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Rise in Teenage Pregnancy and Covid-19 Lockdown in Southern Senatorial District of Ondo State, Nigeria

Justina Olufunke ARUNA*

Department of Sociology, Adekunle Ajasin University, Akungba Akoko, Ondo State, Nigeria

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Abstract: Teenage -pregnancy has become a pest in the society. Under-age girls are often lured and, then, readily in the family way. This has become a widespread phenomenon in Nigeria and has led many young ladies to early graves as a result of failed abortions and which have also led many to dropping out of schools. During the period of COVID-19 pandemic lockdown, March to October, 2020, control measures like closing of schools, restriction of movements, physical distancing etc. were put in place in Nigeria to curtail the spread of the virus. Indeed, the period was very challenging for both girls and women, especially. In-depth Interviews (IDIs) were conducted with 30 respondents, who had experienced unwanted pregnancies, using purposive sampling technique. The major finding is that the period of COVID-19 pandemic period was particularly a dangerous time for teenage girls because of the attending state of the economy, reduced livelihood, prevalence of hunger, and health crisis generally. Several factors, such as peer-influence, lack of sex education, idleness, unemployment/financial constraints, media influence, street hawking etc have been attributed to the rapid increase in adolescent pregnancies during the period. Implications are that many of these teenagers often drop out of schools leading to low educational attainment, marital instability, low income later in life, sexually transmitted diseases (STDs) or vesico vaginal fistula (VVF) during child-birth, social exclusion, unemployment, high-mortality rate, and arranged child-marriages. The study recommends: appropriate counselling, abstinence-promotion, contraception-information, sex-education and school-completion strategies, etc.

Keywords: Teenage-Pregnancy, Covid-19, Idleness, Sex-education and Peer-pressure.

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INTRODUCTION

Covid-19 is an infectious disease caused by the recently discovered corona-virus. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes (Centres for Disease Control and Prevention) <https://www.cdc.gov/dotw/covid-19/index.html>.

The virus enters the body via the nostrils, mouth, and eyes. Some recent studies suggest that that virus may be airborne and can be spread through fine infected droplets that remain suspended in the air in closed air-conditioned environments or offices, air conditioned cabs/buses, shopping malls and theatres due to absence of cross-ventilation, even when not in direct contact with an infected person. The COVID-19 pandemic was confirmed by the World Health Organization (WHO), (2020) on March 11th, 2020, with the majority of member countries having reported increasing rates of both morbidity and mortality.

COVID-19 came suddenly and met the world utterly unprepared. As other countries of the world, Nigeria had to lockdown between March to October, 2020 and restrict physical and socio-economic activities for a while, which led to loss of jobs, closure of businesses, even religious-gatherings were stopped, and schools were shut down in many parts of the country for

almost seven months, leaving adolescents and teens at home (Akinleye, 2021). And many under-aged girls were caught in the jumble of being put in the family-way. Current evidence amid COVID-19 pandemic also expresses worries about the possible growth in violence against teenagers in sub-Saharan Africa during school closures (Addae, 2020).

Teenage pregnancy is a worldwide problem with its incidence highest in Sub-Saharan Africa. The incidence in sub-Saharan Africa is 143 per 1000 compared to 20 per 1000 in Europe (Kassa *et al.*, 2018). Reliable data states that almost one fifth (18.8%) of adolescents get pregnant in Africa (Treffers, 2003; UNPF, 2013; & Ahinkorah *et al.*, 2021).

During the Covid-19 pandemic period, many adolescents were cut off from their friends and peers in their schools, they stayed at home to do house chores all day with little or no academic activities. The privileged adolescents and teens who had access to technological tools such as phones and laptops continued learning via E-learning platforms e.g., Google classroom, zoom, television etc. to make the necessary adjustments while the underprivileged adolescents who had no access to technological tools were encouraged to learn vocational skills and trade, with some eventually dropping out of schools to focus on skill-acquisitions or trades. After the lockdown was lifted and school resumed, classes and examinations were rushed to make up for the lost time and to meet up with the academic session (Akinleye,

2021). This made it difficult for slow learning adolescents to catch up with classes. During the lockdown, there was a sharp increase in the numbers of teenage pregnancy, all over the country, because these adolescents and teens and their sexual predators were kept within 'confined' spaces for a prolonged period of time playing around the streets and neighbourhoods.

