, some pregnant teenagers may endure severe dissatisfaction, develop stress, and finally attempt suicide (McClinton et al., 2021). An unplanned pregnancy may be devastating,

even for a young, teenage mother who faces it head-on with strength and bravery (Bezuidenhout, 2009). When teenagers experience disappointment and frustration from being pregnant, this interferes with their learning. Teenage pregnancy experience also affects their identity and confidence (Greenbaum et al., 2002). Moreover, some studies have revealed that depression in teenage mothers may occur as a result of pregnancy-related stigma (Omoloye et al., 2021; Sarwar et al., 2021). These pregnant teenagers may experience depression due to difficulties coping with issues they may face at school (Walker, et al., 2021), interactions with peers (Larsen et al., 2022), and challenging circumstances at home with family and friends (Gavriloff et al., 2020; Hong, 2009).

Teenage pregnancy has been seen to hurt the teenage mother, which is evident when she experiences psychological stress (Reisenhofer et al., 2019) which interferes with the development of her self-identity. Depressive symptoms are associated with teenage mothers, it causes extreme levels of frustration and makes it difficult for them to establish and maintain relationships with others (Thomas, 2004). Furthermore, depression prevents adolescent mothers from acting in ways that are healthy for both themselves and their newborns (Sangsawang et al., 2022; Ugalde et al., 2015).

The majority of adolescent pregnancies and deliveries are unplanned (Bankole et al., 2015), which frequently results in the stigmatization of affected adolescents for violating age norms for parenting (Franjic, 2018). Most pregnant teenagers are being devalued by society and peer groups (Muthukrishna et al., 2021; Maly et al., 2017). Most teenage mothers have been misrepresented and stereotyped in society (Valiquette et al., 2019). This stigma can have a wide range of social and economic consequences for the girls, their families, and the community as a whole (Cameron et al., 2015; Groenewald et al., 2020). Furthermore, most young teenagers who become pregnant before the age of 20 have difficulty adjusting to their new duties as mothers (Ngum-chi et al., 2015). Adolescents are not emotionally or mentally equipped for parenthood, and as a result, they have a high risk of pregnancy difficulties (Southammakosane & Lewin, 2014). According to Flaherty and Sadler (2011), early school dropout, poor academic performance, and early parenthood are just a few of the negative effects of pregnancy at

a youthful age. When a teenager's schooling is disrupted by pregnancy, it typically results in subpar academic achievement (McNaughton et al., 2020; Jonathan, 2007)

Problem Statement.

It is estimated that there are a total of 826 cases of adolescent pregnancy in 2019 in Yaoundé (WHO, 2019; Wirsiy, 2019), about 32 percent are found in rural areas, and slightly about 17 percent of the pregnant teenagers are found in urban areas (Armand, 2021; Egbe, 2015). Pregnant teenagers face a number of social and psychological risks as a result of the transition to parenthood (Widyawati et al., 2019). According to a growing body of national and international studies, adolescent pregnancy is associated with several health risks and social and emotional distress (WHO, 2022; Sherr et al., 2021; Mba, 2003; Catherine et al., 2019). Teenage pregnancies continue to be a major issue in many areas due to a wide range of negative effects it has on young mothers and their children (Panday et al., 2009).

Adolescent pregnancy has also been reported to create psychological distress for certain adolescent mothers like loneliness (Mitchell et al., 2014; Brandon et al., 2014). In addition to this, teenage pregnancy is associated with poor health and difficult labor (Akers and Sellers, 2004). In an investigation of the levels of depression, loneliness, and stress among adolescent mothers, Campbell-Grossman et al., (2000) discovered that depression is very high in teenage mothers than in non-pregnant ones because teenage mothers face birth complications (Nagandla et al., 2019; Campbell et al., 2000; Maravilla et al., 2019). Most teenage mothers experience stress due to the fact that they lack comfort from partners who might have abandoned them because of their pregnancy (Charlesworth et al., 2022; Ruzibiza, 2021). In addition to greater rates of postpartum depression, adolescent mothers experience higher rates of depression due to a lack of social support and exposure to emotional abuse (Wong et al., 2021). They also have greater rates of suicidal thoughts than their counterparts who are not yet mothers (Ladores et al., 2019).

Moreover, pregnant mothers are frequently discriminated against (Jones, 2017). She may be thrown out of the house and discarded by her lover, and as such, the family

has not considered a source of support for the teenager. The pregnant teenager is also kicked out of school for setting a poor example for the other children (Liamputtong et al., 2015). Such condemnation has an impact on the adolescent's mental health. Suicide is one of Cameroon's leading causes of death among pregnant teenagers (Tchente et al., 2015). Suicide accounts for around 25.2 percent of all teenage deaths (Adolescents Health in Cameroon, 2011). Adolescent mothers who fall pregnant outside of marriage, consider suicide as a solution to unsolved difficulties they face and are at a higher risk (Vinson, 2017). Suicidal idealization of these teenagers arose in situations when they were pregnant from rape, the abortion prohibition leads pregnant teenagers to commit suicide (Murray, 2016).

Teenage pregnancies and childbirth are the main reasons for secondary school failures and dropouts, according to a study conducted by Chigona and Chetty (2007). It is observed that teenage mothers who regularly miss school are more likely to give up on their education since they cannot catch up on their missed coursework given their current multiple obligations of being a learner and a parent at the same time which is a challenging life situation. The birth of a child usually signifies the end of a teenage mother's time in school (Grant & Hallman, 2006). The most difficult task of a teenage mother is finding a balance between taking care of the infant and paying attention to their academic work (Gaby, 2012). Furthermore, Flaherty and Sadler, (2011) state that among the detrimental effects of pregnancy at a young age are, behavior issues, and poor academic attainment, which affect their perspective (Carbajal et al., 2019; Hoffman & Maynard, 2008). Adolescent births are associated with lots of problems owing to the mortality and long-term morbidity rate with adverse outcomes such as low birth weight which has a recognized association with neuropsychological issues (Cardwell, 2013), and preterm with severe neonatal conditions (Laopaiboon et al., 2014). Considering the increase in suicide attempt of pregnant teenagers, their psychological distress and discrimination, this research seek to investigate the negative impact teenage pregnancy has on the lives of the teenagers and their emotional well-being.

Purpose of the Study

This research study aims to examine the effect of teenage pregnancy on the academic attainment of teenagers and the emotional states of stress, loneliness, and depression. Also, this study is aimed at examining the relationship between age of the pregnant teenagers on stress, loneliness, and depression levels.

Research Questions.

- 1) Is there a relationship between the ages of pregnant teenagers, and their emotional states of stress, loneliness, and depression and academic performances?
- 2) Are there any significant differences in stress, loneliness, depression, and academic performance according to the educational level of pregnant teenagers?
- 3) Are there any significant differences in stress, loneliness, depression, and academic performance according to whom the pregnant teenager lives with?
- 4) Are there any significant differences in stress, loneliness, depression, and academic performance according to the relationship the pregnant teenager has with father of the child?
- 5) Are there any significant differences in stress, loneliness, depression and as well academic performance according to the teenagers' source of income?

Significance of the Study

This research study on this particular topic has not yet been conducted in Cameroon. Related studies have been conducted among teenage mothers in Yaoundé, Cameroon to examine the risk factors of teenage pregnancy, and the prevalence of perinatal depression symptoms (Halle et al., 2015; Buman et al., 2015; Barber et al., 2012). In the western world, many similar pieces of research on teenage pregnancy and emotional states have been conducted (Leung et al., 2019; Delvenne et al., 2015; Theall et al., 2014) however, limited studies have been carried out on this particular research topic in third-world countries.

This study is useful to teenage mothers to acquire knowledge about how to mitigate psychological challenges associated with teenage pregnancy. Furthermore, school administrators will gain from this study they would learn how teenage pregnancy affects academic attainment and possible intervention. With the help of this study, parents will benefit from it by understanding the support required by pregnant teenagers to improve their psychological well-being and maintain good academic achievement. On-parenting teenagers will benefit from the study by identifying the negative consequences associated with teen pregnancy and taking precautions not to fall, victim. The general public will also benefit from this study because it provide adequate information on the preventive measure to be taken by adolescents and also support for pregnant mothers that helps them emotionally.

Limitations

The sample size was small, therefore making the representativeness and generalizability of the result poor. The sample size of 150 teenagers participated in the study, and a wide range of respondents could yield better results.

The use of a structured questionnaire possibly confines the respondents to pick their answers from the provided options, unlike some participants who could have many more ideas to contribute to the study if it were an open-ended question, limiting the research. Two cities in Cameroon were chosen for this study, if many more places could be chosen, the research would yield a greater outcome with diverse and broad responses.

Furthermore, another problem faced by this study is the language barrier, Cameroon is a bilingual country with French and English. The French-speaking members of the population were excluded from the study hence limiting the research study.

Definitions of Terms

Academic performance: The phrase academic performance is used to describe the degree to which a learner, a school, or an educator has met some set of learning objectives, either in the short or long term (Bruce et al., 2002).

Depression: Watson and Stephanie (2018) define depression as a mood illness characterized by long-lasting emotions of melancholy, despair, and low energy that get in the way of everyday life. Depression is more than just being unhappy because it interferes with school, work, and other activities.

Loneliness: Peplau and Perlman (1981) define loneliness as "a subjective, unpleasant experience of absence or loss of companionship that occurs when there is a mismatch between the quality and quantity of the social interaction we have and those that we seek.

Stress: it is considered a situation that results from the interaction between individual and their surrounding environment and the causes of disharmony between the situation demand and biopsychosocial resources (Lazarus and Folkman, 1984).

Teenage pregnancy: MacLeod (2012) characterized teen pregnancy as a social problem in which a person demonstrates adult behaviors and activities (sexual intercourse, reproduction, and mothering) despite the fact that she is not yet an adult due to her age and developmental status.

CHAPTER II

Literature Review

The literature review of the study comprises two sections, the theoretical background, and related research. This review provides readings on the various factors that contribute to teenage pregnancies. Research on the socioeconomic causes of teenage pregnancy and its effects on the financial situation, psychological distress, and its effects on academic achievement.

Teenage Pregnancy

The United Nations Children's Fund defined teenage pregnancy as a phenomenon that occurs in girls within the ages of 13 to 19 and it is a global problem and creates issues for all those concerned about the young women and their children's health and well-being (UNICEF, 2019). Early pregnancy is a prevalent global youth development concern, especially in impoverished communities where some adolescent females are subjected to pressure to marry and have children when still young (Kirchengast, 2016). Adolescent pregnancy rises when girls are denied the ability to choose their sexual and reproductive health, resulting in negative mother, child, and socioeconomic consequences (Mohr, 2019). It is believed that about 90 percent of births among females aged 15 to 19 in underdeveloped nations coexist with unequal power distribution within families since household-leading fathers are the final decision-makers in all family aspects (Ndanu, 2019).

