

## Marriage and Motherhood: A Study of the Reproductive Health Status and Needs of Married Adolescent Girls in Nsukka, Nigeria

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**ABSTRACT** In Nigeria, in spite of the undeniable and impressive changes in educational attainment, large proportions of females continue to marry in adolescence. For example, in the year 2005, about half of all the women aged 15-19 were married by age 18 in the country. Despite this situation, research studies in Nigeria tend to focus disproportionately on the unmarried and on premarital sexual activities. Indeed, married adolescents and young women have received very little attention as a vulnerable group with distinct needs because marriage is assumed to be safe, and because married adolescents are assumed to face none of the stigma that unmarried adolescents experience in accessing contraceptives, pregnancy related and other sexual and reproductive health services. This study investigated the reproductive health status and needs of married adolescent girls in Nsukka, Nigeria. The study was based on 100 randomly selected female adolescents aged 10-24 years in Nsukka local government area. Structured questionnaire and focus group discussion guide (FGD) were the instruments for data the collection. The findings show that married adolescents face a lot of obstacles in making informed sexual reproductive health decision, in accessing services and in exercising agency in their lives more generally.

### INTRODUCTION

The International Conference on Population and Development (ICPD) held in Cairo in 1994 recommended among other things that adolescents should be provided with the necessary sexual and reproductive health information and services to enable them to deal “positively and responsibly” with their sexuality (Gupta 2003).

While there is a growing programmatic and research interest in addressing the sexual and reproductive health status and needs of adolescent in Nigeria, the thrust is implicitly on the unmarried, rather than the married as well. Yet there is abundant evidence that sexual activities among female adolescents in the country take place overwhelmingly within the context of marriage. For example, as many as 34 percent of adolescent girls aged 15-19 years were already married and sexually active, while fewer than 9 percent of unmarried girls were expected to be sexually experienced (NISE1998). Not only are larger proportions of adolescents sexually active within marital context, but also as is well known, married adolescents are by far more likely to experience regular sexual relations than

are unmarried sexually active adolescents. The relative lack of focus on this large segment of married is often justified on the grounds that their needs are legitimately met in services available to adult women. Yet it is very likely that the sexual and reproductive health needs of married adolescent girls are quite different from those of married adult women (or unmarried adolescent girls) and that the unique needs of this large group of sexually active women remain unsolved.

The period of adolescence marks an abrupt in the lives of large number of girls in Nigeria many of who experience marriages, a break with natal family and familiar social networks, and co-residence with husband’s family with which they are not familiar, and in which a subordinate position must be adopted, new pressures to initiate child bearing as swiftly as possible and in many cases new health problems, many of which relate to sexual and reproductive matters. According to Advocates for Youths (2011), adolescent reproductive health is affected by cultural, economic and social factors such as contraceptive use, early sexual activity, female genital mutilation (FGM), and early marriage etc. Understanding the nature and extent of individual and group variations in these processes particularly their causes, correlates, and consequences is essential for designing effective and programmatic responses to meeting the diverse sexual and reproductive health needs of young

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adolescents and protecting their rights (WHO 2011). Despite the enormity of this transition, little is known about the lives of married adolescent girls and data that enable an understanding of the status and needs of married adolescents are sparse.

This paper attempts to fill in this gap in knowledge. The paper assesses the evidence on sexual and reproductive health situation of married adolescent girls in Nsukka, Nigeria, and then explores the factors that may pose obstacles to good health, namely their relative autonomy and ability to exert choices in their sexual and reproductive lives and care seeking behaviours experienced by them. This is the major goal of this current research effort.

### **Statement of the Research Problem**

Nigeria, like most developing countries, has a youthful population structure in which more than 40 percent of the total population of 150 million is under the age of 20 years (NNPC 2006). One out of every five people in the country today is between the ages of 10 and 19 (NDHS 2006). In the last decade, from 1980 to 1990, the number of young people (aged 10 to 19 years) increased by 42 percent, from 18.5 million to a little over 26 million. It is estimated that within the following 10 years, to 2000 to 2010 their number will increase to 43 percent (NNPC 2006). It is therefore a well recognized fact that Nigeria is experiencing one of the most rapid population growth rates in Africa south of the Sahara.

Early marriage contributes significantly to population explosion in Nigeria. Although there are a few studies on different aspect of adolescent sexuality and fertility behaviors none has considered the issues within reproductive health needs of married adolescents (NISER 1998). The need to focus research on married adolescent include the enormous size of the female adolescent population in the country, the health, educational and socio-economic implications of adolescent sexuality status and needs.

