

Pregnancy Stigmatisation and Coping Strategies of Adolescent Mothers in two Yoruba Communities, Southwestern Nigeria

By

AGUNBIADE Ojo Melvin[†], TITILAYO Ayotunde[‡] & OPATOLA Mustapha[†]

All correspondence to: Agunbiade Ojo Melvin.

E-mail: ojomelvin@yahoo.com.

[†] **Department of Sociology/Anthropology, Obafemi Awolowo University,
Ile-Ife, Osun State, Nigeria.**

[‡] **Department of Demography and Social Statistics,
Obafemi Awolowo University,
Ile-Ife, Osun State, Nigeria.**

**Being a paper presented at the XXVL IUSSP International Population
Conference
Marrakech Morocco
September 27-2 October 2009.**

Abstract

Research investigating how adolescent mothers cope with unintended pregnancy is limited. Given the stigma attached to unintended pregnancy and the challenges of mothering in Nigeria, it is imperative to understand how adolescent mothers cope with this type of pregnancy. Forty-Eight in-depth interviews were conducted with adolescent mothers who had unintended pregnancies. Using a Snow balling technique, an informant assisted in recruiting willing adolescent mothers within the two communities. Content analysis was conducted by coding the audiotaped interviews for key domains of interest. Thematic narratives were developed and analysed. Findings showed that adolescents' sexual debut was through coercion with later sexual life. Pregnant adolescents were stigmatised by fellow adolescents, neighbours and their significant others. Prior to their delivery, almost all the adolescents attempted abortion but failed. There were gender biased blames on the adolescent mothers; little or no antenatal care was sort from the hospitals. Were such attempts were made; faith healers and traditional birth attendants were most preferred. Adolescent mothers were able to destigmatised their pregnancy through religious and personal resolutions coupled with informal support from their mothers and a few significant others. The complex circumstances of mothering as an adolescent in Nigeria call for the provision of tailored care and youth-friendly services to help female adolescents navigate through safely.

Keywords: Adolescents, unwanted pregnancies, stigmatisation, coping measures, Nigeria.

Introduction

Unintended pregnancy among female adolescents is a global phenomenon. It occurs in both developed and developing nations but with variations in degree and its consequences on the social actors involved. A recent estimate indicates that 16 million girls aged between 15 and 19 give birth every year. Within this figure, 95 per cent of them occur in developing countries. Across cultures, just seven countries namely: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria and the United States of America are responsible for half of all adolescent births (WHO, 2009).

Adolescence represents a critical period in the transition from childhood to adulthood including the development of their sexuality (Patton & Viner, 2007). This stage is characterised by adventures that are either normative or aberrant. Various studies have reported common risky sexual behaviours and the associated consequences among adolescents (e.g. Abdulraheem, & Fawole, 2009; Buga, 1996; Craig & Richter-Strydom, 1983; Flisher, Parker, & Walters, 1993; Harvey, 1997; Kuhn, Steinberg, & Matthews, 1994; Moore, Biddlecom, & Zulu, 2007; Nweneka, 2007; Odujirin, 1989; Richter, 1996; Westwood, & Mullan, 2009). Are adolescent risky sexual behaviours biologically or socio-culturally produced or both? Although it may be difficult to equate adolescents' brain and personality with risky choices, many of their risky behaviours are explainable within socio-cultural and other structural factors without necessarily laying the blame on their chemistry (Adetoro, Babarinsa, & Sotiloye, 1991; Le Breton, 2004; Males, 2009). To an extent, the social meanings attached to these behaviours and the associated consequences have placed adolescents on the lime light for stigmatisation than their adult counterparts indulging in similar phenomena. Stigmatisation of adolescent risky sexual behaviour has not been without its consequences as it has caused many adolescents series of

personal and collective consequences especially in the area of sexually transmitted infections and unintended pregnancy (Abdulraheem, & Fawole, 2009; Atuyambe, Mirembe, Johansson, Kirumira & Faxelid, 2005; Ilika & Anthony, 2004; WHO, 2009). Although significant drop in teenage pregnancies have occurred in some countries within the past 20 to 30 years, emerging findings still shows that adolescents account for 15 per cent of the global burden of disability for maternal conditions, and 13 per cent of all maternal deaths (WHO, 2006).

Adolescents mothers compare to their male culprits have been reported as the most affected in many developing nations especially in cultures where fertility within the marriage institution is highly valued; coupled with high gender and social inequalities in access to social resources and the means of production (Atuyambe, Mirembe, Johansson, Kirumira & Faxelid, 2005; Ilika & Anthony, 2004; WHO,2007). Are more female adolescents engaging in more risky sexual behaviours than their male counterparts are or vice versa? An informed answer to this question may be difficult to attain. However, Power relations, unfavourable political economy, poor reproductive health services, poverty among other social factors have been implicated in the rising number of unintended pregnancies among female adolescents in many developing countries and the sub-Saharan Africa in particular (Asscadi & Johnson-Asscadi, 1993; Atuyambe, et al 2005; Mbizvo, Bonduelle, Chadzuka, Lindmark & Nystrom, 1997; Silberschmidt & Rasch, 2001; WHO, 2007). The normative picture of adolescent mothers in the sub-Saharan Africa is that of an unhealthy looking girl with an unhealthy child, poorly educated, suffering from poverty, unemployed, shattered future, lack of access to reproductive health services and stigmatised for having unintended pregnancy (WHO,2007). Unintended pregnancy among unmarried adolescents and its stigmatisation are not peculiar to sub-Saharan region. However, there are cultural variations in societal reactions to adolescents' sexuality and efforts

aimed at promoting their reproductive health (Warenius, Faxelid, Chishimba, et al, 2006; Cuffee, Hallfors, & Waller, 2007). Mothering in Nigeria was ranked 111 as the worst challenging place to be a mother compared to about 146 countries (Sam, 2008). Earlier studies have shown adolescent mothers at disadvantage especially in terms of qualitative reproductive health services available to them when compared to adult mothers (Creatsas, et al. 1991; Galal, 1999; Atuyambe, Mirembe, Tumwesigye, et al. 2008). Largely, adolescent pregnancies, safe delivery and care of their babies have not received the needed attention (WHO, 2007).

Available scientific literature on pre-marital fertility of adolescents in sub-Saharan Africa and Nigeria focused more on risky sexual behaviour (Abdulraheem, & Fawole, 2009); factors influencing the use or no-use of contraceptives (Barker & Rich, 1992; Okonofua, 1995; Oye-Adeniran, Adewole, Umoh, Fapohunda, & Iwere, 2004; Oye-Adeniran, Adewole, Umoh, et al, 2004); adolescent pregnancy and preference for abortion (Otoide, Oronsaye, & Okonofua, 2001). Other scholars have also investigated factors influencing unintended pregnancy as well as its stigmatisation among adolescents (Atuyambe, et al, 2005; Ilika & Anthony, 2004). No doubt, findings from these studies have enriched the body of knowledge on adolescents' sexual health. However, how adolescent mothers cope with the challenges of unintended pregnancy during have not received research attention in the sub-Saharan Africa, Nigeria inclusive (Atuyambe, et al, 2005). In reality, there are those whose health and well-being and those of their children has grown worse due to unintended pregnancy. Similarly, there would be some, though they might be few in number but who have survived the phenomenon of unintended pregnancy. What are their pregnancies experience like and how did they resolve the challenges that emanated from their unintended pregnancies. What socio-cultural factors could be responsible for their enablement to live out of the stigma? An exploration of the phenomenon of unintended

pregnancy from the lived experiences of adolescents and their strategies in de-stigmatising unplanned pregnancies will not only improve our understanding of ‘their world’, but will also be relevant in policy formulation and working out effective programmes that may better improve the socio-economic status of adolescent mothers in Nigeria. These are some of the issues addressed in this study.

