

Socio-Economic Consequences of Adolescent Childbearing in Osun State, Nigeria

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ABSTRACT

This study examines the socio-economic consequences of women's age at first childbirth in Osun State, Nigeria. Cross-sectional survey of 1,000 women, of reproductive age (15-49 years), was made. The socio-economic backgrounds of the responding pre-childbirth family were reflected upon and observed that all the respondents had similar pre-childbirth socio-economic background. The only discriminatory variable separating the respondents into two groups was the timing of the first childbirth. The first group consisted of 500 women, who had their first childbirth under the age of 20. The second group consisted of 500 women, who had their first childbirth at the age of 20 and above. Findings show significant direct relationship between age at first childbirth and educational attainment at $P < 0.01$. In addition to above the first childbirth during adolescence had less or no chance to join school for further study. There is significant inverse relationship between the age at first childbirth and marital stability at $P < 0.01$. In conclusion, the women in the States, who have their first childbirth as adolescent, are more likely to have poor socio-economic status at adulthood than those who delay childbearing until their twenties.

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1. INTRODUCTION

After the emergence of HIV/AIDS pandemic in the early 1980s, many studies have been conducted by (Onwamanam 1982; Gyepi-Garbrah 1985a; Feyisetan and Pebley 1989; Orubuloye, Caldwell, and Caldwell 1991; Makinwa-Adebusoye 1991a; 1991b and 1992; Omideyi and Shittu 1998; Oyekanmi 1999a; Norom, 2004, Lloyd 2005; Jejeebhoy, Shah, and Thapa 2005; McIntyre, 2006; Menshc, Grant, and Blanc 2006; Singh 2006; Boonstra, Goldand and finers 2006; Awusabo-Asare, Biddlecom, Kumi-kyereme and Patternson 2006; Clark, Bruce and Dude 2006; Bankole, Biddlecom, Guiella, Sing and Zulu 2007; Dixon-Mueller 2007; 2008; and Palermo and Peterman 2009), on adolescent sexuality and reproductive health behavior in developing countries including Nigeria. These and many other studies established the high prevalence rate of sexual

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networking and associated reproductive health problems such as unwanted pregnancies, induced abortions and fertility among adolescent girls in developing countries.

Evidences also exist, in large numbers, about the socio-cultural and economic correlates of the levels and patterns of adolescent fertility in sub-Saharan Africa in general and Nigeria in particular (Njau Radeny, and Muganda 1992; NPC 2000; NPC 2004). In fact, Nigeria Demographic and Health Survey (NDHS) of 1999 and 2003 reveals that adolescent fertility level varies greatly in Nigeria due to different socio-economic, cultural and environmental background-characteristic of the people in that country, which include adolescent marital status, place of residence (rural and urban), educational level, age at first marriage, and more importantly, the region of the country where the adolescent girls are living – North Central, North East, North West, South East, South and South West (NPC 2000; 2004). There are also copious studies on the health consequences of adolescent fertility on both the mothers and their children in Nigeria. Some of the studies in this area include the works by Adetoro, Babarinsa, and Sotiloye (1991); Zabin and Kiragu (1992), and Otoide, Oronsaye, and Okonofua(2001).

It is important to note that relatively little has been done on the socio-economic consequences of adolescent fertility, on the adolescent mothers and their children in the Nigeria. The only known cases in the country are the studies conducted by Bledsoe and Cohen, (1993); Omololu (1994) and Aina and Odebiyi (1997). In fact, the study by Aina and Odebiyi focuses mainly on the experiences of unmarried adolescent mothers without exploring the effects of early timing of the first childbirth among married adolescent mothers in their study locations. Whereas several studies (Buvinic,Valenzuela, Molina, and Gonzalez 1992; Geronimus, Korenman, and Hillemeier 1994; Klepinger, Lundberg, and Plotnick 1995; Olausson, Olausson, Haglund, Weitoft, and Cnattingius 2001) have discovered some significant relationships between adolescent fertility and socio-economic status of women and their children in the Western and other developed nations.

The remaining part of this article is divided into five sections. Previous studies on adolescent sexuality and fertility in sub-Saharan Africa and other continents are reviewed in the second section. In section third methodology is given and the hypotheses tested are stated in the fourth section as the result of discussions. Section five and six consist of conclusion and recommendations respectively.

2. LITERATURE REVIEW

Adolescent pregnancy and childbearing rates in Africa are the highest in the world where annual births per 1,000 women aged 15-19 years are as high as 229 in Angola, 230 in Liberia and 233 in Niger as compared to 2 in Democratic People's Republic of Korea, 4 in Netherlands and 5 in Sweden and Switzerland (UNICEF 2004). Concomitantly, the negative effects of adolescent pregnancy and fertility are very obvious, rampant, and serious for the affected adolescent girl, her child and the entire society in the region. It is essential to point out that while adolescent pregnancy and fertility are considered a high risk in all the continents of the world, the situation is more life threatening in sub-Saharan African countries. Presently, many societies in some of the countries in the region are characterized by incessant civil wars and inter-communal clashes (for example, Cote d'Ivoire, Liberia, Sierra Leone and Nigeria), poverty, inadequate nutrition, poor living conditions, insufficient medical care, and general poor health infrastructures. Thus adolescent childbearing within the existing context in sub-Saharan Africa is more dangerous and it may have devastating consequences on both the mother and the child (Dixon-Muller 2008, and Palermo and Peterman 2009). The health, demographic and socioeconomic risks of adolescent fertility are summarized below, more importantly as they affect the adolescent mothers and their children.

