EARLY CHILDBEARING AND HOUSEHOLD-WELLBEING AMONG ADOLESCENT MOTHERS IN METROPOLITAN LAGOS.

ADEYEMI, Ezekiel Oluwagbemiga
Dept of Sociology
Lagos State University,Ojo.
Lagos.

Abstract

Adolescent sexual activity and child bearing had transcended the physical and physiological health of individual; it has become a robust indicator of the level of social development and well-being within the society. The study therefore examines the impact of early child-bearing on the well being of the adolescent mothers. The study was carried out in Lagos State. Purposive and multi-stage random sampling procedures were employed in administration of 298 questionnaires to the adolescent mothers. Focus Group Discussions and In-depth interview were also conducted to collect additional information from the sampled population.

The study found out that half of the adolescent mothers are living below the poverty level. In addition to lower educational status, early childbearing has an impact on the economic status of adolescents by affecting employment opportunities.

The study suggests that adolescent must be provided with viable educational and economic opportunities combined with solid family and social support systems

Introduction.

Adolescent sexual behaviour including sexual activity and child bearing had transcended the physical and physiological health of individual of a single generation; it has become a robust indicator of the level of social development and well-being within the society. Since nearly half of the global population is less than 25 years old, addressing the reproductive needs of this population is essential with appropriate interventions. World Health Organisations (2005) revealed that at least one-third of all women seeking hospital-care for abortion complications are under the age of 20 years, they are also one of the groups hard hit by HIV/AIDS. Over half of the all the new HIV infections in Africa in 2005 were young persons aged 14-25 years with the worst hit being young women (UNAIDS, 2006).

In Nigeria, as elsewhere in Sub-Saharan Africa, studies confirm that a large proportion of adolescents have reproductive health unmet needs. Evidences of unmet need is reflected in the fact that adolescents and other young persons lack adequate and understanding of the reproductive process, they participated in risky sexual activities such as multiple sexual partners, low and inconsistent use of condoms which resulted into unwanted pregnancy and early childbearing. A review of Demographic and Health Surveys (DHS) for 43 countries found that levels of early child bearing were highest in Africa, where 47 to 75 percent women had given birth before age 20. About one-third of Latin American women had given birth by age 20, while the proportion in North Africa, the Near East, and Asia ranged from 20 to 30 percent. (Greene, 2008). These data underscore the need to target adolescents with appropriate interventions that address not only the contextual factors such as gender roles and poverty that place them at risk but also individual factors including lack of access to knowledge, inadequate communication and life skills that adolescents need to negotiate safe sex.

However, high rate of unprotected sexual networking and poor adoption of modern contraception have been identified as the factors responsible for the reported high rates of unsafe induced abortion and adolescent childbearing in Nigeria (Nigeria Demographic Survey,2003 NDHS). Makinwa-Adebusoye (1991) explained that the urban adolescent have little or no knowledge or worse, ideas of reproductive biology. The youth practise unprotected sex which has undesirable outcome on the adolescent. Setel (1997) noted that the unprotected sex practice by young people has three major undesirable outcomes. First is the psychology effect of participating in an activity of which parents, neighbours and the community disapprove of. Secondly, the is the problem of unwanted pregnancy and its related psychological, economic, social and health consequences. Thirdly, any sexually active young persons risks infection with transmitted diseases. Okonofua (1992) in his study of adolescent pregnancy in rural Nigeria, observed that 80 percent of pregnancies in unmarried girls were unintended compared to six percent of married girls due to their inability to control their sexual behaviour. With the recent economic recession, most parents cannot meet all needs of their children which have some consequences on adolescent in the higher institutions of learning. They will be expecting financial support from a sex partner and since many adolescent male counterparts cannot provide such support, many of the female adolescent pursue sexual relations with other more financially capable men. However, these early adolescent childbearing shorten period between generations, extends the reproductive life span and tends to be associated with high population growth. The social, economic and health risks of adolescent childbearing are

enormous and the adolescent childbearing rates in sub-Saharan Africa are the highest in the world (Njan et al 1995). Early child bearing will significantly reduce a young woman's ability to obtain education and economic opportunities. Most of these young mothers work in informal sector, perform unpaid economic activity in the home or serve as unpaid domestic labourers which will eventually resulted into poverty. Buvinic (1998) reveals that early childbearing is associated with poor living conditions, lower monthly earnings and decreased child nutrition. It was also discovered that poor reproductive health outcomes-early childbearing, maternal mortality/morbidity and unintended /mistimed pregnancy have negative effects on overall health, and under certain circumstances, on education and household well-being (Greene, 2008). Looking at the various impacts of early childbearing there is need to examine this on the household well-being since, there is little research in Nigeria on the effects of early childbearing on the household well-being.