Hence, this study explores the experiences of adolescent mothers with unintended pregnancies and strategies adopted in resolving the stigma in two Yoruba communities in southwestern Nigeria. This was done within the framework of micro-macro subjective interpretations of fertility outside marriage. Since such constructions affect adolescents ability to find relevance in the unexpected and redirect their future and that of their children from a precarious to a promising one especially within social context where minimum supports and social tolerance may be inadequate. In this study, unintended pregnancy was conceptualized as an occurrence of fertility in a female adolescent outside marriage and when least expected.

An overview of Adolescent Pregnancy Stigmatisation in the Yoruba Culture

The use of stigma in sociological discourse has been popularised through Goffman’s book on *stigma: Notes on the management of Spoiled Identity*. The work has stimulated series of research efforts on the “nature, sources and consequences of stigma” (Link & Phelan, 2001). Thereby creating an array of research activities on stigma with diverse definitions, approaches and outcomes (Link & Phelan, *ibid*). In Goffman’s opinion, stigma represents ‘*the phenomenon whereby an individual with an attribute is deeply discredited by his/her society or rejected as a result of the attribute. It is a process through normal identity is influenced negatively by the reaction of others*’ (Goffman, 1963). In a similar vein, Jones, et al (1984, as cited in Link & Phelan, 2001) construed stigma as a relational attribute stereotyped to produce a mark that links a

person to an undesirable characteristics or result in discrimination. The concept of stigma has multiple sources and there clear indicators of its social origins as well as the factors that perpetuate it (Haghighat, 2001); but central to these factors is an underlying motive surrounding social actors' creation of stigma which Haghighat (ibid) attributed to the pursuit of self-interest.

At the conceptual level, Link and Phelan (2001) attributed stigma in any social context to the presence of the following five interrelated components conditions: *(1) people distinguish and label human differences. (2) Dominant cultural beliefs link labeled persons to undesirable characteristics. (3) Labeled persons are placed in distinct categories so as to accomplish some degree of separation of "us" from "them". (4)labeled persons experience status loss and discrimination that lead to unequal outcomes; and that (5) stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination.*

The Yoruba culture manifests these components in the social construction of adolescent pregnancy. Within this culture, there is high premium on fertility within marriage, while pre-marital fertility among adolescent is abhorrent. Largely, societal norms and values govern the reality of fertility. Society defines, regulates and often removes the freedom of expressing and the chances of exploring and experiencing sexuality and fertility from the jurisdiction of the individual and deposits it with the group. There are some adolescents whose sojourns into the land of sex occur via child sexual abuse, rape or even incest and which in most cases are left unaddressed by their significant others (Meursing, Vos, Coutinho, et al, 1995). Yet the memory of such sexual exploits lingers on the adolescents mind and could serve as stimulus or otherwise to their future sexual explorations. Whatever the outcomes of such sexual exploits, adolescent

are usually on the receiving ends. Popular musicians among the Yoruba people like King Sunny Ade, Chief Ebenezer Obey (now Evangelist Ebenezer Obey), Wasiu Ayinde barrister and Adewale Ayuba to mention just a few used some of their albums to preach against pre-marital sex, abortion and depicted how adolescent pregnancy are stigmatised. Adewale Ayuba a prominent 'Fuji' musician described the consequences of adolescent unintended pregnancy and labelled such pregnancy as *ile mosu* (a mother and a wife in ones parent's home) in his album entitled 'Bubble'. An extract from the album is stated below:

Iwe la ni komo o ka Oyun lomo logbe wale

Nigba tonse o, Iya re o mo, Baba re o mo

O digba toyun ba yo, won ama no eee oo, won ama be o o.

Won ani ko niso lo do eni to oloyun

Won b'omo b'omo fun osu mefa

Ko S'eni to oloyun, ha oti kekere dile mosu.

Meaning: We sent the girl child to study

She returned home with pregnancy

When you were indulging in premarital sex neither the mother nor the father was aware

However, with time pregnancy will emerge, you will be beaten, and persuaded.

To reveal the person responsible for the pregnancy

The girl child was persuaded for six months

Nobody owned up to be responsible for her pregnancy, now she is a mother and a wife in her parents' home.

Similarly, the Yoruba culture also has some derogative words used in describing adolescent pregnancy among which include words like *oyun eye* (Bird pregnancy), *oyun ibanuje* (sorrowful pregnancy), *oyun ko yun* (unwarranted pregnancy), *oyun eleya/esin* (shameful or embarrassing pregnancy) among others. All these meanings are usually expressed verbally or non-verbal in interacting with adolescent especially the female ones with unintended pregnancy. Such negative meanings may be functional in society's wisdom as a deterrent to unintended adolescent pregnancy, but dysfunctional to adolescent parents and their offspring. Negative messages may affect the self-perceptions, out-look of already pregnant and parenting adolescents, and as well set them on the path to failure (Lewis, Scarborough, Rose & Quirin, 2007). Children born out of such context may also grow to believe the negative meanings and start acting them out in their interactions with others as well as themselves, since they have been tagged 'failure' right from their mothers' womb. However, the mere occurrence of unintended pregnancy does not mean a total surrender, as there are adolescent mothers whose stories have changed due to determination and support from the social system (Lewis, et al, 2007). In the Yoruba parlance, there is a common saying that '*Omo eni kii buru titi kii a fi fun ekun paje*' (no matter the degree of waywardness or stubbornness of one's child the fact is that no parent will be willing to donate such as food to a Lion).

In a similar vein, adolescent also develop resistance to stigma as they do in their sexuality by involving in premarital sex even when they are aware of the socio-psychological consequences of such behaviours. Hence, Young mothers do perceive stigma in their lives; some imagined, most very real. In Goffman's (1963) thoughts, these young women would behave like the executioner. They would move tentatively or resolutely move forward but with their eyes downcast, accepting of their fate as a stigmatized individual, incorporating a stigmatized identity

into their own sense of self and harbouring a persistent shame at their transgressions. The process of deconstructing or destigmatisation at all levels will also have to take cognizance of this factor among others in interventions aimed at reducing the consequences of stigmatizing (Link & Phelan, 2001), and more so, stigmatizing unintended pregnancy among adolescent mothers is a reflection of society's interpretation of pre-marital fertility (Atuyambe, et al, 2005; Ilika & Anthony, 2004).

In the literature, adolescent pregnancy is largely construed as personal problems that affect both the individual and the community at large. The link between the personal and the public troubles with adolescent pregnancy cannot be pinned to a single direction. It is obvious that there is a continuum between the objective and subjective dimensions of the micro-macro interactions in the Yoruba construction of pre-marital fertility. At the public scene, unprotected sexual intercourse and unwanted pregnancies consequences are easier to observe on the female than their male sexual partners are. Stigmatisation of pregnancy demonstrates one among other dimensions in the existing variations. Adolescents are socially unexpected to engage in sexual activities (Atuyambe, et al, 2005; Barker & Rich, 1992; Ilika & Anthony, 2004; Okonofua, 1995; Otoide, Oronsaye, & Okonofua, 2001; WHO, 2007). When unintended pregnancy occurs, it is usually a traumatic among many adolescents (Wiemann, Rickert, Berenson & Volk, 2005). Beyond the trauma of unintended pregnancy and its stigmatisation, there is need for in-depth understanding of adolescent mothers' coping tactics with this reality. Prior research efforts have neglected this aspect of adolescent pregnancy in sub-Saharan Africa and Nigeria in particular. To fill this gap, this study explores adolescent mother's experiences with unwanted pregnancies and the strategies they adopted in resolving unintended pregnancy stigma.

Method

The Study Setting

Two purposively selected Yoruba communities (Ile-Ife and Modakeke-Ife) in Osun State of Southwestern Nigeria were the specific sites of the study. The Yoruba people are Nigeria's second largest ethnic group. There are six geopolitical zones in Nigeria and the Yoruba people are in the Southwest geopolitical zone. By this classification, the Southwest geopolitical zone consists of six States namely: Ekiti, Lagos, Ogun, Ondo, Osun, and Oyo States.

