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## THE PREVALENCE AND CONSEQUENTIAL EFFECT OF EARLY CHILD BEARING ON THE PSYCHOSOCIAL WELLBEING OF ADOLESCENTS IN SOUTH WEST NIGERIA

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**ABSTRACT:** *The study examined the prevalence and consequential effect of early child bearing on the psychosocial well being of adolescents in South West Nigeria. Descriptive survey research design was used for the study. The sample of 1,200 adolescent parents was drawn from three States in South West Nigeria using simple random sampling techniques. A self constructed instrument tagged “Prevalence and Effect of Child bearing on the Psychosocial well being of Adolescents Instrument” (PECPAI) with a reliability coefficient ( $r = 0.71$ ) was used for data gathering. The age of adolescents sampled range between 12-21. The data collected were analysed using descriptive statistical analysis. The findings revealed a high prevalence of early child bearing among adolescents between ages 15-17 years. It was further revealed that the level of psychosocial well being of adolescent parents was generally low. It is therefore recommended, among others that orientation services on the dangers of adolescent parentage should be organized for the adolescents periodically to eliminate the scourge. In addition, adolescents should be encouraged to attain psychosocial maturity before assuming parental status to avoid potential pitfalls.*

**KEYWORDS:** *Early Child Bearing; Psychosocial well being; Adolescents; Psychosocial maturity, Adolescent-parents.*

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## INTRODUCTION

The 2004 World Health Statistics put the global adolescent birth rate at 49 per 1000 girls. Country rates range from 1 to 229 births per 1000 girls. The National Population Commission, Nigeria & ORC Macro (2004) report that in North Central Nigeria the percentage of early child bearing is about 10%, in South Western and South Eastern Nigeria 15%, the figure for North Eastern Nigeria is put at 55% and North Western Nigeria at 40%. It is therefore noted that in Northern Nigeria, young women are becoming parents too early more than in any other part of the country.

One of the millennium development goals (MDGS) is to achieve universal access to reproductive health for which one of the indicators is the pregnancy rate among the 15 to 19 age group. Better access to contraceptive information and services can reduce the number of girls becoming pregnant and giving birth at too young age. Laws that specify a minimum age of marriage at 18 and which are enforced can help girls who do become pregnant have access to quality maternal

care. Where permitted by law, adolescents who opt to terminate their pregnancies should have access to safe abortion.

Becoming a parent at any age can be little altering experience regardless of race, education and socio-economic status. Motherhood and fatherhood uniformly places demands on one's life that were nonexistent prior to the birth of a child. When school aged students become parents, the new responsibilities can be overwhelming. Adolescent parents that lack support from their own parents' experiences and daunting challenges may they seek support in adult oriented system which even older parents may find challenging. Often adolescent parents drop out of school because of the pressures they experience including stigmatization associated with early parenting, isolation from peers and lack of needed support from family, friends, school, social service agencies and other organizations. Women whose mother give birth to them as teenagers are twice as likely as daughters of other mothers to begin their own child bearing early (Odu & Ayodele 2007)

When adolescent-parents do not receive the support and resources they need, a variety of detrimental consequences can result. In 2002 only 10% of mothers between the ages of 15 and 17 graduated from high school on time and estimates indicated that 67% adolescent mothers never graduated. (Bledsoe 2007). Data from the National Education Longitudinal Study (NELS) listed within Melhados research showed that adolescent-parents had a total of 11.9 years of education compared to those who had no children and who averaged 13.9years of education. However, women who gave birth out of wedlock are predominantly from the lower socio-economic groups whose parents are poor (Odu & Ayodele 2006).

Bledsoe (2007) found that the highest ranked typed of need support by adolescent parents especially adolescent mothers was childcare. The lowest ranked resources in this study dealt with career development pregnancies that were implemented in an effort to prevent teenage mothers from young and lingering on the welfare rolls. Due to the stigma attached to teenage pregnancy and parenthood adolescent parents often choose to remain under the radar. School administrations and staff may be unaware that some of their students are indeed parents. This invisibility or adolescent parents often produces negative result and inappropriate interventions to address their unique developmental needs. Lack of advocacy for adolescent parents and insensitivity on the part of the educational system to help parenting adolescents balance their education and their responsibilities as parents, Sandra (2008). Birth School- related and personal supports were found to be of importance to adolescent mothers ill their journey toward high school graduation (Mangine, 2008).

Odu & Ayodele (2007) are of the opinion that the well-being of adolescents has been shown to be related both to individual and contextual factors. Mental and physical well-being of adolescents has been shown to be integrally shaped by the daily contents in which children grow and develop, including differences that exist between developing and developed nations, the self-concept is regarded as both a risk factor influencing social functioning and behaviour problems during adolescence contributing to different kinds of mental health problems and a protective

factor that impedes psychological problems and promotes general well-being, (Population Reports 1995).

Body dissatisfaction is highly prevalent among adolescents' and is considered as a risk factor for subsequent lower self-esteem, decreased psychological well-being, and increased eating disorder symptomatology, dieting behaviours, obesity, and depression. Research generally supports the view that secure attachments with parent's infancy, childhood, and adolescence are linked with positive representations of the self, including high levels of self-esteem and self-efficacy.