Methodology.

Metropolitan Lagos, the study area has been chosen for her level of urbanization and diverse characteristics. She derives her importance and prominence as a premier city from her political and economic functions as well as her strategic location on the Atlantics.

It has a population of about (9.2m) which accommodates over 6.2 percent of the national population of 140 million (2006 population census figure). At 9 percent per annum growth rate, approximately 300,000 persons per annum or 25,000 per month or 34 persons per hour are added to the existing population (Noah 2000). Metropolitan Lagos is most heterogeneous city in the country. It remains the economic nerve centre of the country. It is the most industrialized city in the country.

Both qualitative and quantitative methods were used for data gathering. For quantitative data the Questionnaire method was used and for qualitative, Focus Group Discussion (FGD) and In-depth interview were used for the collection of data

In order to make the sample size representative of the whole population in the study area, multistage sampling technique was used. The study area was divided into three zones, the inner city, the middle ring and the outliners. The inner city is oldest part of the metropolis and is made up of the traditional business district organized around the Oba's palace, the modern commercial business district of Marina, Broad Street and environ where the structures are mostly for commercial purposes; and the largely residential islands of Ikoyi and Victoria. The middle ring consist of the mainland district of Ebute metta, Surulere, Yaba, Mushin, Apapa-Iganmu, Oshodi, Ikeja, Somolu and Agege. The third zone is made up of the pheripheral districts that have recently developed and almost formed a continuos link with the metropolis. They are mainly residential, made up of Ikotun, Egbe, Ipaja, Akowonjo/Egbeda, Ejigbo, Magodo and Ojo.

Within each of the strata, twenty streets were randomly selected from the listing of all major streets. From each of the streets twenty (5) houses were randomly selected from the listing of houses in the street. One household was selected from each of the houses. Within the household one respondent (either male or female) in the reproductive age group 15-24 years who have given birth to a child was interviewed. In all 298 questionnaires were correctly filled and analyzed for the study. The information collected covered the socio-demographic characteristics of the

respondents' reproductive health issues, child bearing, sexual behaviour and consequences of early childbearing.
Six focus group discussions were carried out to elicit information about traditional expectations regarding sexuality, impact of early child bearing on well-being and consequences of early child bearing among the adolescent. In-depth interview was also carried out among the stakeholders (health workers, community leaders, religious leader, market women and traditional health workers) in the study area.
Returned questionnaires were subjected to thorough screening, checking for consistency and finally edited. The pre-coded nature of the questionnaire facilitated easy entry of the data and statistical analysis. The data collected were subjected to basic demographic analytical techniques. In the statistical analysis of the data, a combination of univariate, bivariate, and multivariate analysis (logistic regression analysis) were employed. Information from focus group discussions and in-depth interviews were transcribed and organized under broad headings that depict different aspects of the discussions. The transcribed information were analyzed descriptively (qualitatively) and used to highlight the relevance topics to the study.

Findings
SOCIO-DEMOGRAPHIC VARIABLES
Results
Religious affiliation is an important sociological variable which affects an individual's life, from table 1 60% of the adolescent interviewed are Muslims followed by Christianity. The proportion of those with traditional and no religious affiliations are insignificant An examination of the level of education did not deviate from the expected pattern, two-thirds of the respondent had secondary education while only 19 of the adolescent mothers had post secondary education. About 71% of the respondents are Yoruba. This is due to the fact that the study was carried out in a Yoruba society, other ethnic groups are Igbo and Hausa. In relation to the age group of the respondents, 44% of the adolescent are between 17-20 years, this is also in accordance with the number of years that they have spent in school. The nature of the family background will also determine the adolescent sexual activity, 40% of the respondents interviewed are from polygamous family. With respect to family economic status, it was found that half of the respondents are from average income family. This may be one of the reasons for the early child bearing among the respondents in the study area.