### **Objectives of the Study**

The general objectives of this study are to assess the reproductive health status and needs of married adolescents in Nsukka, Nigeria. The specific objectives are as follows:

- (a) To identify the health status of married adolescents in Nsukka
- (b) To examine the reproductive health needs of married adolescents in Nsukka

### **Conceptual Framework and Literature Review**

In this section, the concept of adolescence is examined, while sundry reproductive health issues of married adolescents are reviewed as a backdrop to the analyses and discussions that follows later in the paper.

#### *The Concept of Adolescence*

Adolescence is variously defined as a period of transition from childhood to adulthood. It involves a rapid change in many aspects including the biological, psychological and socio-cultural. The World Health Organization (WHO) has defined adolescence as progressing from the onset of secondary sex characteristics to sexual and reproductive maturity; development of adult mental processes and adult identity and transition from socio-economic dependence to relative independence (WHO 1997 cited in Situmorang 2003) Biologically, an individual's entry into puberty is the most widely accepted indicator of beginning adolescence. Since there is no meaningful biological marker that denotes the end of adolescence, social factors are usually used to define entry into adulthood. These include marriage, entry into the labour force or financial independence.

These definitions are however too broad, lacking operational concreteness for empirical research. For one, the reality of individual differences in growth and development as well as different marital behaviour which is influenced by a number of factors render difficult the ability to specify, for scientific and practical purposes, the onset of adolescence and the period or point at which an adolescent becomes an adult. Such difficulty has practical implications for empirical study, one of which is possible exclusion of relevant population from the study. For purposes of research and policy intervention therefore, the chronological framework is more appropriate for defining adolescence. However, available literature show that adolescents and young people refer to those aged 15-24 years (Situmorang 2003). For the purpose of this

study, the concept of adolescence is defined to include young people (female) aged 10-24 years. The age definition adopted here makes easy, the identification of adolescents and for intervention programmes.

### *Early Marriage of Adolescents*

The practice of marrying girls at a young age is most common in Sub-Saharan Africa and South Asia (UNICEF 2001). One problem in assessing the prevalence of early marriages is that so many are unregistered and unofficial and are not therefore countered as part of any standard data collection system. In Nigeria, very little data exist about marriages under the age of 14, even less about those below age 10. According to UNICEF (2003), over 40 percent of young women in Africa have entered marriage or aquasi married union by the time they reach the age of 18 years. In Nigeria, which is currently facing economic problems, age at marriage has barely risen, and in the north of the country with predominant Islamic religion, and culture, the average age has fallen. Quite recently a governor in one of the states in Northern Nigeria married a 13- year old girl. A recent UNICEF study shows that economic hardship is encouraging a rise in early marriage in Nigeria. Men are postponing marriage because of lack of resources and parents have become anxious about the danger of their daughters becoming pregnant outside marriage. Thus, any early opportunity for marriage may be seized upon (UNICEF 2002).

Early marriage is one way to ensure that a wife is 'protected', or placed firmly under male control; that she is submissive to her husband and works hard for her in-laws' household; that the children she bears are 'legitimate' and that the bonds of affection between couples do not undermine the family unit (UNICEF 2001). Again, parents may genuinely feel that their daughter will be better off and safer with a regular male guardian. For example, in conflict-torn northern Uganda and Somania, some families marry their young daughters to militia members in order to defend family honour, and secure 'protection' for themselves and the girl (Lorme et al. 1997 cited in UNICEF 2003).

Generally one important impetus for marrying girls in Africa at an early age is that it helps prevent premarital sex. Many African societies

prize virginity before marriage and this can manifest itself in a number of practices designed to 'protect' a girl from unsanctioned sexual activity. In some societies in Nigeria for example, parents withdraw their daughters from schools as soon as they began to menstruate fearing that exposure to male teachers' put them at risk. These practices are intended to shield the female adolescents from males is thus seen to offer the ultimate 'protection' measure.

### *Married Adolescent Sexuality and Reproduction Health*

Researchers have tended to focus on adolescent sexuality outside marriage, or have made no distinction between married and unmarried adolescents. This means that there are only limited data about sexual experience among married adolescents

First, reproductive health covers all aspects of sexual relations, the capability to reproduce, and the freedom to decide if and when to bear a child. The right not to engage in sexual relations and the right to exercise control over reproduction may both be violated by early marriage. Sen (1997) found that among women in Calcutta half had been married at or below the age 15 years, and that this group were highly vulnerable to sexual violence in marriage. In 80 percent of cases where these young wives informed their husbands of their unwillingness to endure sexual violence, they were ignored (Sen 1997).