The presence of significant non-parental adults appears to be associated with higher levels of youth self-esteem among diverse samples of adolescents and also with lower levels of behavioural and emotional problems among youth have been with their peers have shown to be important correlates of a wide range of adolescent outcomes including psychological, social and academic functioning and well-being.

### Research Questions

The different research questions have been raised to pilot the study

1. What is the prevalence of adolescent parents in South West Nigeria?
2. What is the level of psychosocial well being of adolescent's parents in South West Nigeria?

### METHODOLOGY

**Research Design:** This study adopted the research design of the survey type. The plan of study in which survey research design is used is considered appropriate because it focuses on the observation and perception of the existing situation. This plan of study describes and interprets what is concerned with issues, conditions and practices that prevail and exist or views that are going on, it helps us to have a systematic analysis of the present situation and it studies relationship existing among variables.

**Population:** The population for this study is made up of all adolescent parents in South West Nigeria. South West Nigeria is made up of six homogenous states. The six component states are Ekiti, Lagos, Ogun, Ondo, Osun and Oyo.

**Sample and Sampling Procedure:** To select the needed samples for this study, a total of 1200 adolescents participated in the study through simple random sampling technique.

**Research Instrument:** The instrument used was a self designed instrument tagged "Prevalence and effect of child bearing on the psychosocial well being of adolescent instruments (PECPAI). The instrument is divided into two major parts of A and B. Part A is made up of the bio-data of the respondents which comprises of age, location, town, local government area, state and qualification. Part B of the instrument is made of number of items to elicit responses on psychosocial wellbeing from adolescent parents in order to discuss the research questions raised.

**Administration of the Instrument:** The researcher administered copies of the instrument with the assistance of some trained research assistants on the sample and collected back immediately after completion.

**Data analysis:** Descriptive Statistical Technique used was frequency counts, means and percentages.

**Results and Discussion:** This section presents the results of the data analysis and discussion of this study. The results were presented according to research question which guided the study as shown in tables 1 and 2.

### **Question 1: What is the prevalence of adolescent parents in South West Nigeria?**

In order to answer the question, data on birth delivery on adolescent parents of age 12-21 years in South West Nigeria between 2009 and 2013 were analysed. The result is presented in Table 1.

**Table 1: Prevalence of adolescent parents in South West Nigeria**

<b>Ages</b>	<b>12-14</b>		<b>15-17</b>		<b>18-20</b>		<b>21</b>		<b>Total</b>
<b>Year</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	
2009	7573	23.9	8796	27.8	5822	18.4	9469	29.9	31660 (22.4)
2010	7220	25.3	9399	32.9	4733	16.6	7235	25.3	28587 (20.0)
2011	7171	26.4	8361	30.8	5420	20.0	6190	22.8	27142 (19.1)
2012	7606	27.9	9893	36.2	3734	13.7	6077	22.3	27310 (19.2)
2013	7214	26.1	9400	34.0	7034	25.4	3999	14.4	27647 (19.3)
<b>TOTAL</b>	<b>36784</b>	<b>25.8</b>	<b>45849</b>	<b>32.2</b>	<b>26743</b>	<b>18.8</b>	<b>32970</b>	<b>23.2</b>	<b>142346 (100.0)</b>

**Source: Selected Health Institutions in South West Nigeria (2009-2013)**

Table 1 presents the prevalence of adolescent parents in South West Nigeria. The number of adolescent-parents in 2009, 2010, 2011, 2012 and 2013 were 31,660, 28,587, 27,142, 27,310 and 27,647, respectively. The highest prevalence of 22.4% was recorded in 2009. There was sharp decline in the prevalence rate between 2009 and 2010 (20.0%). There was steady decrease in the prevalence rate between 2010 - 2011 (19.1%) and it increased slightly from 19.2% in 2012 to 19.3% in 2013. There was age disparity in the prevalence rate of adolescent parents in South West Nigeria.

The findings revealed that the highest prevalence of adolescent parents was recorded in 2009 and there was a significant reduction in the prevalence rate in 2010. There was a further decline in 2011, but there was a steady increase in the prevalence in 2012 and in 2013 respectively on a general note. On a specific note, the prevalence of adolescent parents was higher among

adolescents of between the ages of 15 and 17 years when compared with adolescent parents of between 12 and 14 years of age.

The increase in the prevalence rate of adolescent parents could be adduced to several factors as poverty, lack of parental care, limited knowledge of family planning among other factors. This finding corroborates the findings of Population Council (2007) report that poverty played a major role in girls' marriage. Among girls, 67 percent classified as "poorest" on the wealth index 2 became parents at age 15. It was further revealed that adolescent girls have very little medical support for their first pregnancies, receive no parental care and have limited knowledge of family planning (FP) methods. Moreover, approval of family planning and discussion between partners was exceedingly low. Odu & Ayodele (2006)

The finding is also in support of the report of Singh & Samara; (1996) that adolescent parenting is largely a phenomenon of girls, not boys, marriage is a critical and pivotal experience in the adolescent, of the majority of girls in Sub-Saharan Africa, most of who become parents before age 20.