Living Conditions
The household living conditions are correlated with sexual behaviour and are indicators of socio-economic status. The structure and pattern of the households revealed that 52% of the respondents are residing in one room apartment while only 5% residing in flats. Most of the houses have poor structural quality, and insecure residential status. The average number of persons per sleeping room was asked from the respondents. Seventy- seven percent are between 5-10 people while 10% are of the respondents indicated that they are above 10 people living together.. These overcrowded living quarters may increase the chance of transmitting communicable diseases such as tuberculosis and pneumonia also it may also influence sexual behaviour in this area. It may be one of the
On the sources of drinking water, majority of the households obtain water from the vendor (40%) while only 20% obtained water from the pipe. The water expected to be free relatively free of disease are piped water and water drawn from protected wells

and deep boreholes. Water from the vendors is not likely to be relatively free form disease. Nigeria Demographic and Health Survey (2003) explained that only 42% of Nigerians has access to clean water. The lack of sanitary facilities poses a serious health problem, 26% of the households have a flush toilet, while majority of the residents have no facility for sewage disposal.

Sexual Behaviour

The age at first intercourse of the reveals that majority of the adolescent are sexually active before age 20 years (90%) this was in support of (Edward,1997), that about 70% of males and 50% of female attending secondary school are sexually active, before age 20. By the time they leave school one out of every five Nigerian girls will have terminated an unwanted pregnancy and the risk of getting sexually transmitted diseases. Concerning the question on whom the respondents had his or her first sexual intercourse with their (65%) had the first sexual intercourse with their boyfriends, while only (25%) had it with their husband. The issue of consent was discussed among the FGD participants, it was interesting that majority of the respondents consented to having sexual intercourse with their partners while only few respondents indicated that it was due to the sexual pressure from their partners

These are some of the responses from the interview

Respondent x

I want to have the experience since I have been seen it on the television and the way my friends use to discuss it when my boyfriend asked for it I willingly agreed with him

Respondent O

I was invited by my boy friend into his house to meet his parents, unfortunately there was nobody at home, he forced me to have sex with him

Respondents P

Although I did not want to do it but due to the fact that I need to pay for my final examination and there was no money. The only condition given to me by my man friend was that I must sleep with him I had no choice than to consent

On whether they protect themselves more that two-third of the respondents reported that they did not use any form of protection, from this we can see that there is high risk of unwanted pregnancy and contracting STI's among the sampled respondents. Only 40% of the respondents indicated that they have used condom before they become pregnant. Among those indicated that they have used it before only 10% always used condom with their partners to avoid another unwanted pregnancy. Nearly all the respondents interviewed have heard about STI's at least one or more The most commonly heard are HIV/AIDS, Gonorrhoea, Syphilis and Candidacies. The knowledge of signs of STIs that respondents have heard about or experienced in greater frequency include pains while urinating, sore on the private parts, inching and Blood stain urine. One third of the respondents agree that they are at risk of contracting STIs. However, in order to ascertain the influence of peers on the adolescent sexual behaviour, 65% of the respondents reported that they have the same sexual attitudes with their friends. The agents that affect the adolescent sexual behaviour in the study area include reading pornographic materials, watching "blue films", engage in oral sex and self stimulation.

Socio-economic Consequences of Early Childbearing

Pregnancy intentions may likely be one of the reasons for early childbearing, only 25% of the adolescent reported their intended pregnancy that lead to their first child birth, while one –quarter of the respondents reported that they have terminated at least one pregnancy. Okonofua, (1992) in a study of adolescent pregnancy in rural Nigeria revealed that 80% of the pregnancies to unmarried girls were unintended compared to 6% among married girls. The high rate of unintended pregnancy among the Nigerian girls results in high rate of unsafe induced abortion. The adolescent account for 80% of unsafe induced abortion complications normally treated in Nigeria hospitals. It was also discovered that more than one-third of the adolescent mothers interviewed are in school when they had the pregnancy of their first child. On how they feel only 24.5 percent indicated that they were happy while others are ashamed of themselves, feel guilty of their acts and depressed. This was also confirmed by the FGD participants

Respondent A

I was shocked when it was confirmed to me that I am pregnant, I went home and started preparing for shame. Various thoughts came to my mind; who will take care of this child, what about my education and my parents reactions to this ugly news. For days I could not come out thinking that I will terminate the pregnancy

A single respondent:

I fainted when I heard that I was pregnant and after I was resuscitated I vowed to terminate the pregnancy because of the shame and stigma to my family for having child out of wedlock

One fifth of the respondents were living with their both parents when they had the pregnancy of their first child. On the reactions of their family when they heard the news of the pregnancy, the respondents indicated that their families and friends reacted too badly when they were informed. It was also discovered that some of the respondents were rejected by their family members which forced them to be living with their husband. Aina and Odebiyi (1997) explained that the news of adolescent pregnancy brings shock, grief, denials and disappointment even in a culture where the children are highly valued. Twenty percent of the respondents indicated that their husband paid for both the ante-natal and post natal treatment. On how the early childbearing affects them, nearly half of the respondents revealed that they have stopped schooling. This is one of the major consequences of the unwanted pregnancies among the adolescents in Nigeria. Singh et al (2001) explained that the consequences of early childbearing among the adolescent include, lowered personal competence, skills and motivation; limited access to health care and social services, lack of successful role modes and living in dangerous environment. This has increased the drop-out rate among the adolescents in the study area. Majority of the respondents revealed that the early childbearing has affected their employment opportunities and their marital options.

