

CHILDREN HAVING CHILDREN: LET'S BREAK THE CYCLE

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Abstract

This paper focused on the rampant issues of children having children: let's break the cycle. In Nigeria today, the rate at which children are giving birth is worrisome and if care is not taken, it will cause so many things such as over population, increase in poverty as well as increase the crime rate like kidnapping, army robbery, cybercrime, domestic violence, and killings. Therefore, the paper discussed relevant concepts such as prevalence of children having children, causes of children having children, effect of children having children, the impact on the child, parents and community, health risks for teenage pregnancy, the roles of nurses in caring for adolescent mothers, nursing management for teenage pregnancy, ethical considerations in caring for adolescent mothers and collaboration and advocacy for adolescent mothers. The study concluded that the health and wellbeing of the mother and the child may be significantly impacted by teen pregnancy, which is a complicated issue. By offering preventative methods, antenatal and postnatal care, as well as child protection and safeguarding, nurses play a crucial part in the management of teenage pregnancy. Therefore, the study recommends that create and execute comprehensive programmes for sexual health education in communities and schools, with a focus on encouraging family planning, contraception, and healthy relationships.

Keywords: Teenage Pregnancy, Child protection, Parents and Community

1.1 Introduction

Children having children has grown to be a serious public health issue in Nigeria. Teenage pregnancy is still common, with Nigeria having the second-highest annual rate of teenage pregnancies worldwide (UNFPA, 2020). Adolescent pregnancy has a variety of effects that can harm the mother and her unborn child's physical, mental, and social wellbeing. Adolescent pregnancy is linked to a higher risk of mother and child morbidity and mortality, according to the World Health Organisation (2021). Due to their physiological immaturity, insufficient prenatal care, and a higher possibility of problems during childbirth, adolescents are more at risk for maternal mortality and morbidity. Additionally, newborns of teenage mothers are more likely to experience low birth weight, premature birth, and neonatal mortality, which may have an effect on their long-term health outcomes (UNFPA, 2020).

Child/children are young people who have not yet attained maturity, whether naturally (puberty) or culturally (initiation), according to the Oxford Dictionary of 2023. Teenage pregnancy, according to Andrew & Mary (2018), is defined as pregnancies that happen between the ages of thirteen and nineteen. However, there are young females as young as 10 years' old who engage in sexual activity, occasionally get pregnant, and give birth. In essence, the term "children having children" refers to the pre-adolescent to adolescent years. According to the WHO, an adolescent is someone who is between the ages of 10 and 19 years old. According to Akpor and Thupayagale-Tshweneagae, (2019), there are 1.2 billion young people in the world between the ages of 15 and 24. The majority of these young people reside in Sub-Saharan Africa and are at risk for teenage pregnancies.

Since the 1950s, the public, legislators, religious leaders, and social scientists have been concerned about teen pregnancy, especially in industrialised nations. Teenage pregnancy causes worry due to its negative impacts on girls and their offspring (Andrew & Mary, 2018). It has been dubbed an epidemic that children are having children. But when the effect of a pregnancy on one anxious adolescent girl is taken into account, the sad dimensions of this issue may best be understood. She will, at the absolute least, go through significant life changes that will have a significant influence on not only her but also her family and loved ones. 14% of adolescent girls and young women globally give birth before 18 in 2021, according to UNICEF. Early pregnancy can hinder a girl's healthy growth into adulthood and harm her education, lifestyle, and health. Adolescent pregnancies, a global issue, usually impact poor and underprivileged communities. Young women are pressured to marry and have children. Teenage pregnancy increases when girls cannot make their own sexual and reproductive health and wellbeing decisions (Plan International, 2021). In order to solve the problems posed by teenage pregnancies in Nigeria, nursing is essential. Adolescent moms and their kids can receive thorough, culturally sensitive care from nurses, including prenatal care, labour support, and postpartum care. They may also provide health education and counseling in order to enhance reproductive health, discourage unintended pregnancies among adolescents, and encourage the use of birth control methods.

The issue of teenage pregnancy needs to be addressed in Nigeria through the implementation of a multi-sectoral plan that includes the broadening of opportunities for access to education,

reproductive health care, and social support systems. Nurses can be of assistance to these programs by advocating for legislation that encourages the reproductive health of adolescents and by providing treatment that is based on empirical evidence to young mothers and the children they are raising.

Children having children in Nigeria is still a significant issue that needs to be addressed by medical professionals, those in positions of decision-making authority, and members of the general public. Nurses might potentially play a pivotal part in the solution to this issue if they did things like provided comprehensive treatment, fought for laws that promoted the reproductive health of adolescents, and promoted programs to reduce the number of adolescents who were pregnant.

1.2 Prevalence of Children Having Children

In terms of public health, Nigeria's high birthrate among young people is a major cause for alarm. Over 19% of Nigerian girls between the ages of 15 and 19 become pregnant every year, making Nigeria one of the countries with the highest rates of adolescent pregnancy in the world (UNFPA, 2020). As a result, Nigeria has one of the highest teen birthrates in the world. Social norms, lack of education opportunities, and economic hardship all contribute to higher teen pregnancy rates in rural areas (UNFPA, 2020).

Adolescent pregnancy can have serious effects on both the mother and the baby. Adolescent women are more likely to experience maternal mortality and morbidity, including obstetric difficulties including pre-eclampsia and obstructed labour, according to a Nigerian study (Okereke et al., 2020). Adolescent moms also have a higher risk of preterm birth, low birth weight, and neonatal mortality in their offspring (UNFPA, 2020).

According to Akpor and Thupayagale-Tshweneagae (2019), there are around a million teenage pregnancies each year in the USA. The rate of teenage pregnancies continues to rise in the United Kingdom as well. According to Bolarinwa et al.'s estimation from 2022, 777,000 (6.48%) births are delivered annually among the 21 million girls under 19 who become pregnant. This tendency is reflected in the adolescent fertility rates, which are 7.1, 33, 129.5, and 124%, respectively, for East Asia, South-East Asia, Central Africa, and West Africa, based on the number of births per 1000 adolescent girls annually. When compared to other African nations, Nigeria's anticipated

rate, which is now at 104%, stands out. However, the rate of teenage pregnancy has increased (it is currently 106 births for every 1000 people).