Ile-Ife is a town located in the eastern part of Osun State. The town is about 2.75 meters above sea level. From traditional and historical sources, Ile-Ife is regarded as the ancient home of the Yoruba race. There is about 40km distance between the town and Osogbo the State capital and 78 km away from the North-East of Ibadan, the Oyo State capital. Ile Ife is made up of five core traditional quarters namely: Irewo, Okereke, Moore, Ilode and Ilare. Modakeke-Ife was created as a quarter by the Ile-Ife to absorb them after they were forcefully displaced from the Old Oyo Empire during the invasion of the Old kingdom by the Muslim jihadist (Johnson, 1921). The two communities also share a long history of communal clashes for economic and political reasons (Oladoyin, 2001), which have drew back developments in both towns. Apart from this slight difference, both communities share a lot of things in common. There are two local government areas controlling both towns. These are Ife Central and Ife East local government areas. Agriculture is the mainstay of the local economy. They specialize majorly in cash crops with Cocoa, Palm oil, Kola nuts as the major crops. Ile-Ife has a major market where people from neighbouring communities and States patronize for business purposes. Similarly, the Modakeke-Ife people also have a market which deals more with agriculture produce than the one in Ile-Ife. Both markets are also patronized by the members of the communities and outsiders.

Ile-Ife people are also known for Bronze works which include the popular Ife Terracotta. They are also into textile dying, weaving and pottery works. There are number of commercial banks in both communities and educational institutions ranging from public and private Primary Schools to a Private Polytechnic and the prestigious Obafemi Awolowo University, thus making the towns host to the University.

Health care service provision is organized around orthodox and non-orthodox medical systems. While non-orthodox medicine is closer to the people, orthodox hospitals are few. Although in comparison to similar towns around both communities will appear better in terms of access to modern health care facilities. This may linked to the presence of the Obafemi Awolowo University Teaching Hospitals Complex. The hospital provides health care services at all levels through its various units. This has contributed to the size of the hospital with its strengths and weaknesses. In addition to the Teaching hospital, there are private hospitals of which the Seventh Day Adventist Hospital is the largest and there are other smaller ones. While the number of non-orthodox practitioners in both communities may not be known, traditional medicine is well established in the towns and are often patronized. Ile-Ife as the cradle of the Yoruba Race has important religion festivals which are widely celebrated. To date, traditional religion is practiced along with Christianity and Islam by members of the communities. The presence of Higher Institutions, religious bodies, and corporate bodies inclusive has affected the way of life of the people both old and young in both communities.

Study Techniques

The study presented here was part of an in-depth study of adolescent with 48 adolescent mothers in two selected Yoruba communities. The inclusion criteria was the presence of one or more adolescents' mothers between the ages of 12 and 21 who had unintended pregnancy and a

life birth within the last 3 years preceding this study in a household. Key informants recruited from the study communities carefully identified such households.

For the purposes of this study, we adopted Izugbara's (2008) definition of household *as a group of people living in the same house, answering to the same head, and sharing a common source of income and food*. From each community, we targeted 30 adolescent mothers to obtain a total sample of 60 participants. The first step was to arrange all eligible households in the two communities into clusters using the year 2006 national population census enumeration areas (EAs) map for the two communities. Residential areas within EAs in the communities were identified and purposively selected. The selected EAs were further divided into clusters. The number of participants recruited in each cluster depended on the relative number of clusters against the aggregate number of participants ultimately interviewed in each community. We informed all the participants that the research aimed to investigate unintended pregnancies experiences among adolescent mothers within the communities. The interviewers used guideline questions to focus the discussion, while they were encouraged to probe further, on where additional information may be required. In addition, the authors provided necessary and occasional supports intermittently as the discussion might demand. Specific efforts were to investigate their relationship with their partners before they were impregnated, views on protected sex, actions taken after confirming their pregnancy; perceived stigma as a result of the pregnancy, their antenatal and postnatal care experiences, their coping strategies and available network of supports. Of the 60 adolescent mothers surveyed, 10 refused to cooperate principally on the grounds of lack of interest or not wanting to discuss their pregnancies experiences for now, while 2 discontinued their participation after agreeing to participate. With this, we were left with 48 valid responses.

Interviews were held with the adolescent mothers that indigenes and currently based in Ile-Ife and Modakeke-Ife Communities. Inclusion criteria include pregnancy and live births that occurred among female adolescents aged (12-19 years), ethnicity (Yoruba), and place of residence. We adopted a ‘snowball’ or acquaintance sampling strategy whereby an informant within the selected clusters in both communities assisted in identifying the participants. A core group of the participants were asked to identify friends and acquaintances that they perceived to be ‘similar to them’. Despite the limitations associated with the snowball method, it was deemed necessary in this particular case as suggested by Karasz and McKinley (2007).

Interviews were conducted in Yoruba language by four experienced female community health workers who had extensive experience with adolescent mothers. In order to create a comfortable interaction between the interviewers and the participants, an open, empathetic and trustworthy approach without any bias was adopted and maintained through the interview sessions. All interviews were held in preferred locations suggested by the participants. We also obtained all the participants’ permission for the audio recording of their responses and guaranteed them that we would treat all responses confidentially. On the average, an hour and thirty minutes was spent on each interview session. The qualitative interviews aimed to elicit in-depth narratives of the participants’ experiences with unintended pregnancies and their reactions to the phenomenon. Three qualified researchers in the field of Medical Sociology, Health Psychology and Community Health from the Obafemi Awolowo University, Ile-Ife, Nigeria carefully and independently validated the interview questions. All participants were fully informed of their rights to discontinue with the interview at any point. Their consent was obtained in written and were not possible orally.

Analysis

A phenomenological approach as suggested by Smith (1996) was adopted in contextualizing the experiences of adolescent mothers with unintended pregnancies. To achieve this, all tape-recorded interviews were transcribed verbatim and subject to interpretive phenomenological analysis. Efforts were focused upon the generation of common themes and explanations derived from the transcripts. Initial transcription of data was done in Yoruba and later translated to English language. Both the Yoruba and English transcriptions and translations were later given to an expert in both languages to ensure proper and accurate translation. All the recorded interviews were transcribed verbatim and checked for accuracy. The transcripts were rereads several times by the three authors and emerging themes listed. Thereafter, each occurrence of the emerged themes was observed in the data as suggested by Woods, Priest and Roberts (2002).

Common themes that emerged through this process reflected a shared understanding among participants of the phenomena of unintended pregnancy in fertility within marriage culture. To provide an indication of the accuracy of theme generation and allocation, four additional researchers from the faculty of social sciences of the Obafemi Awolowo University were invited to take part in the data coding process, an approach suggested by Woods, et al (2002). This provided a way of checking for validity and ensuring that the emerged themes were representative of the participants' narratives. Thereafter, all the authors met to build the thematic narratives into context. For purposes of confidentiality, we did not report the participants responses by their real names and community affiliation, pseudo names were adopted in our presentations. Findings emerged are presented below in form of extract:

Findings

From all the transcribed interviews, thematic narratives were then developed and analysed. Although the results of this type of investigation are not meant to represent the pregnancy experiences of all adolescent mothers, however, these findings provide insight into the lives of adolescent mothers' and point to areas of significance. The findings have been captured under sexual debut and nature of relationship with their sexual partners prior to their pregnancy, perceived stigma, failed abortion attempts; gender biased blames and network of supports during pregnancies, antenatal care experiences and resolutions taking to reconstruct their situation. Supportive quotes are included to give recognition to the adolescent's words and perspectives.

Some Characteristics of the Respondents

None among the participants had completed their secondary education before conception. Majority of them were in school at the time of conception. After child birth, about 60 per cent of the participants in this study had up to junior secondary school education, but very few 10 (20.83%) eventually completed their secondary school education. Only 5(10.42%) were without formal education, while 13(27.08%) had up to primary education and only 1(2.08%) had commenced post secondary education in a polytechnic. The analysis that follows is based on information collected only from the 48 adolescent mothers. There were more Christians than Muslims among the adolescents. The average age of the participants was roughly 18years.

