

# Early Pregnancy and Childbearing



**As a leader in your community** you can play an important role in making the future for Nigeria's youth happy and healthy. This fact sheet explains the problem of early pregnancy and childbearing among married youth and shows you how to work with local Youth Serving Organizations (YSOs) to end this problem.

**Early Childbearing** is when a young woman becomes pregnant before she is physically and emotionally ready to give birth and become a mother.

## FACTS

- Early marriage is a common cultural practice in Northern Nigeria; although the legal age for marriage in Nigeria is 18, the median age of marriage for adolescent girls in the North is 15.<sup>i</sup>
- The female body is only physically mature enough to bear healthy children by the age of 20.<sup>ii</sup> Yet by age 18, more than 50% of the young women in Northern Nigeria have begun child bearing.<sup>iii</sup> Throughout Nigeria, over 1 million births occur every year to young mothers between the ages of 15 and 19.
- Apart from social expectations for early marriage, a girl's level of education remains a strong factor in determining whether or not she has children at an early age. Girls with little or no education are far more likely to become wives and mothers during their adolescent years than girls who have completed secondary education.<sup>iv</sup>
- An infant whose mother has no education is twice as likely to die before its first birthday than an infant whose mother has a post secondary education.<sup>v</sup>



Koko Comics

## The Impact of Early Pregnancy on Young Women

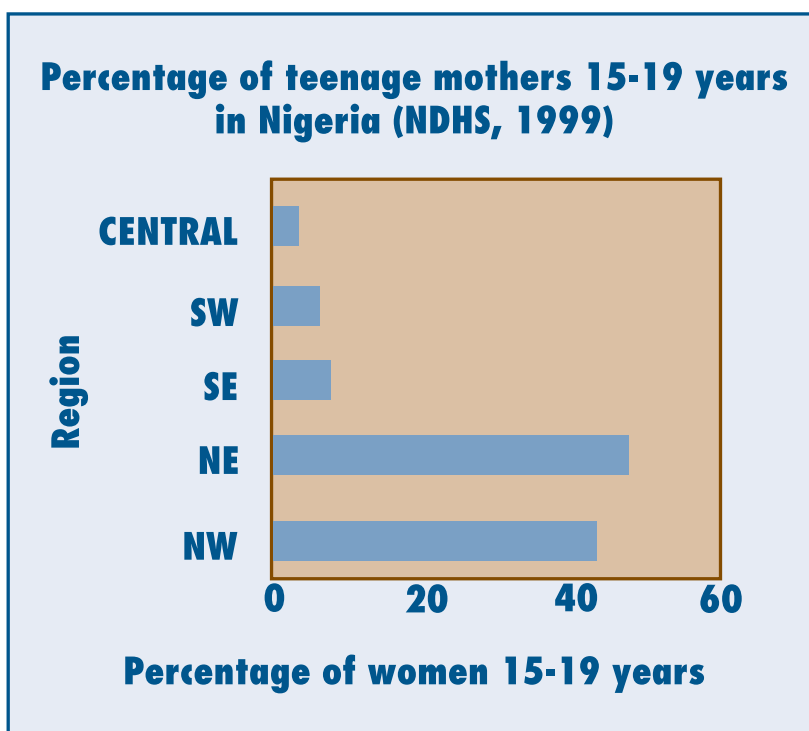
- Young women who become pregnant before the age of 20 face greater health dangers.
- Pregnancy-related complications are the main cause of death in 15-19 year old girls worldwide; girls in this age range are twice as likely to die from childbirth or related complications than young women aged 20-24.<sup>vi</sup>
- Girls between the ages of 10-14 are five times more likely to die during childbirth, or from pregnancy-related complications, than women aged 20-24.
- The younger the mother is, the less likely she is to have the education, skills and resources necessary to raise a family.
- Most severe among the dangers of early childbearing are:
  - Pelvic size not fully developed for delivery
  - Maternal immaturity
  - Poor nutrition of mother and child
  - Increased vulnerability to STIs, including HIV
  - Increased risk of both maternal and infant mortality. Pelvic size not fully developed for delivery

**EARLY CHILDBEARING MUST BE STOPPED!**

## You Can Help

As a leader, you can act now to improve the health status of the young married women in your community—and their families—by taking the following steps:

- Educate your community on spiritual teachings that promote healthy families and healthy mothers. Make sure your community understands that childbirth should not be a burden on the mother and should not pose any threats to her health.
- Encourage education for girls. Parents should send their daughters to school through the end of secondary school. Young women with both primary and secondary education are more likely to delay marriage and childbearing; education also prepares young women to become mothers and managers of households once they are married.
- Advocate for improved prenatal care and labor and delivery services. All young women should have access to the necessary pre- and post-delivery visits with their health care provider. This includes having a trained birth attendant present at the delivery of the baby.
- Support local Youth Serving Organizations that offer young couples education, services and information about child spacing and family life. Such organizations are essential to helping young couples understand how to plan for healthy, happy families.



In Northern Nigeria, young women are becoming pregnant too early, more than in any other part of the country.

<sup>i</sup> National Population Commission. (2000). Nigeria Demographic and Health Survey 1999. Calverton, Maryland, National Population Commission and ORC/Macro. Cited in "Listen Up! Project: Formative Research" report by Todd Ritter, 2001.

<sup>ii</sup> Noble, J., Cover, J., and Yanagishita, M. The world's youth 1996. Wall Chart (ENG, FRE SPA) Washington, D.C., Population Reference Bureau, 1996. 2 p.

<sup>iii</sup> National Population Commission. (2000). Nigeria Demographic and Health Survey 1999. Calverton, Maryland, National Population Commission and ORC/Macro. Cited in "Listen Up! Project: Formative Research" report by Ritter, T., 2001.

<sup>iv</sup> Nigeria Demographic and Health Survey, 1999.

<sup>v</sup> Ibid.

<sup>vi</sup> Starrs, A. The safe motherhood action agenda: Priorities for the next decade. New York, FamilyCare International, 1997. 100 p.

For more information on the *Listen Up! Project*,  
Please contact:  
The Project Manager  
Tel: 8 02 291 4924



JOHNS HOPKINS  
BLOOMBERG  
SCHOOL of PUBLIC HEALTH

Center for Communication Programs