Causes associated with teenage pregnancy

The causes of teenage pregnancy are physiological factors, socioeconomic factors, and social factors that are associated.

Physiological Factors of Teenage Pregnancy.

According to Maslow's (1943) theory of the hierarchy of needs, a person's conduct is determined by their basic human needs (Maslow, 1943). Basic needs are at the bottom of the theory's list of human needs, and higher-level intangible needs are at

the top. When people's basic needs are met, they can then move on to addressing higher-level demands (McLeod, 2022). This idea, therefore, states that in order to reach the ultimate level of fulfillment, and self-actualization, one must first satisfy their deficient needs (McLeod, 2007). If deficit demands are not satisfied, this results in negative or unpleasant experiences (Aydemir et al., 2017). Teenagers' reproductive system is fully matured in adolescence, and sex can be seen to be at the base need (Mathur et al., 2013). Teenage pregnancy has been linked to this theory because biologically, teenagers are ready to engage in sexual relationships (Crutzen et al., 2016).

Socioeconomic Factors Associated with teenage pregnancy

Poverty experiences are linked to numerous personal and environmental risk factors for teenage pregnancy (UNICEF, 2021). Poor living conditions, such as a lack of resources and an inability to make good decisions due to a lack of reliable financial support, may result in increased cases of adolescent pregnancy and early motherhood because some teenagers believe that having a child is the only way to find fulfillment in their lives (Tanner, 2013, Letsie, 2021). Poverty has been identified as a major contributor to the rise in teen pregnancy, particularly in rural regions (Arowojolu et al., 2018). Teen pregnancy has, however, been unfairly blamed on poverty because of insufficient money to meet basic needs like clothes and food, and other material things (Medina et al., 2021; Kruger & Berthelot, 2012). Additionally, given the additional demand on families, teenage pregnancies are more likely to occur when adolescent females from low-income families, with little educational attainment to explore, led the teenagers to engage in sexual interactions in exchange for gifts such as cash, clothing, and other items in order to satisfy their desires and wants (Kyegombe et al., 2019; Nwogwugwu, 2013). Therefore, teenage pregnancy is rampant in disadvantageous homes (Loper et al., 2012; UNESCO, 2018).

Teenage pregnancy is thought to be widespread in locations where many teenagers begin their lives in disadvantaged circumstances since teenage parents themselves are known to start a vicious cycle that is difficult to break once it begins, and as a consequence to this, the children grow up to witness financial troubles (Radcliff, et

al., 2020; Mahler, 2014; Van Zyl et al., 2015), poor literacy levels, unemployment (Mahler, 2014), and a lack of social support (Raskin, 2012).

Furthermore, lack of supervision is another cause of teenage pregnancy. According to UNICEF (2021), some parents would travel to industrialized regions in pursuit of work, leaving behind their youngsters to assume adult duties and responsibilities of catering for the house. Teenage females in need of survival frequently engage in sexual activities due to the lack of supervision, which increases their risk of engaging in mutual relationships that end resulting in pregnancy (Cicognani et al., 2020; Molupe, 2020). Nevertheless, children who lived in two-parent families had lower rates of engaging in an early sexual relationship and a lower likelihood of engaging in problematic behaviors that might result in unplanned pregnancies than children who lived with a single-parent (Assari, 2020; Finlay et al., 2020). This, therefore, means that most teenage pregnancies seem to be common in households with single parents because of a lack of supervision (Bago, 2022). For instance, Australian research indicated that teenagers from families with a single parent had a higher probability of becoming pregnant and having children before the age of 20 because of too much freedom (Santos & Rosário, 2013). Influences from the family structure affect teenage pregnancy both favorably and adversely. This is so because the environment in which young people grow up has a significant impact on them, especially during the formative adolescent years, when self-control, risk assessment, and peer pressure resistance are formed (Godley, 2012).

Nowadays, the lack of sexual knowledge and the sexual behavior of adolescents has resulted in unintended teenage pregnancies that disproportionately affect rural minorities because of the high illiteracy rate, inaccessibility to contraception, and lack of sexual orientation from parents and some educational institutions (Bränström et al., 2020; Centers for Disease Control and Prevention, 2015). The level of illiteracy rate in rural areas is higher because teenagers lack the financial support to be educated on safe sex and contraceptive usage (Mutara, 2015; Ashcraft et al., 2013). This certainly provides room for teenage pregnancy.

Feminist Views on Adolescent Pregnancy.

The idea that men and women should be treated equally in social, economic, and political contexts is known as feminism (Podems, 2010). Feminism, which emerged in wealthy nations and is now supported by several organizations that support women's rights, has been spread around the world (Jenkins et al., 2019). According to this theory, pregnant teenagers have poor academic attainment because males have the right to continue with their education while teenage girls are disallowed to continue with their education (Amoran, 2013). Many institutions do not permit pregnant teenagers to continue schooling and such movement is referred to as gender inequality which affects the teenager (Ombati and Mokuu, 2012). Feminist theory is pertinent because teenage mothers are usually marginalized by society and the school system. Due to such gender segregation, pregnant teenagers were unable to continue with their education to secure a future with well-obtained certificates (Watson et al., 2017; Meulders et al., 2010).

According to feminist theory, teenage pregnancy is common and the poverty rate is high because women are dependent on men for their livelihoods, which keeps them in poverty and prevents them from having the freedom to make informed decisions about their reproductive health (Ahmad & Khan, 2020). Such dependence puts adolescent females at the risk of involuntary sexual relationships that result in unintended pregnancies, denying them access to learning skills to earn a living (Rwehumbiza et al., 2013). A vicious cycle of poverty across generations is created when pregnant teenagers drop out of school too soon and lack the necessary skills to compete in the labor market and support their children. According to Pasque (2011), this theory takes into account the experiences of both teenage mothers and all individuals, especially oppression. While gender inequality has been acknowledged as a major contributor to poverty, Melo (2019) claims that poverty is a complex phenomenon. When girls are young and pregnant, lack a vocational qualification, or make an unacknowledged contribution to household development, women face challenges related to poverty.

Women typically have poor economic, legal, and social positions, which contribute to their unequal access to resources and restricted ability to protect their interests (Chant, 2012). The possibility of economic and human growth for adolescent

mothers and all individuals is threatened by gender disparity, which makes it difficult to reduce poverty. According to Ngabaza (2018), young females who want to escape poverty often think that the only way to do so is by having promiscuous sex with older and resourceful working men. These older males take advantage of the youth's sensitivity by making empty promises. Teenagers in the end are frequently disappointed because of unplanned pregnancies, health issues like STI infections, and mental illness which oftentimes makes them depressed (Burgard & Lee-Rife, 2012). Feminism is the movement that aims to end sexism, sexual exploitation, and injustice (Hooks 2000).

Social factors associated with teenage pregnancy.

Bandura's Social Learning Theory, developed in the 1960s and 1970s, stresses the reciprocal interaction of cognitive, behavioral, and environmental determinants of human behavior (Bandura, 1977). People acquire new behaviors by seeing others in a social setting, absorbing what they see, and then replicating it. The Social Learning Theory may be utilized to successfully comprehend the occurrence and reoccurrence of adolescent pregnancy. The ideas of differential association, definitions, imitation, and differential reinforcement may be utilized to investigate the many aspects of a teenage mother's life and their decision to become a mother early. The Social Learning Theory is founded on four basic premises: differential association, definitions, differential reinforcement, and imitation (Akers & Sellers, 2004). According to the differential association, individuals with whom they come into touch, both directly and indirectly, expose people to acceptable and undesirable actions, as well as a wide range of behavioral models. An individual's immediate social circle provides behavioral models, which constitute a source of imitating behavior (Winfrey et al., 2016) Family, friends, teachers, neighbors, and church organizations make up the immediate social circle. Therefore teenage pregnancy experiences are reinforced by imitations of teenagers.

Moreover, the liberal reporting of the western media has also had an impact on teenage sexual incidents. According to Carrera (2012), teenagers develop sexual desire when they are allowed to socialize freely with people of the opposite sex, and it is then appropriate for them to express interest in sex with the opposite gender and curiosity about many sex-related issues (Ideir 2011). Such socialization conditions in the setting

of early adolescents are typically linked to high teenage relationships with the opposite gender which increases the chances of adolescent pregnancy because, adolescents turn to practice what they see (McNaughton et al., 2010; Changach, 2012). Also, with the improvement in communication media like Facebook, Twitter, Snapchat, Instagram, and Tiktok, youths are exposed to sexual content on television, sexuality on the internet, and sex chat forums. These media have exposed teenagers to engage in sexual activity (Kenneavy, 2016; Park, 2018), which may result in unwelcome sexual encounters that are preceded by an unplanned teenage pregnancy (Ezegbe, et al., 2020).

More to that, one of the causes of the increase in the rate of teenage pregnancy is the amount of social support that some teenage mothers receive in powerful nations like the US and the UK that have an impact on the long-term outcomes of teenage pregnancies (Boath et al., 2013). This support in return makes the teenagers not conscious and protective of their lovers because the idealization that, they shall receive social support makes them engage in early relationships, and eventually, mating that could result in pregnancy (Amekudzie, et al., 2020; Brown et al., 2012).

Furthermore, lack of sex education, which oftentimes makes teenagers feel ashamed to seek contraception services, and access to, which are restricted in some countries because they are expensive or forbidden to sell to certain age groups of teenagers, are also factors that contribute to an increased rate of teenage pregnancy (Kaphagawani et al, 2017, WHO, 2017). As a result of this, the likelihood of becoming a teenage mother is on a rise (Cuisia-Cruz et al., 2017; Vansteenkiste et al., 2019; Rutaremwa, 2013). Therefore implies that teenagers with inadequate education on safe sex and protective measures often result in unintended pregnancies (Ibisomi et al., 2012; Rutaremwa, 2013).

More to that, according to a study by Adolf (2014), some parents and communities find discussions about sex education to be disrespectful that is frowned upon in their society (Haruna et al., 2020). In these societies, discussing sex issues is seen as a sign of sexual knowledge, which is strongly associated with immortality. The problem of adolescent pregnancy can be solved by raising awareness about intimate relationships, according to research by Parihar et al, (2014). Some groups of

individuals resist sex education because they believe discussing sex to their children is inappropriate (Sharma, 2012). The ignorance of parents and community groups has led to an increased outbreak of teenage pregnancy (Pfeiffer et al., 2015).