For the vast majority of uneducated rural adolescent girls in developing countries of the world, marriage remains the likely context for sexual intercourse. And while an unmarried teenage girl may find it difficult to resist unwanted sexual advances, her married sister may find it impossible.

In many societies in Africa, women have no choice but to resume sexual relations within two or three days of childbirth, even if there has been vaginal cutting during delivery and regardless of the pain it courses (UNICEF 2003). Furthermore, very few girls in early marriages in developing countries have access to contraception, nor would delayed pregnancy necessarily be acceptable to many husbands and in laws. Indeed, in many societies, childbearing soon after marriage is integral to a woman's social status. In Cameroon, Mali and Nigeria according to UNICEF (2003), the modern contraceptive us-

age rates among married 15-19 year olds are only 1.5, 2.4 and 0.6 percent respectively. The girl's right to have any say over when and if they should become pregnant is acknowledged, and their chances of really becoming pregnant are high.

The health problems linked to early marriage not only affect the pregnant mother and the foetus but also continue after childbirth. Evidence shows that infant mortality among the children of very young mothers is high, sometimes two times higher than among those of older peers (UN 1997).

## RESEARCH METHODOLOGY

### Sources and Methods of Data Collection

The major source of data for the study is structured questionnaires and Focus Group Discussions Guides (FGDs). Respondents were selected from married female adolescents aged 10-24 years in one urban and one rural community in Nsukka Local government area. A random sample of 100 married female adolescents (50 rural and 50 urban) was drawn to respond to a series of questions bordering on married female reproductive health status and needs. The data for this study were collected in 2009 as part of a larger on-going project on "The Determinants of Adolescents Sexual Behaviour" in South-East Nigeria. The respondents were asked questions about their socio-demographics and their reproductive health status and needs. A pretest of the instrument was earlier undertaken using 10 of the respondents in the study area to validate the instrument. The respondents in the study area to validate the instrument used in the pretest were not included in the final sample for the study.

Six (FGD) sessions were held in each of the rural and urban communities for the study. The selection of participants for the (FGD) was based on age. The age categories were selected as follows: married female adolescents aged 10-14, 15-19, and 20-24 years. Each session of the FGD was made up of 8 eight participants.

## RESULTS AND DISCUSSION

### Status of Married Adolescent Girls

The findings in this study show that the status of married adolescent girls in Nsukka Local

government area are influenced by some basic demographic characteristics namely age at marriage, level of education and employment. In terms of age at marriage the findings shows that (0.5%) of the respondents were married below 13 years of age, while (30%) were married between 13 and 18 years, and the majority (45%) were married between ages 19 and 24 years.

The types of conjugal relationships found in Nsukka Local government, as in most part of Nigeria, are monogamy and polygyny. The findings show that 75.5% of the married female adolescents were the only wives to their husband, whereas 24.5% were married into polygynous families; made up of the husband and two or more wives. External influences, particularly parental influence and those of relatives are still very crucial in marriage consummation among adolescents. Majority of the married female adolescents (80%) did not, by themselves choose their spouses. Also, a significant proportion of the respondents (25.5%) were found to have been pressurized into marriage by their parents, siblings and family relations. To buttress this point, a year old married adolescent girl in the rural location in one of the FGDs stated that:

*"My parents pressurized me out in marriage at the age of 14<sup>th</sup> years. I had to work very hard but my parent's in-laws didn't recognize this. My husband beat me so I didn't like to go back to this house even though he will come to take me".*

The highest proportion of married female adolescents (42.5%) in rural communities as compared to (92.5%) in the urban areas were pressurized into marriage by their parents. Once married, these girls are disadvantaged, they tend to be less mobile and have limited social networks, and in most cases marriage means the end of schooling.

Traditional, familial expectations and lack of opportunities pressure married adolescent girls to become pregnant soon. According to one respondent in the FGD, "newly married girls are expected to begin child bearing almost immediately. They give birth within the first 20 months following marriage". Asked to give reasons for early marriage, some of the respondents in the FGD mentioned society's refusal to accept unmarried pregnancies and sex outside marriage; failing school exams; neighbours gossip; the heavy workload in their parents' home, and the dream of love, nice cloths and seeing

new places after marriage. Many of the adolescent girls felt a sense of security and better status.

When asked to assess their status, some of the respondents in the FGD felt that their value and status were low because daughters do not inherit parental property.

