

**EFFECT OF COUNSELLING ON TEENAGERS WITH PREGNANCY IN ILORIN WEST
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School, Ilorin, Nigeria; E-mail Address atundemartins@gmail.com****Abstract**

This study investigated effect of counselling on teenagers' with pregnant in Ilorin West Local Government Area of Kwara State, Nigeria. Quasi-experimental design involving pre-test post-test control group with one experimental group and one control group was adopted for the study. A purposive sampling procedure was used in selecting 4 clinics with the use of records, ten (10) teenagers with pregnancy were selected from each clinics, making total number of forty (40) samples. A questionnaire was used for the pre-test and post-test counselling sessions for the collection of data in this study. The T-test statistical tool was used to test six hypotheses raised. The result revealed significant effect of counselling ($p = .089 < t = .697$) on use of contraceptive to prevent future unwanted pregnancy. The study found significant effect of counselling ($p = .028 < t = .549$) in reducing abortion option among teenagers with pregnancy. Result showed significant effect of counselling ($p = .054$; $t = .1.449$) on choices of retain the pregnancy, having the baby and bring the child up. Result showed that significant effect of counselling ($p = .078$; $t = .849$) on antinatal care during pregnancy. The study result showed significant effect of counselling ($p = .028$; $t = 1.241$) on teenagers' decision to have the baby and place it for adoption. Based on the findings of this study, the study recommended that counselling should be used for pregnant teenagers and non-pregnant teenagers in the hospital or clinic as a strategy to prevent unsafe abortion among teenagers.

Keywords: Adoption, Teenager, Pregnancy, Counselling, Abortion**Introduction**

Nigeria is the most populated nation in Africa with estimated population of over 200.96 million, ranking 7th in the world. Out of which female population was reported at 49.34 % in 2016, according to the World Bank collection of development indicators, compiled from officially recognized sources. Among women population are young girls of school age under 18 years. This category of ladies are also known as teenagers, at this periods they are expected to be in school or learn a trade for the purpose of acquiring skills and training in order to be self reliance. Surprisingly, most of teenage girls are offer for marriage at early age due to cultural/religion practices. As noted by (Oyedele, 2017) that in Nigeria, tradition and culture supposedly uphold moral standards. In reality, the incidence of teenage pregnancies is unacceptably high. Teenager's pregnancy is formally defined as a pregnancy in a female who has not reached her 20th birthday when the pregnancy ends, regardless of whether the girl is married or is legally

an adult, (age 12 to 19, depending on the country). This category of woman is exposed to early sexual activity.

In some other instances, young girls involve in sexual practice with opposite sex in and out of school environment as a result of civilization or peer influence. Innocent girls follow friends to clubs and partying around the town because of money and materials inducement. It is believed that young girl involvement in this acts result into unwanted pregnancy and when happened, teenage girls are to contend with different options about the pregnancy. Some of these options are whether to abort the pregnancy or to leave it; other options include keeping the pregnancy and offer the baby for adoption etc.

Aside from the above effects of teenage pregnancy on young girls, teenage pregnancy may also have far reaching impacts on the psychological, behavioural and physical. Therefore, it is believed that most of the pregnant girls engage in self- help or succumbed to friends' unprofessional advice which is very dangerous to the life of these young girls. At this critical period, teenagers are at crossroads as to take informing decisions bothering on what to do at the time which is very important to save life of the baby-mother and the yet unborn child. And most crucial of all the decisions is to help the teenage girls to understand that there is life after pregnancy of which the option of furthering their education is very possible.

Statement of the Problem

Girls that suppose to be in schools got pregnant at a tender age and in the process of concealing the pregnancy from parents, guardians or public knowledge, teenagers engage in unsafe abortion, use of contraceptives and involve in other dangerous practices in order to terminate the pregnancy. Most of the time, these negative practices by teenagers lead them stop education, infected with vaginal fistulas, damage to womb through health complications, and even death. Other negative impacts of early pregnancy may result into psychological, behavioural and physical challenges. Tsai and Wong (2003) observed that teenage mothers often have poor antenatal care as they do not always attend their antenatal appointments; they tend to deliver more low birth-weight babies, premature babies and babies who die during the first year of their life. It was against this that the study intends to find out effects on counselling on teenagers with pregnancy in Ilorin West Local Government Area of Kwara State, Nigeria.