Additionally, it is acknowledged that marriage before the age of 18 should not be authorized since young people lack complete maturity, and the capacity to act is caused by the parents of the teens who are forced to get married at an early stage (Ambert, 2012)). It is however regarded as a violation of human rights and often affects the development of girls, which results in early pregnancy and social isolation (Mirghafourvand et al, 2022, Ambert, 2012). Unprotected sex poses considerable risks for undesired teen pregnancies, and STDs (McCredie et al., 2022, Magnan et al., 2012).

Consequences of teenage pregnancy

Consequences of teenage pregnancy are classified under the economic, social, educational, physical, and psychological consequences associated.

Economic Consequences Associated With Teenage Pregnancy

It is worth noting that young teenagers who give birth before getting married may face family disapproval and be left to raise the child on their own which is challenging due to financial problems (Widyawati et al, 2019; Wandabwa et al., 2020). Nkosi and Pretorius (2019) discovered that unmarried pregnant teenagers may believe they have no life because they feel abandoned, which makes them feel unworthy (Wadesango, 2022). According to Odimegwu and Mkwanzazi, (2018), the economic and societal ramifications of having a child as a teenager have long been a big problem for many teenagers (2018). Teenage pregnancy harms the mother's future prospects for financial security. According to Yaya et al. (2019), adolescent mothers and their children confront an unclear economic crisis, especially if the family abandons the pregnant teenagers (Mezmur et al., 2021; Aisevbonaye, 2020; Subramanian et al., 2019; Formby & Sennett, 2013). Consequently, a review shows that teenage pregnancies in some societies are increasing population growth rates (Lawoko et al., 2019). Teenage mothers give birth to an enormous number of children, placing a burden on the government's resources that are needed to support the population. Therefore, the future

is generally poor for women who gave birth to children at an early age (Kassa et al., 2018).

Social Consequences Associated With Teenage Pregnancy

Teenage mothers later in their lives are more inclined to break up with the father of their children (Diaz & Fiel, 2016; Harris et al 2013), and end up parenting alone for long periods of time. As a result of the breakup, their children are more likely to have poorer physical health, such as being underweight, and poor socio-emotional growth, such as behavioral issues (Coyne & D'Onofrio 2012). When compared to non-pregnant teenagers who did not become pregnant prematurely in their early teens, adolescent mothers consistently experienced great difficulty in realizing their life plans (McKenna et al., 2019). Marital instability, difficulty in family size regulation, and child-bearing were some of the complications brought on by premature, unplanned childbearing (Quintigliano et al., 2022).

Educational Consequence

Having children during adolescence makes it challenging for teenage mothers to prioritize their academic obligations, which decreases their likelihood of graduating from high school or their educational institutions (Hofferth et al., 2013). The majority of studies discovered that dropping out of high school is teenage pregnancy's most detrimental effect because it is frequently linked to absenteeism from school, which oftentimes causes the affected teenager to never return to school again (Natalie, 2012). Most teenage parents are more likely to have their school careers cut short than their non-parenting colleagues (Bouknight et al., 2021; Fletcher & Wolfe, 2012).

Additionally, a study by Molapo et al. (2014), claims that pregnant teenagers are not allowed to continue their education because doing so could set a poor example for other students and youngsters. They are also subjected to rigorous educational requirements since professors and teachers contend, they are not prepared to instruct expectant or nursing students or mothers (Phafoli & Van-Aswegen, 2012). As a result of teen pregnancy bullying from family, society, teachers, and other students, the majority of young mothers avoid returning to their formal education after giving birth. Teen mothers are deterred from finishing their education at their institutions (Akella &

Jordan, 2014). The loss of formal education or training and restrictions on future prospects to advance a teenage mother's status is invariably the consequences of teenage pregnancy.

There is evidence throughout the world that adolescent pregnancy and childbirth are substantial contributions to the high school dropout rate (UNPF, 2015). Population-based research conducted in Cameroon discovered that pregnancy is one of the leading reasons for school dropout in teenage girls, accounting for about 16.9% of dropout rates (Phillips et al., 2016). School dropout is thus an additional challenge that these adolescent girls, who are already severely handicapped by parenting, must confront in order to overcome the longer-term consequences of childbirth (Moultrie et al., 2020). Teenage pregnancy compromises young girls' development capabilities due to dropping out of school which hinders their formal education and exposes them to susceptible social exclusion (Aisevbonaye, 2022).

Emotional Consequences of Teenage Pregnancy

General Strain Theory Applied to Emotional Consequences

The general strain theory provides a view of the causes of stress in teenage mothers. According to Agnew (1992), strain can exist in all demographic groups and is not a class-specific phenomenon (Agnew, 1996). He attempts to explain how strain leads to unpleasant behavior. He believes that stress causes negative emotional states such as rage (violent conduct) or sadness (drug usage), which are favorable to various delinquent behaviors in the absence of suitable daily obligations (Agnew, 2017; Brondy et al., 2003). Individuals in society who are financially strained but want to attain material achievement turn to act negatively to accomplish socially acceptable aims (Piquero et al., 2009). Agnew agrees with this idea, but he also feels that when dealing with teenagers, there are other elements that drive them to conditional activity. Agnew attributes the reasons why some people respond to psychological stress with social conduct and others with unpleasant behavior to a lack of coping abilities such as intelligence, creativity, and problem-solving skills (Agnew, 1992). Furthermore, negative elements such as a violent environment character qualities have a detrimental impact on stress management. Teenage pregnancy has been attributed to high-stress

levels according to the GST when pregnant teenagers engage in unpleasant activities and with the absence of financial strain.

According to Melissa (2012), adolescent pregnancies have resulted in the girl child's emotional traumas like humiliation. Teenage mothers experience emotional trauma as a result of feeling unsafe and often helpless (Albizzati et al., 2014). Humiliation is the result of the ongoing experience of teenage mothers (Karen et al., 2012). Teenage childbearing is associated with a high risk of community violence including abuse from friends, incarceration, and traumatic stress (Valentino et al., 2012). Common problems faced by adolescent mothers are ranges from low self-esteem and loneliness. The general strength theory (GST)'s claims that the pressure and difficulties of teenage pregnancy result in unfavorable emotions including hatred and frustration.

According to this idea, teenage mothers are more prone to become angry in response to stress, but their anger is also more likely to be accompanied by other unfavorable feelings like guilt and worry (Daniels et al., 2019). Even though there is a connection between teenage pregnancy and depression, according to research by Hall et al., (2017), teenage girls who become pregnant are prone to feel depressed and the general strength theory (GST) proves that what counts most is how they react with this trauma. Furthermore, research conducted by Goodman & Brand (2015), shows that depressed women are more likely to exhibit bad parenting habits including being unreliable, controlling, or negligent (Goodman & Brand, 2015).

Accordingly, having children as a teenager would make such a problem more challenging for youngsters who want to attend college and earn high certificates so as to secure good jobs that require long hours and good pay, (Diaz & Fiel, 2016). For instance, the United Nations Population Fund (UNFPA, 2018) claims that adolescent pregnancies have ruined the rights of many pregnant teenagers. Teena pregnancy has a fatal effect on the emotional well-being of teenagers (Ghazanfarpour et al., 2019; Goldschmidt, et al., 2019).

Teenage mothers' children are more likely to experience violence, drug misuse, and negative psychological and criminal outcomes (Pedersen, et al., 2017). Pregnant and parenting teens unlike older ones, experience higher rates of intimate violence (Lee et

al., 2018) because the inability of the teenager to make any major decision in the home often leads to the man violating her (Ankomah et al., 2013; Santamaria et al., 2014). Teenage mothers who are exposed to a variety of bad behavior like drug abuse are less able to provide for their children optimally, which affects their behavior as mothers and causes major issues for the child in their early years. These women pay less attention to their children and become less active in childcare (Raskin, 2012).

Furthermore, parental stress is the pressure a woman feels as a result of her motherly duties, which include protecting, nourishing, raising, and growing her kid. Both before and after delivery, particularly in the first few years, parental stress, which ranges in intensity from mild to severe, causes clinical symptoms (Mahler, 2014). Teenage mothers are concurrently navigating two developmental crises in their cycle of life related to childbirth and adolescence at a time (Hodgkinson, et al., 2014). A review shows that Teenage mothers themselves have a higher risk of dying younger than women who become mothers for the first time later in life in the adult age group (Azale Bisetegn et al., 2018).

Higher levels of parental stress have been related to research on teenage mothers with poor child outcomes (Marshall et al., 2012). These parenting practices are linked to poor behavioral outcomes in children. They can have a detrimental impact on children whose parents experience high levels of parental stress in terms of their capacity and ability to cope (Cappa et al. 2012). Pregnant teenagers are not prepared for motherhood and its obligations, and the majority of them find it difficult to handle the emotional difficulties associated with teen pregnancy (Pitso & Kheswa, 2014).

More to that, teenage mothers are more likely to be inclined to externalize their stress and negative feelings, such as sadness, through overeating and abusing substances (Peck et al.2017). A review has also demonstrated that teenage mothers with depression and also teenage parental stress are less dependable and sensitive to their newborns with two essential components in fostering a good bond between the mother and child (Goodman & Brand, 2015). Adolescent mothers are more prone than adult mothers to have high levels of parental difficulties and sadness because they are more likely to be burdened socially and financially (Goodman & Brand, 2015).

Early parenting is associated with confusing sensations and sadness (Eichbichler, et al., 2020). Adolescent parenthood presents many difficulties and anxieties. According to some adolescent mothers, one of the major issues linked with early parenthood is that adolescent mothers lack self-worth and confidence, as well as their lack of understanding of how to properly carter for their children (Kim and Manion, 2019). According to a study, teenage pregnancy and parenthood have a range of social repercussions related to stigma and discrimination, susceptibility to unfavorable views, exclusion, and isolation (Odukogbe et al., 2019; Smith, 2013; Ellis, 2014).

Nevertheless, teenage pregnancy has negative consequences on the individual who is concerned. Sa-ngiamsak (2016) contends that partners of pregnant girls may ignore or deny being the father of the child, or the father taking responsibility for their actions in order to protect themselves and their futures; as a result, the pregnant teenagers are unwilling to announce their pregnancies out of fear of rejection or abandonment. For example, Anyanwu et al. (2013) found that pregnant teenagers feel embarrassed to tell their relatives and peers about their pregnancy, which makes life difficult for them to cope with the difficulties associated with it. This, therefore, have a detrimental consequence on the emotions of teenagers.

Psychological consequences of teenage pregnancy

Transitional Theory.

The study used Schlossberg's Transition Theory, which is commonly categorized as an adult development theory, to investigate the underlying research scope (Evans et al., 2010). The hypothesis helps academics to have a better understanding of what people go through during times of transition (Anderson et al., 2012; Byrd, 2017). According to the theory, a transition is any event or non-event that changes relationships, practices, expectations, and duties (Anderson et al., 2006). Changes can occur in a person's life, but if the individual does not place a high value on the event, such changes cannot be termed transitional. Anderson and colleagues emphasize that in order to properly understand the impact of a shift on a person, it is vital to evaluate the nature, context, and impact of the transition (Anderson et al., 2012).

