

Self-Esteem, Depression and Stigmatization as Determinants of Educational Attainment of Pregnant Adolescents in Delta State Nigeria

Florence Ngozi. Ugoji

Department of Counselling Psychology

Faculty of Education

Delta State University

Nigeria

Abstract

The correlating effect of self-esteem, depression and stigmatization on the educational attainment of 240 pregnant adolescents in Delta State, Nigeria was investigated. The participants responded to three valid scales. A correspondence of the participants' educational attainment was required as well. Using Pearson product Correlation and Multiple Regression procedures to investigate the predictive capacity of the independent variables on the dependent variables, the result indicated that the three independent variables, when taken together were effective associates and related effectively with the educational attainment of pregnant adolescent. Based on these findings it was recommended that pregnant adolescent should be assisted to develop effective self esteem to shield them from depression and stigmatization as well as to self actualize and fulfill their educational dreams, the government should focus on creating an avenue for the continued education of pregnant adolescent and parents should therefore be more concerned and protective of their children in such conditions encouraging them to further their educational prospects with the consciousness of the future.

Keywords: Pregnant Adolescents, Educational Attainment, Self-Esteem, Depression, Stigmatization

1. Introduction

The primary tenet of human society revolves around access to positions of influence and equality of opportunity. Educational attainment provides the central vehicle through which upward mobility can occur. Consequently, educational researchers have long been concerned about the extent to which education has been accessible to all students regardless of possible impending social, socioeconomic and racial characteristics (Dean & Gerner, 1999). It is interesting therefore to note that a focus on adolescent pregnancy as possible social factor that could limit an adolescent educational attainment is one important aspect that has been provided little or no attention in the quest for education for all.

Until recently, the problem of adolescent pregnancy was considered a private matter, taken care of within the immediate family. Over the past few decades, this issue has become a public concern, generating a great deal of attention across the World. Increasing awareness of the social and economic consequences of teen pregnancy has led to consensus among policymakers, researchers, advocates, and the public that teen pregnancy is a significant social problem. It has become linked to an array of other critical social concerns, including welfare dependency, child health and well-being, out-of-wedlock births, responsible fatherhood, child abuse and neglect, school failure, and workforce development (National Campaign to Prevent Teen Pregnancy 2002). Similarly, the rate of pregnancy among Nigerian adolescents is thought to be on the increase (Gyepi-Garbrah, 1985) and is causing major health and social problems.

Studies show a significant relationship between teen childbearing and decreased educational attainment (Ventura, Taffel, Masher & Henshaw 1992; Ventura, Martin, Taffel, Mathews & Clarke, 1994).Pregnancy at the adolescence often comes as a termination of the educational growth, dreams, vision, and inspiration of the adolescent. Leland, Peterson, Braddock & Alexander (1995) found this to be factual when they revealed from a study that early childbearing reduced schooling by one to three years. Often times the adolescent finds it difficult to continue their educational advancement afterwards childbearing (Plotnick & Butler, 1991).

This could be as a result of certain psychological and environmental pain they have been through. For instance pregnant adolescents are either encouraged or forced to dropout from school and in other cases expelled by school authorities. The picture depicts adolescent pregnancy as a serious offence that could be contaminating to other students. This case the researcher to ask, is adolescent pregnancy a criminal offence? Should their educational attainment be short lived? The above is what determines the prospect of this study.

1.1 Self Esteem and Educational Attainment of Pregnant Adolescent

Self-esteem could be defined as the emotional evaluation teenagers make about themselves, which is generally in the form of approval or disapproval. A self evaluation expressed as an attitude of approval or disapproval. It indicates the extent to which persons believe themselves to be capable, significant, successful, and worthy. Self-esteem could be conceptualized as a component of the overall self-concept. According to Holland and Andre (1994), while self-concept refers to the complex set of beliefs about one's self; self-esteem refers to the value or sense of worth one perceives about one's self. Hence, individuals exhibiting high self-esteem respect themselves and consider themselves worthy. Low self-esteem, on the other hand, implies rejection, self-dissatisfaction, and self-contempt. Self-esteem is solidified in adolescence (Neel, Jay, & Litt, 1985).

It is pertinent to note that due to the psychological subjection pregnant adolescent go through, they are often the preservation of low self esteem. Experts have established a relationship between low self-esteem and adolescent pregnancy (Elkes & Crocitto, 1987; Robbins, Kaplan, & Martin, 1985; Thompson, 1984). Research on the influence of self-esteem on adolescent pregnancy and parenthood has produced inconsistent and inconclusive findings. Some researchers (Elkes & Crocitto, 1987; Horn & Rudolph, 1987; Lineberger, 1987) have established a correlation between low self-esteem and adolescent pregnancy. Others (McCullough & Scherman, 1991; Robbins, Kaplan, & Martin, 1985; Medora, Goldstein & von der Hellen, 1993) have found no differences or differences in the opposite direction. This study would determine if the self- esteem held by the pregnant adolescent influence their educational attainment.