Twenty-three (47.92%) of these adolescents were currently traders, 13(27.03%) were artisan with majority into Hair Dressing and Tailoring, only a few were employees(16.67%) and apprentice(8.33%) at various levels. Only 1(2.08%) among the adolescent mothers was allowed to stay with her parents when she was pregnant. More than average of the participants stayed with the person responsible for their pregnancy (28) and close to 40 per cent were with their

father/mother-in-laws during pregnancy. However, a reverse trend was witnessed after the adolescent mothers gave birth. About 36 per cent of the participants relocated to their parents' home, while a slight decline was reported in the proportion of adolescent mothers that stayed with their father/mother-in-laws after delivery (29.17%). A similar downward trend 15(31.25%) was observed in the proportion of adolescent mothers that stayed with the person responsible for their pregnancy after child birth. Living as a single mother only emerged after child birth. This indicates that single motherhood was unpopular among the participants.

Table 1: Socio-demographic characteristics of the participants

| Variables | | (N=48) % |
|---------------------------------------|-------------------|-----------------|
| Age at conception | | |
| 12-15 | mean= 13.75 years | 8(16.67%) |
| 16-19 | mean= 17.75 years | 40(83.33%) |
| Level of Education after Birth | | |
| None | | 5(10.42%) |
| Primary | | 13(27.08%) |
| Secondary | *JSCE | 19(39.58%) |
| | **SSCE | 10(20.83%) |
| Higher institution(Polytechnic) | | 1(2.08%) |
| Occupation | | |
| Artisan | | 13(27.03%) |
| Employed | | 8(16.67%) |
| Trading | | 23(47.92%) |
| Apprentice | | 4(8.33%) |
| Religion | | |
| Christianity | | 27(56.25%) |

| | |
|--|-------------|
| Muslim | 21(43.75%) |
| Place of abode during pregnancy | |
| Staying with parents | 1(2.08%) |
| Staying with father/mother-in-laws | 19(39.58%) |
| Staying with the person that impregnated them | 28(58.33%) |
| Place of abode after child birth | |
| Staying with parents after child birth | 17(35.42%) |
| Staying with father/mother-in-laws after birth | 14(29.17%) |
| Staying with the person that impregnated them | 15(31.25%) |
| Living as a single mother | 2(4.17%) |

**JSSCE: Junior Secondary School Certificate Examination (the first three years in the Nigerian Secondary School System).*

***SSCE: Senior Secondary school Certificate Examination (the last three years in the Nigerian Secondary School System).*

Sexual debut and nature of relationship

A high proportion of the participants were coerced into sex by a relative, or neighbour. Initially it was difficult for some of the participants to come out of their shell when questions on their sexual experiences prior to their pregnancy were asked. Their confidence was gained when they were assured that their names and locations will not be mentioned in the report and that the audiotaped interviews will be handled in strict confidence.

...one of my cousins loured me into sex at age 5. Then he was 10 years older. At the inception, he fingers my virginal. He did not force me into it, but I could not resist it either even though I was not aware of the consequences. It continued until the day I eventually lost my virginity to him then I was already 13 years. Although 'o dun mi gan sugbon mo le so fun eni keni (I was very bitter, but cannot inform any one about my ordeal) I have forgiven him now, but that was how I became exposed and more interested in sexual intercourse. (Adolescent mother aged 17).

In the case of another participant, it was a different ball game.

I grew up in a neighbourhood where there were so many children and adolescents. There was a young man in my compound who used to play with me and our neighbours do call me his wife. Unknown to my parents and other siblings, he used to 'finger' me each time I am alone with him. I started enjoying it, until the day, he had sexual intercourse with me then I was 12 years old and he was 25years. It was very painful but he persuaded me not to keep secret and gave me some money to buy sweets and biscuits. I threatened him that I will inform my parents but he pleaded, so I decided to keep mute and stopped playing with him. (Adolescent mother aged 19).

Three among the participants lost their virginity to the person that impregnated them. Two of them agreed they did it out of love, but one insisted it was out of coercion because she was just 15 years old and was not ready for sex then. *She laughed...but today now, it's all story.* They were all in consonance that the relationship will eventually lead to marriage and thus less resistant to pre-marital sex. Two of these adolescents were already in the Senior Secondary School Class 2 and the other was a hairdressing apprentice when they became pregnant. They all agreed that they enjoyed their sexual exploits and started seeing other men in secret. Similarly, all their current sexual partners were at least 3 years older than they were. Buttressing the above is an extract from one of the interviews with an adolescent mother:

He promised to marry me and that made me to release my body for him, though I was scared of becoming pregnant since I was still in school. Eventually, when I became pregnant, he kept his words and accepted he was responsible for my pregnancy. (Adolescent mother aged 18).

There were observed similarities and differences in the nature of the relationship between the adolescent mothers and their partners. Some of the adolescents found themselves in what may be described as circumstantial sexual relations as contained in the narrative of one of the participants.

I met the person who impregnated me at my aunt's canteen. My worked in her canteen and my job was to assist in washing of plates and cleaning of tables. It was because of my parents' inability to pay for my Senior Secondary School Examination Fee that took me to Lagos. The man was one of my aunt's customers. He was a Roadside Mechanic close

to my aunt's canteen. It all started as friends but before I knew what was happening he had started having sexual relations with me until I became pregnant (Adolescent mother aged 16).

From the various experiences of the participants, they were familiar with their sexual partners and were actively involved in unprotected sex. However, they were optimistic that pregnancy would not occur. Majority of them were into the relationship secretly expect a few cases like the three earlier mentioned who claimed that their mothers were aware but were not encouraged to become pregnant at that time. Even when some parents were aware of their daughters' sexual relationships, no conscious efforts were made to them into the usage of contraceptives.

Preserve or terminate the pregnancy?

All the participants took active steps towards terminating their pregnancy but without success. In contrast, some of the participants had partners that were more willing to let the pregnancy be. For the adolescent mothers, factors such as the feelings of shame, guilt, and discrimination, disappointments in themselves and their parents and the unwillingness to become a mother at that age influenced their preference for termination. For their partners' decisions to preserve the pregnancy, some of the participants explained that their partners were older, working, share the belief that pregnancy termination was devil, could lead to death and some cases considered abortion as a thing that must not be heard in their family lineage. All these reasons may be relevant in explaining the variations in choices between both partners. Below are some extracts on adolescent mothers' preference for abortion to preserving their pregnancy.

I was so eager and desperate to abort it because I was not ready to be a mother and no financial ability to cope with. Since I wanted to abort it and no money, I called the person who impregnated and told him my intension, however, he resisted my decision and opposed me vehemently, saying they do not abort pregnancies in their lineage and threatened to get me arrested if I tried aborting it. He forced me not to abort the pregnancy. My parents felt so bad that I was pregnant at that age. (Adolescent mother aged 17).

I wanted to abort my pregnancy because of my education. Then I was in SSCE I and my partner was working with the Nigerian Navy. I told my partner my intension; he refused and threatened to arrest me. (Adolescent mother aged 15 year).

I felt like killing myself when I became pregnant. I was living with an aunty who was just too harsh Ina ni (she was fire). I told my partner that I missed my monthly period so he took me to his mother and they both told me it was a taboo to abort pregnancy in their family that I should leave the pregnancy. I was depressed and furious because I went to Lagos in search of money for my SSCE fees 'ni mo r' oyun hee' (I became pregnant by accident) (Adolescent mother aged 16).

The experiences of the above adolescent mothers in the hands of their partners appeared somewhat palatable; some participants never had it pleasant with the person responsible for their pregnancy. Some of them were deserted, denied, and physically abused by their partners. Some partners also persuaded the adolescent mothers to abort the pregnancy with little financial support at times. Participants with experiences narrated how they were willing but failed to succeed in aborting the pregnancy. Below extracts substantiates the above:

I was very unlucky with my boyfriend who was three years older than I was. I became pregnant at the age of 15 years. When I informed my boyfriend, he beat and threatened me to abort the pregnancy. Since I wasn't prepared to be a mother, I accepted. I used different local concoctions prescribed to me by some of my friends and my partners' friends but without success. I almost lost my life. If not for my parents, I should be late by now. I did not loose the pregnancy, but I experienced Hell. He never wanted to see me again; all he wanted was to abort the pregnancy. He gave the sum of #2,000 equivalent to \$20 US Dollars (at #100 to \$1) (Adolescent mother aged 18).