Transitions are classified into three types: anticipated transitions (expected events), unplanned transitions (unexpected events), and non-events (events that are expected but do not occur) (Evans et al., 2010; Goodman et al., 2006). The transition context refers to the individual's relationship to the change as well as the surroundings in which the shift occurs. The impact is assessed by how the transformation affects the individual's day-to-day existence (Anderson et al., 2012; Evans et al., 2010; Goodman et al., 2006). The unexpected transition will be explored in this study since the teenagers in the study did not plan their pregnancy but became pregnant unexpectedly. Although a transition can be caused by an event or a non-event, dealing with a transition is a time-consuming process that involves a succession of stages, specifically "going in, moving through, and moving out" (Evans et al., 2010). There are four major groups of factors that impact a person's capacity to cope during transition time. These are known as the four S's: situation, self, support, and strategies (Goodman et al., 2006). The ability to cope well during a shift is determined by the individual's assets in the four sets of factors. Individual perceptions of the transition phase play an important role in the coping process. It is worth mentioning that the 4 S's outline an individual's appraisal process (Evans et al., 2010). As a result, Schlossberg's Transition Theory's four S's can be used to answer questions about the situation in which the adolescent girls found themselves. The social support available to teenagers and how their personal characteristics affect their view of life, and how they cope with teenage motherhood are initiated in the theory.

Social consequences of teenage pregnancy

According to McMichael et al., (2015), the environment in which a teenager lives has a contextual impact on the experiences of early motherhood. Teenagers who are pregnant or already parents must deal with the difficulties of negotiating the developmental requirements of adolescence as well as the demands of childbirth and learning to parent (Brandis, et al., 2015). Moreover, it has been seen that teenage pregnancies are on the rise, and they have far-reaching effects on the parents of a teenage girl, the children themselves, and society at large (Wamunyima et al., 2022). Teenage parents run the risk of being stigmatized, excluded from their peer group, and condemned to a life of destitution (Benelmouffok et al., 2020).

A review reveals that many adolescent mothers believed that their parents were disturbed and furious about their pregnancy (Christensen et al., 2019) and other research also shows that fathers of pregnant teenagers frequently became irritated about their daughters' pregnancy (Amekudzie et al., 2020). However, numerous psychological changes occur during these adolescent years. Young girls may experience overwhelming changes as a result of pregnancy and motherhood (Wright et al., 2015).

According to a survey of Dutch adolescents, it is estimated that about 47% of teenagers who had abortions felt humiliated about it and never communicated about it to anyone else, (De Graaf et al. 2017). Unfortunately, a study carried out on the stigma of abortion shows that teenagers who underwent an abortion, experience stigma from friends, family, and the community who had an idea about it, and as a result of their decision, they felt humiliated, (Hanschmidt et al. 2016). These teenagers who choose abortions defy social norms surrounding female sexuality and pregnancy, and by doing so, it resulted in victimizing reactions from their society (Hanschmidt et al. 2016; Smith et al., 2016). Teenagers are therefore forced to conceal their abortions from friends and family, which results in psychological pain, loneliness, and the repression of feelings (Hanschmidt et al., 2016).

Physical consequences of teenage pregnancy

Habitu et al. (2018) found that adolescent pregnancy continues to be a major cause of unsafe abortion as well as mother and child mortality in most developing countries. According to the data on abortion among 15 to 19-year-olds, about 3.9 million unsafe abortions take place worldwide annually, increasing the risk of chronic health issues among teenage mothers (UNFPA, 2013). When young women become pregnant, they frequently attempt to have unsafe abortions, some of which have resulted in serious genital organ damage and some subsequent deaths (Marrazzo et al., 2022; Basinga et al., 2012). In some countries, healthcare professionals are reluctant to provide safe abortion treatment even within the legal framework, therefore, making pregnant teenagers undertake risky abortion processes themselves. Early motherhood has been associated with negative impacts on the child (Agnafors et al., 2019). Which are often associated with cognitive and behavioral problems (Svedin et al., 2019).

The consequence of teenage pregnancy and the adjustment to motherhood are inconsistent wherein, there are complex interactions between teenage pregnancy and psychological effects, recognizing the relationship between the dangers faced by adolescent mothers (Salas-Wright et al. 2015). According to Changach (2012), childbearing appears to have challenging long-term effects on the development of these young teenage mothers since their pelvic growth is not well-matured, and their gynecological condition is not ready for supporting child-carrying (Vogel et al., 2015) Teenage girls' bodies are not as well developed to adapt to pregnancy as those of adult women (Stephenson et al., 2021) they frequently deal with various pregnancy difficulties such as severe neonatal conditions associated with teenage pregnancy (Ganchimeg et al., 2014; Shao et al., 2020).

Additionally, teenage pregnancy has also been linked to additional concerns, including serious medical conditions like endometritis and systemic infections (Koninckx et al., 2019; Ochen et al., 2019). It is viewed that adolescent mothers are at an increased chance of developing high blood pressure (Sharma et al., 2022; Chapman & Wu 2013), and this problem has pushed adolescent mothers to live less of a regular life than other adolescent girls (Letourneau et al., 2014). Another effect of teenage pregnancy is that Pregnancy-induced hypertension and the high risk of giving birth to babies that are underweight are just two of the physiological maturations that may result from teenage pregnancy (Sulaiman et al., 2013).

Furthermore, medically speaking, teenage pregnancy's maternal and prenatal health is particularly disturbing among pregnant and parenting teenagers (Marnach et al., 2013). Adolescent women are more likely than other mothers to give birth prematurely or with low birth weight as compared to older women and teenage mothers are more likely to experience anemia, especially those who are within the age range of 14 to 16 years (Saleh, 2022; Marnach et al., 2013; González-Andrade 2022).

Additionally, pregnant adolescent girls are three times more likely than older mothers to experience paroxysmal nocturnal dyspnea and are at a higher risk of having poorer mental health for up to three years following delivery (Haertlein et al., 2019) For instance anxiety, and teenage parental stress, are two frequent signs of mothers'

discomfort that have been shown to have a major influence on child development (Sandoval et al., 2022). While some studies show that, some pregnant teenagers handle stress in a healthy way, including asking their supportive relatives for help, others handle it in an unhealthy way by attempting to take their lives (Holtfreter et al., 2015, Turanovic et al., 2018).

Support for teenage pregnancy.

There are a lot of support teenage mothers' received ranging from, peer group support, the role of family members, and social and physical support.

Peer support has been employed to provide more readily available assistance, particularly for younger pregnant teenagers (Munce et al. 2017) which helps them cope with their psychological distresses and encourages teenage mothers to continue with their education and obtain a higher qualification (Liamputtong et al., 2015). Peer group support helps in the promotion of self-management with regard to health issues such as the management of drug use and alcohol abuse Morgan et al., 2012), as well as chronic conditions like cancer (DeMello et al., 2018 and coronary issues (Varaie et al., 2017 that are linked to teenage pregnancies.

Additionally, positive interactions with the child's father and other family members, such as the child's grandmother, and aunties are also linked to decreased depression rates among adolescent mothers (Edwards et al. 2012). This assistance has been demonstrated to help with stress management techniques and offers examples of how a mother and child should interact. Furthermore, grandmothers play a significant role in providing emotional and psychological support to their adolescent daughters during the time of pregnancy leading up to childbirth (Iseki & Ohashi, 2014). According to several studies, teenage mothers receive support from their families, especially from their own mothers, who help them take on the role of mother and lessen their stress.

Additionally, maternal grandmothers are frequently involved in the choice to keep the child and take on the role of co-parent (Neale & Clayton, 2015). According to a review, having access to support enables adolescent mothers to manage the competing demands of their lives and employ the best parenting techniques (Kerlin et al., 2013). Therefore, parents of adolescents are a crucial source of support for teenagers during

difficult times in their pregnancy (Reddock, 2013). Oberlander et al. (2012)'s earlier research demonstrates the importance of the bond between adolescent mothers and their biological mothers which guarantees for future expenses, child care, and other forms of assistance may be offered.

Furthermore, by fostering the physical, social, intellectual, cultural, and economic competence of teenage mothers, vocational training plays a crucial role in the educational system and increases trainees' sense of independence (Mosebekoa, 2018). To reduce poverty and minimize unemployment, self-reliance vocational training is essential for the socioeconomic growth of a country where the youthful population skills are exercised (African Union Commission, 2013). In addition to general education, technology, and associated disciplines, vocational training and education (VTE) is a component of the educational process, according to the Ministry of Education and Training (2016). Additionally mentioned is the development of employable skills, attitudes, knowledge, and understanding pertaining to professions in various areas of economic life, which significantly improves the support that teenage parents receive (Mosebekoa, 2018).

In order to avoid negative outcomes like unwanted pregnancies, sexual health programs urge young people to take charge of and manage their sexuality (Bay-Cheng, 2015). The individualistic notion of “reproductive” choice, however, conflicts with the social requirement to forbid pregnancy during youthful age (Gómez et al., 2015). Unintended births are viewed in the discourse of control as natural, deserved outcomes of reckless behavior (Cheng, 2015), so, not every pregnant teenage experiences her position negatively. As a result, several academics urge us to always reexamine the discourses around teenage pregnancy and early parenting.

The positive impact of teenage pregnancy

Adolescent parents experience good aspects of parenting, such as support from family members and professional health care, and they view their children as a source of joy and significance in their lives (Kentor, et al., 2020). The delightfulness teenage mothers felt from having children encouraged them to create a positive attitude about their lifestyles and global views (Schwab et al., 2022). Young teenagers might gain a

new identity and new directions in life through motherhood, which can play a significant role in how young women develop themselves as moral and responsible beings.

According to a research study, pregnant teenage mothers can overcome challenges and experiences by receiving psychological support (Laurenzi et al., 2020; Clarke, 2015).

Adolescent mothers should be willing to accept a range of societal supports in order to fulfill their mothering obligations (Hamilton, 2013).

Preventive measures for teenage pregnancy

Despite all the negative implication that one encountered being a teenage mother, there are measures that can be taken by the future generation to prevent it rapid occurrence.

By raising community awareness of the relationship between social determinants of health and teenage pregnancies, and ensuring that youth had access to culturally and linguistically appropriate programs and reproductive health services. Diverse community components sought to promote health equity among teenagers (Fuller et al., 2018). Increasing the understanding of evidence-based techniques for teenagers, parents, and other community members regarding adolescent pregnancy is an initiative of community education, which attempted to gain support and commitment to teenage pregnancy prevention (Machado et al., 2022; Finley et al., 2018). Family and community collaboration may act as a preventative measure against unintended teenage pregnancies by improving female educational attainment and enhancing community knowledge, skills, employment opportunities, and the likelihood of leaving a comfortable lifestyle (Clifton & Hervish, 2013; WHO, 2014).