1.2 Depression and Educational Attainment of Pregnant Adolescent

According to the American Academy of Child and Adolescent Psychiatry (2004), there are many different emotional reactions to adolescent pregnancy. Depression is one of the emotional reactions. Pregnant adolescents tend to be critical of themselves, have poor self-esteem, may become negative, pessimistic, and feel unloved. The assessment and treatment strategies based on adult models may not truly reflect the experiences and needs of adolescents. Farmer (2002) utilized a phenomenologic approach to describe the experience of major depression from the pregnant adolescent's perspective. Adolescents focused on anger, fatigue, and interpersonal difficulties as characteristic of depression. Interpersonal difficulties were characterized by an emotional emptiness, an absence of affection for themselves and others.

Depressed mood during pregnancy has been linked to adverse outcomes. Women who experience depression during pregnancy are at risk for preterm delivery (Dayan et al., 2002), lower birth weight (Norbeck, DeJoseph, & Smith, 1996) and engaging in adverse health behaviors such as smoking and alcohol use during pregnancy (Cunningham & Zayas, 2002; Marcus, Flynn, Blow, & Barry, 2003). The study by Marcus et al. (2003) concluded that 20% ($N = 689$) of the pregnant women, ages 18 to 24, who were screened for depression during pregnancy had significant symptoms of depression. History of depression, poorer overall health, alcohol related consequences, smoking, and lower educational attainment were significantly associated with symptoms of depression during pregnancy in this study.

Early research conducted with pregnant adolescents concluded that adolescent, by virtue of being pregnant, are at greater risk for depressive symptomatology than adults or peers who delay pregnancy (Thomas, Rickel, Butler, & Montgomery, 1990). More recently, Hudson, Elek and Campbell-Grossman (2000) conducted a pilot study to examine the relationship of depression, self-esteem, loneliness, educational attainment and social support in pregnant adolescents. The depression scores were high for 53% of the adolescents and depression was associated with increased feelings of loneliness and decreased social support. This study as an advancement in research would show if this is associated with the educational attainment of pregnant adolescent.

1.3 Stigmatization and Educational Attainment of Pregnant Adolescent

Stigmatization occurs in a social, cultural, political, and or economic context in which a particular behavior or condition of individuals or groups is targeted through public discourses as immoral and dangerous. Stigmatization may include overt and/or covert actions against these groups and individuals. Self-stigmatization is the internalized acceptance of these discourses, and resulting feelings of shame and inadequacy (Cunningham, Tschann, Gurvey 2002).

Specifically, Wiemann, Rickert, Berenson and Volk (2005) in their research findings revealed that the feelings of stigmatization is prevalent among pregnant adolescents. In their study they expressed that two out of five adolescents (39.1%) reported feeling stigmatized by their pregnancy. As compared with their non-stigmatized peers, stigmatized adolescents were more likely to report having seriously considered abortion, being afraid to tell parents about pregnancy, feeling that parents/teachers thought pregnancy a mistake, and feeling abandoned by the fathers of their babies.

Stepwise logistic regression revealed the following correlates independently associated with feeling stigmatized: ethnicity, not being legally married or engaged to the baby's father, feelings of social isolation, aspirations to complete college, experiencing verbal abuse or being fearful of being hurt by other teenagers, and experiencing family criticism. In contrast, greater self-esteem and having dropped out of school before conception were protective of reporting feelings of stigma (Wiemann, Rickert, Berenson & Volk, 2005). Obviously, significant proportions of pregnant adolescents feel stigmatized by pregnancy and are at increased risk of social isolation and abuse. These young women may need special attention during and after pregnancy to develop concrete strategies to care for themselves and their children to complete their education and avoid becoming depressed. It is also based on this that the study is advanced.

2. Research Questions

- Is there any significant relationship among Stigmatization, Self-Esteem, and Depression and Educational attainment of pregnant adolescents?
- What are the combined effects of the Stigmatization, Self-Esteem, and Depression to the prediction of the Educational attainment of pregnant adolescents?
- What are the relative effects of the Stigmatization, Self-Esteem and Depression to the prediction of the Educational attainment of pregnant adolescents?