Objectives of the Study

The main purpose of this study is to determine effect of counselling on teenagers with pregnancy in Ilorin West Local Government Area of Kwara State, Nigeria. Specific objectives were to:

1. examine the effect of counselling on teenage choice of using contraceptives to prevent future occurrence of unwanted pregnancy;
2. examine the effect of counselling on teenagers decision to terminate the pregnancy;
3. examine the effect of counselling on teenagers having the baby and bring the child up;
4. find out effect of counselling on prenatal care among teenagers during pregnancy in Ilorin West Local Government Area of Kwara State, Nigeria;
5. examine the effect of counselling on teenagers having the baby and place it for adoption; and
6. determine the impact of counselling on teenagers plan for the future in Ilorin West Local Government Area of Kwara State, Nigeria

Research Hypotheses

The following research hypotheses were tested:

- Ho₁: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on their choice of using contraceptives to prevent future occurrence of unwanted pregnancy.
- Ho₂: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers' decision to terminate the pregnancy.

- Ho₃: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers having the baby and bring the child up.
- Ho₄: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on prenatal care among teenagers during pregnancy
- Ho₅: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers having the baby and place it for adoption.
- Ho₆: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers plan for the future.

Literature Review

According to Nash (1990), teenage pregnancy is a worldwide phenomenon affecting both developed and developing countries. About 15 million women/girls aged under 20 years give birth each year, roughly 11% of all births worldwide. The vast majority of these births, almost 95%, occur in developing countries (Geneva, World Health Organization, Making Pregnancy Safer, 2010). Tsai and Wong (2003) noted that adolescent pregnancy is one of the main issues in every health care system since early pregnancy can have harmful implications on girls' physical, psychological, economic and social status. A girl who becomes pregnant while still a teenager faces a multitude of problems: she faces motherhood prematurely, usually before her own maturation has been completed (Allender and Spradley, 2005). Potentially severe medical complications place both the mother and infant at risk for illness and death.

A number of studies have been carried out on the incidence and causes of teenage pregnancy as well as the effect of this problem on the young girls. The Demographic and Health Survey (2013) revealed that in Nigeria, an estimated 23 percent of women aged 15-19 years have begun childbearing, of which 17 percent have had their first child and 5 percent are pregnant with their first child. Also, 32 percent of teenagers in rural areas have begun childbearing, as opposed to 10 percent in the urban areas of Nigeria. The report shows disparities within the geopolitical zones as follows: Northwest (36 percent); Northeast (32 percent); North Central (19 percent); South South (12 percent); South East (8 percent); and South West (8 percent). This suggests that the problem of teenage pregnancy cut across all the states in Nigeria.

The impacts of teenage pregnancy often ruins girls' lives, whether they are married or not, whether they engaged in sex willingly or were forced. Typically, they drop out of school and do not acquire any skills that would help them earn money. If they aren't married already, they normally end up in a bad marriage, wedded to their child's father who often is too young for parenthood himself. The National Population Commission (NPC) warned that the number of teenage mothers in Nigeria may rise to 60 million by 2015. It argued that aggressive steps must be taken to stop the trend. In particular, good sex education could make a difference. Some nations provide outspoken and comprehensive sex education to teenagers, helping them to understand what is going on with their bodies and minds. These countries have the lowest rates of teenage pregnancy.

There are certain causes of teenage pregnancy which include cultural, religious, poverty, social factors, peer influence, and weak or poor implementation of laws which protect teenage from social vices like rape, girl child labour, hocking on the street and girl child trafficking among others. According to Maurer (2000), probably the most significant factor, however, is socioeconomic impact of teenage pregnancy is viewed as indeed teenage the hub of the poverty cycle in the United States, because an unprepared pregnant teenage is likely to rear children who repeat the cycle. In Nigeria, several factors contribute to early engagement in sexual activity. These include peer pressure, pervasive sexually explicit media (e.g. television, movies, music, radio, information on the internet); need for love, acceptance, and approval; effort to gain independence, increase acceptance of unmarried and teenage mothers; present, rather than future orientation, lack of maturity (Aretake, 1996; Maurer, 2000a).