Statement of the Problem

The COVID-19 pandemic caused unparalleled destruction of children, families, and communities around the world, disturbing vital services and causing menace to millions of lives (World Vision, 2020). The pandemic impacted on socio-economic, social, cultural, educational and health aspects of social life. One of the socio-economic impacts is early-marriage and teenage pregnancy (Musa *et al.*, 2021). Teenage-pregnancy is being pregnant in the age range of 13–19 years old (UNFPA, 2020a) Thus teenage pregnancy is when a teenager or an under-aged female usually within ages thirteen and nineteen years becomes pregnant or conception by girls between the ages of 13 and 19 years.

The COVID-19 pandemic was especially dangerous for teenage-pregnancies because of the growing economic, hunger, and health crises generally. According to World Vision (2020) there was an increased incidence of teenage-pregnancies and early-marriages in Zimbabwe and the figures had doubled since the beginning of the COVID19 lockdown. It was also noted that without the support system of teachers and school authorities, several girls were exposed to sexually transmitted infections(STIs), unwanted-pregnancies, and sexual exploitation among other overwhelming effects of COVID-19 (UNFPA, 2020b). A report by World Vision (2020) on COVID-19 Aftershocks, states that school closures during crises led to upsurges in teenage-pregnancy up to about 65 per cent, as closures result in girls having more time with males than they would be if schools were opened and, as a result, this led to the increased likelihood of involvement in risky sexual-behaviours and greater risks of sexual violence and exploitation.

Nigeria has a population of about 178 million, with 22.5 per cent of the population between 10 and 19 years old. COVID-19 came and met the world unprepared, Nigeria inclusive. Most countries of the world even had to lockdown and restrict physical and socio-economic activities for a while, jobs were lost, the business closed, religious gathering stopped, and schools were shut down in many parts of the country for almost seven months, leaving adolescents at home. School closures during the crisis resulted in girls spending more time with men and boys than they would were they to be in school, leading to greater likelihood of engagement in risky sexual behaviours and increased risk of sexual violence and exploitation (World Vision, 2020; & Akinyele, 2021). Teenage-pregnancy, also

called unwanted pregnancy has become a bane in the society. Under-aged girls are caught in the mess of being put in the family way. This has become very rampant in the society and has led many young ladies to early graves as a result of unsuccessful abortions.

There are unmet needs that have challenged teenage girls who have fallen to pregnancies in the COVID 19 lockdown-period. Research evidence has shown that there has been a sudden increase in the rates of teenage- pregnancies, the world over, during the COVID-19 pandemic. Pregnancy in the under- age group is a major cause of maternal morbidity and mortality (Murewanhema, 2020). Similarly, there was an increase in the rate of teenage pregnancy and (STIs) in Nigeria. Despite limited data, some States recorded more teenage-pregnancies than usual. This is due to several factors that include lack of comprehensive education on sexuality, idleness, wanting to explore, pornography, lack of access to contraceptives, rape, and sexual violence etc. (Musa *et al.*, 2021).

For example, the Ogun State Government on expressed worry over the increasing rate of teenage pregnancy among school-girls as a result of school closure following the outbreak of Corona virus pandemic because young girls were out of school, they were not engaged positively, so they turned to sex as recreation and that resulted in teenage-pregnancies, loss of school-years and life-opportunities, and even dying from septic abortions (Akinyele, 2021). There is no detailed documentation on experiences of pregnant adolescent-girls during the COVID19 lockdown-period. Although adolescents were not vulnerable to the virus itself; however, the impact of different actions taken due to the virus on adolescents have not been considered. Therefore, this study seeks to examine perceived rise in teenage pregnancy and COVID -19 lockdown in the Southern Senatorial District of Ondo State, Nigeria.

LITERATURE REVIEW

Causes of Teenage Pregnancy and COVID 19

Research findings also showed that the prevalence rate of adolescent-pregnancy is highest in the North-West zone accounting for 36 percent and the lowest in both the South-east and South-west zones. It is, also a leading cause of maternal mortality, in Nigeria generally.

Several factors have been attributed to the rapid increase in teenage-pregnancy during COVID-19 (Ndlovu *et al.*, 2021). The factors include:

- **Sexual Exploitation:** During this period of COVID19 national lockdown, teenagers were easily into indulging in sexual activities by people close to them, for example relatives, neighbours, tenants, etc. after being given small tokens such as money or gifts.