These are the responses from the FGDs

Respondents B

*There is no way I can continue with my schooling since I became pregnant. My parents declined to send me to school again and my husband cannot afford it so I became full housewife***.**

Respondent D
I have to drop-out of school because of shame among my peers. That is why I started the petty trading I am doing now.

Selected Variables and Age at First Birth
The family structure and background are important factor in adolescent sexuality, from table 5, (34%) of the respondents who had their first birth between ages 13-19 years are from polygamous family while 38.5% of those in age group 20-24 years are from polygamous family. Fifteen percent of those who had their first birth between age group 13-19 years are from separated family when compared with those who had their birth at the age group 20-24 years (7%). Fingerman (1992) explained that the sexually active adolescent appears to come from a family background where liberal sex role ideals are exposed especially with single mothers who had sexual partners. This may also be one of the reasons for early child birth among the respondents With respect to the economic status, it was found that (21%) of those who had their first birth between age group 13-19 years are from very poor background. Leshabari and Kaaya (1997) explained that most of the female students who exchange their body for gifts are from families with low economic status in both rural and urban area. This was also corroborated by the FGDs participants

Female U
Since my parent cannot afford some of my needs as a young girl I was forced to seek help from male partners

Female T
Poverty is not a good thing to pray for, once your parents are poor and they cannot afford basic needs there is no way you will not involve in premarital sex especially when you are contented

In respect to contraceptive use, 56% of adolescent between age group 20-24 years revealed that they have ever used contraceptives. This is line with the previous studies that age at first intercourse increases with the contraceptive use. Weisman (1980) explained that those who initiate sex at an earlier age are most likely to have multiple partners in the adolescent years, and this will also increase with the contraceptive use.
Living conditions of the adolescent mothers also revealed that those who living in single rooms with large family size are likely to have early child birth in the study area In relation to income it was discovered that majority of the who had their first birth at the ages 13-19 years had no income or earn less than N5,000. This will affect the well-being of the adolescent mothers. It will also affect their reproductive decision making and their autonomy within the family.

Logistic Regression of selected variables and Age at first Birth
From table 6, it was revealed that that the family origin of the adolescent will influence early child bearing. Adolescent from the polygamous family are 3.95 times more likely to have early childbearing when compared with those from the monogamous family. There is also significant which implies a great influence of

family origin on adolescent sexuality and child bearing. In relation to the family economic status the study reveals that those from poor family background 1.400 more likely to have early childbearing when compared with those from rich family which is the reference category. The finding also shows that those who have ever used condoms are 17.502 times more likely to have early childbearing in the study area. This also confirms the previous study that adolescent don't normally use contraceptives especially condoms which put them at the risk of HIV/AIDS and unwanted pregnancy. The dwelling units of the adolescent parents also influence the early childbearing, the study revealed that adolescent whose parent are living in single rooms are 4.412 times likely to have early childbearing when compared with those that are living in self contained apartments/flat. The relationship of the income and early childbearing did not deviate from the expected patterns, those with income less than N5,000 are 8.52 times more likely to have early childbearing when compared with those from the rich families.

Discussion and Conclusion

The objective of this paper is to examine the impact of the early childbearing on the adolescent wellbeing. From the quantitative and qualitative data, it is discovered that there is a significant relationship between the family background, social environment, peer influence and the early childbearing in the study area. The study reveals that the early childbearing interrupting the educational process and restrict future opportunities for the adolescent. This is because 35% o f the respondents interviewed had pregnancy while in school which eventually led to their withdrawer from school. It was also revealed that those adolescent who did not chose illegal abortion are forced into premature marriages or bear their children outside marriage. The study also revealed that the poor status of the parents is a significant factor influencing the childbearing in the study area. These adolescent mothers are severely burdened by their husband and their parents especially when they are unmarried. This is confirm in the focus group discussion. In one of the focus group session, one of the participants said:

" It is a regret that I found myself in this situation. I have to hawk from 7.30 am till 1.30 pm before I will eat. When my other friends are in school"

The study reveals that there is relationships between the individual attitudes and the perception of the same sex, 65% of the respondent reported that they have the same sexual attitudes with their friends. Jeremiah (1997) emphasised that peer influences is a major environmental factor that affect student's sexual behaviour. It is therefore necessary to provide adequate information for the adolescent about the sexual behaviour and the implications of unwanted pregnancy

However, to reduce the incidence of unintended pregnancy among adolescents and address the negative consequences associated with early childbearing, it is imperative to provide adolescents with viable educational and economic opportunities combined with solid family and social support systems.

