

ADOLESCENT FERTILITY BEHAVIOUR IN NIGERIA: TRENDS AND DETERMINANTS

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ABSTRACT

The study involves an empirical analysis of a nationally representative a sample of 1,612 female adolescents aged 15 – 24 derived from the 1990 Nigeria Demographic and Health Survey (NDHS) who had begun child bearing. It was found that teenage pregnancy and motherhood within marriage is very common with the North leading as follows:-

Northwest 40.7%, Northeast 39.5%, Southeast 13.9% and Southwest 9.1%. The study indicates that the use of modern family planning method for fertility regulation is very low with only 4.0% using modern method. The ideal means number of children desired is higher in rural areas than urban centers. The policy Implication is the need for programmes to be targeted at adolescents to provide them with adequate knowledge of reproductive health and to encourage them to postpone marriage and child bearing until they have acquired reasonable level of education and economic skills.

INTRODUCTION

Nigeria has experienced high fertility levels over the last two decades, despite the introduction of a National Policy on Population in 1988 which stipulated four children per woman, and eighteen years for the commencement of childbearing. According to the Nigeria Demographic and Health Survey (NDHS) 1990, a Nigerian woman will have an average of 6 children by the end of her reproductive years. The total fertility rate (TFR) may actually be higher than 6.0 due to under estimation of births. In 1981/82 Nigeria Fertility Survey, the TFR was 5.9 children per woman. However, the proportional contribution of adolescent fertility (among women aged 15-19) to the overall fertility rate among women aged 15-49) has been increasing over time.

The major factor determining adolescent fertility is the early age at marriage and child bearing in Nigeria. The NDHS report shows that half of all women are married by age 17 and half become mothers by age 20, more than a quarter of teenagers, (Women age 15-19 years), either are pregnant or already have children. Ihejimaizu, Okoro and Obafemi (1998) found that 26.9% of

Urban females and 27.4% of the rural females in Akwa Ibom State in southern Nigeria married before attaining the age of 17. Similarly for Cross River State, 26.9% of urban females and 34.8% of their rural counterparts also married before age 17. They also found median age at first pregnancy to be 20 years for rural and urban Cross River women and 21.1 and 20.2 years for urban and rural Akwa Ibom women respectively.

In the North, women continue to follow the traditional pattern and marry early at a median age of 15. Teenagers in the North have births at twice the rate of those in the south: 20 births per 100 women in the south. Women in the south have one child less than women in the North (5.5 versus 6.6). (NDHS 1990: XV-XVI).

The incidence of pre-marital sexuality and pregnancy is on the increase in Nigeria. Literature reveals that about one-half of unmarried adolescents in Nigeria have been pregnant (Nichols, 1986). Most of the pregnancies are unwanted which are terminated through unsafe abortion which is injurious to female victim's health (Archibong 1991).

The social change blowing across sub-Saharan Africa has swept away old values of morr

purity bringing about as a virtue the assertiveness of the young people in sexual matters. Each passing day witnesses appreciation in adolescents free and open approach to sex. The genesis of that free and open approach to sex among Nigerian adolescents is linked with the period during and immediately after the civil war (1967-1970) when the oil boom and corresponding Udoji salary award to parents ushered in a change in social conditions that prodded in increased curiosity among adolescents for sex.

Isangedighi (1990: 281) collected data from 290 male and 570 female secondary school students aged 15 and 18 years who held from Anambra, Bendel (Edo/Delta) Cross River, Imo and Lagos states in the South and Benue in the North on their sexual behaviour. The study revealed that 25.4% of males and 41.3% of the females saw sex as being very necessary and sometimes necessary. Only 5.7% of both male and female respondents had not had sex. It was also found that 57.2% of the sexually active male students had their fellow secondary school mates as sex partners. About 40.3% of the males and 29.3% of the females were sure that their fathers knew that they were sexually active while 43.3% of the boys and 44.3% of the girls were sure that their mothers knew of their sexual affairs. Thus Isangedighi concluded that the curiosity of the adolescents to find out what sex is like, their exposure to modernity, peer group influence, permissiveness of parents and the fast eroding social morality of our society are contributory factors to adolescent pre-marital sexual indulgencies.