In the area of the health consequences of adolescent fertility, it has been noted in the literature that age at which a woman gives birth for the first time has important implication for the health and well-being of the

mother and her child (Haaga 1989). Compared to older women, adolescent mothers face greater risks of pregnancy and birth-related complications, maternal morbidity and mortality (Cohen 1993). In fact, when a woman is too young, pregnancy-wanted or unwanted-can be dangerous for both mother and infant. Complications of childbirth and unsafe abortion are among the main causes of death for women under age 20 (Otoide, Oronsaye, and Okonofua 2001). Even under optimal conditions, young mothers, especially those under age 17, are more likely to suffer pregnancy-related complications than women in their 20s and to die in childbirth (Fraser, Brockert, and Ward 1995). The literature shows that the risk of death among adolescent mothers may be two to four times higher in relation to older mothers, depending upon the woman's health and socioeconomic status (Satin et al. 1994). Young women have to face greater risks than older women with hypertension, cephalopelvic disproportion, iron-deficiency (anemia) trouble, and unsafe abortion (Otoide, Oronsaye, and Okonofua 2001). With respect to infants, when compared with infants born to older mothers, the adolescent mothers experience greater risks of pre-maturity, low birth weight, birth injuries, and mortality (Zabin and Kiragu 1992). In addition, adolescent girls are more likely, compared to old women to attempt dangerous abortion or suffer damage in the process that may render them infertile or endanger their lives (Zabin and Kiragu 1992; Satin et al. 1994; Otoide, Oronsaye, and Okonofua 2001). Furthermore, adolescents who are sexually promiscuous incur serious risk of infection with Sexually Transmitted Diseases, including, HIV/AIDS. The prevalence of Immunodeficiency Virus (HIV) Infection is considerably higher among young sub-Saharan Africa women than among older women or their male age peers due to high risk sexual behaviour (Feyisetan and Pebley, 1989; Orubuloye, Caldwell, and Caldwell 1991; Makinwa-Adebusoye 1991a, 1991b, 1992; UNAIDS 2000; Kiragu 2001).

One of the major demographic implications of adolescent fertility in Nigeria is rapid population growth rate. In Nigeria, like other countries in sub-Saharan Africa, marriage and childbearing begin at early age and contraceptive use is very low. Consequently, adolescents account for a large percentage of all Nigerian births. For example, the findings of the national survey by Nigeria Demographic and Health Survey (NDHS) of 2003 put fertility rate for adolescents aged 15-19 years at 126 births per 1,000 women (NPC 2004). Consequently, adolescent fertility contributes enormously to 2.83 annual population growth rate of the Nigeria population as stated by the National Population Commission in 1998. This annual growth rate indicates the fact that the present over 120 million Nigerian's populations will double itself in the next 25 years or thereabout. The rapid and consistent high population growth in Nigeria will invariably lead to many more socioeconomic problems in the country and will also make Nigeria population-structure to remain youthful. The rapid increase in the population size of Nigeria and high rises in number of adolescents in the country's total population pose a great challenge. These young people require education, training, and job, which are not adequately available. In 1989 the World Bank made the following conclusion about the population issues in the African continent:

Significant improvement in living standards cannot be achieved over the long term unless population growth is slowed. On the current trends Africa will increasingly be unable to feed its children or find jobs for its school leavers (World Bank 1989: 40).

The current situation is worst in Nigeria -the giant of Africa- where existing data shows increase in poverty from 28.1 percent in 1980 to 65.6 percent in 1996 (FOS 1999). The 2004 Human Development Indicators put Nigeria as number 151 out of 177 countries. That makes Nigeria the 27th poorest country amongst duly analyzed 177 countries of the world. In addition, this report shows that 33.2 percent of adult Nigerians are illiterate, 38 percent of Nigerian population is without sustainable access to an improved water source, 70.2 percent of the people in the country live below one U.S Dollar per day poverty line; while 90.8 percent live below the two U.S. Dollars per day poverty line (UNDP 2004:148). Thus it suffices to say that majority of the people in the country are living in abject poverty and acute hunger, malnutrition, disease, and numerous

social ills characterize the lives of many within the country. Adolescent childbearing may lead to the intergenerational transmission of these social problems.

The social and economic problems of childbearing for adolescent mothers and their children' are enormous in sub-Saharan Africa in general and in Nigeria in particular. For example, early pregnancy and childbearing in part contribute to the rate at which females drop out of primary and particularly secondary schools in Nigeria. It is imperative to note that in Nigeria's changing socioeconomic environment, educational attainment has become a measure of status for both the males and females in the country, displacing the traditional indicators of lineage, age, sex, and fertility. By interrupting the educational process, adolescent pregnancy and childbirth restrict future opportunities for social and economic advancement among the womenfolk in Nigeria. This is because most, if not all, pregnant girls withdraw themselves from school whether voluntarily or involuntarily. This ensures at least a temporary or permanent halt to their education. Thus their career opportunities are cut off. This suggests that, those pregnant adolescents, who do not choose illegal abortion, are forced into premature marriages or must bear their children outside marriage. The situation is not the same for the older mothers because they have ample opportunities to complete their education and get better job in the labor market after completion of their education.