Table 1: Socio-Demographic Characteristics of the Respondents

Variables	**N=298**
Education	

None	3
Primary	9.7
Secondary	56.0
Post Secondary	19.5
Ethnicity	
Hausa	11.1
Ibo	18.8
Yoruba	71.1
Marital Status	
Single	72.5
Married	18.5
Engaged	10.0
Total	
Age	
13-16	30.0
17-20	44.0
21-24	26.5
Religion	
Christianity	33.56
Moslem	60.06
Traditionalist	3.36
No Religion	3.02
Level of Income	
0-5,000	88.3
5001-10,000	6.2
10,001-15,000	2.3
15001-20,000	1.1
20,000 and above	2.1
Family Origin	
Monogamous	21.9
Polygamous	40.9
Divorced	10.7
Separated	7.0
Single Parent	23.5
Total	
Family's Economic Status	
Rich	10.6
Average	39.7
Poor	48.4
V.Poor	1.3
Total	**100**
Adolescent in School Before pregnant	35.0
Adolescent out of School	65.0
Age at Birth	
15-19	69.4
20-24	30.6

Table 2 Percentage Distribution of Households Living Conditions

Variables	N=298
Types of dwelling unit the family Occupies	
Single Room	72.7
Room and Parlour	12.3
Self Contain Apartment	15.0
Rooms in a House	
Average No of Family	
< 5	32.8
5-10	57.2
10 & above	10.0
***** Source of drinking Water**	
Pipe water	20.0
Well/Spring protected	22.0
Borehole Hand Pump	23.2
Well/Spring unprotected	18.0
Vendor	40.0
Others	5.4
Time to Water Source	
Less than 15 mins	23.4
More than 15 mins	76.6
****Type of Toilet Facility	
Bush/Dung Hill	25.4
Toilet on Water	26.3
Flush to Sewage	27.3
Flush to Septic Tank	20.0
Covered Pit	39.9
Others	12.0
Main Types of Refuse Disposal	
Disposal within compound	22.0
Unauthorized Refuse Heap	78.0
*****Type of drainage**	
No drainage	18.0
Flowing drainage	21.4
Stagnant gutter	39.2
Open drainage	16.8
Underground drainage system	0.6
Closed drainage	1.4
Others	1.6

Table 3 Sexual Behaviour of the Adolescent Mothers

Age at First Intercourse	
9-12 yrs	9.7
13-16 yrs	55.2
17-20 yrs	28.78
21-24yrs	5.37
With Whom did you have the first sexual intercourse with	
Boyfriends	65.5
Man friend	4.5
Former Husband	5.9
Husband	25.1
Do you Protect yourself	
Yes	18.5
No	81.5
Have you ever used Condom	
Yes	40.08
No	59.2
How Often	
Never	40.8
Rarely	19.0
Often	30.5
Always	10.5
Heard about STIs	
Yes	90.5
No	9.5
***STIs Heard about**	
Syphillis	68.6
Gonorrhea	89.0
Candidasis	56.2
HIV/AIDS	100
Herpes	26.3
Others	24.0
***Sign of STIs**	
Itching of private parts	43.0
Pain while urinating	50.7
Score of the private parts	54.3
Lower abdominal pains	52.1
Loss of weight	43.0
Blood stain	45.6
Others	44.2
At risk of getting STIs	
Yes	38.5
No	61.5
Hold the same sexual attitudes as friends	
Yes	65.6

No	34.4
****Media Influence on sexual activities**	
Read Pornographic materials	40.7
Watching blue films	36.7
Fondling/Carousing	32.0
Oral Sex	34.1
Self stimulation	40.8
Receives cash/gifts for sex	56.3