The occurrence of teenage pregnancy exposes young girls into risk of stress. In many cases, the girls' young bodies cannot cope with the stress of pregnancy and labour. Vaginal fistulas are a common consequence of lacking antenatal and postnatal care. The implication is that patients become incontinent and ostracized by society. All too often, surgery is not available or not done properly, so the persons concerned become marginalised in the long run. There are many reports of teenage girls experimenting with various dangerous concoctions in the hope of preventing or ending pregnancy. Medical complications are awful. This view was shared by (Maurer, 2000a) that pregnant teenager is likely to experience maternal complications, including pregnancy – induced hypertension, toxæmia, anaemia, nutritional deficiencies and urinary tract infections. She is more prone to deliver prematurely, experience rapid or prolonged labour, and have foetal and maternal infections. Infant born to teenage mother is more likely to have low birth weight and also suffer associated problems like respiratory problems, neurological defects and still birth (Maurer, 2000a). Many pregnant teenagers also fail to complete high school. This, in turn, is associated with unemployment and underemployment, resulting in living below the poverty level.

The DHS (2013) reported the highest figures of teenage pregnancies in the north-western states of Katsina, Jigawa and Zamfara. These states also have the worst data concerning early marriage, fistulas and access to contraceptives. Unsurprisingly, maternal and infant mortality rates are high too. Various efforts put in place by the government through introduction of sex education programme, embarking on media campaign on the dangers inherent in abortion proof abortive as teenage pregnancy keep on the high side. Mersal, Esmat and Khalil (2013) researched the effect of prenatal counselling on compliance and outcomes. Experimental randomized control study on a sample of 86 teenage pregnant women attending the maternal and child health centre in Elkhosos village, Egypt. Data were collected pre-counselling, post-counselling and after delivery. At the post test, women in the study (counselling) group showed statistically significantly greater knowledge and compliance of health promotion ($p < 0.001$) than women in the control group. In the study group, 90.7% were full term at labour compared with 41.9% in the control group; 88.4% of the women in the study group had normal vaginal delivery compared with 76.7% of those in the control group. The health condition in 90.7% of the study group neonates was classified as good compared with only 46.5% in the control group. Only 9.3% of the study group babies had low birth weight compared with 32.6% of the control group babies ($P = 0.008$).

Nobili's (2007) study focused on the effect of patient-centered contraceptive counselling in women who undergo a voluntary termination of pregnancy. The aim of the study was to evaluate, by means of a randomized controlled trial, whether a patient-centered contraceptive counselling intervention increased the use of contraception, and the knowledge and positive attitudes towards contraception, in women who undergo a termination of pregnancy (TOP). Methods: The study was carried out at the San Paolo Hospital of Milan between the 1st of February and the 31st of May 2004. Participants (41 women; ages 20-44 years) were randomly divided into two groups: an experimental group ($n = 20$), who received patient-centered contraceptive counselling, and a control group ($n = 21$), who received the routine treatment in use at the San Paolo Hospital and were referred to the community health centers after the TOP. Both groups were administered a questionnaire at two points in time (before the counselling and 1 month later) which evaluated participants' knowledge, attitudes and use of contraception (the latter was also followed up 3 months later). The counselling intervention lasted 30 min and was carried out by a psychologist and a gynaecologist. Results found that knowledge, favorable attitudes and use of effective contraception increased significantly for the experimental group, whereas there was no significant change for the control group.

Based on this, new measure has to be device to checkmate the high rate of teenage pregnancy among young girls in the country. Therefore, nursing counselling may be an option. This research work is an overview of educators, counsellors and health care providers (Nurses) on how they can help teenagers make informed decisions about various options immediately teenage girls get to know of the pregnancy. The three options focuses in this study are:

Option A: Retaining the pregnancy and parenting the child.