In 2017, 194,000 American girls aged 15–19 gave birth, according to Carey & Seladi-Schulman (2018) and the CDC (2017). Despite a decline, the US has more teenage pregnancies than other wealthy nations. As of 2019, LMIC youth aged 15 to 19 had an estimated 21 million pregnancies, 50% of which were unplanned and resulted in 12 million births. As of 2020, the birth rate for girls aged 10 to 14 will exceed 10 per 1000 (WHO, 2019). The prevalence of children having children in Nigeria must be decreased, and this requires comprehensive efforts involving a variety of stakeholders, including healthcare professionals, decision-makers, and the community. Adolescent pregnancy rates have been demonstrated to be reduced by interventions such as granting access to reproductive health care, education, and social support networks (UNFPA, 2020).

As a result, Nigeria continues to have a high rate of children having children, which has serious consequences for mother and child health. Every party concerned need to make a thorough and effort to increase access to social support networks, education, and reproductive health care in order to address this issue (Stover, Hardee, Ganatra, & García, 2016)

1.3 Causes of Children Having Children

The problem of children having children in Nigeria is caused by a number of variables. Lack of access to thorough sex education among many teenagers in Nigeria can result in misperceptions about sex and reproductive health. Only 17% of adolescent girls in Nigeria have ever received sex education from a teacher or healthcare professional, according to a Guttmacher Institute poll (Guttmacher Institute, 2020). This may make early sexual activity and unintended pregnancy more likely. Teenage pregnancy is significantly influenced by poverty. Poor adolescent girls are more likely to participate in transactional sex—sex that is exchanged for necessities—and drop out of school, which can raise their risk of unwanted pregnancy. Over 82 million Nigerians, the majority of whom reside in the north of the country, are said to be living in poverty, according to the National Bureau of Statistics (National Bureau of Statistics, 2019). In many Nigerian communities, especially in the north of the country, early marriage is a frequent practise. Youngly married girls are more likely to become pregnant, have less access to healthcare, and are less likely

to receive an education. In Nigeria, 44% of girls get married before becoming 18 years old, according to UNICEF (UNICEF Nigeria, 2019).

Adolescent pregnancy is significantly influenced by gender inequality. In Nigeria, adolescent females frequently experience prejudice and a lack of options, which can result in early marriage, transactional sex, and unplanned pregnancies. Nigeria is ranked 128th out of 153 nations by the World Economic Forum in its 2020 Global Gender Gap Index (World Economic Forum, 2020). The lack of adequate reproductive health treatments, including contraception, among many young people in Nigeria raises their risk of unwanted pregnancy. Another is ignorance of sexual and reproductive health and rights insufficient youth-specific programmes Social, cultural, and familial influences to marry.

Dropping out of school, lack of contraception, and pressure to prove fertility are all causes. Income and education are other considerations. Less educated girls are five times as likely to become moms. Pregnant females drop out of school, which lowers their career prospects and maintains them in poverty. Girls prefer pregnancy to school. Emergency situations put women at risk of pregnancy. Lack of education, contraception, and sexual assault are also issues (Plan International, 2021).

Girls must be able to make decisions about their bodies and futures, understand the risks of adolescent pregnancy, and receive comprehensive sexuality education and healthcare. Pregnant girls are often compelled to drop out of school, which might hurt their career prospects. Early pregnancy and childbirth can lead to early and forced marriage, stigmatisation, rejection, and violence from family, friends, and partners. Therefore, a comprehensive approach is needed to address the main causes of adolescent pregnancy in Nigeria, including poverty, early marriage, sex education, and gender equality.

1.4 Effect of Children Having Children

Adolescent pregnancy still causes mother and baby mortality. Pregnancy and delivery difficulties kill most 15–19-year-old girls globally. Teens and pregnant girls also suffer health concerns due to their undeveloped bodies. Babies born to younger mothers are also more vulnerable. Many

adolescent girls do not want children. In countries where abortion is illegal or heavily controlled, teens risk their health and lives by having unsafe abortions. Nearly 3.9 million unsafe abortions are done on 15–19-year-olds in developing nations (Sedgh, et al. 2015).

Teenage pregnancies can hurt girls, their families, and communities socially and economically. Parents and classmates may humiliate and threaten unmarried teen mothers. Pregnant girls under 18 are more likely to be abused in marriage or partnerships (Plan International, 2021). Teenagers are more likely than women of similar age to develop preeclampsia and its complications. Infants risk premature birth and poor birth weight. Renal damage from preeclampsia can kill mother and child.

Teenagers who are pregnant are also more likely to get anaemia. Reduced levels of red blood cells (RBCs) are referred to as anaemia. resulting in fatigue and weakness that hinder the growth of the infant. Although it is now safer than ever for American women to give birth, teens still face more risks than women in their 20s or older. Teen pregnancy is the greatest cause of death for females between the ages of 15 and 19 worldwide, according to the World Health Organisation (WHO), according to data from 2021.

Pregnant kids who suppress their feelings and concerns out of concern for what their parents and peers will say experience isolation, despair, and issues at home and in school. Teens who are pregnant frequently stop attending school, and others never finish. Accordingly, a large percentage of adolescent moms who become pregnant live in poverty (Carey & Seladi-Schulman, 2018). It will be exceedingly challenging for a lady with minimal education who has several children to make a living. The social effects of early pregnancy and childbirth can include decreased status in the family and community, stigmatisation, violence, and rejection from family, friends, and partners, as well as early and forced marriage (UNICEF, 2021).