It is essential to note that problems associated with adolescent childbearing are especially acute for the poor. The very poor and young mother is likely to be severely overburdened, especially when she is un-wed and the child unwanted. Such children usually suffer from malnutrition, infections, and parasitic diseases (Gyepi-Garbrah 1985a; 1985b; 1985c). These conditions tend to negatively affect the physical and intellectual development of the children of adolescent mothers (Geronimus, Korenman, and Hillemeier 1994), and these effects normally persist in those children into their adolescence. Thus adolescent pregnancy and fertility increase the risk that the negative pattern will be repeated in the subsequent generation, which will normally establish and reinforce the vicious cycle of poverty and deprivation in the subsequent generations of adolescent mothers.

Existing empirical data from Sweden show that relative to women aged 20–24 years at their first childbirth, adolescent mothers faced increased odds of being unemployed later in life and increased odds of being unskilled blue-collar workers. In addition, women who gave birth as adolescents were at increased odds of low educational attainment, having single living arrangements later in life, having five or more children later in life, compared with women whose ages at first childbirth are between ages 20-24 years (Olausson, Haglund, Weitoft, and Cnattingius 2001). These data show how age at first childbirth can determine the demographic and socio-economic status of women in human society. In conclusion, all these potential problems have obvious implications for each of the affected adolescent girls, their children, as well as for their families and the entire community, whose well-being hinges on the health and the welfare of their members.

Therefore, this study has critically examined, as a main objective, the issues relating to Demographic and socio-economic consequences of childbearing by adolescent women in Osun State, Nigeria,

Specific objectives are:

To identify the effect of maternal age at first childbirth on the basis of marital status, as a social status indicator.

To identify the effect of maternal age at first childbirth, on women's educational attainment.

In order to achieve these objectives the following hypotheses were formulated and tested in this study:

Hypotheses:

- H1. Maternal age at first childbirth has significant effect on marital status as social status indicator.
- H2. Maternal age at first childbirth has significant effect on number of children ever born
- H3. Maternal age at first childbirth has significant effect on child fostering.
- H4. Maternal age at first childbirth has significant effect on educational attainment of women
- H5. Maternal age has significant effect on her ability to return to school after first childbirth.
- H6. Maternal age at first childbirth has significant effect on women's occupational status.

To achieve the proper results a group of related questions were selected for each hypothesis.

3. METHODOLOGY

Cross-sectional survey and ethnographic method of in-depth interviews were used to generate quantitative and qualitative data for this study. It was highly essential because it has been argued "many demographers fail to appreciate that quantified part of some phenomenon is merely one aspect of it, and often one that has been pushed into a certain configuration to make the measurement possible. And they do not often appreciate just how artificial it is to break up continuous variables into quantifiable segment" (Caldwell 1994:9-10).

Thus the combined quantitative and qualitative methods were geared towards identifying the mechanism by which age at first birth determines the current demographic and socio-economic status of the women and their children in Osun State, Nigeria. Osun State is composed of thirty (30) Local Government Areas (LGAs) in 2008. Two (2) LGAs out of the 30 LGAs in the State were purposely selected for the study with the aid of quota system of sampling method. The procedures adopted here involved the stratification of the 30 LGAs into two main strata on the basis of rural/urban-characteristics of the Local Government Areas in the State. One LGA each was purposively selected from each stratum of the two strata. The two (2) LGAs selected are Osogbo LGA with headquarters in Osogbo the State capital of Osun State and Ola-Oluwa LGA with headquarter in Bode-Osi. Osogbo LGA represents the urban canters in the State. The 1991 Population, Census figures show that the total population of this LGA was 106,386 in 1991 and its current estimated population is about 141,181. Ola-Oluwa is purely a rural LGA. As per NPC Survey 1998, the local government is made up of one hundred and fifteen (115) rural communities, out of which 9 are major communities. Ola-Oluwa LGA had a total population of 39, 454 people in 1991 and the current estimated total population of the LGA is about 52,000. The LGA represents the rural communities in Osun State for the study.

For this study a survey was made, based on population of women within the childbearing age (15-49 years), with the following three distinctive characteristics. One, each and every one of the respondents must have at least a live birth as at the time of survey. Two, they must have similar socioeconomic backgrounds before their first childbirth. The status of their parental educational and occupational was used to determine the pre-pregnancy socioeconomic background of the respondents. It was decided that the fathers of the respondents should possess not more than primary school level education, and should be involved in some occupations, blue-collar in nature (i.e. Artisans, traders, farmers). The paternal educational and occupational status was used to determine the pre-pregnancy socioeconomic background of the respondents. Three, an important discriminatory variable was also needful among these women in order to be able to accomplish the research objectives. This discriminatory variable is the fact that one group among these women must have had a childbirth before age 20 (Adolescent mothers); this constitutes the study group, while the second group must have given birth at the age of 20 and above, which serves as the control group.

A multistage random sampling technique was utilized to select the respondents for the Survey, while for in-depth interviews; respondents were selected using purposive sampling method (this method is based on convenience and relevance of the respondents to the theme of the study). The non-existence of a sampling frame (i.e. the list of all women within the childbearing age that possess the three features stated above in Osun State) necessitated the adoption of a multi-stage random sampling technique in the Survey exercise. A purposive sampling technique was also used to select respondents for the In-depths interviews. Their selection was based on relevance, availability and convenience. SPSS software package (version 10.0) was used to survey data. Percentages, means, Pearson Chi-squares and contingency coefficients were the statistical methods used in the interpretation of quantitative data. Content analysis technique was used for in-depth data.