Option B: Retaining the pregnancy and placing the child for adoption.

Option C: Terminating the pregnancy.

Methodology

This study applied quasi-experimental pretest post-test control group research design only. Forty (40) participants were purposively selected from four purposively selected clinics within Ilorin West Local Government Areas, Kwara State. That is, fifteen (10) participants in each clinic. To implement the procedure, two clinics were tag as experimental group while the other two clinics were tag as control group respectively. The researcher administered a structured questionnaire to serve as a pre-test instrument for both treatment and control groups. Six weeks treatments procedure of counselling sessions to the experimental groups was followed while the control group received no treatment. The instrument was re-administered for both groups as post-test. The two results were subjected to statistical tools of Means and Standard Deviation to answer the research questions and T-test statistical tool to test the difference in the hypotheses.

Experiment Procedures

The experiment took place for a period of 4 weeks and this involved the researcher, (who is the Counsellor) and teenagers with pregnancy. The following steps were followed during the counselling sessions:

Step 1: The counsellor briefly introduce the purpose of gathering together.

Step 2: The counsellor together with the other research assistants present the materials to be used in structured questionnaire on the topic identified.

Step 3: The counsellor sensitizes the pregnant girls on what is expected of them during the counselling sessions.

Step 4: The counsellor group 40 teenagers with pregnancy into two equal groups; the 20 into treatment group and 20 into controlled groups respectively.

Step 5: The counsellor commenced the treatment on the subject in the treatment group through the nursing counselling sessions. Each counselling session lasted for 45 minutes.

Step 6: The counsellor explained to the teenagers with pregnancy, some of the principles of counselling which include acceptance, empathy, individuality, communication, confidentiality, etc.

Step 7: The counsellor employed counselling techniques such as; listening, probing, attending, questioning, interpreting, refocusing, silence, feedback, etc.

Step 8: The counsellor round off the counselling sessions by providing various alternatives from which teenagers with pregnancy could considered and make inform decision of their own. The counsellor also pointing out the some coping skills that a teenager with pregnancy employ in order to overcome challenges which bothers them. All the participants were appreciated for their time and commitment throughout the experiment.

Data obtained from the teenager with pregnancy were analysed using mean and simple percentages, the hypotheses were tested using t-test statistical tool. The study covered periods of three months (September 2018 to November, 2018).

Ethical considerations

The indulgence/conscience of the teenagers with pregnancy was sought. This is to allow the participants to be free and willingly participate in the counselling sessions. The participants (teenager with pregnancy) were assured of utmost confidentiality of all information supply. They were given assurance that the information was just for the purpose of academic exercise alone.

Criteria for the Selection of Participants (Teenagers with pregnancy)

The inclusion criteria into the sample were that the subjects should

- Be able to speak and understand either Yoruba or English.
- Be between 13 and 19 years of age.
- Be pregnant for the first time at the gestational age of 28 weeks and above.
- Be unmarried.
- Be from Ilorin West Local Government Area of Kwara State.

The four hospitals selected for the study are Okelele Health Center, Itamo Health Center, Teaching Hospital Ilorin and Adewole Cottage Hospital.

Results

The results were based on the formulated research questions and hypotheses for study;

Hypothesis 1: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on choice of using contraceptives to prevent future occurrence of unwanted pregnancy

Table 1: Group Statistics Independent Samples T-Test of difference between controlled and treatment teenagers' with pregnancy based on contraceptive use to prevent future occurrence of such a pregnancy

Items 1-3 in the Questionnaire	1. Teenagers' use of contraceptive to prevent future occurrence of such a pregnancy. 2. Use of pills to prevent unwanted pregnancy. 3. Use of injection to prevent pregnancy.								
	N	Mean	Std.	Std. error Mean	95% Confidence Interval of difference				
Group					df.	t.	Sig.	Lower	Upper
Treatment Group	20	1.2381	.43108	.06652	38	.697	.089	.21318	..43937
Controlled Group	20	1.1250	.35355	.12500				.19732	.42351

Source: Researchers Field work (2019).