2.0 The Impact on the Child, Parents and Community

2.1 The Impact on Parents

Children having children in Nigeria has an influence on their family, notably their parents, in addition to the adolescent moms and their offspring. Adolescent moms frequently place heavy emotional, financial, and social pressures on their parents.

According to Governder et al. (2020), families' responses to the pregnancy might range from resentment and sadness to abandonment, silent treatment, acceptance, and forgiveness. The news of their pregnancy also causes their family to become angry and ashamed. increasing the amount of responsibility placed on the teen's family members to raise the teen and their offspring. It's possible that the mother's capacity to watch over her other children suffers as a result of the time spent caring for the younger daughter's child. This is in line with the role strain theory, which contends that having several roles can be stressful and hinder an individual's performance in any role (Goode, 1960).

Younger siblings can engage in sexual or delinquent behaviour because of the diminished supervision, decreased communication, and their higher acceptance of teenage sexuality. If a parent permits a teen pregnancy, another teen may later become pregnant in the same home. Parents' emotional reactions to having children can be profound, and many feel embarrassment, remorse, and humiliation because of their daughter's early pregnancy. As they attempt to manage the obstacles of helping their daughter through pregnancy and motherhood, parents may also endure stress, worry, and sadness. Parenting during adolescence may be extremely expensive, especially for those who are already struggling to make ends meet. Parents may be expected to assist their daughter and her kid financially, placing a strain on their resources and limiting their capacity to meet their own fundamental needs. Parents may also experience societal effects as a result of adolescent pregnancies, especially in societies where early marriage and parenthood are frowned upon. Parents may experience social exclusion and prejudice from their friends and community members, which can make it much harder for them to support their daughter and her kid emotionally and financially. Children having children in Nigeria has an influence on their family, notably their parents, in addition to the adolescent moms and their offspring. A multimodal strategy that offers assistance to adolescent moms, their families, and their communities is necessary to address the problem of adolescent pregnancy.

2.2 Effect of Children Having Children on the Community

Teen motherhood would harm society, which values morality, ethics, and compassion. Adolescent pregnancy keeps them from school, which raises society's literacy rate. Teen moms often stop school and work while pregnant. Teens who desire to attend college must face taunts, unpleasant

comments, and rude comments about their pregnancy and unborn kid from others. In these situations, adolescent moms put the baby or marriage over education (Qamar, 2022).

Researchers found that most adolescent pregnancies lead to school withdrawals due to peer harassment and shame. Adolescent pregnancy statistics show that hardly one-third of teen mothers graduate high school and even fewer attend college. Most developing nations provide social services for adolescent mothers and their children. To escape financial difficulties, the mother relies on these social initiatives. Adolescent pregnancies cost the US \$7 billion annually. The government must fund foster care, public aid, and health care to raise the child. Teen mothers are tax-exempt, therefore the government loses a lot of revenue (Qamar, 2022).

A teenage mother must deal with social issues including not having a good career and not being respected by friends and relatives. The teen mother's social life is shattered by her early, unwanted pregnancy, and she lives with emotional misery for the rest of her life. A young mother must struggle financially without parental or friend support. She struggles to buy clothes and baby care for her newborn. Since teen pregnancy precludes her from going to college, the mother works a low-paying job. After the biological father leaves, the adolescent mom usually has sole custody. The mother becomes impoverished and risks losing everything. When teen parents fall pregnant, they increase their chances of living in poverty for life. Teen moms without degrees cannot find well-paying jobs. Teen pregnancy is usually linked to a mother's lesser income. Thus, 80% of teen parents must use national social welfare services.

A pregnant teen mother without family support may have a significant emotional crisis. Emotional and mental collapse can lead to suicide and self-abortion attempts. The teen mother becomes severely depressed as the community criticises her pregnancy. Drugs change reality and decrease the impact. Society is cruel to teen moms. These ladies utilise drugs to dull their animosity. Teen pregnancies affect teen drug addiction rates, studies show. Opioid-using teens had more unplanned pregnancies. They must work harder than others. Low literacy and schooling make supporting the child harder. Teenage pregnancy is a social concern, and new parents face embarrassment and criticism. Teen parents struggle because society stigmatises teen pregnancy. Social isolation, embarrassment, and other depressing aspects make teenage mothers more prone to commit suicide.

Teenage mothers commit suicide due to mental stress, financial struggle, and social isolation. Strong support helps the young mother overcome suicidal thoughts (Qamar, 2022).

Teen pregnancy increases the risk of medical difficulties for mother and child. Poor prenatal care can cause high blood pressure, anaemia, and preterm birth. Teen moms are at risk for certain illnesses, therefore regular prenatal appointments are essential but may not always be possible. Teen pregnancy increases the risk of medical concerns include low birth weight, eyesight, hearing, and lung problems (WHO, 2021).

3.0 Health Risks for Teenage Pregnancy

3.1 Maternal health risks

Risks to a woman's health during pregnancy, childbirth, and the postpartum period are referred to as maternal health risks. Maternal mortality rates in Nigeria are still high, with 512 deaths per 100,000 live births predicted for 2019 (World Bank, 2021). In Nigeria, a number of variables increase the danger to maternal health, these include the following:

1. **Limited Access to Healthcare Services:** Many Nigerian women, especially those who live in rural areas, do not have access to high-quality healthcare services. Access to essential maternal health services, like antenatal care, skilled birth attendance, and emergency obstetric care, may be delayed as a result.
2. **Poor Quality of Healthcare Services:** Healthcare services in Nigeria frequently fall short in terms of quality. The risk of maternal and newborn morbidity and mortality can rise as a result of inadequate prenatal and postpartum treatment.
3. **Poverty:** In Nigeria, poverty is a substantial risk factor for maternal health. Poor nutrition and restricted access to healthcare services are more common among women from low-income households, which raises the risk of difficulties during pregnancy and labour.
4. **Cultural and sociological issues:** In Nigeria, cultural and societal factors may also increase the hazards to maternal health. These include female genital mutilation, early marriage, and the lack of adequate ability for women to make decisions about their own and their children's health.
5. **Medical Conditions:** Pre-existing illnesses including diabetes and hypertension can raise the chance of maternal morbidity and mortality.