According to research on the risk and protective variables of premarital sexual conduct in rural female adolescents, teenagers learn their sexual attitudes and behaviors from their parents, peers, school, and the community (Ahmadian et al., 2014). The next important step for parents is to play taking part in educating their children about sexuality issues because it has a greater impact on their lives. In actuality, parents should have more in-depth knowledge of their own children than anyone else, thereby reducing the rate of teenage pregnancies (Hampejsek et al, 2019). Nevertheless, evidence-based preventative and integrative programs are implemented by various pertinent government agencies and NGOs to address teenage pregnancy and other pertinent concerns. These

programs are to meet up with the requirements of the young population in terms of sexual and reproductive health important decisions being implemented (Khalaf et al., 2014). Adolescent girls are currently a key demographic for global health and development activities.

In the broader development discourse, factors like education, gender equality, human rights, delaying early marriages or forceful marriages, and lowering fertility are portrayed as providing the teenagers in question with reciprocal causal support. A typical modern society is initiated by having the power to stimulate economic development for the youth (Swindle et al., 2015). Despite the complex interconnectedness of gender, age, class, race, and ethnicity, the human rights movement has made it easier to blame "harmful cultural practices" for forcing women into early marriages due to their low status in society (Longman and Bradley 2015). Governments and international organizations have attempted a variety of actions to better control the number of teenage pregnancies. Among these is the modification of laws following the International Conference on Population and Development in 1994 (ICPD). The use of birth control, encouraging girls to continue their education after elementary school, preventing premature marriage and forceful sex, and abstinence before marriage are all key strategies for reducing early pregnancies (Kali, 2021).

Additionally, the implementation of evidence-based initiatives in school settings, most of which focus on improving individual knowledge and attitudes has been prioritized in contemporary government strategies on adolescent pregnancies (Koh, 2014). However, it's possible that these initiatives will not have much of an impact on upstream factors if they don't address the disparities in sexual risk behavior that are experienced by socially disadvantaged teenagers (Viner et al., 2012). Also, Campaigns to lower teenage pregnancies are been run by the government in collaboration with local, national, and international civil society organizations (Ndizeye, 2016). The expansion of youth-friendly sexual and reproductive health services, behavior change campaigns by peer educators, awareness-raising efforts in rural areas by community health workers, and support from local actors and civil society organizations are among the approaches and strategies that are generally the campaign used to help teenage

mothers (Ndizeye, 2016). In addition, teenage pregnancy prevention programs are clearly beneficial in assisting young adolescents to become more responsible in their sexual behaviors, postponing the onset of sexual contact, reducing the likelihood of unexpected pregnancies, and improving the effective use of contraceptives (Green-Maximo et al., 2019).

While some young mothers manage to overcome their obstacles and find success, the majority are unable to escape poverty. Teenage mothers are more capable of overcoming their obstacles if given the chance, such as enrollment in vocational training programs (Novella & Ripani, 2018). Furthermore, the clinical services aspect should provide youth-friendly and culturally competent clinical services, increase the number of youth who have access to reproductive health services, and create connections between adolescent females and health centers (Romero et al., 2015; Hallum et al., 2016).

Related Studies.

A study was conducted by Henshaw et al. (2013) on meeting the challenges of teenage mothers with postpartum depression. This study was conducted in Stoke-on-Trent United Kingdom, in 2013. The objective of the study was to explore the experiences of teenage mothers with postpartum depression. This research was conducted using a qualitative research design. The sample population was teenage mothers aged 16-19 years. An in-depth and semi-structured interview was carried out with each of the teenage girls. The qualitative data collected were analyzed using the thematic framework analyses which facilitate transparent data management. The result of the study teenage mothers felt devalued and they had to cope with people judging them for being mothers at a young age. Moreover, some teenage mothers tried to hide their symptoms of postpartum depression so that healthcare professionals do not take away their children. The result shows that teenage mothers experienced postpartum depression that elevated their fears (Henshaw et al., 2013).

A comparable study was also carried out by Nkengbeza et al. (2018) and on the impact of teenage pregnancy on the academic performance of grade 7 learners. A

qualitative research design was used in the study and the population sample used in the study consisted of 2 expectant mothers' teenage mothers in grade seven, 2 teenage mothers, and 2 teachers, male and female making up 6 participants for the study. The data collection instrument used in the study was an in-depth interview where open-ended questions about teenage pregnancy were asked. Interim and discovery analyses were used in the study to code and analyze the data collected. From the study, it was revealed that the participant of the study responded that it is the youth's negligence in sexual activity that led them into motherhood. The findings also show the impact of teenage pregnancy on the education of the girl child. The expectant mother and the mothering teenagers at school generally performed poorly as compared to the previous year's academic performances because of, dual responsibilities, and lack of parental support (Nkengbeza et al. (2018)

A study by Aisevbonaye (2020) on unplanned teenage pregnancy and its impact on academic progress. The study was conducted in Lesotho South Africa. The study aimed to assess the impact of teenage pregnancy on socioeconomic well-being and progress in the studies of teenage mothers. The methodology used in the study was a qualitative approach and the sampling design used was purposive and snowball sampling. The total number of participants used in the study was 25 respondents who provided the primary data. The data collection tool used in the study was a face to face interviews with open-ended questions to allow the participant to express their view freely regarding their experiences of teenage pregnancy and marginalization at school and in families. A focus group discussion was also used to gather information with eight guided questions. The result of the study reveals that teenage pregnancy disrupts the academic progress of teenage mothers and exposes them to marginalization from teachers, peers, family, and society (Aisevbonaye, 2022).

Moreover, similar research was conducted by Kgaugelo-Kganakga et al, 2021) on the exploration of causes of teenage pregnancy and psychological stressors experienced by pregnant teenagers. This research was conducted in South Africa. The current study aimed to explore the psychological stressors experienced by unmarried pregnant students at the University of Venda in South Africa. A qualitative research

design was adopted for this study to know more and gain a broader understanding of the students' psychological stressors during pregnancy. The sample of the study was made up of 10 unmarried pregnant teenagers. A purposive and snowball sampling technique was used in the study. The data of the study was collected through semi-structured interviews. The data collected was then analyzed through thematic content. From the result, participants reported that poor economic status was a contributor to teenage pregnancy. Another participant reported that they experienced loneliness as their boyfriends became distant after being informed of the pregnancy, and as well, their friends stopped socializing with them. Furthermore, the participant experienced emotional distress as one of the psychological challenges of balancing two roles, of being a potential mother and a learner (Kgaugelo-Kganakga et al, 2021)

Omolaro et al., (2021) carry out a similar study on the impact of teenage pregnancy and early marriage on the psychosocial well-being of pregnant teenagers in Lagos. The objective of the study was to examine the impacts of teenage pregnancy and early marriage on the psychosocial well-being of pregnant teenagers. The study adopted a descriptive research design. A total of 150 pregnant teenagers made up the participants of the study. The participants of the study were pregnant teenagers aged 13-19 years. Questionnaires were administered at the study locations. The result of the study showed that teenage pregnancy has a significant impact on depression and trauma among pregnant teenagers (Bledsoe-Mansori et al., 2013). The result also shows that teenage pregnancy has a significant impact on the social stigma of pregnant teenagers and early marriage has a significant impact on emotional stability among pregnant teenagers (Omolaro et al., (2021).

CHAPTER III

Methodology

This chapter provides information about the research design, participants/ sample, data collection and analysis procedures as well as the data analyzes procedure.

Research Design

The aim of the study was to examine the impact of teenage pregnancy on the educational achievement of teenage mothers and their emotional distress. For this study's purpose, a quantitative approach method was employed. The correlational research design was applied for this study's objective. A correlational research design investigates relationships between two or more variables without the researcher controlling any of them (Tan, 2014). Therefore, the correlation was used in showing the relationship between teenage pregnancy and emotional states of stress, loneliness, and depression.

Population and Sample

This research was conducted in Yaoundé, the capital city of Cameroon, and was conducted in two cities Oyom- Abang, and Melen, and was carryout on pregnant and parenting adolescents, who are between the ages of 13 and 19. According to UNFPA (United Nations Population Fund), the organization in Cameroon responsible for collecting data on pregnant teenagers, there are 250 teenagers in Oyom – Abang and Melen region that are pregnant or have given birth. According to Krejci and Morgan (1970), the sample size for a population of 250 is 150. A simple random sampling technique was utilized to choose participants who are pertinent to the study. Simple random sampling is a probability sampling technique to randomly select participants of the population (Thomas, 2022). A total of one hundred and fifty (150) teenagers who have already given birth and/or are yet to give birth make up the study's sample size. This study examines descriptive statistics to show the distribution of demographic variables.

Table 1: *Distribution according to demographic variables*

Variable	category	Frequency	Percentage
Ages of the pregnant teenager	Min	13	
	Max	19	60
	Average	17.7	40
Educational level	Secondary	90	100
	University	60	
	Total	150	
Who you live with	Parents	46	30.7
	Aunty/Uncle	66	44.0
	others	38	25.3
	Total	150	100
Relationship with father of child	Marital partner	13	8.7
	In a relationship	43	28.7
	Separated	94	62.7
	Total	150	100
Source of income	Parent	111	74.0
	Relatives	30	20.0
	Partner/partner	9	6.0
	family	150	100
	Total		

Table 1 above, represents the demographic variable of the study. Teenagers in Secondary school account for 90 (60%) while university education was 60(40%). Ages of the pregnant teenage represent minimum is 13, maximum is 19 and the average is 17.7 Teenagers living with parents 46(30.75%), Aunty/uncle 66(44.0%), and others 38(25.3%) representing the teenagers living conditions. The sources of income for the teenagers are parents 111(74.0%), relative 30 20.0%) and income from partner or partner's family is 9 (6.0%). The relationship with the father of the child is marital

partner 13(8.7%), in a relationship 43(28.7%) and those who are separated make up 94(62.7%).

Table 2. *Frequency of the severity of depression, stress, loneliness, and academic performance*

Variable	Frequency	Percentage
Depression Severity		
No or minimal depression	19	12.7
Mild depression	40	26.7
Moderate depression	46	30.7
Moderately severe depression	33	22.0
Severe depression	12	8.0
Total	150	100.0
Stress Severity		
Low stress	1	0.7
Moderate	149	99.3
Total	150	100.0
Variable	Frequency	Percentage
Low	6	4.0
Moderate	136	91.3
Severe	7	4.7
Total	149	100.0
Academic Performance		
Good	30	20.1
Moderate	27	18.1
Fairly	50	33.6
Poor	42	28.2
Total	149	100.0

Table 2 above indicates the frequency of severity of depression, stress, loneliness, and academic performance. No or minimal depression 19(12.7%), mild depression

40(26.7%), moderate depression 46(30.7%), moderately severe depression 33(22.0%), severe depression 12(8.0%).

