Entry into Motherhood among Teenage Girls in Nigeria: Prevalence and Determinants

Background

Teenage pregnancy is a major health issue because it's associated with higher morbidity and mortality among mother and their child. Additional childbearing during the teenage years has adverse social effect, particularly regarding educational attainment, because women who become mothers in their early life are more likely to cut down their education. The contribution of adolescents' childbearing to total fertility rates in many sub-Saharan African countries is higher than in other parts of the world.

According to World Health Organization (WHO), the transition from childhood to adulthood may be referred to as 'adolescence' or 'teenage', which is known as the period of 10-19 years. In this study, women of 15 to 19 years age have been considered as the 'teenage' and pregnancy occurred to them is termed as 'teenage pregnancy' [1].

Data Source

In this study, data was obtained for Nigeria from DHS survey 2013. The surveys collected information on women fertility in reproductive age group 15-49. For the analysis of this study, women of 15 to 19 years age have been considered as the 'teenage' and pregnancy occurred to them is termed as 'teenage pregnancy'. So the analysis was restricted to the 7820 women.

Methodology

Methodology of this paper is described into 2 section i.e. variable construction and statistical analyses.

Variable construction: the variable used in this study divided into 2 categories:

Dependent variable: Dependent variables in this study divided into 2 categories first women have had a live birth, second are pregnant with first birth.

Predictor variable: age of women (15 to 19 in a single year group), place of residence (rural/urban), region (north central, north east, north west, south east, south, south west), education (no education, primary, secondary and more than secondary), wealth (lowest, second, middle, fourth and highest for poorest, poor, middle, rich and richest.

STATISTICAL ANALYSES

Bivariate and multivariate analyses were used to fulfil the objective. Logistic regression was used to determine and assess the adjusted association of teenage pregnancy with selected

background characteristics. Pregnancy rate among teenage women is shown in number of pregnancies per thousand teenage women.

$$\text{Teenage pregnancy rate} = \frac{total\ number\ of\ pregnancy\ among\ 15-19\ years\ women}{total\ number\ of\ women\ in\ 15-19\ years} * 1000$$

Sample weights were used in all statistical analysis and the analyses were performed using SPSS 20.

Results

Table 1 shows the level of teenage pregnancy in Nigeria during 2013. It can be seen that 30-36% of women of age 18 and 19 years have had a live birth and another 6-7 % were pregnant with their first child. Nearly one-fourth of women in rural areas have had a live birth during teenage and around 8% were currently pregnant with their first child. More than one-third (36%) teenage women in North-west zone have had a live birth during teenage which was highest among all the zones. Almost half of the uneducated women have had a live birth during teenage. The teenage pregnancies increased with decreasing wealth quintile. 35% and 43% women belonging to poor and poorest wealth quintiles have begun childbearing during teenage.

Discussion

Nigeria is having high levels of teenage pregnancy. Majority of teenage pregnancies took place during later teenage. Rural area, north-east and north-west zones of Nigeria had the highest levels of teenage childbearing. Teenage pregnancies varied inversely with education of women and wealth status. Such pregnancies pose a threat to women's lives since the young girls are physically and mentally not prepared for the motherhood. Teenage pregnancies result in a number of obstetric complications, maternal and infant mortality and can be a cause of lifelong morbidities among women as well. Such pregnancies are liable for the high reproductive health burden on the government. Therefore, government needs to take down this issue seriously and efforts should be made to promote delayed marriage, use of contraception and delayed child bearing among people. This would not only ensure women a healthy motherhood and life to young women but also help them to avail the opportunities that might be missed due to childbearing at young ages.

Table1. Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing, by background characteristics, Nigeria 2013.

Background characteristic	Have had a live birth	Pregnant with first child	percentage who have begun childbearing	Number
Age				
15	2.2	2.9	5.1	2021
16	8.0	5.4	13.4	1466
17	15.9	6.6	22.6	1380
18	30.2	7.0	37.2	1786
19	35.5	5.8	41.3	1166
Residence				
Urban	7.5	2.2	9.7	3308
Rural	24.1	7.7	31.8	4511
Zone				
North Central	12.4	6.5	18.8	1154
North East	25.4	6.6	32.1	1190
North West	26.3	9.4	35.7	2428
South East	6.9	1.3	8.2	894
South South	11.2	1.1	12.3	1033
South West	6.5	1.7	8.2	1121
Education				
No education	37.1	10.6	47.6	2170
Primary	22.7	9.5	32.2	952
Secondary	6.9	2.2	9.1	4571
More than secondary	0.7	1.0	1.7	126
Wealth quintile				
Poorest	34.1	9.1	43.3	1322
Poor	25.5	9.0	34.5	1577
Middle	16.0	5.4	21.4	1645
Rich	9.8	3.2	13.0	1658
Richest	3.5	1.1	4.6	1618
Total	17.1	5.4	22.5	7820

Reference

1. http://iussp.org/sites/default/files/event_call_for_papers/Adolescent%20Pregnancy%20in%20India,IUSSP.pdf.