4. RESULTS AND DISCUSSION

4.1 Effects of Adolescent Fertility on Current Marital Status, Form of marriage and Position among Co-Wives in Polygamous Unions

Current marital status as social status indicator was critically examined in relation to age at first childbirth in Table 1. The reason behind this analysis was to know the effect of adolescent fertility on current marital status of the women in Osun State of Nigeria. Table 1 shows that there is high rate of single parenthood (never married) among adolescent mothers as against older mothers in the study location. In fact, 15.8 percent of sampled adolescent mothers are single mothers (never married) compared with 2.6 percent among surveyed older mothers. Furthermore, data on the Table 1 shows that there is a strong relationship between age at first childbirth and marital stability in the study area. In particular, there is a high rate of marital instability among adolescent mothers as compared to mothers above the age of 20 in Osun State, Nigeria. This is because, data on Table 1 show that 10.0 percent of sampled adolescent mothers have separated from their husbands compared with 4.6 percent among surveyed older mothers. In addition, 3.4 percent of adolescent mothers have divorced their husbands compared with 2.6 percent among older mothers in the study area. This relationship is found to be statistically significant level of 0.01 and with 0.255 Contingency Coefficient as the degree of association. It is imperative to note that in Nigeria context, divorced couples are those that have gone through the process of marital dissolution and the exiting legal and social institutions recognized them as divorced. This process and situation make them to have the right to remarry, whereas those separated ones who have not completed the process of marital dissolution, thus have no legal and social right to remarry. In fact, there is always a high probability that the dispute in between separated couples can be easily resolved leading to quick re-union. This probability is always very low among divorced couples.

An adult man in Telemu at Ola-Oluwa LGA explained the major reasons for the observed pattern in the marital status of adolescent and older mothers in Osun State, Nigeria. According to him:

Many of young boys who impregnate adolescent girls in this community are also dependent on their parents most of whom are poor. Therefore, many of these boys denied ownership of the pregnancies of which they are primarily responsible. This is the major reason why there is high rate of single parenthood (never married) among adolescent mothers in this area. When their partners disowned them and they need social and economic support from a man, many of them usually marry polygamist men who have already married two or three wives. I think many of these young girls enter into polygamous unions out of frustration. They usually take such decision out of necessity, not out of choice.

The above statement explains some of the reasons: why some of adolescent mothers are single parents (never married) and the major condition that led some of them into polygamous union in the State. This finding confirms the conclusion of Olausson, Haglund, Weitof, and Cnattingius (2001); Rahim and Ram (1993) on

effects of adolescent fertility on marital status of adolescent mothers in Sweden, Canada and United States of America respectively. According to these scholars, adolescent motherhood is associated with single living arrangements because the woman who has her first childbirth before age 20 years is more likely to be single (never married), divorced or separated from her partner.

Table 1: Current Marital Status, Form of marriage and Position among Co-Wives in Polygamous Unions

Variable	Adolescent mothers		Older mothers		Total	
	No	%	No	%	No	%
Current marital status						
Single (never married)	79	15.8	13	2.6	92	9.2
Married	350	70.0	446	89.2	796	79.6
Separated	50	10.0	23	4.6	73	7.3
Divorced	17	3.4	13	2.6	30	3.0
Widowed	4	0.8	5	1.0	9	0.9
Total	500	100.0	500	100.0	1000	100.0
$X^2 = 69.556$ d.f. =4, C = 0.255, P = 0.000						
Form of marriage						
Monogamy	231	54.9	316	64.9	547	60.2
Polygamy	190	45.1	171	35.1	361	39.8
Total	421	100.0	487	100.0	908	100.0
$X^2 = 8.960$ d.f. =1, C = 0.099, P = 0.033						
Position among co-wives in polygamous union.						
First wife	68	35.8	86	50.2	154	42.7
Second wife	85	44.7	64	37.4	149	41.3
Third wife	23	12.1	20	11.8	43	11.9
Fourth and above wife	14	7.4	1	0.6	15	4.1
Total	190	100.0	171	100.0	361	100.0
$X^2 = 15.583$ d.f. =3, C = 0.203, P = 0.001						

Source: Primary Data Compiled Through Questionnaire by Author

Data in Table 1 shows distribution of respondents by age at first childbirth and their forms of marriage. The data reveal high proportion of adolescent mothers (45.1 percent) in polygamous union compared with 35.1 percent of older mothers in the same form of marriage. This relationship is only at 0.05 of the level of significance by using the Chi-square method of analysis. This result suggests that age at first childbirth may be one of the significant explanatory variables that led women into polygamous form of marriage in Osun State, Nigeria.