Table 1 showed significant difference between teenagers with pregnancy in the treatment and controlled group regarding the contraceptive use to prevent future occurrence of such a pregnancy as calculated value of $p = .089$ is lower than t -value $.697$ is ($p = .089 < t = .697$). Therefore, hypothesis one which stated that there is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on their choice of using contraceptives to prevent future occurrence of unwanted pregnancy is rejected. This implies that nursing counselling have significant impacts on teenagers in the treatment group than those in the controlled group.

Hypothesis 2: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on decision to terminate the pregnancy.

Table 2: Shows counselling difference effect between teenagers' with pregnancy in the treatment and controlled group based on decision to terminate the pregnancy

Items 4-6 in the Questionnaire	4. Teenagers' decision to terminate the pregnancy.								
	5. Teenage attitude to abort the pregnancy.								
Group	6. Teenagers' behaviour to use illegal means of removing the pregnancy.								
	N	Mean	Std.	Std. error	95% Confidence Interval of difference				
				Mean	df.	t.	Sig.	Lower	Upper
Treatment Group	20	1.3500	.48305	.16137	38	1.549	.028	.07446	..57446
Controlled Group	20	1.1000	.31623	.12583				.01174	.51174

Source: Researchers Field work (2019).

Table 2 showed significant difference between participants in the treatment and controlled group based on decision to terminate the pregnancy because the calculated value of $p = .028$ is lower than t -value 1.549 is ($p = .028 < t = 1.549$). Therefore, hypothesis two which stated that there is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers decision to terminate the pregnancy is rejected. This result suggests that nursing counselling has effect on teenagers' with pregnancy in the treatment group than those in the controlled group based on items 4-6 in the questionnaire.

Hypothesis 3: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers having the baby and bring the child up.

Table 3: Shows counselling difference effect between teenagers' with pregnancy in the treatment and controlled group based on choices of retain the pregnancy, having the baby and bring the child up

Item 8 in the Questionnaire	7. To retain the pregnancy, having the baby and bring the child up.								
	N	Mean	Std.	Std. error	95% Confidence Interval of difference				
Group				Mean	df.	t.	Sig.	Lower	Upper
Treatment Group	20	1.3077	.467757	1.14960	38	1.449	.054	.08400	..51757
Controlled Group	20	1.0909	.30151	.11777				.02571	.45928

Source: Researchers Field work (2019).

Table 3 showed significant difference between participants in the treatment and controlled group based on choices of retain the pregnancy, having the baby and bring the child up as calculated value of $p = .054$ is lower than t -value 1.549 is ($p = .054 < t = 1.449$). Therefore, hypothesis three which stated that there is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers having the baby and bring the child up is rejected. This result suggests that nursing counselling has effect on teenagers' with pregnancy in the treatment group than those in the controlled group based on items 7 in the questionnaire.

Hypothesis 4: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on prenatal care among teenagers during pregnancy

Table 4: Shows difference effect of nursing counselling on teenagers' with pregnancy based on items 8-9 in the questionnaire

Items 8-9 in the Questionnaire	8. Have you gain one or two things from the counselling received at the antenatal clinic.								
	9. Have you seen health personnel at least two times since pregnancy.								
	N	Mean	Std.		95% Confidence Interval of difference				
Groups				Std. error Mean	df.	t.	Sig.	Lower	Upper
Treatment Group	20	1.3750	.49187	.14731	38	.849	.078	.21318	..43937
Controlled Group	20	1.5000	.51450	.14922				.19732	.42351

Source: Researchers Field work (2019)

Table 4 showed significant difference between teenagers with pregnancy in the treatment and controlled group based on antenatal care as calculated value of $p = .078$ is lower than t-value .849 is ($p = .078 < t = .849$). Therefore, hypothesis four which stated that there is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on prenatal care among teenagers during pregnancy is rejected. This result suggests that nursing counselling has effect on teenagers' with pregnancy in the treatment group than those in the controlled group based on items 8-9 in the questionnaire.