3. Methods

3.1 Research Design

The descriptive survey research design was adopted to measure the relationship between the independent variables and dependent variable.

3.2 Population and Sample

The target population for the study consists of 240 pregnant adolescents in Delta State Nigeria. They were selected using two stage multi-stage sampling technique.

3.3 Instrument

Pregnancy Related Stigma Scale (PRSC).

The instruments used for the study was a self- developed and validated Pregnancy Related Stigma Scale. The scale comprises of 11 items. Participants were asked to rate their agreement on a 5-point Likert scale, ranging from (1) strongly disagree to (5) strongly agree, for each of the 11 separate items. High scores indicated high intensity, while it is the reverse for low scores. Pregnancy-related stigma Scale was correlated ($r = .71$), suggesting that it measure related construct.

Self-Esteem Scale (SES).

Self-esteem was measured using a self developed Self-Esteem Scale (SES). This is a 10-item scale structured in a 5-point likert format with scores ranging with five response categories ranging from 1 (strongly agree) to 5 (strongly disagree). Scores range from 10-40, with higher scores indicating lower levels of self-esteem and conversely for lower scores. This scale has demonstrated satisfactory validity and reliability with Cronbach's alpha for the scale at .86.

Depression Identification Scale

The Depression Identification Scale (DIS) is also self developed. The scale is a 14-item scale structured in a 5-point likert format with scores ranging with five response categories ranging from 1 (very unlike me) to 4 (very like me). Scores range from 14-70, with increasing scores indicating increased levels of depression. This scale has demonstrated satisfactory validity and reliability with Cronbach's alpha of .81.

4. Procedure

The researcher explained and administered the questionnaire on the participants. The participants provided the best of their cooperation and returned the completed questionnaire after answering. The attained level of educational advancement of the participants was also required and documented. In this manner the researcher had 100% returns of instrument administered.

4.1 Data Analysis

The study employed the statistical tool of Pearson product moment correlation and multiple regression analytical procedure to provide answers to the questions designed for this study.

5. Results

Research question 1:

Is there any significant relationship among Stigmatization, Self-Esteem, Depression and the Educational attainment of pregnant adolescents.

Table 1 shows that the correlation coefficient between all the variables is positively significant. Notably, are Stigmatization, Self-esteem then Depression. Stigmatization with high correlation coefficient .783, Self-esteem .538 and Depression with least correlation .401.

Research question 2:

What are the combined effects of the independent variables on the dependent variable?

Sequel to the result presented in **Table 2**, the three independent variables (Stigmatization, Self-esteem and Depression) when combined as a composite construct yielded a coefficient multiple regression of (R) 0.667 and a multiple correlation square (R^2) of 0.445. This shows that 44.5% of the total variance of educational attainment of the participants is accounted for by the combination of the three variables. The analysis of variance of the multiple regression data produced an F-ratio (value significant at 0.05 level ($F = 8.2178$; $R < 0.05$)). Thus, the findings confirm that Stigmatization, Self-esteem and Depression are significant predictors of Educational attainment, hence should be a focus for further research.

Research question 3:

What are the relative effects of the independent variables on the dependent variable?

Accruing from the result displayed in **Table 3**, the two variables emotional intelligence and creativity made significant contributions to the prediction of educational attainment of pregnant adolescents. Stigmatization had a greater effect ($\beta = .392$, $t = 4.385$; $P < 0.05$) than Self-esteem ($\beta = .374$, $t = 4.229$; $P < 0.05$) and the least predictive was depression significant at ($\beta = .298$, $t = 4.153$ $P < 0.05$).

6. Discussion

The correlation matrix in table 1 indicates that there are significant relationships amongst the variables, suggesting possible predictive abilities of the independent variables on educational attainment of pregnant adolescents. The multiple regression analysis in table (2) revealed that stigmatization, self-esteem and depression collectively as a composite factor can significantly predict educational attainment of pregnant adolescents. The table shows a multiple regression coefficient of .667 and a regression square of .353 indicating that 44.5% of variance determining educational attainment is accounted for by the combination of the effect of stigmatization, self-esteem and depression of pregnant adolescents.

As for the extent to which each of the three independent variables contributed to the prediction, it could be inferred from table (3) that stigmatization is a better predictor of poor educational attainment of pregnant adolescents.