Critical examination of the position of adolescent mothers among other co-wives in polygamous unions reveals the fact that adolescent mothers are not usually the first wife but rather they are often found to be the number two, three or four wife in polygamous unions. This information shows the predicament of adolescent mothers within polygamous unions since they are not in good positions to compete favorably in relation to older mothers for the scarce family resources. Thus adolescent mothers are expected to take good care of

themselves and their offspring from their relatively low personal incomes with little or no assistance from their husbands. This condition may further place adolescent mothers in Osun State, Nigeria under severe social and economic stress and this may invariably support the creation and transmission of poverty among adolescent mothers and their children in the study area. Thus data on Table 1 show that **the research hypothesis, which states maternal age at first childbirth, has significant effect on marital status as social status indicator is accepted.**

4.2 Effects of Adolescent Fertility on the Number of Children Ever Born

Number of Children Ever Born (CEB) is synonymous to parity. These are demographic concepts, which refer to the total number of live births a woman has ever had as at the time of the study. Data on parity in Table 2 shows that there is a significant difference in parity levels of adolescent and older mothers in the study area. According to data in the Table, adolescent mothers have relatively higher parity levels in comparison with older mothers in the study location. For example, 16.8 percent of adolescent mothers sampled have had at least 5 or more live births in their lifetime. This proportion is more than doubles 8.0 percent of older mothers that have had the same number of children. Data in Table 2 show that **the research hypothesis, which states that age at first childbirth has significant effect on number of children ever born is accepted at P < 0.01.** This is because the calculated Pearson chi-square = 53.283 with 4 as degree of freedom and P < 0.01.

Table 2: Percentage Distribution of Respondents showing the relationship between Age at Fir

Number of children ever born	Adolescent mothers		Older mothers		Total	
	No	%	No	%	No	%
One	176	35.2	116	23.2	292	29.2
Two	103	20.6	117	23.4	220	22.0
Three	69	13.8	133	26.6	202	20.2
Four	68	13.6	94	18.8	162	16.2
Five and above	84	16.8	40	8.0	124	12.4
Total	500	100.0	500	100.0	1000	100.0
X ² = 53.283						
d.f. =4, C = 0.255, P = 0.000	2.74		2.72			
Mean Children Ever Born						

Source: Primary Data Compiled Through Questionnaire by the Author

This finding corroborates argument of World Health Organization (WHO) in 1989. According to WHO, early childbearing shortens the period between generations, extends the reproductive life span and tends to be associated with high population growth. Thus it is essential to note that life time pattern of fertility is likely to be established during adolescence; those who start having children early generally have more children at shorter interval than those who embark latter on parenthood (WHO 1989).

4.3 Adolescent Fertility and Level of Child Fostering

Table 3 reveals the prevailing rates of child fostering among adolescent and older mothers in Osun State, Nigeria. According to this Table, prevalence level of child fostering is higher among children of adolescent mothers compared with the level among children of older mothers in the State. Specifically, 40.8 percent of sampled adolescent mothers have fostered at least one of their children in their lifetime. This is considerably higher when it is compared with just 8.8 percent among sampled older mothers that have ever fostered at least one child. Furthermore, the mean number of child fostering of adolescent mothers is 0.53 while their older mothers counterpart have just 0.19 as their mean number of child fostering. **Thus the research**

hypothesis, which states that maternal age at first childbirth has significant effect on the level of child fostering is accepted at significant level of 0.01. This is because the Chi-square result of the relationship is 164.737 with 5 as the degree of freedom and $P < 0.01$. The Contingency coefficient value is equal to 0.376. This figure shows that about 38 percent of the occurrence of child fostering in Osun State, Nigeria can be accounted for as a result of age at first childbirth of women within the State.

There are many reasons why adolescent mothers may have fostered more of their children compared to older mothers in the study location. One of such reasons is the fact that many of adolescent mothers compared to older mothers are single (unmarried) parents who bear children without firm paternal recognition for the children and these children may be major obstacles to subsequent marital unions or resumption of further education or training. In addition, it has been established in the previous section of this study that adolescent mothers are poorer compared to their counterparts who are older mothers, thus they constantly need help from their relatives and friends to care for their children.

Table 3: Adolescent Fertility and Level of Child Fostering

Level of Child Fostering (LCF)	Adolescent mothers		Older mothers		Total	
	No	%	No	%	No	%
None	296	59.2	456	91.2	752	75.2
One	162	32.4	17	2.6	175	17.5
Two	28	5.6	10	3.4	45	4.5
Three	10	2.0	4	2.0	20	2.0
Four	3	0.6	-	0.8	7	0.7
Five	1	0.2	500	-	1	0.1
Total	500	100.0		100.0	100	100.0
$X^2 = 164.737$						
d.f = 5, C = 0.376, P = 0.000			0.19			
Mean Number of Child Fostering	0.53					

Source: Primary Data Compiled Through Questionnaire by the Author

Finally, the level of fertility among adolescent mothers is considerably higher in relation to older mothers in the State, thus they can afford to send some of their children to their relatives and other people who are very close to them for upbringing. Some of these fostered children are always victims of child abuse, sexual assaults and exploitation, rape, physical violence and many other social ills that are detrimental to the health and socioeconomic wellbeing of these children in the study location.

Response of 35 years old woman who gave birth during adolescence further explain the reasons for high level of child fostering among children of adolescent mothers in the study location. The woman stated that:

"I was 17 years old when I gave birth to my first child and I am number three among four wives of my husband. Presently, I have 6 children and my husband was not giving us good and enough support. Because of this situation, I have fostered three of my children to my relatives. The first born child is living with my mother, while the other 2 seniors are living with my brother in Ibadan. The little support I usually receive from my husband and the money I make in my business is what I am using to train and feed the three other children that are living with us."

The above data/statement show that adolescent mothers in Osun State, Nigeria are more likely to have high parity, receive little support from their husbands and foster many of their children because of their poor socio-economic condition.