Stress severity levels include low 1(0.7%) and moderate stress 149 (99.3%). Loneliness severity is low 6(4.0%), moderate 136(91.3%), and severe 7(4.7%). Finally, academic performance level is good 30(20.1), moderate 27(18.1%), fairly 50(33.6%), and poor 42(28.2%).

Data Collection Tool/Material

A structured questionnaire was used for the purpose of this study to collect data from participants. The scales used are the depression scale, stress scale, loneliness, and academic scale.

Demographic Questions:

A demographic data form was used for the purpose of the study to collect basic information from the participants. The questionnaire contains 5 questions. The first part contains demographic variables such as age, level of education, marital status, income, and religious status to inquire about basic information from participants.

PHQ-9: Modified for teens

The PHQ-9 scale was used to assess depression among both teenage mothers and pregnant teenagers. The PHQ-9 modified for teens was developed by Williams et al., (2001) and it is made up of 13 items. The scale is divided into two sections, the first section contains 9 items (eg. little interest in doing things) which are scored in a Likert item format and the second part includes 4 items in a dichotomous scale that require the "yes or no" response. The scale has a Cronbach alpha value of 0.89. The PHQ-9 modified for teens does not have any subscales.

Perceived stress scale

The third part of the questionnaire contains questions to measure the level of stress of teenage mothers. A perceived stress scale (PSS) that was developed by Marmelstein, et al. (1994) was established to measure the psychological conceptualization of stress. The tool has a Cronbach alpha of 0.830. It is a 1-10 item

scale designed to understand how different situations affect our feelings and our perceived stress. The perceived stress scale has no subscale therefore its responses range from 0(never) to 4 (very often).

UCLA LONELINESS SCALE,

The UCLA loneliness scale contains questions to assess the degree of loneliness. It is a 20-items scale designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. It was designed by psychologist Russell (1996). The scale has a Cronbach alpha of 0.84 and the question of how a participant feels was asked. "Do you ever feel lonely? The answers range from 1(often feel this way) to5 (always feel this way)

Academic Performance scale.

The academic performance scale is an academic scale used to detect the causes and academic failure of students. It was developed by Dupaul and Rapport, (1991). The academic performance scale has a Cronbach alpha of 0.89 which is an 8-item scale and scores from (SA) strongly agree to (SD) strongly disagree. The academic performance scale has no subscale.

Data Collection Procedures:

In regard to commencing with this study, ethical approval was received from the Near East University Social Science Ethical Committee (application number NEU/SS/2022/1426).The study made use of a structured questionnaire that was drafted in a google format. The link was shared with participants through social media platforms. The questionnaires were open for access through Google Forms over social media channels such as WhatsApp, and messenger. The researcher went to an organization responsible for the collection of data on pregnant teenagers, the UNFPA (United Nations Population Fund) the Republic of Cameroon. The UNFPA consented to the study by giving the details of pregnant teenagers and their parents. Confidentiality and anonymity were ensured by the study participants. The researcher randomly selected and contacted 150 from the list of 250 teenage parents in order to obtain permission from them for their children to partake in the study. With the consent of the parents and

the teenagers, the google form was forwarded electronically to the teenager for their participation.

Data Analysis Procedure

The statistical package suitable for this research purpose was the statistical package for the social sciences (SPSS) software program which is most preferred in analyzing quantitative studies. This research process was achieved by making use of numbers since it is flexible. Moreover, descriptive statistics were used for this research purpose since it provides a summary of the data that was collected to represent the entire population. Thereafter, the data were analyzed and interpreted to come out with a meaningful and relevant conclusion also, by bringing in some assumptions of the research.

Table 3. Normality table showing the various variables used in the study

Variable	N	Min.	Max.	Mean	Std Dev	Skewness		Kurtosis	
						Statics	Std Error	Stats	Std Error
depression	149	.00	27.00	11.47	6.04	-.081	.199	-.23	.39
stress	149	13.00	26.00	18.97	2.66	-.073	.199	-.32	.199
loneliness	149	25.00	58.00	42.30	4.85	-.177	.199	1.15	.39
Academics	149	10.00	40.00	26.70	8.29	-.18	.199	-1.39	.39

From the normality table above, the various data characteristics are clearly presented. The values of skewness and kurtosis show that all the variables are not normally distributed. George and Miller (2010) postulated that, for data to be considered normally distributed, the values of skewness and kurtosis should be between the range of -2 and +2 then the data is considered normal. As can be seen from the values above, our data did not match the requirements for normally distributed data. Therefore, nonparametric tests were employed to analyze the hypothesis of the study. Here, frequency tables were used to outline the level of stress, loneliness, depression, and academic performance of the participants. A spearman's rho correlation analysis was

used to define the relationship of the participants between age, depression, loneliness, stress, and academic performance without focusing on causation. A Kruskal-Wallis test was also utilized to analyze differences in depression, stress, loneliness, and academic performance according to the participants' educational level, source of income, and whom they live with. A Mann-Whitney U test was used to show the difference between stress, depression, loneliness, and academic performance according to the teenagers' level of education (secondary and university).

Research Plan

The plan below shows the structure of the research conducted.

Table 4 Research plan

In the first phase of the study, permissions for the various scale usage were obtained.	October 2022
The second phase of the research was the ethical application for this study was done through email submission, and Permission was obtained from the NEAR EAST committee board.	November 2022
In the third phase, a snowball sampling technique was used to distribute the questionnaire of the study through an online google format to pregnant teenagers aged 13-19. The form included, informed consent, demographic variables, and the questions proper.	December 2022
Literature review and related research studies	November to December 2022
In the fourth phase of the research, there was data analysis, and discussions were made.	December 2022 to January 2023.
Lastly, Recommendations of the study were made.	January 2023

CHAPTER IV

Findings and Discussions

This chapter presents the findings based on the collected data. It offers the analysis of the data gathered from the participants as well as the key findings. Tables and table summaries are used to summarize the results.

Table 5 Correlation showing the relationship between age, depression, stress, loneliness and academic performance

Variable		age	depression	stress	Loneliness	academics
			.107	-.070	-.068	.085
age						
	p		.193	.395	.413	.301
	r			-.244**	.111	-.155
depression						
	p		.	.003	.177	.059
	r				-.102	.027
stress						
	p				.216	.743
	r					.341**
Loneliness						
	p				.	.000
Academic performance						
	r					
	p					

Spearman's correlation matrix from the table above was utilized to show the relationship between age, depression, stress, loneliness, and academic performance. There is no significant correlation between age, depression, and academic performance. Further, the table also shows that there is a negative and significant correlation between depression and stress (p-value =0.003). There is no significant correlation between depression and academic performance. Moreover, there exists no significant correlation

between depression and loneliness. There exists no significant correlation between stress and loneliness. There is no significant correlation between stress and academic performance. There is a positive and significant correlation between loneliness and academics performance (p-value <0.001).

Table 6 Differences in depression, stress, loneliness, and academic performance according to the educational level of the teenagers

Variable	Educational level	N	Mean Rank	χ^2	df	P
Depression	Secondary	90	85.88	12.912	1	.000**
	University	60	59.93			
	Total	150				
Stress	Secondary	90	71.76	1.712	1	.191
	University	60	81.11			
	Total	150				
Loneliness	Secondary	89	78.49	1.462	1	.227
	University	60	69.83			
	Total	149				
Academic performance	Secondary	90	77.77	.618	1	.432
	University	60	72.09			
	Total	150				

P≤0.05* p≤0.01**

As indicated in table 6 above, there is a statistically significant difference between depression in terms of educational level (p<0.001). The secondary school has a higher mean rank score as compared to University. The table also shows that there is no significant difference between stress, loneliness, and academic performance in terms of educational level.

Table 7 differences in depression, stress, loneliness and academic performance according to who the teenager live with.

Variable	Who teenagers live with	N	Mean Rank	χ^2	df	P
Depression	Parents	46	80.88	.158	2	.924
	Aunty/Uncle	66	72.10			
	Others	38	74.89			
Stress	Parents	46	73.43	1.148	2	.563
	Aunty/Uncle	66	76.68			
	Others	38	75.95			
Loneliness	parents	45	80.16	.986	2	.611
	Aunty/Uncle	66	73.52			
	others	38	71.47			
Academics	parents	46	84.25	4.469	2	.107
	Aunty/Uncle	66	75.92			
	others	38	64.18			

$P \leq 0.05^*$ $p \leq 0.01^{**}$

From table 7 above, there is no statistically significant difference in the level of depression, stress, loneliness and academic performance according to whom the teenagers lives with.

Table 8 differences in the level of depression, stress, loneliness, and academic performance according to the relationship that the pregnant teenager has with the father of the child

Variable	Relationship with the father of child	N	Mean Rank	χ^2	df	P
Depression	Marital partner	13	25.73	18.997	2	.000**
	In a relationship	43	77.71			
	Estranged	94	81.37			
Stress	Marital partner	13	71.58	.325	2	.850
	In a relationship	43	78.33			
	Estranged	94	74.75			
Loneliness	Marital partner	13	50.00	4.881	2	.087
	In a relationship	43	76.26			
	Estranged	93	77.91			
Academic performance	Marital partner	13	100.08	5.170	2	.075
	In a relationship	43	68.94			
	Estranged	94	75.10			

$P \leq 0.05$ * $p \leq 0.01$ **

From the table above, it reveals that there is a statistically significant difference in the level of depression and the relationship the pregnant teenager has with the father of the child ($p < 0.000$). Teenagers who are married to their child's father have a lower mean rank score as compared to those who are in a relationship or estranged. The table also shows that there is no significant difference in stress, loneliness, and academic performance in the relationship the pregnant teenagers have with the father of the child.

Table 9 differences in the level of Depression, Stress, loneliness and academic performance according to who the teenagers receive their income from.

<i>Variable</i>	<i>Source of income</i>	<i>N</i>	<i>Mean Rank</i>	<i>x²</i>	<i>df</i>	<i>P</i>
Depression	parents	30	21.55	2.417	1	.120
	Relative	9	14.83			
	Total	39				
Stress	parents	30	20.77	.597	1	.440
	Relative	9	17.44			
	total	39				
Loneliness	parents	29	19.90	.157	1	.692
	Relative	9	18.22			
	total	38				
Academics	parents	30	18.70	1.703	1	.192
	Relative	9	24.33			
	total	39				

$P \leq 0.05^*$ $p \leq 0.01^{**}$

As seen from table 9 above, there are no statistically significant differences in the level of Depression, Stress, loneliness and academic performance according to whom the teenagers receive their income.