Other studies produce similar findings A 1986 survey (Nichols, 1986) revealed that nine out of every 10 male and female non-school adolescents claimed to be sexually active in Lagos, and that about one out of every two secondary school students has had intercourse and most had their first intercourse between age 10 and 16 years. In their urban survey of Sexual Networking in Calabar, Capital of Cross River State (Ogbuagu and Charles, 1993) found that 52% of males and 54% of females have had sex with majority doing so for the first time at the mean age of 15 years.

Ihejimaizu and Etuk (2001) in preliminary results of a study on "Induced Abortion among Secondary School Girls in Calabar" covering Federal Government Girls College (FGGC), Holy Child Secondary School-both female schools and Police Secondary School and University of Calabar International Secondary School- mixed, observed the following trends in adolescent sexual behaviour. Out of 946 respondents aged 10-16 years, 93.2% had begun to menstrate. The breakdown shows that 6.5% started at age 11, 19.6% at 12, 13.3% at 13, 25.4% at 14 and 12.4% at 15 and 4.8% at age 16. This early age at menarche results to early intercourse. For 166 respondents who have had intercourse, 44.7% have done so between ages 10 and 14 years, 55.3% between 15 and 16 years. On whom they had their first sexual intercourse with, 72.7% had the experience with boy friends, 7.5% with family friends, 6.2% with their teachers 6.8% with unknown persons and 6.8% were raped. The adolescents also have multiple sexual partners with 72.6% having one, 14.0% two, 4.3% three, 2.3% three, 2.4% 4 and 6.7% five or more. Peer group influence determines adolescent sexual behaviour as Ihejimaizu and Etuk's study also revealed that 45.5% were introduced into it by "fellow girls", 23.4% by their boy friends, 21.0% by their mothers and 12.2% by others. With regards to the motivation for initiating sexual intercourse, 12.9% exchange sex for money, 25.4% to derive pleasure, 40.6% for intimacy and friendship while 18.5% do it for other reasons and 2.9% are coerced to submission. And for those who admitted having been pregnant, 40% carried pregnancy to full term and delivered their babies while 60% terminated the pregnancy through induced abortion. Reasons for termination of pregnancy included; not married 40%, not ready for parenthood, 40% and social stigma and shame 20%. Some also engage in multiple pregnancy termination; 60.4% had terminated once, 24.4% twice and 15.2% three times. This pattern of sexual behaviour has concomitant risks not only for pregnancy and complications of abortion, but of the adolescents contracting sexually transmitted diseases especially HIV/AIDS as 5.4% or 4.8 million Nigerians mostly adolescents aged 15-24 have already been

infected and also dropping out from school. Out of the 11.8 million adolescents living with AIDS Worldwide 8.5 million are in sub-saharan Africa as at December 2001(UNAIDS, 2001).

Family Planning Programme and Adolescent Contraceptive use in Nigeria

To promote the health of mothers and children, Federal Government has adopted a family planning programme as well as Non-government organizations (NGOs), especially Planned Parenthood Federation of Nigeria. (PPFN). The ultimate goal is to reduce national population growth rate now at 2.83% to at least 2.00% by 2010 and improve reproductive health. Both government's and NGO's family planning programme have increased knowledge of family planning although the impact is yet to felt in terms of fertility decline. The focus of government's programmes include establishment of

infrastructure for family planning services, training of programme providers, providing guidelines for implementation of national family planning programmes, facilitating development strategy for provision of services, promotion of publicity campaigns and making funds available for state and local programme use (Federal Republic of Nigeria, 1988). Official Corruption makes it difficult for services to be provided to clients at affordable costs. Adolescents needing family planning services often obtain it clandestinely from private providers and chemist stores some of whom are quacks.

Generally level of education, residence, region and education, work together in Nigeria to determine trends in adolescents fertility behaviour.

DATA AND METHODS

Data Sources

The 1990 Nigeria Democratic and Health

Table 1 Percentage of adolescents aged 15-19 who are mothers or pregnant with their first child, by selected background characteristics, Nigeria 1990.