4.4 Effects of Adolescent Fertility On Educational Level

One of the pre-conditions for a woman to be a respondent in the study is the fact that her father's education must be limited to primary school level. Consequently, it is an indubitable fact that literacy level among parents of the respondents is quite low. Given the relatively equal opportunities of the women in the study location to acquire relatively better educational status in the State, this section examined the effects of adolescent fertility on current educational status of adolescent mothers in Osun State of Nigeria.

Table 4 shows comparative data between pre-and-post first childbirth educational levels of adolescent mothers in the study location. The data show that adolescent fertility affects educational status of women in the State. The reason for this conclusion is based on the fact that educational status of many adolescent mothers are considerably lower compared with the level of education among older mothers in the study area even before their first childbirth. Specifically, proportion of adolescent mothers with higher education before their first childbirth was 0.2 percent as against 17.0 percent among older mothers.

Educational status of respondents after their first childbirth reveals the negative effects of early childbirth on educational status of women in Osun State, Nigeria. In particular, proportion of older mothers with higher level of education is 18.2 percent. This proportion is considerably higher than the adolescent mothers, with higher education after their first childbirth, which is only 0.6 percent. These data suggest and support the fact that childbearing during adolescence is inimical to educational development of adolescent mothers in Osun State, Nigeria. The Chi-square test results on Table 4 shows that **the research hypothesis that states that maternal age at first childbirth has significant effect on level of educational attainment of women is accepted because the calculated Pearson chi-square = 237.352 with 3 as degree of freedom and $P < 0.01$** . Therefore, the analysis shows that age at first childbirth has a significant effect on the level of educational attainment of women in the study location at significant level of $P < 0.01$. The Contingency Coefficient of relationship between age at first childbirth and current educational status of the women is 0.438 suggesting that about 44 percent of factors responsible for the observed current educational status of women in Osun State, Nigeria can be explained by age at first childbirth of women. Therefore, any policy aiming at improving women's status in the study location should work to reduce level of adolescent fertility in the State because the above data analysis confirm that untimely adolescent first childbirth invariably truncated their educational careers prematurely in the study location.

This result confirmed one of the conclusions of the Working Group on the Social Dynamics of Adolescent Fertility in sub-Saharan Africa in 1993. According to this group, compared to older women, adolescent motherhood is normally accompanied by significant educational and economic consequences and the most publicized examples of these consequences relate to the loss of educational opportunities (Bledsoe and Cohen 1993:110).

Table 4: Percentage Distribution of Respondents showing the relationship between age at first birth and educational attainment of respondents

Variable	Adolescent mothers		Older mothers		Total	
	No	%	No	%	No	%
Respondents' educational attainment before the first childbirth						
None						
Primary	48	9.6	36	7.2	84	8.4
Secondary	246	49.2	58	11.6	304	30.4
Higher	205	41.0	321	64.2	526	52.6
Total	1	0.2	85	17.0	86	8.6
$X^2 = 225.606$	500	100.0	500	100.0	1000	100.0
d.f. = 3, C = 0.429, P = 0.000						
Respondents' current educational level.						
None	42	8.4	32	6.4	74	7.4
Primary	246	49.2	51	10.2	297	29.7
Secondary	209	41.8	326	65.2	535	53.5
Higher	3	0.6	91	18.2	94	9.4
Total	500	100.0	500	100.0	1000	100.0
$X^2 = 237.352$						
d.f. = 3, C = 0.438, P = 0.000						

Source: Primary Data Compiled Through Questionnaire by the Author

4.5 Effects of Adolescent Fertility on Possibility of Returning To School and Apprenticeship after The First Childbirth

From previous section it is revealed that to how adolescent fertility hinders education developments of women in Osun State, Nigeria. The aim of this section is to provide more data analysis to illuminate further the mechanisms by which adolescent fertility hinders or truncates educational development of women in the State. In particular, this section examines the levels of school dropout as a result of first child pregnancy and childbirth and possibility of returning back to school after the birth of the child. Data on Table 5 show that a high proportion (42.6 percent) of adolescent mothers were in school when they had the pregnancies of their first childbirth; whereas only 6.8 percent of older mothers were in school at the same time. In addition, 28.2 percent of adolescent mothers as against 13.6 percent of older mothers were apprentices when they had the pregnancies of their first childbirth, whereas majority (77.8 percent) of older mothers were already working as against only 26.2 percent of adolescent mothers in the same category when they had the pregnancies of their first childbirth.

A total of 212 out of 213 among adolescent mothers and 33 out of the 34 among older mothers who were at school when they had the pregnancies of their first childbirth dropped out of school because of the pregnancy. Thus it can be deduced that pregnancy leads to high school dropout for both adolescent and older mothers in the State, but because high proportion of adolescent mothers compared to older mothers were in school at the time of the pregnancies of their first childbirth, high proportion of adolescent mothers had their education truncated or distorted because of their first childbirth, while only small proportion of older mothers are in the same condition. This relationship is found to be significant level of 0.05 and the degree of association is 0.106, which is relatively substantial.