I felt bitter and wept bitterly when I noticed that I was pregnant. I told my boyfriend who did not deny but abandoned me. Then I was in JSS 3. I confined in a friend who had aborted more than 4 times then. She told me she had stopped such things (abortion) that

she was pregnant too. Nevertheless, she took me to a Doctors place. We were told to pay #3,500 equivalents to \$35US Dollars (at #100 to \$1). I had no money and my partner couldn't support me. I relied on this friend but eventually she disappointed me when she aborted her own pregnancy and did not lend me money to do mine. She could afford it because she was hanging out with married working class men. I felt disappointed in myself for letting down my father. I tried all efforts to terminate the pregnancy but 'pabo loja si' (without success). (Adolescent mother aged 19).

I was given the beating of my life that day. I had three close friends then, one of them who was older and had aborted pregnancy before asked me to use potash with lime orange, but I was scared of death so I did not yield to her advice. I went to a hospital, but I was not assisted. I became pregnant when I was in primary 6 then I was 12 years and 7 months old. The guy responsible for my pregnancy was 18 years old then and he was a mechanic apprentice then. Immediately my pregnancy was becoming obvious I was sent away from school so that other pupils will not imitate me. I wanted to get rid of the pregnancy at all cost. (Adolescent mother aged 15).

Many of the participants displayed a high level of ignorance on pregnancy symptoms.

Quite a number of them claimed that they or their partners were not aware of their pregnancy until after a few months.

It became clear to me that I was pregnant after three months. I started working towards aborting the pregnancy more rigorously. I was given a native concoction through one of mine friends and some many other things just to get rid of the pregnancy, but 'ori omo yen o gba fun mi' (the child refused to be aborted). After several attempts without success, I had to inform my mother and the pregnancy was already four months then (Adolescent mother aged 15).

On both sides, there are clear indications that both adolescent and their partners were occupied with the voyage of sexual fantasies and believed pregnancy will not occur. However, factors such as the nature of the relationship between the adolescents and their partners, age gap, financial independence and socio-cultural beliefs and the fear of death among other factors were clearly cited as factors influencing the participants' choice of abortion or preserve the pregnancy.

Pregnancy Stigma Experiences

For many of the participants pregnancy period was unpleasant and undesirable. Physiological make up of adolescents makes their bodies unripe for early pregnancy especially in those below 18 years of age. However, physiological changes associated with adolescent pregnancy carries additional social meanings that are synonymous to identity reconstruction and consolidation. Prior to this period, many of the participants narrated how they enjoyed good rapport from their friends, significant other and other members of the community. Their appearance in social gatherings was not repulsive, but with the pregnancy things changed. Thus, their pregnancy became a vehicle of measuring their non-conformity to social norms, their identity and available opportunities to realise their future aspirations. These meanings also provide frameworks through which other adolescents are tutored in the best way to behave. Even after childbirth, a high proportion of the adolescent explained how their stigma continued until they started reconstructing their lives with minimal encouragement from their mothers in particular. Largely, many community members and even some of their relatives held on to the participants past sexual exploits of the adolescents and used that to direct their interactions with the adolescents in many ways. Below are some extracts from the participants:

I told the person who impregnated me, but he refused to answer and never showed up. I stayed with my parents through out the period of my pregnancy. My father assisted financially. My partner also comes around as he wishes. At times, it will take more than 4 months before I set my eyes on him (Adolescent mother aged 14).

I was sent away from school so that other pupils will not imitate me immediately my pregnancy was becoming obvious. This was expected since I have seen other adolescent going through the same so I wanted to get rid of the pregnancy at all cost. (Adolescent mother aged 13).

...I will never forget the day my schoolmates humiliated me when I went to my school for my Junior West African Examination Result. They started calling themselves to come and see me because I was pregnant (Adolescent mother aged 14).

My parents sent me away from home when they noticed my pregnancy, but I was lucky to have a good partner. He took me in and we have since lived together as couples. It wasn't easy for us initially. We asked God for forgiveness and he sent us help. (Adolescent mother aged 15).

I felt disappointed in myself for letting down my father because he loved me and I was a brilliant student. My father and I both locked ourselves in a room and wept profusely. My father was very bitter for the disgrace as well as the perceived negative effects the unwanted pregnancy will have on my education. (Adolescent mother aged 14).

Pregnancy is a physiological modification of the body and it has a strong influence on the mind and social relations of the pregnancy carrier. The macro-micro subjective interaction depicts clearly how both adolescents, parents and members of the community struggle to maintain the continuum between what is normative and fashionable. The Health professionals (Doctors and Nurses) and religious bodies are not left out of this as they replicate through subjective perceptions, beliefs and attitudes towards adolescent pregnancy. Some of the participants narrated their experiences with the healthcare professionals and religious leaders.

Some of the participants found it difficult to visit hospitals except maternity homes run by missionaries in the communities. Those who went for antenatal care in modern hospitals did that late because they were not sure of their pregnancy status and were afraid of being labelled prostitute. In comparative terms, the many participants expressed preference for the non-orthodox healing centres to orthodox medical systems. Some Nurses humiliated three of the participants who sought for help on time at a hospital. From the participants view, some of the Nurses considered them too young to be pregnant, useless and called them prostitutes. On the other hand, some nurses preached to some of the participants and advised them on how to handle their situations better. Below are some extracts:

I stopped going to the church when I noticed that I was pregnant. I was suspended from engaging in church activities and my partner was invited for questioning. We were both sober and asked for forgiveness. We served some punishments and our pastor later encouraged us to live holy. I have learnt my lesson. However, there are still some of our church members who don't believe in us because of our past. (Adolescent mother aged 19).

The first time I went for the pregnancy test the nurse who attended to me cut me off from visiting the hospital when it eventually became positive. (Adolescent mother aged 17).

Coping with unintended pregnancy and available network of supports

Personal resolutions including religious measures and little support from some caring significant others and mothers in particular were mentioned as their survival measures after successful childbirths.

I was in JSS 3 when I became pregnant. After giving birth, with the support of my parents I went back to learn hair dressing (Adolescent mother aged 15).

My father took care of me during pregnancy. My mother assisted in taking care of the baby and both have been supportive since gave birth (Adolescent mother aged 14).

When I became pregnant, an unrelated person took me in and I started staying with that person. I informed the man responsible for my pregnancy though he did not deny it but did not care for me. The only thing he did was to pay my hospital bills. Since then I have been staying with my mother. If not for her I do not know, what my life could have amount to (Adolescent mother aged 19).

While others rejected me my mother took me in. she was ashamed as a mother since Omo to ba dara ti baba ni, eyi to ku di e kaa to fun, ti Iya e nii (a good child is of the father and the bad one is that of the mother). After a successful delivery, I started learning tailoring. Although the guy kept coming, but I refused to have sex with him again even though he is the father of my child (Adolescent mother aged 15).

I had to stay with my father – In –law who took care of me during the period. After my delivery, 3 months later my mother asked me to come. I had to stay with her and started learning hairdressing. (Adolescent mother aged 18).

I was in SSC 1 when I became pregnant and the young man that impregnated was writing his WAEC then. My mother went out of her ways to provide me with support. Initially she was very bitter, but later accepted me. I am staying with my mother right now and I am into trading. My child is also healthy. I have learnt my lessons (adolescent mother aged 16).

I deviated from the Christian way I was brought up. After my ordeal, I rededicated my life back and some members of my church supported me and volunteered to care for me and my child. I now assist in providing domestic services on weekend basis at three of our members' residence. They have also supported my education and I am now running a Diploma programme in the Polytechnic Ile-Ife. (Adolescent mother aged 19).