Hypothesis 5: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers having the baby and place it for adoption.

Table 5: Shows difference between teenagers' with pregnancy in the treatment and controlled group based on choice of having the baby and place it for adoption

Items 10-12 in the Questionnaire	10. To have the baby and place it for adoption								
	11. To have the baby and give it to parents.								
	12. to have the baby and give it to government.								
	N	Mean	Std.		95% Confidence Interval of difference				
Groups				Std. error Mean	df.	t.	Sig.	Lower	Upper
Treatment Group	20	1.3500	.48305	.07638	38	1.241	.028	.42119	..17119
Controlled group	20	1.1000	.31623	.10000				.38214	.178324

Source: Researchers Field work (2019).

Table 5 showed significant difference between teenagers with pregnancy in the treatment and controlled group choice of having the baby and place it for adoption as calculated value of $p = .028$ is lower than t-value 1.241 is ($p = .028 < t = 1.241$). Therefore, hypothesis five which stated that there is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers having the baby and place it for adoption is rejected. This result suggests that nursing counselling has effect on teenagers' with pregnancy in the treatment group than those in the controlled group based on items 10-12 in the questionnaire.

Hypothesis 6: There is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on plans for the future.

Table 6: Shows difference in the effect of counselling between teenagers in the controlled and treatment group on plans for the future

Items 13-16 in the Questionnaire	13. To go back to school. 14 To do personal business. 15. To get married. 16. To remain single								
	N	Mean	Std.	Std. error	95% Confidence Interval of difference				
Group				Mean	df.	t.	Sig.	Lower	Upper
Treatment Group	20	1.5500	.50855	.14702	38	.340	.040	.34560	..24560
Controlled Group	20	1.5000	.51042	.14713				.34718	.24718

Source: Researchers Field work (2019)

Table 6 showed significant difference between teenagers with pregnancy in the treatment and controlled group based on plans for the future as calculated value of $p = .040$ is lower than t -value .340 is ($p = .040 < t = .340$). Therefore, hypothesis six which stated that there is no significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers plan for the future is rejected. This result suggests that nursing counselling has effect on teenagers' with pregnancy in the treatment group than those in the controlled group based on items 13-16 in the questionnaire.

Discussion of Findings

The study finding from hypothesis one shows significant difference in the effect of counselling between teenagers in the controlled and treatment group on their choice of using contraceptives to prevent future occurrence of unwanted pregnancy. The counselling sessions provided opportunity for the participants to understand the importance of consulting medical experts before thinking and use of contraceptives because the test has to be carrying out on individual to know the appropriate contraceptive that fit. They were also informed that a particular type of contraceptive which work for A may not work for B. and that the better option for teenagers is to abstain from sex, it is rewarding for them to face their study at this critical period. This finding correlated with Nobili, Piergrossi, Brusati and Moja (2007) that knowledge, favorable attitudes and use of effective contraception increased significantly for the experimental group, whereas there was no significant change for the control group. Aminoff & Kjellgren (2002) added that Nurses and health care providers are in a position of being able to provide counsel and communication to the clients with a multitude of problems. They are in a unique position to develop interventions that will impact and enhance patients' ability to adhere to their prescribed regimens.

Hypothesis two results show significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers' decision to terminate the pregnancy. This implies that counselling have significant effects on teenagers' future plans. This result correlated with Coren, Barlow and Stewart-Brown (2003) that educational interventions can have a positive impact on outcomes for this vulnerable group. Ahsen (2010) that Counselling on health promotion and disease prevention and cure is a fundamental part of any medical consultation. It has a direct impact on patient health and an overall impact on the burden of disease in the community. This finding was also in accordance with those of Maimbola, Ahmed and Ransjo-Arvidson, who stated that health promotion is an essential component of antenatal care: it provides the opportunity for the individual pregnant adolescent mother to discuss her health, pregnancy, labour and plans for childbearing and child care.