- **Early Marriage:** In some areas of the country due to the economic pressures brought about by the COVID-9 lockdown-measures some parents or guardians compelled their young girl-children to marry before 18 years of age.
- **Prolonged School Closures:** These made young girls to become idle and redundant; and therefore, they explored sexual activities and thereby, sexually exploited.
- **Economic Stress:** COVID-19 lockdown-measures greatly reduced parental incomes as some parents were disengaged especially those in informal employments which left many families not being able to sustain having decent meals. This condition often pushed some teenagers to exchange sex for food.
- **Loss of Family Care Due To Hospitalisation or Quarantine:** As part of the management of COVID-19 victims or patients to be hospitalised or quarantined. This had negative implications on the welfare of teenage-girls with parental care being compromised. It is at this stage that teenagers tend to be naughty and end up engaging in sexual activities capable of resulting in teenage pregnancies.
- **Lack of Access to Family-Planning:** The imposed movement restrictions on people in general during COVID-19 lockdown affect teenagers in a negative way as they cannot leave their homes for health-care facility. The majority of teenage-girls cannot tell their parents of their being sexually active such that they cannot verbalise their need for a birth-control method such as contraceptive pills.
- **Lack of Sex Education:** This is mainly enforced in schools through sexual or health reproductive programmes for adolescents. When schools are closed, as during COVID-19 lockdown, teenagers tended to miss sex-education despite the fact that some radio-stations provide such programs. It is a common tendency that teenagers may be shy to listen to such information in the presence of adults at home.
- **Shortage of Oral Contraceptive Tablets in Some Facilities in the Country:** It is common that sometimes sexual reproductive health matters are forgotten crisis-times. In this case, health-authorities tend to focus more on COVID-19 issues such that any shortage of oral contraceptives is often overlooked.
- **Death of a Care Giver:** COVID-19 kills mainly adults who are parents and guardians in their families; and, as a result, it leaves teenagers even more vulnerable to teenage pregnancies.
- **Failure by Government in Implementing Stringent Contextualised Policies:** The lack of sustainable health-policies by Government punishes the perpetrators of teenage-pregnancies in times of national crisis such as during COVID19 lockdown.

- **Peer Pressure:** Teenagers are at a critical stage of life, by nature, as they experienced bodily changes. As they find themselves lonely and bored during the lockdown-period, they tend to find themselves in conditions whereby they can engage in experimental sexual activities.

Socio-Psychological Consequences Teenage Pregnancy

Pregnant teenagers in most instances suffer psychologically and socially and this results in depression and self-isolation. This comes about due to the consequences of rejection by the partner, parents, or guardian and this happens more if the teenager is unmarried. A lot of studies show that teenagers who become pregnant before the age of 18 years are more at risk to suffer violence in a marriage or in a relationship (Wodon *et al.*, 2017).

Teen-pregnancy, often, forces many girls to leave school prematurely despite the fact that some countries adopted varying policies of not expelling pregnant teenagers from schools during the COVID-19 crisis, however, when this happens, it has a negative impact on the girl's future as her education may be jeopardized leading to illiteracy and a reduction in employment-opportunities (Plan International, 2020).

The COVID-19 lockdown put a lot of teenagers at risk of further domestic violence, accompanied by a rise in both anxiety and stress levels. This invariably leads to mental health- problems like suicide ideations (Octavius *et al.*, 2020).

Online lessons that were the only option available to ensure that children learn during the COVID-9 crisis diminish the learning-loss brought about by school-closures. On the other hand, those in rural areas or those from poor family backgrounds were unlikely able to benefit from the online lessons because of digital under-development. As a result, they continue without any form of learning and, hence, leading them to miss school for good as they might end up being forced into child-marriages.

Additionally, the more these teenagers do not get supervision, for those with access to the Internet, it means that they were likely at an increased risk of cyber-bullying and may end up exploring pornographic materials on the Internet. They become exposed to global norms on sexuality and begin to question social and cultural norms that impact sexual behaviours in society. This further makes them to have loose morals and, hence, a rise in teenage pregnancies becomes an outcome (Ndlovu *et al.*, 2021).

Consequences of Teenage-Pregnancy on Health

Early-pregnancies, amongst adolescents, result in severe negative health implications on teen mothers and their children. Some studies have reported that

pregnancy and delivery complications in ages 15–19 years, globally, are the top most causes of death in this age group. More so, this is mostly evident in developing countries and this account for about 99% of the world's maternal deaths for girls in the age category of 15-19 years (WHO, 2020). Teenage mothers are at an increased risk for eclampsia, obstructed labour, sepsis and other infections compared to their counterparts between 20–24 years (World Vision, 2020). Furthermore, it has been reported that about 3.9 million backyard-abortions in adolescents aged 15–19 years, are carried out yearly and this contributes to maternal mortality, morbidity and other complications (WHO, 2020). During this COVID-19 lockdown, it was reported as well that abortions among teenage-girls increased (Plan international, 2020). Children, delivered by girls below 20 years old, are at a greater risk of having a birth weight below 2500g, being delivered prematurely, and having complicated neonatal outcomes (WHO, 2020). COVID- 19 lockdown increased the risk of poor nutrition in most families. Having an adequate nutrition in utero and even after delivery up to about 5 years, a child is assured of both good physical and cognitive development which has long-lasting effects on the health-status of an individual (Nyaradi *et al.*, 2013). And, they could have lasting health-problems, such as vesico-vaginal fistula (VVF).Therefore; the economic hardships brought about by COVID19 lockdown, indeed posed health-risks to adolescents and their children.