This finding finds consistency with Wiemann, Rickert, Berenson and Volk (2005) who in their research findings revealed that the feeling of stigmatization is prevalent among pregnant adolescents. A possible explanation could be as a result of societal perception of teenage pregnancy. For example, oftentimes the consequences of being pregnant while at school as a teenager are usually expulsion after placed through series of shameful and agonizing process. The teenager is seen as one with lesser morals and loosed value and as well capable of contaminating other students particularly of her age. Owing to the obviousness of pregnancy, it becomes easy to attach mocking names, insults as well as particular perception to the individual accruing to stigmatizing. Thus, Significant proportions of pregnant adolescents feel stigmatized by pregnancy and are at increased risk of social isolation and abuse leading to educational disruption. These young women may then need special attention during and after pregnancy to develop concrete strategies to care for themselves and their children.

Self esteem was also revealed as a second potent predictor of the educational attainment of pregnant adolescent. The finding gains support from works of Elkes & Crocitto, (1987) Robbins, Kaplan, & Martin, (1985) and Thompson, (1984). As a result of the shameful circumstances associated with being pregnant an adolescent it is possible that the emotional evaluation teenagers make about themselves generally would be generally that of disapproval. This is often aggravated by parents who usually perceive such individuals as a failure to the family and so are believed to be incapable, insignificant, unsuccessful, and unworthy. This perception may then be transferred to the concerned adolescent who may then had felt rejected, self-dissatisfaction, self-contempt and may then developed a low self esteem. This does not augur well to the pregnant adolescent and the unborn child. Depression also revealed predictiveness to the educational attainment of pregnant adolescent although table 3 showed it is the least predictive of the three variables studied. Although early research conducted with pregnant adolescents concluded that adolescent, by virtue of being pregnant, are at greater risk for depressive symptomatology than adults or peers who delay pregnancy (Barnet, 1996; Thomas, Rickel, Butler, & Montgomery, 1990) depression is often the consequences of rejection, dejection, loneliness, shame, stigma and other psychological trauma they pass through due to their pregnant status. Therefore a possible explanation for the current finding is not far from our immediate environment our perception and attitude towards the pregnant adolescent.

7. Conclusions and Recommendations

The findings from this study have implications for the school authorities, school counselors, parents, and even the government. First there is the need to ask, is adolescent pregnancy a criminal offence? Why should these adolescent be treated in an inhumane manner? What would happen to the unborn child? Can the pregnant adolescent not be productive to the society? The answers to these questions form a greater part of the implication of the study to the aforementioned. It should be noted that pregnant adolescent are not of their own pregnant but as a result of unprotected sexual relations with a male. These partners are usually absolved of the punishment faced by the pregnant adolescent. In addition to this, calling to mind the biblical stand of "let who is free be the first to cast a stone" punishment of the pregnant adolescent could be seen as hypocritical. Other students and school staffs could easily be guilty of sexual relations. The difference is in becoming pregnant. This implies that sex education is actually required as a preventive mechanism to re educate and re orientate the minds of the adolescent particularly towards sexuality and related issues.

It should be noted that the education provided a mother is education provided a generation. The near termination of educational dreams and prospects of adolescents as a result of their being pregnant is as well a distortion of the educational attainment of the unborn child. If education is actually for all then the government should focus on creating an avenue for the continued education of pregnant adolescent. Expulsion for pregnant adolescents should be abolished. School consellers and professional social workers should take into consideration the findings of this study to assist the pregnant adolescent to develop effective self esteem to shield them from depression and stigmatization as well as to self actualize and fulfill their educational dreams.

Finally, parents should be advised that discriminating against and rejecting their adolescent children for being pregnant aggravates psychological dissonance within them such as depression. A total assessment of the circumstances may see the parents either directly or indirectly responsible. Parents should therefore be more concerned and protective of their children in such conditions encouraging them to further their educational prospects with consciousness of the future. In this manner the parents would have shown maturity in hating the sin and not the sinner.

This study does not provide for the encouragement of adolescent pregnancy, rather it is calling to attention the social discrimination and the neglect of sets of individuals in the pursuit for education for all. The education for the pregnant adolescent would be useful not only to the adolescent but to the unborn child and the society at large.