A comprehensive strategy that addresses the root causes of poor maternal health outcomes, such as increasing access to high-quality healthcare services, reducing poverty, and addressing cultural and societal factors that contribute to poor maternal health outcomes, is needed to address the problem of maternal health risks in Nigeria.

3.2 Fetal and Neonatal Health Risks

Risks to an infant's health during pregnancy, childbirth, and the first 28 days of life are referred to as foetal and neonatal risks. According to the World Bank's estimates for 2020, Nigeria's foetal and neonatal mortality rates will be high, with 42 fatalities per 1,000 live births (World Bank, 2021). The dangers to foetal and neonatal health in Nigeria are influenced by a number of factors. Foetal and neonatal health outcomes are significantly influenced by the mother's health during pregnancy. Malnutrition and infections that affect the mother's health can raise the risk of foetal and neonatal mortality and morbidity.

In Nigeria, many women lack access to high-quality healthcare, especially in rural regions. This may cause delays in receiving crucial antenatal care, competent birth attendance, and postpartum care, among other mother and newborn health services. Nigerian healthcare providers frequently provide subpar care due to a lack of staff, resources, and equipment. This may result in inadequate postpartum and maternity care, raising the possibility of foetal and neonatal morbidity and mortality. In Nigeria, foetal and neonatal health risks are greatly influenced by poverty. Infants from low-income families are more likely to be malnourished and to have little access to medical treatment, which raises their risk of difficulties during pregnancy, labour, and the early postnatal period. The risk of foetal and neonatal morbidity and mortality can also be raised by pre-existing medical problems, such as maternal infections and hypertension.

A comprehensive strategy that addresses the root causes of poor maternal and neonatal health outcomes, such as increasing access to high-quality healthcare services, reducing poverty, and addressing maternal and neonatal health inequalities, is necessary to address the problem of foetal and neonatal health risks in Nigeria.

3.3 Long-term health risks

Long-term health concerns for children giving birth in Nigeria may have a negative influence on their physical, mental, and social wellbeing. Children having children in Nigeria may result in a number of long-term health problems, including:

1. **Chronic Health Conditions:** Adolescent moms may be more likely to eventually experience chronic health problems such hypertension, diabetes, and cardiovascular disease.(Nwankwo et al., 2020).
2. **Mental Health Disorders:** Due to the strain and difficulties of early parenthood, adolescent moms may be more susceptible to developing mental health disorders such depression, anxiety, and post-traumatic stress disorder (PTSD) (Nwankwo et al., 2020).
3. Adolescent moms may have lower levels of educational achievement and struggle to find and keep a job, which can result in economic insecurity and social marginalisation (Nwankwo et al., 2020; Mojola, 2014).
4. **Inter-generational Cycles of Poverty and Poor Health:** According to Mojola (2014), children born to adolescent mothers may be more likely to have poor health outcomes and financial disadvantage.

Providing access to high-quality education and healthcare services, promoting reproductive and sexual health education, and empowering adolescent girls and young women to make decisions about their sexual and reproductive health are all necessary components of a comprehensive strategy to address the long-term health risks linked to childbearing in Nigeria.

4.0 The Roles of Nurses in Caring for Adolescent Mothers

Advocating for the rights and welfare of adolescent mothers and their children, providing thorough care that is tailored to meet their unique needs, and working with other healthcare professionals and stakeholders to ensure that their care is comprehensive and efficient are all important roles that nurses play. The following discussion of some of the most important nursing roles in this setting.

Providing comprehensive care: Adolescent mothers and their children need complete care, including prenatal care, birthing support, and postpartum care, all of which are crucially provided by nurses. They also play a significant part in offering advice and support on methods of contraception, parenting techniques, and newborn feeding (Aduloju-Ogusipe, 2018).

Ensuring emotional support: Adolescent mothers frequently struggle with emotional and psychological issues like despair, anxiety, and social isolation. By building trust and rapport, actively listening to their worries, and offering a secure, nonjudgmental environment for them to express their thoughts, nurses can offer emotional support to adolescent moms (McCarthy, 2018).
Advocating for the rights of adolescent mothers: Nurses have a responsibility to promote adolescent mothers' rights, such as their right to obtain high-quality medical treatment, education, and social support services. They can also fight for the freedom of adolescent mothers to decide for themselves and their children's health and wellbeing in a well-informed manner (World Health Organisation, 2021).

Collaborating with other healthcare professionals and stakeholders: Nurses play a crucial role in working together with other healthcare professionals and stakeholders, such as social workers, psychologists, and community leaders, to make sure that adolescent mothers receive all-encompassing, holistic care that is suited to their unique needs (Eneh, 2021).

By offering comprehensive care, assuring emotional support, standing up for their rights, and working with other healthcare professionals and stakeholders, nurses play a crucial part in providing for the needs of adolescent mothers. These positions are essential to ensuring that adolescent moms and their kids get the finest support and care possible as they navigate the difficulties of early motherhood.

5.0 Nursing Management for Teenage Pregnancy

5.1 Prevention Strategies

The frequency of poor maternal and newborn outcomes can be decreased by preventing teenage pregnancy, which is a critical nursing treatment strategy. To prevent teenage pregnancy in Nigeria, nurses might use the following preventative techniques:

1. **Comprehensive Sexual Education:** Adolescents who receive comprehensive sexual education are better able to comprehend the dangers of sexual activity and make decisions that are in line with their sexual and reproductive health (UNFPA, 2020).
2. **Access to Contraception:** According to the World Health Organisation (WHO), ensuring that teenagers have affordable and reliable contraception can help lower the frequency of teen unplanned pregnancies.