Background characteristics	% who are mothers	% who are pregnant with first child	% who have begun child-bearing	Number of Adolescents
Age			13.1	373
15	9.3	3.9	20.8	322
16	14.9	5.9	30.2	326
17	24.7	5.5	39.3	333
18	34.4	5.0	42.8	259
19	39.0	3.8		
RESIDENCE				
Urban	14.6	2.8	17.4	462
Rural	7.0	5.6	32.7	1,150
EDUCATION				
No Education	43.4	8.6	52.1	545
Some primary	19.2	7.0	26.6	193
Completed primary	18.1	3.1	21.2	329
Some secondary	7.0	1.2	8.2	372
Completed Secondary/higher	11.2	10	12.2	169
REGION				
Northeast	39.5	10.7	50.2	352
Northwest	40.7	5.6	46.2	308
Southeast	13.9	2.9	16.7	570
Southwest	9.1	11.6	10.8	381
Total	23.5	4.8	28.3	1,612

Survey provided researchers with Nigeria's first compilation of data on fertility and its major documented determinants. For this nationally representative data set, interviews were conducted with 8,781 women aged 15-49 and on the health of their 8,113 children under the age of five years. Of this sample adolescents aged 15-19 years were 1,612. Among these were 462 residing in Urban areas and 1,150 in rural areas. On regional basis, 352 resided in the Northeast, 308 in the North West, 570 in the South West and 381 Southeast. The North is predominantly Muslim and the South Christian.

Methodology:

In this article, we use simple percentage tables to analyze trends and determinants of adolescent fertility reproductive behaviour using data from the 1990 DHS. The focus is on adolescent women aged 20-24 to examine those who are about to complete their adolescence. The multi-level analysis was employed to minimize errors associated with the type of hierarchically clustered sampling used in the NDHS Survey, Age, residence, education and region are the main variables adopted. Full details of methods are described in the NDHS report

RESULTS

Teenage Pregnancy and Motherhood.

One of the targets outlined in the National Policy on population (1988) is " to reduce pregnancy to mothers below 18 years and above 35 years of age by 50% by 1995 and 90 percent by the year 2000 pp. 12-13). Table 1 shows the percentage of women aged 15-19 who are mothers or are pregnant with their first child. As shown, 13.1% had begun child bearing by age 15, 20.8% by age 16, 30.2% by 17. More of teenage mothers come from rural areas of Nigeria where early and forced marriage is the norm. For example, 17.4 of urban adolescent mothers had begun child bearing when compared to 32.7% of their rural counterparts. As expected, there are more differentials by educational status in the probability of having first birth during adolescence. Table 1 further reveals that for young women aged 15-19, the probability of a birth among those without formal education is consistently at least twice that of their more educated counterparts including those with primary level education. In addition, Northeast teenager and Northwest teenager respectively is likely to have births than the southwest or southeast teenager.

Figure 1. shows the percentage of adolescents who have begun bearing (have already given birth or are pregnant with their first child) by region. The differences between regions are great. Four times as many women age 17 in the Northeast have begun childbearing as in the southwest.

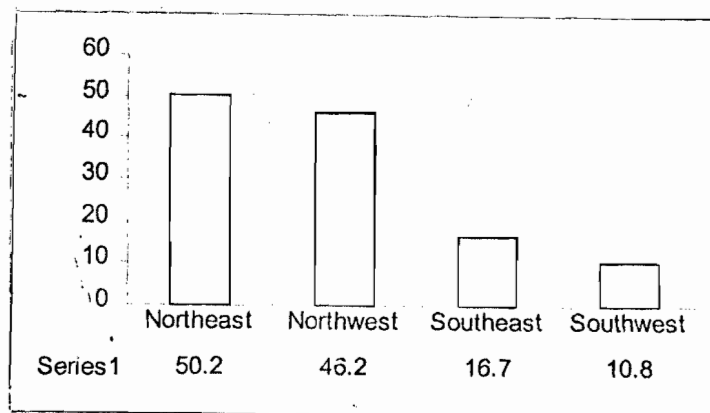


Fig. 1.1 Percentage of Nigerian Adolescents who have begun child bearing by Region (Age 15-19), 1990.