Testing of hypothesis three showed significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers having the baby and bring the child up. Majority of participants said they would have the baby and bring the child up. This result implies that counselling talks organize by nurses proof effective as most of the pregnant teenagers accepted to leave the pregnancy and ready to take care of the child. This finding correlated with Gharaibeh, AL-Ma'aitah and Jada (2005) that receiving adequate counselling during pregnancy has an impact on delivering healthy infants and decreases the risk of low birth weight. Patterson, Freese and Goldenberg (1990) reported that women who engage in self-care behaviours, change their diets, rest, exercise, and consume no alcohol or medications seek safe passage for their infants and themselves.

Hypothesis four results reveal significant difference in the effect of counselling between teenagers in the controlled and treatment group based on prenatal care. This finding shows that counselling have effects on decision of teenagers with pregnancy to go for pre-natal care. In agreement with this finding, Grady and Bloom (2004) found that a positive, supportive prenatal health experience may encourage and empower adolescents to care for themselves and their children. Vonderheid, Norr & Handler (2007) added that prenatal health education is an important strategy for reducing prenatal health disparities for women who are members of a vulnerable population. Coren, Barlow, and Stewart-Brown (2003) opined that pregnancy outcomes were better in the study group compared with the control group.

Study finding from hypothesis five revealed significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers having the baby and place it for adoption. Majority of the participants were of the view that nursing counselling has impacts on their decision to terminate the pregnancy. This result implies that counselling was able to provide alternative such as having the baby and put the baby for adoption which prevented some of the teenagers with intention to have illegal termination of the pregnancy. This finding confirmed the result of Soliman (1999) who investigated impact of antenatal counselling on couples' knowledge and practice of contraception was investigated. An interview questionnaire was used before and after conducting counselling sessions with 200 pregnant women and 100 spouses. The participants were followed up immediately after delivery and 3 months later. Both the control and study groups displayed a lack of knowledge of contraception. Counselling sessions improved the couples' knowledge and practice in the study group. Involving husbands in family planning counselling sessions led to joint decisions being made and encouraged women's use of contraception. The majority of couples retained most of the information given. Integrating family planning counselling into antenatal care in all facilities and involving the husband are recommended.

Hypothesis six results showed significant difference in the effect of counselling between teenagers in the controlled and treatment group on teenagers plan for the future. Teenagers have different effect as regard their future plans, some were of the view that they are planning to go back to school, some belief they would rather start personal business, some of them opined that they get marriage after the delivery of the pregnancy while other were of the belief that they will not marriage again but be a single mother. This implies that nursing counselling has significant impacts on the use of contraceptive by teenagers to prevent future occurrence of such a pregnancy. The counselling sessions afforded the participants with alternatives from which teenagers could made inform decision.

Conclusions

Based on the findings, this paper concluded that counselling proof effective in influencing the teenagers' decision to go for abortion. It also has impact on the teenagers' choice of going back to school. The paper concluded that counselling have significant effects on teenagers' future plans.

Recommendations

1. Counselling should be used for pregnant and non-pregnant teenagers in the hospital or clinic as a strategy to prevent unwanted teenage pregnancy. It was also recommended that parents in the hospital or clinic should be counselled and make concerted efforts to properly give children sex education. They should also carry out a conscious periodic check on their children.
2. The Government should employ adequate counsellors, and psychologists to give adequate counselling in the hospital. They should enforce laws to regulate the influx of foreign sex films as well as monitor and caution our local films to protect our teenagers from adverse effects of exposure to pornographic films.
3. Nursing counsellors should try new strategies like counselling on proper gender role perception and abstinence to help teenagers stay away from sex until they are ready. They also should encourage the development of skills to help teenagers ward off peers who may intimidate or have them into wrong sexual practice. Parents should be awake to their responsibility and teach certain aspects of sexuality at home so that their children will be well prepared for family life.