Description of the Study Area

Okitipupa is the headquarters of Ikale Local Government Area (LGA) in Ondo State, Nigeria; and, part of the Ikale-speaking nation in Ondo State. Okiti means "hill". Okiti-pupa" thus is derived from the Ikale Yoruba word okiti (hill) and pupa (red) which became a name used by people travelling from other communities to trade in the central market of the town (Okitipupa). Okitipupa has always been the major town for the inhabitants of Ondo South Senatorial district of Ondo State, comprising Okitipupa, Irele, Ilaje, Ese-Odo, Odigbo and Ile-Oluji/Okeigbo LGAs due to the presence of basic amenities. It was a district in colonial times, before Nigeria's Independence in 1960. It has a university, a specialist hospital, several private hospitals, a Magistrate Court, a High Court, Nigerian Police Force Area command, an Army barrack, commercial banks, a telephone exchange, and numerous primary and secondary schools. The Ikale are predominantly farmers. The major cash-crops are oil-palm, rubber and cassava. They also cultivate yams, beans, okra, pepper, melon, and vegetables. Staple-food includes, but is not limited to, baked cassava- popularly known as 'Pupuru', yam, rice, yam-flour and cassava flakes (garri) among others. Districts under Ikale LGA includes; Okitipupa, Ode-Aye, Ilutitun, Ikoya, Oloto, Iju -Odo, Erekiti, Igbotako. Erinje, Idepe, Igbesi-oloto, Iju-Oke, Omotosho, Wakajaye, Akinfosile, Batedo, Ode-Erinje,

Ayeka, Igbodigo, Igodan Lisa
(<https://en.wikipedia.org/wiki/Okitipupa>).

Methods of Data Collection

In-depth Interviews (IDIs) were conducted with 30 respondents who have experienced unwanted pregnancies using purposive sampling and snowball sampling-techniques. This sampling technique is informed by the sensitive nature of the topic. And, moreover, since pregnant teenagers are not scattered all over the places, any pregnant teenager the researcher meets was purposively selected and interviewed. Few selected medical personnel were also interviewed in order to generate information on the consequences of teenage-pregnancy. Data generated from the in-depth interviews were coded, transcribed and reported in content analysis form and presented verbatim. Names of interviewees/respondents are for convenience of identifications, assumed or fake-names.

FINDINGS AND DISCUSSION

One of the respondents that was interviewed 'Aanu' 16 years old and a year-one student in the Senior Secondary School i.e., SS1, said she lives with her single mother who is selling fruits at the local market. She claimed that: *She was sexually exploited by a young undergraduate in the community who was also staying at home during the school-closure. She said "the guy took advantage of my mother's financial struggles". He offered to help support her and exploited his offer of support to have sex with me, and I was equally helping him to wash plates and clothing. She said, further that the major challenge is that the young man absconded after putting me in the family way. And he left the responsibility of the pregnancy to my poor mother. "Another bigger challenge I have is how to face the stigmatization and how to continue with my education".* [IDI, Aanu, 16 years, School girl].

Another respondents, 'Adura' 16 years old, who claimed to dream of becoming a medical doctor, she was in SS3, and lives with her parents, who are civil servants. She Stated: *"it was always boring during the long-stay at home during the covid-19 pandemics. As usual I was going out with my friends and, sometimes, to see my boyfriend in the neighbourhood, and now I am pregnant. The worst is that my father had sent me to my boyfriend's house and my boyfriend is not ready to marry now. And I cannot sit for my Senior Secondary School Examinations (SSSE) this year. I don't know whether I can continue with my education after delivery".* In further probing, she claimed that the parents of her boyfriend were ready to accept her and her pregnancy. [IDI, Adura, 16 years, School girl].

Furthermore, another respondent 'Ibidun' 17 years staying with her single mother who is a fish-seller, and three other siblings, narrated how she became pregnant during the school-closure. *"I managed to write my Senior Secondary School Examinations*

(SSSE) before the pregnancy became known but I could not write my Joint Admission Matriculation Board (JAMB) that would enable me gain admission into the university. I was sexually exploited by a young man in my neighbourhood who took advantage of my mother's financial struggles. He offered to help support me and used his offer of support to have sex with her during the school closures. My fear was whether I will be able to go back to school. [IDI, Ibidun, 17 years, school girl].