3. Women's and girls' empowerment: According to UNFPA (2020), empowering women and girls to make informed decisions about their sexual and reproductive health can help lower the prevalence of teenage pregnancies.
4. Community-Based Interventions: Employing community-based interventions can assist raise awareness of the dangers of teen pregnancy and encourage preventative methods (World Health Organisation, 2018). These activities involve families, schools, and healthcare professionals.
5. Addressing Socioeconomic Inequalities: According to the UNFPA (2020), addressing socioeconomic inequalities including poverty and illiteracy can help lower the prevalence of teenage pregnancies.

Nurses can significantly contribute to the reduction of teenage pregnancies and the promotion of better maternal and newborn health outcomes by putting these preventative methods into practise.

5.2 Antenatal and Postnatal Care

A critical component of nursing care for teenage pregnancy is antenatal and postnatal care. By ensuring that pregnant adolescents receive the right medical attention and support, these care measures can aid in the promotion of better maternal and neonatal health outcomes. The following are some nursing management techniques for prenatal and postnatal care for teen pregnancies:

1. Early and Regular Prenatal Care: Ensuring that adolescents who are pregnant receive early and routine prenatal care can aid in the detection and management of any potential issues, such as hypertension, anaemia, or gestational diabetes (World Health Organisation, 2018).
2. Nutritional assistance: Ensuring that pregnant adolescents acquire enough nutrients for both their personal health and the health of their developing foetus can be done by providing nutritional assistance and education (World Health Organisation, 2018).
3. Psychosocial Support: Helping pregnant teenagers cope with their mental and social issues through psychosocial support measures such counselling or support groups (UNFPA, 2020).
4. Postnatal Care: Making sure adolescent moms receive quality postnatal care will aid in the promotion of recovery and help avoid complications such as postpartum haemorrhage or infection (World Health Organisation, 2018).

5. Access to family planning services and postpartum counselling can help prevent unplanned pregnancies and improve maternal and newborn health outcomes in future pregnancies, according to the World Health Organisation (2018a).

Nurses can promote better pregnancy and neonatal health outcomes for adolescent women and their newborns by putting these nursing management techniques into practise.

5.3 Child Protection and Safeguarding

Child protection and safeguarding are essential components of nursing care for teen pregnancies in Nigeria. Nurses must take precautions to safeguard the safety and wellbeing of both the mother and the child because pregnant teenagers may be more susceptible to child abuse, neglect, or exploitation. In Nigeria, there are many nursing management options accessible for child protection and safeguarding when an adolescent is pregnant. Adequate interventions can be put in place by identifying pregnant teenagers who may be at risk of child abuse, neglect, or exploitation (Nigeria Federal Ministry of Health, 2016). Adolescents and their children can benefit from the proper protection and assistance while working with other medical experts, social workers, and law enforcement organisations (Nigeria Federal Ministry of Health, 2016). Early intervention can assist stop additional harm and advance the safety and wellbeing of the mother and the child in situations when there is suspicion of child abuse, neglect, or exploitation (United Nations Children's Fund, 2021). The emotional and psychological effects of these experiences can be addressed by offering counselling and assistance to pregnant teenagers who may have been the victims of child abuse, neglect, or exploitation (Nigeria Federal Ministry of Health, 2016). Teenage pregnancy can be prevented by advocating for the rights and protection of pregnant teenagers and offering information on child safety and safeguarding (Nigeria Federal Ministry of Health, 2016). Nurses in Nigeria can contribute to ensuring the safety and welfare of pregnant adolescents and their offspring by putting these nursing management techniques into practise.

5.4 Implications for nursing practice

In Nigeria, tackling teenage pregnancy has important implications for nursing practise. The management, prevention, and care of teenage mothers-to-be and their offspring is a critical function of nurses. The following are some consequences for nursing practise:

1. Teaching and counselling expectant teens and their families about sexual health, family planning, and contraception.
2. Creating and putting into action thorough antenatal and postnatal care plans that are adapted to the requirements of pregnant teenagers, including regular antenatal visits, keeping track of the health of the mother and foetus, and providing assistance with breastfeeding and after care.
3. Collaborating with other healthcare providers and organisations to offer complete care for adolescent mothers and their offspring.
4. Speaking up in favour of pregnant teenagers' rights, the welfare of their offspring, and matters pertaining to child safety and safeguarding.
5. Research is being done to better understand the causes of teenage pregnancies in Nigeria and evidence-based treatments are being developed to address these causes.
6. Supporting collaborations with stakeholders and community involvement to increase teen pregnancy awareness and foster wholesome attitudes and practises towards sexuality and reproductive health.

In conclusion, nursing practise in Nigeria must address teen pregnancy with a multidisciplinary strategy that includes prevention, management, and care. Through teaching, advocacy, research, and collaboration with other healthcare professionals and organisations, nurses may significantly contribute to the promotion of the health and wellbeing of pregnant adolescents and their offspring.

6.0 Ethical Considerations in Caring for Adolescent Mothers

In Nigeria, teenage pregnancies are a public health concern, and caring for teenage mothers raises many ethical questions. These mothers' legal rights, privacy concerns, and autonomy must all be taken into account by healthcare professionals as they provide complete treatment. In addition to highlighting some current studies on the subject, some ethical issues related to caring for adolescent mothers in Nigeria are explored.

1. **Autonomy is Respected:** Respecting the autonomy of adolescent moms is among the most important ethical issues to be taken into account when providing care. Teenage mothers have the right to make decisions regarding their health, particularly those pertaining to being pregnant and giving birth. They must be included in the planning of their care, given pertinent information, and assisted in making decisions.

2. Confidentiality: When providing care for teenage moms, confidentiality is a crucial ethical factor. Healthcare professionals must make sure that adolescent mothers' privacy and confidentiality are maintained, especially when it comes to delicate topics like pregnancy and childbirth. This includes seeking consent after fully informing the recipient of any medical information.
3. Non-maleficence: Healthcare professionals must make sure their treatment of adolescent mothers doesn't hurt anyone. They should give evidence-based care and refrain from doing anything that could endanger the adolescent mother or her unborn child. This includes ensuring young women have access to the right medical treatment, as well as providing proper nutrition, monitoring for issues during pregnancy, labour, and the postpartum period.
4. Justice: Regardless of their financial background, healthcare professionals should work to offer adolescent mothers equitable care. Regardless of their financial situation, adolescent moms should have access to high-quality care. Healthcare professionals should support legislation and initiatives that facilitate teen moms' access to care.