References

- Maurer, F.A. & Smith, C. M. (2000). *Community/public health nursing practice. Health for families and populations*. St. Louis: Elsevier.
- Mersal, F. A., Esmat, O. M. & Khalil, G. M. (2013). Effect of prenatal counselling on compliance and outcomes. *Eastern Mediterranean Health Journal, EMHJ*, 2013, 19(1), 10-17.
- Nash, E. S. (1990). Teenage pregnancy-need a child bear a child? *South African Medical Journal*, 77:147.
- Allender, J. A. & Spradley, B. W. (2005). *Community health nursing: promoting and protecting the public's health*, 6th ed. Philadelphia, JB Lippincott Co, 2005:654–655.
- Ahsen, F. (2010). Developing counselling skills through pre-recorded videos and role play: a pre- and post-intervention study in a Pakistani medical school. *BMC Medical Education*, 10:7-12.
- American Academy of Pediatrics (1999). Adolescent pregnancy: Current trends and issues. *Pediatrics*, 103, 516-520.
- Baker, S., Thalberg, S. & Morrison, D. (1988). Parents behaviour norms as predictors of adolescent sexual activity and contraceptive use. *Adolescence*, 23, 265-82.
- Barone, C., Ickovics, J., Ayers, T., Katz, S. & Voyce, C. (1996). High risk sexual behaviour among urban students. *Family Planning Perspective*, 28, 69-74.
- Boulden, K. (2000). *Present, pregnant and proud: keeping pregnant students and young mums in education*. Association of Women Educators Inc.
- Brewster, K. (1994). Neighbourhood context and the transition to sexual activity among young black women. *Demography*, 31, 603-614.
- Chan, A., Scott, J., Nguyen, A., & Keane, R. (1999). *Pregnancy outcome in South Australia*. Pregnancy Outcome Unit, DHS, Adelaide.
- Clark, M. (1984). *Facts, Myths and Stigma: a report on teenage pregnancy and parenting*. The NSW Department of Health & combined health services of Mt. Druitt.
- Coren, E., Barlow, J. & Stewart-Brown, S. (2003). The effectiveness of individual and group-based parenting programmes in improving outcomes for teenage mothers and their children: a systematic review. *Journal of Adolescence*, 26:79–103.
- Cubis, J. (1992). Contemporary Trends in Adolescent Sexual Behaviour. In Kosky, R., Eshkevari, H. & Kneebone, G. (eds.) *Breaking out: Challenges in Adolescent Mental Health in Australia* Commonwealth of Australia, Canberra.
- World Health Organization. (2010). *Position paper on mainstreaming adolescent pregnancy in efforts to make pregnancy safer*. Department of Making Pregnancy Safer
- Gharaibeh, M., A. L., Ma'aitah, R. A. L. & Jada, N. (2005). Lifestyle practices of Jordanian pregnant women. *International Nursing Review*, 52:92–100.

- Grady, M. & Bloom, K. (2004). Pregnancy outcomes of adolescents enrolled in a centering pregnancy programme. *Journal of Midwifery & Women's Health*, 49(5):412.
- Maimbola, M., Ahmed, Y. & Ransjo-Arvidson, A. B. (2003). Safe motherhood perspectives and social support for primigravidae women in Lusaka, Zambia. *Social Science & Medicine*, 58(11):34.
- Nabili, M. P., Piergossi, S., Brusati, V. & Moja, E. A. (2007). The effect of patient-centered contraceptive counselling in women who undergo a voluntary termination of pregnancy. *Patient Educational Counselling*, 65(3), 361-8.
- Oyedele, D. (2017). Sex education: Face the truth. *Development & Cooperation*. Retrieved on 24th August, 2018 from <https://www.dandc.eu/en/article/nigerias-incidence-teenage-pregnancies-unacceptably-high>.
- Patterson, E. T. & Freese, M. P. (1990). Goldenberg RL. Seeking safe passage; utilizing health care during pregnancy. *Nursing Image*, 22:27-31.
- Soliman, M. H. (1999). Impact of antenatal counselling on couples' knowledge and practice of contraception in Mansoura, Egypt. *East Mediterr Health J.*, 5(5):1002-13.
- Tsai, Y. F. & Wong, T. K. (2003). Strategies for resolving aboriginal adolescent pregnancy in eastern Taiwan. *Journal of Advanced Nursing*, 41(4):351-357.