Table 4. Social and Economic Consequences of Early Childbearing

Pregnancy Intentions	
Want Pregnancy	25.7
Did not want pregnancy	74.3
Ever terminate unwanted pregnancy	
Yes	25.5
No	74.5
Did you plan for the first childbirth?	
Yes	25.7
No	74.3
Age at First Birth	
13-19	65.3
20-24	34.7
What were you doing when you became pregnant?	
In the school	35.8
Apprehentice	23.0
Working	15.6
Helping my Parents in their business	25.6
Did you continue what you are doing after delivery	
Yes	45.6
No	54.4
How do you feel when you became pregnant?	
Ashamed	28.5
Feel dejected	30.2
Happy	24.3
Shocked	17.0
With whom are you living with?	
Mother alone	31.0
Father alone	18.5
Both parents	27.5
Relatives	23.0
What was their reactions when they heard?	
Bad	24.0
Feel dejected	30.0

Send me out	21.0
Happy	24.8
Who paid for the ante-natal treatment?	
Child' father	10.5
Self	5.3
Mother	22.7
Father	28.5
Parents of the husband	23.0
Relatives	10.0
Who paid for the post-natal treatment?	
Child' father	11.5
Self	10.3
Mother	17.2
Father	26.0
Parents of the husband	24.0
Relatives	11.0
Who paid for the child's food and clothes	
Child' father	11.5
Self	10.3
Mother	17.2
Father	26.0
Parents of the husband	24.0
Relatives	11.0
Did you seek adequate Treatment Before and After delivery	
Yes	45.3
No	54.7
Did your first childbearing affect you	
Yes	76.4
No	21.6
How did it affect you	
Stopped schooling	48.3
Parental disapproval	22.3
Parents rejection	10.4
Stigma and shame among peers	19.0
Does the birth affect your employment opportunity	
Yes	78.3
No	21.7
Does it affect your marital options	
Yes	68.4
No	31.6

Table5 : Selected Variables and Age at First Birth

VARIABLES	13-19Yrs	20-24Yrs
Family Origin		
Monogamous	12.5	13.4
Polygamous	34.3	38.5
Divorced	7.5	12.7
Separated	15.2	10.4
Single Parent	18.2	25.0
Family's Economic Status		
Rich	10.5	9.8
Average	27.8	23.4
Poor	50.4	55.0
V.Poor	21.3	5.6
Education		
None	3	-
Primary	9.7	3.8
Secondary	56.0	88.0
Post Secondary	19.5	8.2
Ever terminate unwanted pregnancy		
Yes	18.5	36.2
No	81.5	63.8
Did you plan for the first childbirth?		
Yes	1.5	30.4
No	98.5	69.6
Have you ever used Contraceptives		
Yes	17.2	56.4
No	82.8	43.6
Hold the same sexual attitudes as friends		
Yes	78.3	79.4
No	21.7	20.6
Receives cash/gifts for sex		
Types of dwelling unit the family Occupies		
Single Room	66.3	67.3
Room and Parlour	8.4	10.0
Self Contain Apartment	3.5	10.2
Rooms in a House	21.8	12.5

Average No of Family		
< 5	5.5	10.2
5-10	88.7	85.2
10 & above	5.8	4.6
Level of Income		
0-5,000	87.9	74
5001-10,000	11.3	5.3
10,001-15,000	0.3	4.4
15001-20,000	0.5	6.1
20,000 and above	-	10.2

Table 6: Logistic Regression for Selected Variables and Age at First Birth

VARIABLES	Coefficient	Odd Ration
Family Origin		
Monogamous	RC	1.000
Polygamous	1.0334	2.81
Divorced	1.3748	3.95**
Separated	0.4908	1.63
Single Parent	0.554	1.742*
Family's Economic Status		
Rich	RC	1.00
Average	.336	1.400
Poor	.4247	1.5291*
V.Poor	.837	2.309**
Education		
None	09653	2.6255
Primary	.753	2.123
Secondary	2.862	17.502
Post Secondary	RC	1.000
Have you ever used Contraceptives		
Yes	RC	1.920
No	2.862	17.502
Types of dwelling unit the family Occupies		
Single Room	1.500	4.482**
Room and Parlour	1.403	4.065
Self Contain Apartment	RC	1.000
Rooms in a House	.060	1.062
Average No of Family		
< 5	0998	2.713**
5-10	.186	2.621
10 & above	.862	2.382
Level of Income		

0-5,000	2.185	8.892**
5001-10,000	.998	2.713
10,001-15,000	2.156	8.639
15001-20,000	.285	1.330
20,000 and above	RC	1.000

*** Significant at 0.01 ** 0.005**

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