The data indicate that whereas most adolescents have begun childbearing, have or given birth once, a small proportion have given birth twice. Table 2 shows the distribution of women age 15-19 by number of children ever born, excluding those who are currently pregnant. Eleven percent of women age 18 have given birth to two children. By giving birth early and presumably with short birth intervals, these women and their children are at a higher risk of dying given the poor state of health facilities and nutrition available to them.

PROXIMATE STATUS AND ADOLESCENT FERTILITY

Populations in which age at marriage is low tend to experience early child bearing and high fertility, hence trends in age at marriage, type of union and age at first sexual intercourse and recent sexual activity must be considered.

Premarital fertility is high since 61.4% never married with 34.0% marrying at such tender age.

This confirms the observation made that there is a sexual revolution among adolescents in search

of intimacy and friendship, pleasure and money for self-maintenance under a crumbling moral and economic order.

It is also noted that some adolescents live in polygamous unions with co-wives.

It is not uncommon to have two or more co-wives even as an adolescent. As shown in table 4, 11.3% of adolescents aged 15-19 have about two co-wives. For urban adolescents, 13.4% have two co-wives and more of rural adolescents (18.9%) also live with at least two co-wives. Co-wifeship is much more common in the-southeast 20.2% and at the lowest level of education (19.0%) for those without formal education and 18.0% for those with some primary. Co-wifeships breeds competition in child bearing to win the love of the husband. Women with no education have one co-wife 28 percent compared to 8% of those who have completed secondary or higher education.

For other proximate variables (not shown) 20.1% were married exactly at age 15, and 24.4% had their first sexual intercourse at the same age (NHDS 1990: 62-62). Median age at first intercourse for those aged 20 -24 is 17.9 for urban and 16.0 for the rural and at the time of

Table 2 Percentage distribution of adolescents 15-19 by number of children ever born (CEB) Nigeria, 1990)

Age	Number of children Ever borne			Total	Mean number of CEB	Number of Adolescents
	0	1	2+			
15	90.8	8.4	0.9	100	0.1	373
16	88.1	13.6	1.3	100	0.2	322
17	75.3	17.7	7.0	100	0.3	326
18	65.6	23.8	10.6	100	0.5	333
19	61.0	25.8	13.2	100	0.6	259
Total	76.5	17.3	6.2	100	0.3	1,612

Table 3 Percentage distribution of adolescents by Proximate Fertility Determinants and selected characteristics

Variable	Age 15-19	Percent
Marital status	Number	
Never married	990	61.4
Married	548	34.0
Living together	48	3.0
Widowed	5	0.3
Divorced	11	0.7
Not living together	10	0.6
TOTAL	1612	100

survey, 66.3% aged 15-19 were sexually active in the last four weeks preceding the survey.

FERTILITY PREFERENCES.

The desire for future childbearing is strong. Vast majority of births are wanted. Adolescents socialized in pronatalist culture do not want any number of children less than five or six. The NDHS data (not shown) having only two living children is a reason to want to have at least three additional children.

Adolescents and Fertility Regulation

Determining the level of knowledge of contraceptive methods and of services was a major objective of the Nigeria DHS Survey. Since knowledge of specific methods and the places where they can be obtained is a pre-condition for use the NDHS Data (not shown) reveal that 31.7% of adolescents (age 15-19) know any method, 30.5% know a modern method, 23.0% know a source for obtaining modern method. In

terms of residence 7.4% urban respondents, know any method, 68.5% know a modern method and 58.8% know a source for obtaining a modern method. Knowledge is lower in rural areas where 36.3% know any method, 33.7% a modern method and 23.7% source of modern method.

Regional differences show high knowledge in southwest 73.6% followed by southeast 66% knowledge is lowest in Northeast 24.0 but higher for Northwest 30.3% but the use has been very low (Table 6)

Note (i) Other data not shown indicate that the proportion of currently married women using a method is 4.4% and modern method 2.2%.

(ii) Only 5.9% were currently using a method and 1.9% modern method.

(iii) In the entire NDHS Sample, only 6 percent were using a method and for the reasons for not using a method, 57.7% of those aged 15-29 want more children, followed by religious belief 12.1%, lack of knowledge 9.3% and fatalism 5.3%.