Table 5: Percentage distribution of respondents showing the relationship between age at first birth and ability to return to school and Apprenticeship after the first birth

Variable	Adolescent Mothers		Older Mothers		Total	
	No	%	No	%	No	%
What were you doing when you had the Pregnancy of your first childbirth?						
In the School	213	42.6	34	6.8	247	24.7
Apprentice	141	28.2	68	13.6	209	20.9
Working	131	26.2	389	77.8	520	52.0
Unemployed	15	3.0	9	1.8	24	2.4
Total	500	100.0	500	100.0	1000	100.0
$X^2 = 284.726$ d.f. = 3, C = 0.517, P = 0.000						
What happened?						
Stopped Schooling	212	60.6	33	46.5	245	58.2
Stopped Apprenticeship	138	39.4	38	53.5	176	41.8
Total	350	100.0	71	100.0	421	100.0
$X^2 = 4.818$ d.f. = 1, C = 0.106, P = 0.028						
Did you continue with what you were doing after the birth of the first childbirth?						
Back to School	13	3.7	6	8.5	19	4.5
Back to Apprenticeship	82	23.4	33	46.5	115	27.3
Didn't Continue	255	2.9	32	45.0	287	68.2
Total	350	100.0	71	100.0	421	100.0
$X^2 = 21.100$ d.f. = 2, C = 0.218, P = 0.000						

Source: Primary Data Compiled Through Questionnaire by the Author

Table 5 above show that only 3.7 percent of adolescent mothers who dropped out of school were able to return to school after the birth of their first babies, as compared to 8.5 percent of older mothers, who were able to return to school after delivering their first child. This result indicates that out of many adolescent girls that dropped out of school as a result of their first child pregnancies, only very few of them were able to return to school, while out of very few older girls who dropped out of school on the same pretext, many of them were able to return to school in order to complete their education after the birth of their first born. The above relationship ratio shows significant level of 0.01 and the Contingency coefficient reveals 0.218 with 2 as the degree of relationship between the variables.

Therefore, **the research hypothesis, which states maternal age at first childbirth, has significant effect on mother's ability to return to school after childbirth is acceptable to their husbands.**

The explanation for poor return of adolescent mothers to school after their first child's birth may be due to poor level of support which members of community could normally accord adolescent fertility in the State. Without essential and adequate moral, psychological and financial support from community and family members, the probability of adolescent mother returning to school may be very thin. In addition to the above fact, stigmatization is also a big inhibiting factor of adolescent mothers returning to school after the birth of their children in Osun state, Nigeria. Many of the adolescent mothers may not be able to withstand the level of ridicule associated with adolescent childbirth in the State, thus they stay back at home after birth of the

pregnancy of their first childbirth. Thus it is necessary for Osun State government to approve a policy that will give opportunity to drop out adolescent mothers to return to school immediately after the birth of their first babies.

4.6 Effects of Adolescent Fertility on Occupational Status

The parents of sample-respondents belong to a low class occupational group in the society because their occupations are largely and purely blue-collar in nature (i.e. Artisans, Traders, Farmers, etc). Critical examination of data in Table 6 shows that although many of the respondents (whether adolescent or older mothers) can be found in the informal sector of the of economy (it has been argued that informal sector of the economy has become the labor sponge in sub-Saharan Africa after the introduction of SAP in the region), adolescent fertility has significant effects on occupational status of women in Osun State, Nigeria. This may invariably be a direct effect of educational level of adolescent mothers in the State. It should be noted that one of the powerful determinants of occupational status in the contemporary societies is the level of education, which an individual is able to acquire as against the traditional requirements of age, sex and family background. Omololu (1997) argued about high rate of unemployment among adolescents in Nigeria especially since the introduction of structural adjustment programs in the country. With the incidence of childbearing during adolescence, adolescent mothers are in double jeopardy because they lack required skills and education to get better job in the modern competitive market. Data on Table 6 below shows that adolescent mothers are very few among the categories of working women as civil or public servants and professionals in the study location. Finally, the table shows that 13.6 percent of adolescent mothers are unemployed as against 0.8 percent among the older mothers in the study location.

Chi-square based statistical analysis in Table 6 shows that **the research hypothesis that states that maternal age at first birth has significant effect on women's occupational status is accepted at significant level of 0.01**. This is because the calculated Pearson Chi-square = 142.003 with 5 as degree of freedom and $P < 0.01$. in Nigeria. The Coefficient of Contingency is 0.353. This statistical data show that early childbirth by adolescent mothers affects their occupational status in the study location. Specifically, adolescent mothers are more likely to be unemployed and if they are gainfully employed they are scarcely found among the civil or public servants and professionals in the study area.

Table 6: Percentage Distribution of Respondents Showing the Relationship between Age at First Birth and Current Occupational Status

Current Occupational Status	Adolescent mothers		Older mothers		Total	
	No	%	No	%	No	%
Trade/Craft	360	72.0	358	71.6	718	71.8
Farming	23	4.6	11	2.2	34	3.4
Wage labour with Local Entrep.	40	8.0	26	5.2	66	6.6
Civil servant /public servants	9	1.8	74	14.8	83	8.3
Professional	-	-	27	5.4	27	2.7
Unemployed	68	13.6	4	0.8	72	7.2
Total	500	100.0	500	100.0	1000	100.0
X ² = 142.003						
d.f. = 5, C = 0.353, P = 0.000						

Source: Primary Data Compiled Through Questionnaire by the Author

The quantitative data in Table 6 above show how a truncated education as a result of untimely and unwanted pregnancy affects current occupational status of adolescent mothers in Osun State, Nigeria. Data analysis in this section shows that timing of first childbirth has significant effect on socio-economic status of women in Osun State, Nigeria. In particular, adolescent fertility has negative effects on the educational development and occupational status of affected women in Osun State, Nigeria.