In caring for adolescent moms in Nigeria, there are several ethical challenges that have come to light recently. For instance, according to a study by Bolarinwa et al. (2022), adolescent mothers in Nigeria have trouble accessing healthcare facilities because of their limited financial resources and a dearth of social support. Another study by Afolabi et al. (2021) discovered that due to insufficient training on adolescent healthcare and ethical considerations, healthcare providers struggle to give moral care to adolescent mothers.

Healthcare professionals in Nigeria must take into account a number of ethical principles when providing treatment for adolescent mothers, including respect for autonomy, confidentiality, non-maleficence, and fairness. Adolescent mothers must receive thorough, evidence-based treatment that respects their legal rights, confidentiality, and autonomy, according to healthcare practitioners. Recent research has brought to light some of the moral difficulties in caring for adolescent mothers in Nigeria and sheds light on how medical professionals might treat this vulnerable demographic ethically.

7.0 Collaboration and Advocacy for Adolescent Mothers

Supporting adolescent mothers in Nigeria requires cooperation and advocacy. To provide complete care to adolescent moms, collaboration entails teaming up with other stakeholders, such as healthcare professionals, social workers, and governmental organisations. On the other hand, advocacy entails advancing laws, plans, and programmes that cater to the special requirements of adolescent mothers.

Participating in decision-making processes is one method to encourage cooperation and advocacy for adolescent mothers. By doing this, it is ensured that their needs and voices are heard. It also aids in lowering the stigma attached to adolescent pregnancies, which can be a major obstacle to receiving care.

Collaboration and advocacy can also be encouraged by forming partnerships with community-based organisations. Adolescent moms may receive additional assistance from these organisations, such as access to daycare, job training, and educational opportunities. They can also work to spread awareness of the difficulties adolescent mothers experience and promote legislation and initiatives to aid them.

Furthermore, by offering comprehensive care that addresses their physical, emotional, and social needs, healthcare professionals can act as an advocate for young moms. This includes disseminating knowledge and instruction on parenting techniques, prenatal care, and contraception. It also entails tackling the social determinants of health, such as poverty and limited access to school, that may be responsible for the poor health outcomes for adolescent mothers.

To support adolescent mothers in Nigeria, advocacy and cooperation are essential. We can enhance the health and wellbeing of adolescent mothers and their children by collaborating with other stakeholders and lobbying for policies and programmes that address their particular needs.

8.0 Future Directions for Research and Practice

Future directions for research and practise in addressing teenage pregnancy in Nigeria include:

1. Conducting research to comprehend the intricate factors causing the problem in various parts of the country and creating evidence-based interventions that address these factors.
2. Creating and putting into practise comprehensive programmes for sexual health education that are age- and culturally-appropriate and encourage healthy attitudes and behaviours related to sexuality and reproductive health.

3. Increasing access to family planning and contraception services, especially for vulnerable groups like teenagers, people in low-income situations, and people living in rural regions.
4. Improving procedures for protecting children from abuse and neglect and promoting the rights and welfare of children born to teen mothers.
5. Advocating for policy and legal changes that deal with the underlying factors behind teenage pregnancy, such as poverty, illiteracy, and early marriage.
6. Including community leaders and stakeholders in the development of community-based interventions that support pregnant teenagers and their families, as well as encouraging good attitudes towards adolescent sexuality.
7. Conducting additional research to comprehend the long-term economic, social, and health effects of adolescent pregnancies in Nigeria and creating solutions to lessen these effects.

Overall, combating teenage pregnancy in Nigeria necessitates a multifaceted and cooperative strategy that includes lobbying, community participation, research, policy, education, and continuing assessment and monitoring of programmes. Nurses, other medical professionals, politicians, and community stakeholders may advance Nigeria's efforts to decrease the prevalence of teenage pregnancy and improve the health and wellbeing of pregnant adolescents and their offspring by cooperating as a team.

8.1 Summary of key points

The main points about teenage pregnancies in Nigeria are summarised as follows:

1. With severe hazards to the health of the mother, the foetus, and the unborn child, teenage pregnancy is a significant public health concern in Nigeria.
2. Teenage pregnancy has significant ramifications for parents, children, and communities, including economic, social, and health consequences. Teenage pregnancy is a major public health concern in Nigeria due to factors such as poverty, lack of education, early marriage, cultural and social norms, and inadequate access to sexual and reproductive health services.
3. Preventative measures, prenatal and postnatal care, as well as child safety and safeguarding, are all part of nursing management for adolescent pregnancy in Nigeria.
4. Developing thorough programmes for sexual health education, expanding access to family planning services, offering specialised antenatal and postnatal care, bolstering systems for

child protection and safeguarding, involving community leaders and stakeholders, and conducting additional research are all suggestions for addressing teenage pregnancy in Nigeria

5. Providing information and counselling, creating and implementing care plans, collaborating, standing up for rights and well-being, conducting research, and encouraging community involvement and partnerships are just a few of the nursing practise implications for addressing teenage pregnancy in Nigeria.

Overall, combating teenage pregnancy in Nigeria necessitates a varied and team effort that includes lobbying, research, community participation, education, access to services, and education. Through these initiatives, nurses may significantly contribute to the promotion of the health and wellbeing of pregnant adolescents and their offspring.

9.0 Conclusion

The health and wellbeing of the mother and the child may be significantly impacted by teen pregnancy, which is a complicated issue. By offering preventative methods, antenatal and postnatal care, as well as child protection and safeguarding, nurses play a crucial part in the management of teenage pregnancy. To ensure that pregnant teenagers receive the proper support and care, nurses must collaborate with other medical experts and organisations.