Table 4 Percentage distribution of Adolescents in polygamous Union by number of Co-wives Age 15-19 and 20-24

Age	Number of Co-wives N (597)			Total
	0	12		
15-19	73	15.7	11.3	100
				100
20-24	66.3	22.5	11.1	100
RESIDENCE				
Urban	66.4	20.2	13.4	100
Rural	57.1	24	18.9	100
Northeast	56.4	26	17.6	100
Northwest	50.3	33.4	16.3	100
Southeast	69.6	10.2	20.2	100
Southwest	61.6	21.8	16.6	100
EDUCATION				
No Education	52.2	14.4	19.0	100
Some primary	65.9	12.6	18.0	100
Completed				
Primary	73.0	7.9	12.6	100
Some secondary	73.2	12.6	14.6	100
Completed secondary				
Higher	83.1	7.9	18.4	100

Table 5 Percent distribution of currently married adolescents aged 15-19 and 20-24 by mean ideal number of children by selected backgrounds.

Background characteristics	Age of women		Total
	15-19	20-24	
Residence		4.6	
Urban	4.7	4.6	4.7
Rural	5.6	6.5	5.7
Region			
Northeast	6.2	5.3	6.4
Northwest	5.5	4.6	6
Southeast	5.3	7.1	5.3
Southwest	4.7	5.5	4.7
Education			
No Education	6	71.1	6.6
Some Primary	5.9	5.5	5.7
Completed Primary	5.4	5.5	5.5
Some secondary	4.9	4.8	4.9
Completed Sec/higher	4.8	4.5	4.7
Total	5.3	5.3	5.3

Table 6 :Percent distribution of adolescents age 15-19 by method of contraceptive ever used.

Method Ever Used	Perce
Any method	8.3
Modern method	4.0
Pill	1.8
IUD	0.2
Injection	0.5
Foaming Tables	0.7
Diaphragm/Foam/jelly	0.2
Condom	1.6
Female Sterilization Method	0.0
Rhythm	5.9
Withdrawal	3.9
Other traditional	1.8
Mentral	1.3
Number of areas	1612

DISCUSSION

Education and region are the main variables that are most strongly and consistently associated with delayed child bearing among adolescents in

Nigeria. Much of adolescent fertility in the south occurs outside marriage. The conservative religion of Islam in the North tends to promote early marriage and childbearing with its attendant risks of Vagina Vestita festitula (VVF) and

maternal morality. The expansion of educational facilities and liberal attitude of parents in the south pre-dispose adolescents to early premarital intercourse with multiple partners and the risk of complications of abortion. These evidences point to the need for more research into the impact of government family planning programme. However, the existing family planning campaigns are carried out in a way to suggest that such knowledge and practice is not for adolescents. The policy implication of this result is the need for programmes targeted at adolescents and designed to provide them with adequate knowledge of reproductive health and sexual issues. This will go a long way to change their attitude about population matters and motivate them towards behaviours that limit sexual risks.

Although in a recent survey (Ihejamaizu, 1999), found that modern contraceptive use among adolescents has risen to about 40% of single sexually active women rely on traditional methods which are ineffective. They report periodic abstinence. In practice, traditional methods do not afford the same level of protection against unwanted pregnancy as modern methods do nor do they offer protection against STDs and HIV/AIDS (PRB 2001: 6). Gender sensitive approaches for reproductive health are necessary since young women's sexual activity tends to take place too young and just before or within marriage and young men's outside marriage. Measures are needed to increase the use of professional delivery care services among adolescent to ensure a healthier delivery and utilization.

CONCLUSION

In conclusion, there is a need for further research into the impact of culture and religion on teenagers in Northern Nigeria to elicit whether teenagers opt for early marriage and motherhood at the expense of their health and future destiny. As the NDHS Survey results show, a quarter of all first births to teenagers in Northern Nigeria took place within union. Similarly in the south, the increasing tendency towards premarital sexual relations and termination of pregnancies by adolescents shows a need for a programme of cultural re-orientation to cherished African value

of responsible parenthood, moral rectitude and virginity at marriage.

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