Personal resolutions were common coping measures in accounts of the adolescents. There were variations in the adolescent experiences as depicted in the above accounts. Despite the relative level of fair successes contained in the resolutions and supports given to the participants, many of them also lamented on the difficulties in becoming a mother at a tender age. There were moments of despair and disappointments as the participants reflect on their past. Many of them also wished they never had such experience and since they could not turn back the hands of the clock, a consensus among the adolescents was that such should not occur in their children's lives.

Discussion

The findings of these interviews with adolescent mothers in two Yoruba communities may not be necessarily be representative of the experiences of the larger population of adolescent mothers in Nigeria, they do highlight a number of issues surrounding the reality of adolescent mothering in a cultural context. This study explored the experiences of stigmatised adolescent mothers with unintended pregnancies and their strategies in resolving the stigma. In our examination of adolescent pregnancy stigmatisation and coping measures, we relied on symbolic interactionism that allowed us to focus on the expression of individual agency within the Yoruba construction of young people's sexuality and the consequences of unintended pregnancy on

adolescent mothers. Emerged findings showed that none of the participants completed their secondary education before conception. Only a few of them eventually did after given birth. One among the participants had started a Diploma programme in one of the Polytechnics in Osun State. This is an indication that adolescent mothers are willing to struggle and achieve a better future if given the opportunity. To survive with their children, the adolescent mothers in this study engaged in profitable economic activities such as trading, artisan (Hair dressing and Tailoring) and paid employment in form of shop or restaurant attendants. However, some of the participants were still serving as apprentice (8.33%) at various levels even after given birth. These findings support some prior reports that adolescent mothers are often with low education and lack of social support (Atuyambe, et al, 2005; Illika & Anthony, 2004; Okonofua, 1995; WHO, 2007).

No formal form of support was mentioned by the participants. All the adolescents were supported one way or the other through informal means which largely rests on few sympathizers. Some of the adolescents reported that they received qualitative support from their mothers than any other person. This again supports the Yoruba notion that *ti omo ba dara ti Baba ni to si ku die ka to ti Iya ni* (the good child is that of the father and the bad one is for the mother). Good motherhood in Yoruba culture is highly valued and all mothers are expected to aspire towards becoming one. Such values are often preached and reflected through songs, works of art, music, language, and religion. The highest value is given to woman as a mother because Yoruba people revere motherhood (Makinde, 2004). There was an exception as one among the participants enjoyed informal support from some members of her church members who were sympathetic to her plight. Even in this case, the support was more of a freewill support from the members and not the policy of the church in question. It is understandable that many religious organisations

may find it difficult making it a policy since Christianity for instance frowns at premarital sex. Thus, making a policy that adolescent mother should be supported may be translated in some quarters as an implicit support for pre-marital sex. Although in the case of this participant, her commitment and active involvement in church activities might have formed the basis of arriving at the conclusion that she has genuinely repented of her past. In addition, it also depends on the way her past has been interpreted by such church members. By and large, no form of formal support is available for adolescent mothers in Nigeria and in Uganda as reported by Atuyambe et al (2005) compare to the findings by McDermott, Graham and Hamilton (2004) among pregnant adolescents in Britain. The little form of informal support enjoyed by the adolescent mothers in this study made remarkable effects on their dispositions to life challenges.

Sexual abuse and incest have long history in many cultures. Incest, which means having sexual relations with ones blood relative, is a taboo in Yoruba culture (Fadipe,1970), but with westernisation, it appears such beliefs are gradually becoming less significant among younger people. This may be an indication that many of the adolescents were not free to narrate their private experiences to their parents especially on sexual matters. None of the participant claimed ignorance of society's negative disposition to incest and child sexual abuse. Some of the participants with such sexual debut shared remorse feelings immediately after indulging in such acts. Although a few continued in the euphoria of their newly found pleasure, but others felt disappointed with life, lost trust in people around and refused to share their ordeal with others. This is not strange, as studies on child sexual abuse have earlier confirmed this finding (Johnson, 2004; Lalor, 2004). However, the reported occurrence of child sexual abuse by the participants calls for serious and concerted efforts especially in a culture where there is high level of silence and unwillingness of the victims and their significant others to seek for redress or take

professional measures. This is similar to the findings by Meursing, Vos, Coutinho, et al (1995). Failure to seek for professional help in either counselling or psychotherapy could have negative effects on the victim's sexual health (Johnson, 2004; Lalor, 2004). For instance, among the participants, Adijat (pseudo name) with sexual abuse experience grew up to keep mute and continued in the act of unprotected sex, of which she eventually had unintended pregnancy. There could be other consequences in her case and that of others but which were not explored or reported in this study. Largely, sexuality discourse between Nigerian parents and their children is organised towards distorting access to adequate information that could facilitate proper orientation to sexual growth and development (Izugbara, 2008).

Similarly, unintended adolescent pregnancy is perceived, interpreted and treated with disdain. A level of camouflaged aggression can be associated with the way adolescent pregnancy is culturally constructed by way of stigma. The social context surrounding the pregnancies of some of the adolescents like the case of the adolescent whose parents could not afford her WAEC Fees and was asked to secure it by herself confirms the ongoing practice of child labour due to poverty and economic problems in Nigeria. Although some State Governors in Nigeria have attempted helping with paying the WAEC fees of some secondary students but much still need to be done in reducing poverty especially at the household level in Nigeria. Studies have confirmed the role of social factors in predisposing adolescent to child labour in Nigeria (Togunde & Carter, 2006), and associated health consequences (Omokhodion & Omokhodion, 2001, Omokhodion & Omokhodion, 2004).

Among the Yoruba people, female adolescents with unintended pregnancy are tagged '*Ile mosu*' (a mother and a wife in one's parents home) when they are living with their parents after given birth. To avoid this, parents and family members will strive to contract a marriage between

both parties by sending the pregnant adolescent to stay with the person responsible for the pregnancy. Single motherhood is unpopular and is termed '*Iya da gbe*' among the Yoruba people. Such mothers are considered irresponsible and an opportunity to prostitute. And in most times they might likely remain single because of the stigma and the social perception that their sexual value would have reduced after child birth. Hence, in most cases the adolescent mothers are forced to stay with their partners to cover shame and explore the possibility of working out a socially acceptable marriage and the legitimacy of the child. The workability of this depends on other factors such as the age of the partner, economic status of both families and the willingness of the man to accept the paternity of the pregnancy and the adolescent as a wife. Sometimes some men will accept the child and not the mother. In such an instance, the adolescent mother is interpreted by their partners as *olomo mi* (Mother of my child) and not *Iyawo mi* (*my wife*).

Many of the participants actively indulged in unprotected heterosexual relations, avoided contraceptives, and preferred abortion when pregnancy occurs. Prior relevant studies have reported similar findings (Ilika, & Anthony, 2004; Nweneka, 2007; Odujirin, 1989; Okonofua, 1995; Otoide, Oronsaye, & Okonofua, 2001; Oye-Adeniran, Adewole, Umoh, Fapohunda, & Iwere, 2004). However, unintended pregnancy is just one among other consequences of indulging in unprotected sex. There were sexually transmitted infections like the Human Immunodeficiency Virus (HIV), which has no cure yet. For over two decades now, young people have remained most vulnerable to HIV (Population Reference Bureau (PRB), 2000; UNAIDS/WHO, 2001). The participants were aware of these consequences but were optimistic that they will not be a victim. However, with the emergency of pregnancy, such optimism turned to despair. This act of unnecessary desperation was absent in their attitudes towards modern contraceptives and protected sexual intercourse. For the adolescent mothers and their partners

there are clear indications that they are only taking risks. It is also a risk on the parts of parents not to educate their children properly on sex. Izugbara (2008) had earlier confirmed the unwillingness of many Nigerian parents to teach their children undiluted message of what sexuality is all about.