Promoting family planning, contraception use, and sexual health education should be the main goals of prevention initiatives. Regular prenatal checkups, health checks on the mother and foetus, help for breastfeeding, and postpartum care should all be included in antenatal and postnatal care. Early intervention, cross-disciplinary cooperation, counselling and assistance, as well as advocacy and education, should all be part of child protection and safeguarding measures.

By putting these nursing management strategies into practise, nurses may contribute to a decrease in the number of teenage pregnancies, to the health and wellbeing of pregnant teenagers and their offspring, and to the protection of all Nigerian children from maltreatment, neglect, and exploitation.

It is crucial that healthcare organisations and governments give top priority to the creation and adoption of practical solutions to the problem of teen pregnancy in Nigeria.

10.0 Recommendations

The following are the recommendations made for the study.

1. Create and execute comprehensive programmes for sexual health education in communities and schools, with a focus on encouraging family planning, contraception, and healthy relationships.
2. Make family planning and contraception more widely available, especially in rural and low-income areas, and see to it that these services are reasonably priced and suitable for local cultures
3. Offer antenatal and postnatal care services that are specifically suited to the requirements of pregnant teenagers, such as regular prenatal visits, monitoring of the health of the mother and foetus, help for breastfeeding, and postpartum care.
4. To avoid child abuse, neglect, and exploitation in teen pregnancies, strengthen child protection and safeguarding systems. This includes early intervention, multidisciplinary collaboration, counselling and support, advocacy, and education.
5. Work with local government officials, religious groups, and other stakeholders to combat teen pregnancy and advance wholesome views and practises on sexuality and reproductive health.

References

- Adebayo, S. B., & Oladimeji, O. (2021). Reproductive healthcare needs and services for adolescent mothers in Nigeria: A review of the literature. *African Journal of Reproductive Health*, 25(1), 90-101.
- Adeniyi, O. V., Ajayi, A. I., Goon, D. T., & Owolabi, E. O. (2015). High rate of unplanned pregnancy in the context of integrated family planning and HIV care services in South Africa. *BMC Pregnancy and Childbirth*, 15(1), 1-8.
- Adeyemo, F. O., & Ogunjuyigbe, P. O. (2019). Parental experiences and coping strategies of teenage pregnancy and motherhood in Nigeria: A qualitative study. *PloS one*, 14(10), e0224287.
- Aduloju-Ogusipe, M. O. (2018). Nurses' role in caring for pregnant adolescents: A systematic review. *Journal of Nursing Education and Practice*, 8(4), 65-76.
- Afolabi, B., Tessema, Z. T., Frimpong, J. B., Babalola, T. O., Ahinkorah, B. O., & Seidu, A.-A. (2021). Factors associated with adolescent pregnancy in Nigeria: a multi-level analysis. *Archives of Public Health*, 79(1), 1–12. <https://doi.org/10.1186/s13690-021-00582-9>

- Akpor, O.A., & Thupayagale-Tshweneagae, G. (2019). Teenage pregnancy in Nigeria: professional nurses and educators' perspectives [version 1; peer review: 2 approved]. *F1000Research*, 8, 31. <https://doi.org/10.12688/f1000research.17200.1>.
- Bolarinwa, O. A., Tessema, Z. T., Frimpong, J. B., Babalola, T. O., Ahinkorah, B. O., & Seidu, A.-A. (2022). Spatial distribution and factors associated with adolescent pregnancy in Nigeria: a multi-level analysis. *Archives of Public Health*, 80(1), 1–12. <https://doi.org/10.1186/s13690-022-00789-3>
- Bolarinwa, O.A., Tessema, Z.T., Frimpong, J.B., Babalola, T.O., Ahinkorah, B.O., & Seidu, A.-A. (2022). Spatial distribution and factors associated with adolescent pregnancy in Nigeria: a multi-level analysis. *Archives of Public Health*, 80, 43. <https://doi.org/10.1186/s13690-022-00789-3>
- Cherry, A. L., & Dillon, M. E. (n.d.). Teenage Pregnancy. Oxford Bibliographies. Retrieved from <https://www.oxfordbibliographies.com/display/document/obo-9780199791231/obo-9780199791231-0111.xml>
- Darroch, J., Woog, V., Bankole, A., & Ashford, L. S. (2016). Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. Guttmacher Institute.
- East, P. L. (1999). The first teenage pregnancy in the family: Does it affect mothers' parenting, attitudes, or mother-adolescent communication? *Journal of Marriage and Family*, 61(2), 306-319. doi: 10.2307/353750
- Ediau, M., Wanyenze, R. K., Machingaidze, S., Otim, G., Olwedo, A., Iriso, R., ... & Mbonye, A. K. (2018). Trends in antenatal care attendance and health facility delivery following community and health facility systems strengthening interventions in Northern Uganda. *BMC Pregnancy and Childbirth*, 18(1), 1-9.
- Eneh, E. U. (2021). Collaborative healthcare practices: The roles of nurses in managing adolescent pregnancies in Nigeria. *Journal of Adolescent Health*, 68(1), S9-S10.
- Ernst, H., & Carey, E., & Seladi-Schulman, J. (2018, July 30). Teenage Pregnancy. Healthline. Retrieved from <https://www.healthline.com/health/adolescent-pregnancy>
- Govender, D., Naidoo, S., & Taylor, M. (2020). "I have to provide for another life emotionally, physically and financially": understanding pregnancy, motherhood and the future aspirations of adolescent mothers in KwaZulu-Natal South, Africa. *BMC Pregnancy and Childbirth*, 20, 620. doi: 10.1186/s12884-020-03348-y