### **Question 2: What is the level of psychosocial wellbeing of adolescent parents in South West Nigeria?**

In order to answer the question, responses to items 6-10 of "Adolescent Parents" psychosocial wellbeing instrument" were obtained and subjected to statistical analysis involving frequency counts and percentages. The result is presented in table 2.

**Table 2: Level of psychosocial wellbeing of adolescent parents**

S/N	Items	Very True 4	True 3	Not True 2	Not True At All 1
1.	Child raising makes it difficult for me to sleep	493 (41.1)	475 (39.6)	157 (13.1)	75 (6.3)
2.	Child raising makes me lack the strength to carry out daily activities	501 (41.8)	501 (41.8)	121 (10.1)	77 (6.4)
3.	I do have disorganized thought due to child raising	458 (38.2)	507 (42.3)	152 (4.7)	83 (6.9)
4.	I feel I have made a serious mistake becoming a parent at this stage	428 (35.7)	528 (43.8)	130 (10.8)	116 (9.7)
5.	I often involve in drug use (enhancer)	532 (44.3)	306 (25.5)	119 (9.9)	243 (20.3)

The finding from table 2 revealed that the level of psychosocial wellbeing of adolescent- parents in South West Nigeria was generally low, this is because many of the adolescents agreed that child raising has made it difficult for them to sleep, lacked the strength to carry out their daily activities, had disorganized thoughts, felt they have made serious mistake becoming parents early and often involved in drug use to boost their esteem. Adolescent girls who became parents early

found child raising activities as tasking and found it difficult to sleep as they now have so many things to attend to. Adolescents who have babies usually see parenting as heavy burden, they seemed typically uncomfortable and angry because they apparently lacked the strength to carry out daily activities and seemingly have disorganized thought.

It is however not an over statement to note that parenting is capable of creating considerable and untold hardship. In addition, some of the common outcomes of adolescent parenting include behaviour disorders such as depression, frustration, guilt, shame, fear, anxiety and consumption of tobacco products and alcohol to cope with the stress of being a parent, all these are capable of reducing the individual's well being. This findings support the finding of Allen (2007) who found out that many adolescent mothers, especially the very young ones tend to exhibit a number of psychosocial problems as having difficulty accepting the parental role because they are still very young and not mature for the attendant challenges.

## CONCLUSION AND RECOMMENDATIONS

Based on the findings of the study, it was discovered that there was a high level of prevalence of adolescent child bearing in south west Nigeria particularly. It was also found out in the study that the level of psychosocial well being of adolescent parents was generally low because of the tasking effect of parenting.

In view of the implication of the findings from the study on prevalence and the consequential effect of early child beating on the psychosocial well being of adolescent-parents in South West Nigeria, the following recommendations are considered necessary.

- Adolescent's girls should attain psychosocial maturity before assuming parental status to avoid consequential effect of parenting.
- Parents, government and stake holders should provide good social welfare services for the adolescents' to prevent early parentage.
- Orientation services on the dangers of adolescent's parentage should be organized for the adolescents periodically to eliminate the scourge of adolescent parenting.

## REFERENCES

- Allen (2007) *Beginning too Soon: Adolescent Sexual Behaviour, Pregnancy and Parenthood*, US Department of Health and Human Services, Retrieved January 25, 2007.
- Bledsoe C, B (2007). *Social Dynamics of Adolescent Fertility in sub-Saharan Africa*. Washington DC: National Academy Press.
- Mangine, S (2008). Predictors and Correlates of anger towards and Punitive Control of Toddlers by Adolescent Mothers. *Child Development*, 58 (4), 964-75.
- Mensch, B, J, Bruce & M. Greene. (1998). *The Uncharted Passage: Girls' Adolescence in the Developing World*. New York Population Council.
- National Population Commission, Nigeria, and ORC Macro. (2004). *Nigeria Demographic and Health Survey 2003*. Calverton Maryland: National



Population Commission and ORC Macro.

Population Council. (2007). *Married Adolescents: Senegal Research Summary*, Dakar, Senegal: The Population Council, March.

Odu, B. K & Ayodele C. J (2006): *Incidence of Teenage Pregnancy in Ekiti State, Nigeria*. The Nigeria Journal of Guidance and Counselling. 11 (1), 255-33, University of Ilorin, Nigeria.

Odu, B. K & Ayodele C. J (2007): *The Menace of Motherhood in Ekiti State*. Middle East Journal of Scientific Research, 2 (3-4), 158-161.

Population Reports (1995). *The reproductive revolution: New survey findings. Series M, December 11, Special Tropics Population Information Programme*: Baltimore, Maryland U.S.A of the John Hopkins University Publication.

Sandra L. (2008). Early Childbearing and Children's Achievement and Behavior over Time. *Perspective on Sexual and Reproductive Health*, 34 (1).

Singh, S & R Samara; (1996). Early Marriage among Women in Developing Countries. *International Family Planning Perspectives*, 22: 148-157.

World Health Organization (2004): *Unsafe Abortion, Global and Regional Estimates for Unsafe and Associated Mortality in 2000*. Geneva; W.H.O Publication.