CHAPTER V

Discussion of the Research Findings

This study aims to examine the impact of teenage pregnancy on educational achievement and emotional distresses. The study found that most of the pregnant teenagers had scores that can be considered moderate to severe depression, moderate to severe stress, and moderate to severe loneliness. Similarly, a study conducted by Nicolet et al. (2014) shows that there was a high prevalence of depression among teenage mothers because some teenage mothers may lack adequate finance and lack companionship at home. In most third-world countries, pregnant teenagers faced moderately to severe depression because of family rejection, and the social stigma that teenage mothers experience (Quiin et al., 2013, Nicolet et al. 2014, Ronzio et al., 2007, Chimbindi et al., 2020, Raghunath et al., 2022). The results are comparable to the research of Othieno et al. (2018) which showed that pregnant teens feel moderate stress due to a lack of emotional support, limited healthcare access, and other stressors surrounding the new life transition.

Moreover, the study findings show that most of the pregnant teenagers had poor academic performances. A similar study conducted by Lianne et al. (2004) reveals that teenage mothers participated in their academics poorly in comparison with non-pregnant teenagers because it could be attributed to handling two positions simultaneously, being a mother and a learner. A similar study conducted by Klein, (2005) shows that adolescents' mothers were more likely than other peers who are not mothering to have poor academic performance because of high absenteeism, and shame to be among their peers in the classrooms. In sub-Saharan Africa, teenage mothers performed poorly academically because of discouragement and doubt about themselves (Wendel & Ward, 2012)

Furthermore, the study reveals that there is no significant correlation between the age of the pregnant teenager, depression, stress, loneliness, and academic performance. The result of this study agrees with the findings of Pazhooman et al. (2019) who stipulated that there was no statistically significant difference in depression and

academic performance according to the age of the pregnant teenagers. Another research finding by Nasir et al. (2012) shows that there was no significant difference between the age of teenagers and their academic performances because age is not a determinant of academic scores. A similar result by Lopamudra et al. (2017) reveals that, teenage who fall between the age of 15 and 19 experience postpartum depression at a rate twice as high as older girls because reproductive events associated with childbirth make them more vulnerable to complications and poorer health consequences. All of the participants of the study were adolescents, they fall under the same developmental stage which could account for no significant correlation between the ages of the teenagers and emotional states and as well academic performance.

Additionally, a study findings conducted by Passino et al. (1999) disagree to the finding of this research. The finding reveals that, there was a significant difference between the ages of pregnant teenager and the level of stress because, pregnant teenagers' experience difficulties to adjustment and parenting style were evaluated in younger adolescent mothers and they were less socially competent and less proficient in their problem solving which exhibited stress (Mazwell et al., 1999). Moreover, a study finding by Larson, (2004) disagree with this findings of this research. The result stipulated that, pregnant teenagers at the ages 17 and younger had a significant difference in stress because, they underwent parenting stress (Larson, 2004).

Furthermore, a study by Quilivan et al. (2016) disagree with the findings of this research. The result stipulated that there is a significant relationship between the age of the pregnant teenager and depression whereby younger pregnant teenagers who have a history of parental separation, divorce, and exposure to family violence and illicit drug use in pregnancy experienced high depression when compared to the non-parenting teenagers (Wamachali, 2015). This life experienced by the younger pregnant teenagers of 17 years with low-income earning exposes them to depressive mood (Black et al., 2016).

Furthermore, the result of the study reveals that there is no significant correlation between academic performance and depression and as well stress. A study conducted by Julius et al. (2018) disagrees with these findings. It reveals that academic performance

was negatively and significantly correlated to depressive symptoms. Another study finding conducted by Sohaila, (2013) also disagrees with these findings. It reveals that moderate levels of stress are negatively correlated with academic performance. Among pregnant teenagers, there are other factors such as absenteeism and time management that affect performance (Myrsten et al., 2018), perhaps these mediating factors can account for the differences seen in this study result and the result of other research.

The results reveal that there is a positively correlated between loneliness and academic performance. These results disagree with Doleck et al. (2019), whose result shows that the loneliness among pregnant teenagers negatively influences their academic performance. Young mothers report friends gossiping about them and using sexually degrading names to refer to them (Alldred & David, 2010), which made them feel ashamed and uneasy being around their friends so as to avoid being insulted. Loneliness and isolation were also experienced by teenage mothers due to the rejection of the young woman and her pregnancy by the parents of the teenage girl and also her intimate partner resulting in a lack of companionship (Pedersen & Lewis, 2012). Avoidance of social groups that stigmatize the individual may be viewed as a passive coping mechanism that allows pregnant teenagers to focus on their studies while avoiding shame or rejection. In this light, loneliness can help adolescent to attain better academic performance.

The result of the study shows that pregnant adolescents in secondary school have significantly higher depression scores than those at the university. This result is similar to a study by Zhou et al. (2018) their result stipulated that there was more prevalence of depression in secondary school students than in university students. They further explain that taking into consideration the severity level of depression, low and medium level of depression was found among students at the university. Another study by Westerfeld et al. (2001) shows that there are significant differences in depression according to the educational level of teenagers. The result stipulated that the prevalence rate of depression was 53% among teenagers who are in college, and a lower percentage was found among teenagers in university. Pregnant teenagers in higher education could be married and have emotional support from their marital partner accounting for lower

depression scores as compared to the teenagers at the secondary level. (Bharj et al., 2020). The teenagers who are at the university have lower depression levels because presumably, they have more flexible timetables. The university promotes an independent learning structure as compared to the structured learning characteristic of secondary school.

Furthermore, pregnant teenagers experience less peer stigma for pregnancy in university than those in secondary schools (Humberstone & Elizabeth, 2018). Moreover, similar study by Osok et al. (1999) diagnosed about 8% of depressive symptoms in pregnant teenagers at secondary because they reported not having any positive support from their parents once the pregnancy was disclosed. This is because pregnant teenagers at university participate in other activities since they are more flexible and less controlled by their family (Philliber et al., 1997). The freely nature of pregnant teenagers in the university decreases their sadness because they have activities that keep them engaged and diverted, whether it's travel or work options where they connect with many others.

There is no statistically significant difference in stress, loneliness, depression and academic performance according to whom the teenager lives with. A similar study findings by Kumar et al. (2018) reveals that, a quarter of the pregnant teenagers lived temporarily in their parents houses where they receive positive responses from their parents when the pregnancy was revealed to them. This therefore account for no signifnace in stress level of the pregnant teenager (Pius et al., 2018). Also, a study by Constance et al. (2004) reveals that pregnant teenagers who were sent to live with their relatives did not measure any depressive symptoms because they were adequately catered for. In Cameroon, most teenagers choose to live with their aunts and uncles, where they may freely associate with their friends, as opposed to living with their parents, who wield severe parental rights. When an adolescent becomes pregnant while living with an aunt, she is more compassionate than when she lives with her parents. On the other hand, in spite of whom the pregnant teenager lived with, experienced disappointment accounting for a similarity. In the cultural perspective, it is considered an abomination by seeing a child bearing another.

The result shows that there is a statistically significant difference in the level of depression according to the relationship the pregnant teenager has with the father of the child. Pregnant teenagers married to their partners had significantly lower depression scores than those who are in a relationship and those who are estranged from their partner. This finding is similar to Mauldia et al. (2022) whose results reveal that there was a statistically significant difference in depression according to the positive support a teenager receives from family members and a marital partner. This shows that because of the physical and emotional support teenagers receive from marital partners, pregnant teenagers experience a low degree of depression.

Moreover, the stability of marital relationships produces positive outcomes like showing affection and giving hugs to teenage mothers thereby reducing their level of depression (Stahmann et al., 2015). Also, the findings of Stanhmann et al. (2015) show that teenagers who are estranged from their partners have a higher mean rank of their emotional states of stress loneliness and depression and as well their academic performances are poor than others because of a lack of unity, love, and a spirit of continuity. Pregnant teenagers who are with their marital partners experienced stability, unlike teenagers who are in a relationship who may experience instability in their union because of a lack of continuity (Marsiglio, 2013; Richards & Mousseau, 2012).

Teenage fathers are concerned about financially supporting the mother and child, the health and welfare of the mother and child, and child care (Jochim, 2021; Machado & Schwab, 2022). Some studies show that some teenage fathers desire to be active with their children (Fletcher & Wolfe, 2012; Weber, 2020). The involvement of a teenage father improves the infant-parent relationship and infant development (Johnson & Paulsen, 2022), this shows support from the partner to the adolescent mother thereby improving on their emotional well-being and a good academic performance.

Additionally, the study result of Cutrona, (2022) disagrees with the findings of this research. The result reveals that there was no significant correlation between depression and marital companionship of the pregnant teenager. It reveals that spouse supportiveness was not related to depression since they perceived attention from their spouse with no negative behavior. The involvement of the spouse in proving affection

and emotional support led to no signs of depression among pregnant teenagers. Maton et al. (1999) discovered that a pregnant adolescent's close relationship with the child's father is connected with enhanced self-esteem, and the reciprocal exchange of quality support from the married spouse reduces depression and increases life satisfaction (Stevenson et al., 1999). Teenage fathers involved in child growth boost the psychological well-being of teenage mothers by about 63% compared to those with no partner support (Shah et al., 2014). On the other hand, there was a high exposure to maternal depression among teenage mothers whom they've estranged from their partners. The break up after the awareness of the pregnancy increases the risk of high depressive symptoms among adolescent mothers because they felt left out with no emotional support and affection that they could receive from their partner (Spence et al., 2002). The increased risk of maternal depression was a result of loose bonding between the pregnant teenager and her partner since there is a lack of intimate connectedness (Kate & Kieman, 2006). There exists a decrease in depression for teenage mothers who are in a relationship with their partners because there was a decrease in suicidal ideation since the pregnant teenager felt the presence of her partner always (Bennett et al., 2014)

There is no statistically significant difference in the level of stress, loneliness, and academic performance according to the pregnant teenager sources of income. The findings of Brown et al. (2012) reveal that the majority of pregnant teenagers who were at secondary school receive maternal income and support from their own families. Teenage mothers whose parents were their source of income, and who were economically stable, secured and have better education were likely to succeed academically perhaps because of the amount of direct aid they receive from their parents and other family resources that were available for them (Morgan et al., 1987). Teenage mothers experience less stress in parenting because they got satisfaction from the income they received from their mothers (Paquette et al., 2014). Other hand, pregnant teenagers who lived with their aunties and uncles and having them as their sources of income, receive little satisfactory aid and care, which made them lonely and performing poorly in their academics (Edwards et al., 2007)

Teenage mothers having their parents as their main sources of income encountered less depression and loneliness, and as well performing fairly academically since it's the duty and right of a child to be catered for by her parents. Most pregnant teenagers in Cameroon though living with other family members, got their income from their parents therefore accounting for no significance in stress, loneliness, depression, and as well academic performance.