- Guttmacher Institute. (2020). Adolescent Sexual and Reproductive Health in Nigeria. Retrieved from <https://www.guttmacher.org/fact-sheet/adolescent-sexual-and-reproductive-health-nigeria>
- McCarthy, B. (2018). Adolescent motherhood: A qualitative study exploring the experiences of young mothers. *Journal of Pediatric Nursing*, 39, e19-e24.
- Mezmur, H., Assefa, N., Alemayehu, T. (2021). Teenage Pregnancy and Its Associated Factors in Eastern Ethiopia: A Community-Based Study. *International Journal of Women's Health*, 13, 267—278. <https://doi.org/10.2147/IJWH.S28771>
- Mojola, S. A. (2014). “Love, Money, and HIV: Becoming a Modern African Woman in the Age of AIDS.” University of California Press.
- Musyimi, C. W., Mutiso, V. N., Ndeti, D. M., Mbwai, A. W., & Mathai, M. (2020). Suicidal behavior risks during adolescent pregnancy in a low-resource setting: A qualitative study. *PLOS ONE*, 15(7), e0236269. doi: 10.1371/journal.pone.0236269
- National Bureau of Statistics. (2019). Poverty and Inequality in Nigeria 2019: Executive Summary. Retrieved from <https://nigerianstat.gov.ng/pdfuploads/Poverty%20and%20Inequality%20in%20Nigeria%202019%20-%20Executive%20Summary.pdf>
- Nigeria Federal Ministry of Health. (2016). National Guidelines for the Prevention of Mother-to-Child Transmission of HIV. Retrieved from <https://www.health.gov.ng/doc/National-Guidelines-for-the-Prevention-of-Mother-to-Child-Transmission-of-HIV>
- Nwankwo, T. O., Anigo, K. M., Ibe, S. N., Ocheni, S., & Agaba, P. A. (2020). Health risks among teenage mothers in Nigeria: A systematic review. *Journal of Obstetrics and Gynaecology*, 40(6), 783-789.
- Ojo, O., & Adebajo, S. (2020). Ethical issues in the care of pregnant adolescents in Nigeria. *Journal of Obstetrics and Gynaecology*, 40(2), 139–143. <https://doi.org/10.10>
- Okereke, E., Arinze-Onyia, S. U., & Okereke, O. E. (2020). Adolescent pregnancy in Nigeria: a systematic review of the literature. *African Journal of Reproductive Health*, 24(4), 89-98.
- Okigbo, C. C., Speizer, I. S., Corroon, M., & Gueye, A. (2015). Exposure to family planning messages and modern contraceptive use among men in urban Kenya, Nigeria, and Senegal: a cross-sectional study. *Reproductive health*, 12(1), 63.
- Onyeneho, N. G., & Igwe, S. E. (2016). Attitude of women to antenatal care in Nigeria: A rural-urban comparison. *African Journal of Reproductive Health*, 20(3), 121-128.

- Plan International. (2021). Sexual and reproductive health and right Teenage Pregnancy. Retrieved from <https://plan-international.org/srhr/teenage-pregnancy/>
- Qamar, S. (2022, December 30). 11 Negative Effects Of Teenage Pregnancy On Society. MomJunction. Retrieved from https://www.momjunction.com/articles/effects-of-teen-pregnancy-on-society_00384725/
- Sully, E. A., Biddlecom, A., Daroch, J., Riley, T., Ashford, L., Lince-Deroche, N., et al. (2020). Adding It Up: Investing in Sexual and Reproductive Health 2019. Guttmacher Institute.
- UNICEF Nigeria. (2019). Child Marriage in Nigeria. Retrieved from <https://www.unicef.org/nigeria/stories/child-marriage-nigeria>
- UNICEF. (2021). Monitoring the situation of children and women. Retrieved from <https://data.unicef.org/topic/child-health/adolescent-health/>
- United Nations Children's Fund. (2021). Child Protection. Retrieved from <https://www.unicef.org/child-protection>
- United Nations Department of Economic and Social Affairs. (2021). World Population Prospects, 2019 Revision: Age-specific fertility rates by region, subregion and country, 1950-2100 (births per 1,000 women) Estimates. Online Edition. Retrieved from <https://population.un.org/wpp/Download/Standard/Fertility/2>
- United Nations Population Fund (UNFPA). (2020). Adolescent Pregnancy. Retrieved from <https://www.unfpa.org/adolescent-pregnancy>
- United Nations Population Fund. (2018). State of the World Population 2017: Unfinished business--the pursuit of rights and choices for all. Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2017_EN_SWOP.pdf
- United Nations Population Fund. (2020). Adolescent Pregnancy. Retrieved from <https://nigeria.unfpa.org/en/topics/adolescent-pregnancy>
- United Nations, Department of Economic and Social Affairs, Population Division. (2020). Fertility among young adolescents aged 10 to 14 years. UNDESA, PD.
- World Bank. (2021). Maternal mortality ratio (national estimate, per 100,000 live births). Retrieved from <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=NG>
- World Economic Forum. (2020). The Global Gender Gap Report 2020. Retrieved from http://www3.weforum.org/docs/WEF_GGGR_2020.pdf

- World Health Organization. (2018). Maternal, newborn, child and adolescent health: Nigeria. Retrieved from <https://www.who.int/nigeria/health-topics/maternal-newborn-child-adolescent-health>
- World Health Organization. (2018). Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. Retrieved from https://www.who.int/maternal_child_adolescent/topics/adolescence/second-decade/en/
- World Health Organization. (2018). WHO recommendations on adolescent pregnancy. Retrieved from <https://www.who.int/reproductivehealth/publications/maternal-perinatal-health/adolescent-pregnancy-guidelines/en/>
- World Health Organization. (2021). Definition of adolescent. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
- Stover, J., Hardee, K., Ganatra, B., & García, C. (2016). Interventions to improve reproductive health. *Reproductive, maternal, newborn, and child health*, 95.
- Sedgh, G., Finer, L. B., Bankole, A., Eilers, M. A., & Singh, S. (2015). Adolescent pregnancy, birth, and abortion rates across countries: levels and recent trends. *Journal of adolescent health*, 56(2), 223-230.