Interestingly, another respondent, 'Remi' 17 years old, who lives with her mother and stepfather, became pregnant for a 21-year-old boy, in the same town who is also an SSS3-student. "My dream of becoming a teacher is now uncertain as I am not sure I can go back to school as a teenage mother, even once schools reopen after the COVID-19 lockdown. "I really don't know what will happen with me in the near future. Everything in the future is not certain now. I don't even know how I will raise the child," She said, regretting profusely when she had done. "But I do realize it is not too late, while shedding tears. "Before the pandemic, I was in SSS2, when the schools were closed, and my family started to struggle from the financial impact of the lockdown, I decided to help make ends meet. During this period that we didn't go to school I used to sell roasted corn by the road side in order to help increase the family's income. However, the struggle to help my family led me into trouble. I would meet this young man whenever I finish selling my corn. The guy was one of my corn customers. And he gave me twenty thousand naira (20,000.00). However, now that I am pregnant, my parents are very upset with my situation. When I informed my boyfriend and he asked me to do abortion, but when I was afraid and refused, he suddenly disappeared from the community for Lagos," [IDI, Remi, 17 years, School girl].

Another, respondent, 'Peju', 16 years old, a Junior Secondary School (JSS) student staying with her parents, used to dream of becoming a nurse. But, after schools were closed in March, "I became pregnant and I was forced to move in with my 24-year-old boyfriend 'Kunle', an 'okada' (motor bicycle) rider in the town. Now that I am pregnant, the future is blurry and no longer as bright as I once dreamed. All I can see for the future is becoming a wife and mother. Although I would like to go back to school after delivery, I doubt if it will be possible. Everything seems to be lost now. I want to go back to school but I don't see how possible. Besides, I doubt if my partner will allow me to go back. Also I am ashamed of going back to school, because my classmates will call me 'iyawo' (wife) because of my age and situation. The first three months of pregnancy, were the most difficult period of my life, as I often felt very weak during the three months. [Peju, 16 years, School girl].

Teenage-Pregnancy on the Teenagers' Social Life

On the questions touching teenage mothers' social life, the responses of the respondents interviewed, are summarised below: All the respondents/interviewees claimed that their pregnancies would lead to dropping out of schools which will, eventually, lead to low educational attainment.

15 out of the respondents were SSS students and they claimed that the pregnancies would not allow them sit for their SSE-examinations.

Some of the adolescents/teenagers interviewed also displayed the fear that even after giving birth to their babies and returning to school, they claimed that they may likely not have marital stability. Some of them also expressed the fear that "these our mistakes may lead to low income later in life and our children may likely be of low intellectual abilities".

One of the respondents openly confirmed that coupled with her pregnancy, "I have also contracted sexually transmitted diseases (STDs) and equally abusing substances, because my boyfriend used to give me drugs anytime I visited him".

During the interview sessions it was observed that some of the teenagers often complained of anaemia (low iron levels) which may lead to some more complicated health-issues such as; low birth weight/premature birth, high blood pressure/pregnancy-induced hypertension (PIH) (capable of leading to preeclampsia), higher rates of infant mortality (death), greater risks of cephalo-pelvic disproportion (the baby's head is wider than the pelvic opening)and even greater implications such as vesico vaginal fistula (VVF), during child-birth, duly explained by the medical personnel in consultation during the interview sessions.

Recommendation

Since the problems of adolescents' pregnancy are multi-dimensional in nature, there is therefore urgent need for a holistic approach in addressing the menace and supporting adolescent girls to realize their potential.

- The Federal Ministry of Education in Nigeria should develop guidelines to support teenagers with unplanned pregnancies to continue schooling or opt to return after delivery. This would need require introducing national policies in relation to school-completion strategies, and, probably job-training schemes for those who cannot complete school.
- State and local authorities should develop stringent bye-laws to enforce, prohibit and sanction perpetrators of sexual exploitation or abuse of girls.
- Government should identify and assist poverty-stricken communities or families with food hand-outs to avoid girls being exploited in exchange for food during further COVID-19 lockdowns or any

other unforeseen circumstances as the pandemic appears not worldwide.

- Schools, churches, and non-governmental organisations (NGOs) should make appropriate counselling available for teenagers, especially girls.
- Government should make available, provide affordable and adequate health-care services.
- Schools and NGOs should urgently embark on sensitization-campaign in respect of abstinence-promotion and family-planning/sex education to students across schools.
- Government and health-care providers should make contraceptives available to girls, strictly by a main prescription after due medical consultation.
- Sex-education should be taught in Secondary Schools from senior category, extended to skill-acquisition centres.

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