*“We had been happy until we were married out because we could play as we liked without any work or retractions. Now we want to continue our studies but it is hard to do so due to our heavy household workload”.*

With respect to education and employment status result of the findings shows that only 8 percent of the respondents have completed tertiary education, (45%) had completed secondary education. A significant proportion of the respondents (30%) had completed only primary education. Only 0.5% of the respondents have no formal education. The bulk of the respondents with only primary education and those with no formal education reside in the rural communities of Nsukka local government area. The findings further show that 85% percent of the married adolescent girls are unemployed. Unemployment among the adolescent population in Nigeria is a serious labour problem. According to Oni (1992 cited in NISER 1998), a serious feature of the labour market disequilibrium in Nigeria is the continued heavy concentration of unemployment among the adolescents aged 15-24 years. The percentage distribution of unemployed respondents higher in the rural community of Nsukka is higher than those in the urban town. Self-employment that is, informal sector economic activities such as petty trading, hawking, tailoring and hairdressing provide job opportunities for unemployed married adolescent girls in both rural and urban communities of Nsukka. Majority of the unemployed adolescent girls in the rural communities are engaged in peasant agriculture. In sum, the basic demographic characteristics of age at marriage, education and employment status affect adolescent's social behaviour. The unemployment status of majority of the respondents shows that many of them would not meet their economic needs personally. With little or no skill, they are forced to seek refuge in the informal sector of the economy. Majority of the respondents did not have the opportunity of further education beyond basic education.

### Reproduction Health Needs of Married Adolescent Girls

First, respondents were asked whether they have ever given birth. The findings show that 10.5 percent of the total respondents have given birth in Nsukka urban town as compared to 25.5 percent in the rural community. The findings indicated that experience of childbirth among married adolescent girls was higher in the rural community than in Nsukka urban town. The respondents were further asked whether they desired the pregnancy or not. Some of the respondents stated that they desired the pregnancy but would have preferred to be pregnant later. About 1.5 and 4.5 percent had their pregnancy unplanned in the urban location and rural locations respectively. Absence of planned pregnancies is due to lack of access and use of contraceptives. The findings show that in Nsukka, the modern contraceptive usage amongst married adolescent girls is very low with only 2.5% of the respondents in urban and 1.8% in rural locations respectively.

Furthermore, only very few married adolescent girls receive antenatal care during pregnancy. Table 1 shows the distribution of married adolescent girls that received antenatal care in urban and rural locations of Nsukka.

**Table 1: Distribution of respondents by antenatal care**

Location	Responses		
	Yes	No	Total
Rural	9	41	50
Urban	28	22	50
Total	37	63	100

Table 1 shows that a little more than half of the respondents in the urban received antenatal care compared to less than one-tenth in the rural location. More adolescents in Nsukka urban town with more than primary school education received antenatal care from modern health facilities. Only 0.5 percent received antenatal care from Traditional Birth Attendants (TBA). Majority of the respondents in the rural location (65%) of some of the respondents in the rural location:

*“We receive antenatal care in traditional Birth attendant homes. These women use herbs and little knowledge of delivery to help us. During antenatal care, they give us some herbs to*

drink and advised us to abstain from eating certain meat such as snail and snakes which affect the production of saliva of babies. Eating of snakes by pregnancy mothers produce children who may not walk according to the TBAs.

The findings also show that some married adolescent girls were aware that early pregnancies were dangerous from a health perspective. Some of the respondents in the FGD stated that “the risk of early pregnancy and child birth could threaten the health and even lives of mother and baby”.

The respondents stated that the reproductive health risks associated with pregnancy when the body is not fully developed include “complications during childbirth contracting of sexually transmitted infections, damage to the reproductive tract and infertility. However, majority of the respondents in the rural location are not aware of the reproductive health to married adolescent girls

### CONCLUSION

This paper assessed the status and reproductive needs of married adolescent girls in Nsukka, Nigeria. The findings show that early marriage creates numerous vulnerabilities for married adolescent girls in the areas, including how social status and reproductive health problems for married adolescent girls. There is therefore the need to raise awareness among adolescent girls, parents, teachers and community leaders, but more importantly, there is also the need to hold the government accountable for enforcing the legal age of marriage.

Furthermore, programmes to enhance adolescent girl’s status within their marital homes and those that encourage education and improve their reproductive health and generate livelihood opportunities require the attention of the gov-

ernment. Also, simple structures can be developed in the communities for married adolescent girls to safely go for health information, acquire basic literacy, and obtain group support.

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