No doubt, there are various ethical issues affecting the acceptability of sex education by Nigerian parents (Izugbara, 2008). However, separating science from ideology would achieve more especially in a low resource setting where access to modern health facilities and reproductive health services in particular remains a problem. The adolescent mother in Nigeria finds themselves in dilemma because of the unfriendly environment and the hypocritical disposition of the society towards their plight. The society preaches abstinence from sex to adolescents. Yet, those who defile them sexually are also members of their communities; they discourage their access to reproductive health services and when they become pregnant, they are stigmatised and marginalised.

For many of the participants pregnancy period was unpleasant and undesirable. Their pregnancy became a vehicle of defining their social identity and access to available opportunities to realise their future aspirations. This finding lends credence to earlier findings by Atuyambe, et al, (2005); Ilika and Anthony, (2004). Largely, many social actors imaginatively rehearse other actors' previous and current actions or inactions. Such rehearsals form frameworks on which subsequent social interactions are negotiated. Unintended Pregnancy has strong influence on people's mind and their social interactions with the pregnant person. This macro-micro subjective interaction depicts clearly how both adolescents, parents and members of the community struggle to maintain the continuum between what is normative and fashionable. The Health professionals (Doctors and Nurses) and religious bodies were not left out of this as they

replicate this through negative perceptions, beliefs and attitudes towards female adolescent with unintended pregnancy.

Informal social supports and Personal resolutions including religious measures dominated the strategies adopted by the adolescent mothers. Despite the relative level of fair successes associated with their resolutions and the informal supports given to the adolescent mothers, many of them still lamented on the difficulties in becoming a mother at a tender age. There were moments of despair and disappointments as the participants reflected on their experiences. This supports Barker and Rich (1992) finding that adolescent perceives unwanted early childbearing as an event with negative effects. Many of them also wished they never had such experience and since they could not turn back the hands of the clock. This also supports the findings by Sam (2008) that mothering in Nigeria ranked 111 as the worst challenging place compared to about 146 countries. Other supporting findings include that of Creatsas, et al. (1991); Galal, (1999); and Atuyambe, et al. (2008).

Although pregnancy as a stressful event affects both adolescent and adults, but the stigmatisation of the phenomenon of pregnancy makes it more stressful for the adolescents than their adults counterparts. However, Weiss and Lonquist (2006) argued that the nature and dynamics of how social forces and circumstances (pre-marital fertility as a negative life event) create stressful situations (e.g., stigmatisation of pregnancy among adolescents) may be influenced by the following factors:

- the perception or appraisal of the pregnancy by the adolescents and those around as stressors affects the manner in which they are handled;
- how the appraisal of the pregnancy affects the enactment of social roles (and strain created in these roles); and

- how social resources influence the likelihood of stressful circumstances occurring during pregnancy and after child delivery, the appraisal of these circumstances, the extent to which role enactment is problematic, the ability of individuals to cope, the coping mechanisms they adopt, and the extent to which the stressful circumstances result in negative stress outcomes.

Conclusion

In conclusion, stigmatisation of adolescent pregnancy among Yoruba people is common. However, little informal support is available to adolescent mothers especially from their mothers. In the phase of stigmatised pregnancy, adolescent mothers in this study were able to make meanings out of their predicaments by adopting religious measures and personal resolutions to go on with their lives. While families and community members could be supportive, they can also be obstructive as narrated by some of the participants; but family support and community involvement are still crucial to the creation and sustainability of viable supports for pregnant adolescents. Similarly, adequate social resources are needed to lighten the burden of pregnant adolescent in reacting to undesirable life events such as stigmatised pregnancy. Absence of such resources could predispose adolescents with unintended pregnancy to unsafe abortion, dejection, loss of hope, depression among other health or psychosocial situations. In the final analysis, the complex circumstances of mothering as an adolescent in Nigeria call for the provision of tailored care and youth-friendly services to help female adolescents navigate through safely. Interventions aimed at improving young people sexual health should also involve young people in defining and providing reproductive health services since they are part of the community. This will not only improve the quality of services that will be provided, it will also create a sense of belonging and an avenue to learn properly from their peers.

Acknowledgements

The authors expressed their sincere gratitude to all adolescent mothers who shared their personal experiences with us in this study.

References

- Abdulraheem, I.S., and Fawole, O.I. (2009). Young People's Sexual Risk Behaviors in Nigeria. *Journal of Adolescent Research*, Vol. 24 (4): 505-527.
- Adetoro, O., Babarinsa, A., and Sotiloye, O. (1991). Socio-cultural factors in adolescent septic illicit abortions in Ilorin, Nigeria. *African Journal of Medicine and Medical Sciences*, 20:149–153.
- Asscadi, G., and Johnson-Asscadi, G. (1993). *Socio-economic, cultural, legal factors affecting girls' and women's health and their access to and utilization of health and nutrition services in developing countries*. Washington, DC, Population, Health, and Nutrition Department, the World Bank.
- Atuyambe, L., Mirembe, F., Johansson, A., Kirumira, E.K., and Faxelid, E. (2005). Experiences of pregnant adolescents - voices from Wakiso district, Uganda. *African Health Sciences*, 5(4): 304 – 309.
- Atuyambe, L., Mirembe, F., Tumwesigye, N.M., Annika, J., Kirumira, E.K., and Faxelid, E. (2008). Adolescent and adult first time mothers' health seeking practices during pregnancy and early motherhood in Wakiso district, central Uganda. *Reproductive Health* 2008, 5:13. Retrieved July, 20, 2009 from: <http://www.reproductive-health-journal.com/content/5/1/13>.
- Barker, G.K., and Rich, S. (1992). Influences on Adolescent Sexuality in Nigeria and Kenya: Findings from Recent Focus-Group Discussions. *Studies in Family Planning*, Vol. 23, (3): 199- 210.
- Buga, G. (1996). Sexual behavior, contraceptive practice and reproductive health among School adolescents in rural Transkei. *South African Medical Journal*, 86, 523-527.
- Craig, A., and Richter-Strydom, L. (1983). Unplanned pregnancies among Zulu schoolgirls. *South African Medical Journal*, 63, 452-455.
- Creatsas, G. et al. (1991). Teenage pregnancy: comparison with two groups of older pregnant women. *Journal of Adolescent Health*, 12:77–81.
- Cuffee, J.J., Hallfors, D.D., and Waller, M.W. (2007). Racial and Gender Differences in Adolescent Sexual Attitudes and Longitudinal Associations with Coital Debut. *Journal of Adolescent Health*, Vol. 41, (1): 19-26.

- Fadipe, (1970). *The Sociology of the Yoruba*. Ibadan: University Press.
- Flisher, A., Parker, D., and Walters, S. (1993). HIV/AIDS: Knowledge and attitudes among black adolescents. Paper read at HIV/AIDS Conference in Botswana, University of Botswana.
- Galal, S. (1999). A comparison between adolescents (15–19 years) and 20–24-year-old mothers in Egypt and Sudan. *Arab Conference on Maternal and Child Health. 7 June 1999*. Cairo, League of Arab States – Population Research Unit.
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice-Hall, 1963.
- Johnson, C.F. (2004). Child sexual abuse. *The Lancet*, 364: 462-470. Retrieved April 12, 2007 from <http://www.thelancet.com>.
- Johnson, S. (1921). *History of the Yoruba*. Lagos: CMS.
- Haghighat,R.(2001). A unitary theory of stigmatization. *British Journal of Psychiatry*,178, 207-215.
- Harvey, B. M. (1997). *A quantitative survey of knowledge, attitudes and behavior related to AIDS/HIV among Zulu-speaking Standard 8 high school students*. Unpublished master's thesis, Rhodes University, Department of Psychology, Grahamstown, South Africa.
- Ilika, A. and Anthony, I. (2004).Unintended Pregnancy among Unmarried Adolescents and Young Women in Anambra State, South East Nigeria. *African Journal of Reproductive Health, Vol. 8, (3):92-102*.
- Izugbara, C.O. (2008). Home-Based Sexuality Education: Nigerian Parents Discussing Sex with Their Children. *Youth and Society, Vol. 39, (4): 575-600*.
- Karasz, A. and McKinley, P.S. (2007). Cultural Differences in Conceptual Models of Everyday Fatigue: A Vignette Study. *Journal of Health Psychology, 12,613-626*.
- Kuhn, D., Steinberg, M., and Matthews, C. (1994). Participation of the school community in AIDS education: An evaluation of a high school program in South Africa. *AIDS Care, 6, 161-171*.
- Lalor, K. (2004). Child sexual abuse in sub-Saharan Africa: a literature review. *Child Abuse and Neglect, 28:439-460*.
- Le Breton, D. (2004).The Anthropology of Adolescent Risk-Taking Behaviours. *Body and Society, Vol. 10, (1): 1–15*.