5. CONCLUSIONS

Findings in this study can be categorized into different main sections. Empirical data generated from this study indicates that those women, who have their first childbirth before ages 20, are more likely to be single (unmarried) parents, divorced or separated from their partners relative to their counterparts who started childbearing by ages 20 and above. This finding corroborates the existing reports from Canada and U.S.A. about the effects of adolescent fertility on marital status of women in these modern societies (Rahim and Ram 1993; Singh and Wulf 1990). These authors argued that for a woman to have relatively stable marital stability in the contemporary time, it is imperative for her to delay conjugal union at least until the age of 20 years when she will be able to make appropriate choice about her life partner because the nuptial patterns of adolescent mothers are characterized by separation, divorce and single (unmarried) livelihood.

As expected, adolescent mothers reported high level of fertility when compared with older mothers across different socio-economic and demographic factors. This finding confirms the assertion of W.H.O (1989), which states that those who start having children early generally have more children at shorter interval than those who embark latter on parenthood. It can be deduced from the findings that life time pattern of fertility is normally established during adolescence among women in Osun State, Nigeria. The moment this is formed, it may be relatively difficult to alter the established pattern at older ages even with increase in the level of education. Therefore, if the crusade of small family norm is successful and sustainable in Osun State, Nigeria, adolescent males and females within and outside the school should be rigorously targeted. A success in this direction will go a long way to reduce the high rate of population growth rate in the State, in particular and in the entire regions of Nigeria in general. In addition, the study shows that rural fertility among adolescent mothers is higher than urban fertility in the study location. This finding corroborates previous studies (NPC 2000; 2004) in this area in Nigeria. Thus effort should be made to reach rural dwellers with appropriate family planning and reproductive information in the State.

It is imperative to note that the findings of the study revealed that age at first birth has strong influence on the level of fertility at the study location, while level of fertility is a significant explanatory variable of the prevalence of child fostering. Specifically, results of the analyses show that adolescent childbirth invariably leads to high parity and many of these children are fostered. Child fostering, for example, have been identified to be a subject of abuse in Nigeria in the recent time (NPC 2001). In fact, Isiugo-Abanihe (1985:55-58) noted that oftentimes, foster parents for the sources of additional income use such children in economic activity.

Education has been identified to be one of the major determinants of social status in the contemporary society. As revealed by the findings of the study, adolescent fertility truncates the process of formal education among women in Osun State, Nigeria. This finding confirms the report of Bledsoe and Cohen in 1993. According to these scholars, adolescent motherhood is normally accompanied by a significant educational and economic consequences and the most publicized examples of these consequences relates to the lost of educational opportunities. Since education has been the big pillar holding so many things in the modern days, it is not unexpected to see adolescent mothers to occupy a low status within the socio-economic structure of Osun State, Nigeria.

As noted in the study, adolescent mothers are more likely to be seen in the informal sector of the economy with poor income. Consequently, majority of adolescent mothers in the State can not afford good schools for their children, good accommodation to live in and basic necessities of life. Finally, adolescent mothers in Osun State are incapacitated to contribute efficiently to the general wellbeing of their personal lives, those of their children, and families. The summation effect of these findings is that age at first childbirth has significant effect on women empowerment. Scholars in the literature (Orubuloye, 1995; Caldwell and Caldwell, 2000) have noted that women with higher education and financially independent have relative better empowerment to partake in decision making about issues that affect their socio-political and reproductive lives.

6. RECOMMENDATIONS

On the basis of findings of this study, both preventive and curative policy-recommendations are more pragmatic in handling problems of adolescent fertility in Osun State, Nigeria. In view of this, following recommendations are suggested.

Government and Non-governmental organizations in Osun State, Nigeria should intensify their efforts in designing and implementation of appropriate family life education. In addition, counseling programs should be put in place for both male and female adolescents in the State. The dissemination of information on these crucial and essential behavioral changes and communication materials should be holistic in nature. Thus, every available communication channel should be utilized to disseminate the information about adolescent sexuality and fertility. In addition, every social group such as church associations, mosque associations, in school adolescents, out of school adolescents, and different youth associations, and clubs in the State should be reached with the message about the negative effects of adolescent sexuality and fertility. The multiplier effects of appropriate and consistent dissemination of these messages will invariably reduce the current prevalence rate of untimely and unwanted pregnancy and fertility among adolescent girls in the State. Furthermore, the rate of induced abortion and STDs will likewise reduce. Finally, for a good family life education will also help adolescent mothers to adopt more efficient methods of family planning after the birth of their first child. This will give them ample opportunity to go back to school or institutes from where they can acquire necessary skills in order to compete favorably with their peers and male counterparts in the labor market.

The Osun State educational policies should be reviewed keeping in mind that opportunities are provided to adolescent mothers to go back to school immediately after the birth of their babies. This could be done by passing an appropriate legislation sanctioning total withdrawal of mothers from school because of unwanted and untimely pregnancy. This may reverse the high possibility of transmitting poverty from adolescent mothers to their children in the State.

The author noted that their biological parents do usually not frown at such labor as they see the act as part of the training the child is expected to go through. But mostly, children in these situations do not receive any formal education. Instead, they are forced to serve as domestic servants, become street hawkers, or engage in other activities, and many of them are vulnerable to physical and sexual abuse by their guardians. In addition, the prevalence rate of childhood mortality in a given society reveals the level of development of individuals and the entire society at large. Thus in order to eradicate or reduce to the barest minimum the incidence of child fostering and childhood mortality in Osun State, Nigeria, adolescent fertility must be discouraged in the State.

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