Table 1: Descriptive Statistics and Correlation matrix Among the Variables

Variables	Educational attainment	Depression	Self-esteem	Stigmatization
Educational attainment of pregnant adolescents	1.000			
Depression	.426	1.000		
Self-esteem	.518	.511	1.000	
Stigmatization	.672	.517	.429	1.000

Table 2: Summary of multiple Regression Analysis between Predictor Variables and achievement

R	=	.667
R ²	=	.445
Adj R ²	=	.449
std Error Estimate	=	19.992

Source of variation	df	Sum of squares	Means square	f-ratio	P
Regression	4	7165.267	3115.043	8.2178	.05
Residual	235	89773.442	379.06		
Total	239	96938.709			

Table 3: Contribution of the independent variables to the prediction of educational attainment of pregnant adolescents

Predictor	Unstandardised coefficient		Standardized coefficients	t-ratio	P
	B	SEB	Beta (β)		
Depression	.678	.212	.298	4.153	0.05
Self-esteem	.219	.041	.374	4.229	
Stigmatization	.254	.052	.392	4.385	

References

- Cunningham, SD; Tschann, J; Gurvey, JE; Fortenberry, JD; Ellen, JM (2002). Attitudes about sexual disclosure and perceptions of stigma and shame. *Sexually Transmitted Infections*;78:334–338.
- Cunningham M & Zayas LH (2002) Reducing depression in pregnancy: designing multimodal interventions. *Social Work* 47, 114–123
- Dayan J, Creveuil C, Herlicoviez M, Herbel C. Baranger, E., Savoye, C and Thouin, A (2002) Role of anxiety and depression in the onset of spontaneous preterm labor. *American Journal of Epidemiology* Vol. 155, No. 4 : 304
- Dean, L. and Gerner, J.(1999); *Journal of Higher Education*, Vol. 70
- Elkes, B.H., & Crocitto, J. (1987). Self-concept of pregnant adolescents: A case study *Journal of Humanistic Education and Development*, 25:122-135
- Gyepi-Garbrah, B. (1985) *Adolescent Fertility in Nigeria*. Boston: Pathfinder Foundation.
- Holland, A. and Andre, T. (1994) The relationship of self-esteem to selected personal and environmental resources of adolescents. *Adolescence* 11:14, 345-360.
- Horn, M. E; Rudolph, L. B.(1987) An investigation of verbal interaction, knowledge of sexual behavior, and self-concept in adolescent mothers. *Adolescence*. ;12:591–598.
- Hudson, D.B., Elek, S.M., & Campbell-Grossman, C. (2000). Depression, self-esteem, loneliness, and social support among adolescent mothers participating in the New Parents Project, *Adolescence*, 35 (139), 445-453.
- Leland NL, Petersen DJ, Braddock M, Alexander G.R.(1995) Childbearing patterns: Among selected racial/ethnic minority groups—United States. *MMWR* 1993;22:206-214.
- Marcus, S.M., Flynn, H.A., Blow, F and Barry, K.L.(2003), Depressive symptoms among ... in obstetrics settings, *J Women's Health*. 12:373.
- McCullough, M. and Scherman, A. (1991). Adolescent pregnancy: Contributing factors and strategies for prevention. *Adolescence*, 26, 809-817.
- Medora, N. P., Goldstein, A., & von der Hellen, C. (1994). Romanticism and self-esteem among pregnant adolescents, adolescent mothers, and nonpregnant, nonparenting teens. *Journal of Social Psychology*, 134, 581-591.
- Neel E, Jay S, Litt I.(1985) The relationship of self-concept and autonomy to oral contraceptive compliance among adolescent females. *J Adolesc Health Care*.6, 445-447
- Norbeck, J. S; DeJoseph, J. S; Smith, R. T. (1996) A randomized trial of an empirically derived social support intervention to prevent low birth weight among African American women. *Social Science and Medicine*. ;43:947–964.
- Plotnick RD, Butler SS.(1991) Attitudes and adolescent nonmarital childbearing: Evidence from the National Longitudinal Survey of Youth. *J Adol Research* 1991;6:470-492.
- Robbins, C., Kaplan, H.B., & Martin, S.S. (1985). Antecedents of teenage pregnancy among unmarried adolescents. *Journal of Marriage and Family*, 43, 339- 348
- Thomas, E., Rickel, A., Butler, C., & Montgomery, E. (1990). Adolescent pregnancy and parenting. *Journal of Primary Prevention*, 10, 195-206
- Thomson, M. (1994). Otitis media: How are First Nations children affected? *Canadian Family Physician*, 40, 1943-1950.
- Ventura SJ, Taffel SM, Masher WD, Henshaw S (1992) Trends in pregnancies and pregnancy rates, United States. 1980-1988. *Monthly Vital Stat Report*(6,supp).
- Ventura SJ, Martin JA, Taffel SM, Mathews TJ, Clarke SC.(1994). Advance report of final natality statistics, 1992. *Monthly Vital Stat Report* ; 43(5, supp).
- Wiemann, C. M., Rickert, V. I. Berenson, A. B. and Volk R. J.(2005) Are pregnant adolescents stigmatized by pregnancy: *Journal of Adolescent Health*: 36: 32, e1-352, e8.