- Lewis, C. M. Scarborough, M., Rose, C., and Quirin, K.B.(2007). Fighting Stigma: An Adolescent Mother Takes Action. *Affilia: Journal of Women and Social Work*, Vol. 22(3): 302–306.
- Link, B.G. and Phelan, J.C. (2001). Conceptualizing Stigma. *Annual Review of Sociology*, 27:363–85.
- Males, M. (2009). Does the Adolescent Brain Make Risk Taking Inevitable? A Skeptical Appraisal. *Journal of Adolescent Research* 2009; 24; 3.Retrieved from <http://jar.sagepub.com/cgi/content/abstract/24/1/3>.
- Makinde, T. (2004). Motherhood as a source of Empowerment of Women in Yoruba Culture. *Nordic Journal of African Studies*, 13(2): 164–174.
- Mbizvo, M.T., Bonduelle, M.M.J., Chadzuka, S., Lindmark, G., and Nystrom, L. (1997). Unplanned pregnancies in Harare: What are the social and sexual determinants? *Journal of Social Science and Medicine*, 45, 6: 937-942. Retrieved May 30, 2007 from <http://www.sciencedirect.com>.
- McDermott, E., Graham, H., and Hamilton, V. (2004). Experiences of Being a Teenage Mother in the UK: A Report of a Systematic Review of Qualitative Studies. An unpublished manuscript.
- Meursing, K, Vos, T, Coutinho, O, Moyo, M, Mpofo, S, Oneko, O, Mundy, V, Dube, S, Mahlangu, T, and Sibindi, F. (1995). Child sexual abuse in Matabeleland, Zimbabwe. *Journal of Social Science and Medicine*, 41, 12: 1693-1704. Retrieved May 30, 2007 from <http://www.sciencedirect.com>.
- Moore, A.M., Biddlecom, A.E., and Zulu, E. M. (2007). Prevalence and meanings of exchange of money or gifts for sex in unmarried adolescent sexual relationships in sub-Saharan Africa. *African Journal of Reproductive Health*, 11(3): 44–61.
- Nweneka, C. V. (2007). Sexual practices of church youths in the era of HIV/AIDS: Playing the ostrich'. *AIDS Care*, 19:8, 966 — 969.
- Odujirin, O. (1989). Sexual activity, contraceptive practice and abortion among adolescents in Lagos, Nigeria. *Internal Journal of Gynaecology & Obstetrics*, 34, 361-366.
- Okonofua, F.E. (1995).Factors associated with adolescent pregnancy in rural Nigeria. *Journal of Youth Adolescence*, 24(4):419-38.
- Omokhodion, F.O., and Omokhodion, S.L. (2001). Health problems and other characteristics of child workers in a market in Ibadan. *Afr J Med Med Sci.* , 30(1-2):81-5.

- Omokhodion, F.O., and Omokhodion, S.I. (2004). Health status of working and non-working schoolchildren in Ibadan, Nigeria. *Ann Trop Paediatr.*, 24, (2):175-8.
- Otoide, V.O., Oronsaye, F., and Okonofua, F.E. (2001). Why Nigerian Adolescents Seek Abortion Rather than Contraception: Evidence from Focus-Group Discussion. *International Family Planning Perspectives*, Vol. 27, (2):77-81.
- Oye-Adeniran, B.A, Adewole, I.F., Umoh, A.V., Ekanem, E.E., Gbadegesin, A., and Iwere, N. (2004). Community-Based Survey of Unwanted Pregnancy in Southwestern Nigeria. *African Journal of Reproductive Health*, Vol. 8, (3):103-115.
- Oye-Adeniran, B.A., Adewole, I.S., Umoh, A.V., Fapohunda, O.R and Iwere, N. (2004). Characteristics of Abortion Care Seekers in South-Western Nigeria. *African Journal of Reproductive Health*, Vol. 8, (3): 81-91.
- Patton, G.C., and Viner, R. (2007). Pubertal transitions in health. *Lancet*, 369:1130-9.
- Population Reference Bureau (2000). The World's Youth 2000. *Population Reference Bureau*, available at http://www.prb.org/pdf/WorldsYouth_Eng.pdf.
- Richter, L. (1996). *A survey of reproductive health issues among urban Black youth in South Africa*. Pretoria, South Africa: Society for Family Health.
- Sam, V. (2008, May 12). One million children die yearly in Nigeria: Report. *The Punch*, p. 10.
- Silberschmidt, M. and Rasch, V. (2001). Adolescent girls, illegal abortions and “sugar daddies” in Dar es Salaam: Vulnerable victims and active social agents. *Social Science and Medicine*, 52:1815–1826.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health*, 11, 261–271.
- Togunde, D., and Carter, A. (2006). Socioeconomic causes of child labor in urban Nigeria. *Journal of Children and Poverty*, Vol. 12, (1): 73 – 89.
- UNAIDS/WHO (2001). AIDS Epidemic update: December 2001. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS.
- Warenius, L.U., Faxelid, E.A., Chishimbac, P.N., Musandud, J.O., Ong'anye, A.A., Nissen, E.(2006). Nurse-Midwives' Attitudes towards Adolescent Sexual and Reproductive Health Needs in Kenya and Zambia. *Reproductive Health Matters*, Vol. 14 (27):119-128.
- Weiss, G., L. and Lonnquist, L. E., (2006). *The Sociology of Health, Healing, and Illness* (fifth Edition). New Jersey, Upper Saddle River: Pearson Prentice Hall.

- Westwood, J., and Mullan, B. (2009). Young people and sexual risk-taking behaviour in Central England. *Sexual Health*, 6, 135–138.
- Wiemann, C. M., Rickert, V. I., Berenson, A. B. and Volk, R.J. (2005). Are pregnant adolescents stigmatized by pregnancy? *Journal of Adolescent Health*, 36, 352.e1–352.e7.
- WHO (2006). Pregnant adolescents: delivering on global promises of hope. Geneva Switzerland: WHO Document Production Services.
- WHO (2007). Adolescent pregnancy: unmet needs and undone deeds: a review of the literature and programmes. Issues in adolescent health and development. (*WHO discussion papers on adolescence*).
- WHO (2009). Adolescent pregnancy: a culturally complex issue. *Bulletin, World Health Organisation*, 87:410–411.
- Woods, Priest and Roberts (2002). An overview of three different approaches to the interpretation of qualitative data. Part 2: practical illustrations. *Nurse Researcher*. 10, 1, 43-51.

Ojo Melvin Agunbiade is a Lecturer and a PhD Candidate in the Department of Sociology and Anthropology at the Obafemi Awolowo University, Ile-Ife, Nigeria. He has published in local and international journals. His research interest are in the areas of sexual health of young and old, mental health, gender and traditional medicine.

Ayotunde Titilayo is a PhD candidate and an academic staff in the Department of Demography and Social Statistics, Obafemi Awolowo University, Ile-Ife, Nigeria. His areas of research interests include reproductive health behaviour, gender, migration and Demographic methods. He has published in both local and international journals.

Mustapha Opatola is a PhD candidate in Sociology and Anthropology (Specialisation in Medical Sociology) at the Obafemi Awolowo University, Ile-Ife, Nigeria. He has published in both local and international journals with the above authors. His research interest lies on traditional medicine, traditional health system, sexuality and gender.