CHAPTER VI

Conclusion and Recommendation

This research aims to examine the impact of teenage pregnancy on educational achievement and emotional states. The results of the study suggest that teenage pregnancy is associated with moderate to severe levels of depression, stress, loneliness, and poor academic performance. The study result shows that there is no significant correlation between the ages of pregnant teenagers' depression, stress, loneliness, and academic performance since all of the participants of the study were in the same developmental stage.

Furthermore, the study reveals that there is a significant difference in depression in terms of the educational level of teenagers. This suggests that younger pregnant teenagers who are at the secondary level of education are more likely to experience high levels of depression than pregnant teenagers who are at the university. Pregnant teenagers at the university have a more flexible school timetable, they are mobile which permits them to engage in other activities to relieve stress.

Finally, the result of the study reveals that there is a significant difference in the level of depression according to the relationship the teenagers have with the father of the child. Pregnant Teenagers with marital partners have access to the physical and emotional support that improves their well-being and provides positive outcomes like care and attention, which reduces their depressive mood and improve on their academic performance.

RECOMMENDATIONS

Recommendations for Future Research

In regards to this study finding, it shows that, pregnant teenagers underwent emotional trauma being a mother at a younger age, therefore, it is recommended that researchers should further research on identifying effective interventions to improve emotional states and academic performances among pregnant and mothering teenagers.

This study made use of a quantitative research method therefore, it is recommended that a longitudinal study should be carried out with other research method to evaluate how pregnancy affects the educational achievement and psychological well-being of teenage mothers across their lifespans.

A simple random sampling technique was used to sample the population of the study in two cities in Cameroon Melen and Oyom-Abang, it is recommended that further research should be carried out using other sampling technique and in other cities in Cameroon examining the effect that teenage pregnancy has on the educational attainment of teenagers and their emotional distress.

Additionally, the study sample size of this study was small, and so, generalization was impossible to be made. It is recommended that further study on a larger population should be carried out.

Recommendation for Practice

Based on the findings of this research, the following recommendations were made.

This study has revealed that teenage pregnancy has an impact on the educational performance of teenagers therefore, it is recommended that evening schools should be provided by the government to help teenage mothers continue with their studies.

The result of this research shows that, pregnant teenagers who are in a relationship with their partner, did not receive maximum attention as compared to those who are married to their partners, it is recommended that supportive connections by partners to teenagers' mothers should be improve upon which are found to reduce the psychological distress of teenage mothers. Parents of pregnant and mothering teenagers should be encouraged to provide more social support systems for pregnant teenagers at home.

This study findings reveals that, teenager mothers performed fairly and some performed poorly academically therefore, it is recommended that a support system should be provided in the classroom by teachers and school administration to help the teenagers academically by providing flexibly crafted learning activities and promoting

out-of-school activities. Flexible timetables should be provided by school administrations to teenage mothers to enable them to meet up with their studying programs. Peer support groups and student counseling centers should also be established at schools to empower teenagers to cope with their problems.

The findings of this research shows that, higher rate of teenage pregnancy was seen to be at secondary level of education, therefore, it is recommended that effective sex educational programs at secondary school should be initiated by the school administration, in the school's curriculum which will help enhance the knowledge of teenagers on protected sex.

In regard to this study finding, it is recommended that daycare services should be provided by public schools to teenage mothers through certified childcare homes which play a crucial role in young mothers' decision to continue their education. Having adequate childcare services will increase the educational achievement of teenage mothers.

The findings of this research shows that, pregnant teenagers who are estranged from their partner experienced stress and loneliness therefore, it is recommended that teenage fathers are encouraged to be more involved in supporting their partners at all times so as to lessen their level of stress and loneliness.

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Appendices

Appendix A

Permissions

LETITIA PEPLAU <lapeplau@ucla.edu>

Sun, Oct 9,
2022, 7:03 PM

to me

Hi,

I am happy to have you use the UCLA Loneliness Scale.

Letitia Anne Peplau

UCLA Distinguished Professor of Psychology, emeritus

Permission for the Academic Performance Rating Scale

George DuPaul <gjd3@lehigh.edu>

to me

You have my permission to use the Academic Performance Rating Scale in your research.

Best regards,

George DuPaul

George J. DuPaul, PhD

Professor of School Psychology

Associate Dean for Research

College of Education

Lehigh University

111 Research Drive

Bethlehem PA 18015

(610) 758-3252 (office)

Pronouns "he/him/his"

Lehigh REACH lab

<https://ed.lehigh.edu/center-for-promoting-research-to-practice/reach-lab>

Sat, Oct 8, 2022,

10:12 PM

Permission for the PHQ-9, for teens scale

Janet Williams <jbw5@columbia.edu>

to me

Dear Eveline Ngum Adoh:

The PHQ-9 is in the public domain. Therefore, no permission is needed to use it. You can reference www.phqscreeners.com to confirm this.

Good luck with your research - it sounds like an important project.

Kind regards,

Janet B.W. Williams, PhD

Professor Emerita

Depts. of Psychiatry and Neurology

Columbia University College of Physicians and Surgeons

jbwwny@gmail.com

Permission For Perceived Stress Scale

Mermelstein, Robin J <robinm@uic.edu>

to me

You have my permission to use the scale.

Robin Mermelstein

From: Adoh Ngum <adohngum@gmail.com>

Sent: Friday, October 7, 2022 10:43 PM

To: Mermelstein, Robin J <robinm@uic.edu>

Subject: Permission to make use of the Perceived stress scale.

Appendix B

THE IMPACT OF TEENAGE PREGNANCY ON EDUCATIONAL ACHIEVEMENT,
AND EMOTIONAL STATES OF STRESS, LONELINESS, AND DEPRESSION

Informed Consent Form

Dear parents,

I will like to seek your permission for your child to participate in this research which is being carried out to understand the impact of teenage pregnancy on educational achievement and emotional states. It focuses on the psychological discomfort teenage girls experience during the period of pregnancy as well as their academic performances. The questionnaire will require at least 10 minutes to complete. Participation in the study is voluntary and will not affect the participant's term grade for refusal to participate. The data collected will only be used for academic purposes and no identifying data will be collected or included in the research. The participant is free to withdraw from the study at any time by contacting the researcher, by so doing, your data will be deleted from the research database. If you have concerns about the study please contact us through the communication channels provided below.

EVELINE NGUM ADOH
Assoc.

Gloria Manyeruke

Psychology Department
Department

Psychology

Near East University

Near East University

05338761456

Gloria.manyeruke@neu.edu.tr 20206491@std.neu.edu.tr

By signing below, you agree to take part in the study.

Signature..... Date.....

This questionnaire is subdivided into sections with each section rating different aspects

SECTION A: Sociodemographic form:

Please, you can choose more than one option that best describes you.

1) Age :.....(please specify)

2) Your educational level a) primary b) secondary C) University d)
others

3) Who do you live with? a) Parents b) aunty\uncle c) others

4) Which of the following best describes your relationship with the father of the child

a) Marital partner

b) In a relationship

c) Estranged

5) How do you get your income? a) Parents b) from relatives c) you're
your partner/partner's family

SECTION B: DEPRESSION SCALE

The PHQ-9: modified for teens

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly everyday
1. Feeling down, depressed, irritable, or hopeless				

2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, overeating?				

SECTION C: STRESS SCALE

Perceived Stress Scale – 10-item version (PSS-10)

Instructions: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way. (Response values: 0=never, 1=almost never, 2=sometimes, 3=fairly often; 4=very often).

	(0) Never	(1) Almost never	(2) sometimes	(3) Fairly often	(4) Very often
1. Been upset because of something that happened unexpectedly					
2. Felt that you were unable to control the important things in your life?					
3. Felt nervous and stressed?					
4. Felt confident about your ability to handle your personal problems?					

SECTION D: UCLA LONELINESS SCALE

INSTRUCTIONS: Indicate how often each of the statements below is descriptive of you.

	(1) I often feel this way	(2) I sometimes feel this way	(3) I rarely feel this way	(4) I never feel this way.
1. I am unhappy doing so many things alone				
2. I have nobody to talk to				
3. I cannot tolerate being so alone				
4. I lack companionship				

SECTION B: Academic performance scale.

Instructions: Please answer each question using the 5-point scale to answer each question so that is accurately effective to what do or have done as a student. Be as honest as possible because the information can be utilized to discover areas of strength.

QUESTIONS.	(SA) Strongly agree	(A) Agree	(N) Neutral	(D) Disagree	(SD) strongly disagree
1. I made myself ready for all subjects					
2. I pay attention and listen during a discussion					
3. I want to get good grades in every subject					
4. I actively participate in every discussion					

APENDIX C



NEAR EAST UNIVERSITY

SCIENTIFIC RESEARCH ETHICS COMMITTEE

03.11.2022

Dear Eveline Ngum Adoh

Your application titled **“The Impact Of Teenage Pregnancy On Educational Achievement and Emotional States of Stress, Loneliness and Depression”** with the application number NEU/SS/2022/1426 has been evaluated by the Scientific Research Ethics Committee and granted approval. You can start your research on the condition that you will abide by the information provided in your application form.

Prof. Dr. Aşkın KİRAZ

The Coordinator of the Scientific Research Ethics Committee

Appendix D

Turnitin Originality Report

Processed on: 07-Feb-2023 14:23 EET
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thesis By Evelyn Evelyn

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[Valeria Baloyi, Kgaugelo Kganakga, Mpho Madzhie, Maphuti Chueng. "An exploration of the causes of student pregnancy and psychological stressors experienced by pregnant students at University of Venda, South Africa", Cogent Psychology, 2021](#)

Appendix E

CURRICULUM VITAE

Personal Data

Name: EVELINE NGUM ADOH

Place of birth: BAI BIKOM

Date of birth: July, 4th 1996

Marital status: Single

Nationality: Cameroonian

Current address: Marmara, sokak 10, NICOSIA

Contact: +905338761456

Email address: adohngum@gmail.com/ 2020691@std.neu.edu.tr

Educational background

The First school leaving certificate, Bai Bikom, 2005

Ordinary level certificate/ Holy Infant High School Melen Yaoundé Cameroon, 2015

Advanced level certificate/ International bilingual academy Yaoundé, Cameroon 2017

B.Sc. Medical Anthropology/ Ngoa Ekelle Yaoundé Cameroon, 2020

M.Sc. General Psychology/ Near East University, North Cyprus 2023