

**UNINTENDED PREGNANCY AND CHILDBEARING AMONG OUT OF
SCHOOL UNMARRIED YOUNG WOMEN IN KOSOFE LOCAL
GOVERNMENT, LAGOS STATE NIGERIA.**

TINUOYA ADEDOYIN FUNMI

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NOVEMBER, 2016

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B. Sc (Hons.) Demography & Social Statistics (Ife)

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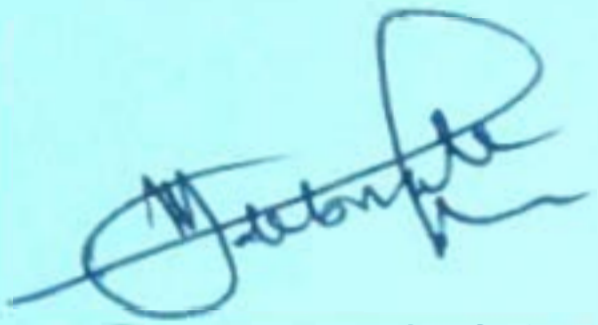
**A DISSERTATION SUBMITTED TO THE DEPARTMENT OF EPIDEMIOLOGY AND
MEDICAL STATISTICS, FACULTY OF PUBLIC HEALTH,
UNIVERSITY OF IBADAN, NIGERIA.**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF DEGREE OF
MASTER IN PUBLIC HEALTH IN MEDICAL DEMOGRAPHY**

NOVEMBER, 2016.

CERTIFICATION

I certify that this project was carried out under my supervision by TINUOYA ADEDOYIN FUNMI in the Department of Epidemiology and Medical Statistics, Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan



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DEDICATION

This work is dedicated to Almighty God and my parent Mr & Mrs Tinuoya, my loving husband Mr. Oluwamayowa Roberts and baby.

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All praise goes to Almighty God that gave me the privilege to successfully complete this course work. I offer my deep and sincere thanks to my supervisor and mentor; Dr. Adebowale S.A for his inspiration, guidance, enthusiasm and almost infinite patience. Also to my Co-supervisor Dr. Gbadebo Babatunde M. I thank you for your kind and friendly input to this research.

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LIST OF ACRONYMS

WHO	WORLD HEALTH ORGANISATION
MDGs	MILLENNIUM DEVELOPMENT GOALS
AHI	ACTION HEALTH INCORPORATED
ASFR	AGE SPECIFIC FERTILITY RATE
TFR	TOTAL FERTILITY RATE
LGA	LOCAL GOVERNMENT AREA
NDHS	NIGERIAN DEMOGRAPHIC AND HEALTH SURVEY
SPSS	STATISTICAL PACKAGE FOR SOCIAL SCIENCES
CEB	CHILDREN EVER BORN
NGO	NON-GOVERNMENTAL ORGNISATION
FGD	FOCUS GROUP DISCUSSION
UPC	UNINTENDED PREGNANCY AND CHILDBEARING

ABSTRACT

Unintended pregnancy remains a problem of public health concern in Nigeria particularly among young unmarried women. The stigmatization and health problems attached to unintended pregnancy among young unmarried women is enormous. Unfortunately, there are not enough information that documents the prevalence and determinants of unintended pregnancy and young women in Kosofe Local government Area, Lagos State. This study was therefore conducted to fill the gap.

The study used a method of mixed approach, both quantitative and qualitative data was collected using interviewer administered questionnaire and question guide respectively was used to elicit information from three hundred and seventy two respondents who are females aged 10 to 24 years, unmarried and are out of school. While qualitative data was collected using Focus group discussions. Data were analyzed using descriptive statistics, Chi square, binomial logistic regression, and the Gompertz model. ($\alpha = 0.05$). Qualitative data collected was transcribed and analyzed using the thematic approach of verbal reporting.

The mean age of the women was 19 years and 29% have had at least a child as at the period of this study. About 13% are currently pregnant, 29% reported having had an unintended pregnancy before, and 11.2% reported they have had abortion. The age and visit to health facility to have a significant relationship with respondent having an unintended pregnancy. Women in the age group 15 to 19 years were 4.364 (CI=0.150 - 0.392, $p=0.05$) times likely to have unintended pregnancy compared to the age group 20 to 24. The total fertility rate, for out of school unmarried young women in selected communities of Kosofe LGA, was 1.5. Visit to health facility, age of respondent, knowledge of ovulation, and who the respondent lives with were significantly associated with unintended pregnancy. While ethnicity, age of respondent, and age at first sex had were significantly associated with child bearing.

Unintended pregnancy and fertility rate among young unmarried out of school women in Kosofe Local Government, Area, Lagos State were high. There is need for strengthening framework on female education in the study area and fertility control measures that are youth friendly should be instituted in the Local government area.

Key words: Unintended pregnancy, Out of school, childbearing, Kosofe Local Government, Young women

Word count: 368

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Unintended pregnancies are pregnancies reported to have been either unwanted (that is, they occurred when no children, or no more children, were desired) or mistimed (that is, they occurred earlier than desired). A concept related to unintended pregnancy is unplanned pregnancy—One that occurred when the woman used a contraceptive method or when she did not desire to become pregnant but did not use a method (Guttmacher Institute, 2003).

Unintended pregnancy is an important demographic issue because of its implication on fertility and mortality. These demographic effects are more pronounced among out of school young women and can itself lead to school dropout. The socioeconomic advancement of victims may be compromised if they are not supported at family level. Many young women have lost their lives as a result of abortion associated with unwanted pregnancy, and a lot of others have had health problems they would have to live with throughout their life time

Childbearing patterns among young women varies across the world, with consideration to religious practices, age, education attainment, residence, age at first coitus initiation, income, marital status. The recent Nigeria Demographic health survey (NPC Nigeria & ICF international, 2014) reports 'twenty three percent of women age 15-19 have begun childbearing, and larger proportion of teenagers in rural areas than in urban areas having begun childbearing, comparison of the geopolitical zones showed that the North West has the largest proportion of teenagers who have started childbearing, teenagers with no education represent about half of those who have begun childbearing, teenagers in the lowest wealth quintile are more than twice as likely to have started childbearing'.

The young population is a major group of concern as they are the ones mostly making up the larger percentage of most developing countries' population. The Nigeria population is made up of about thirty one percent young people (PRB, 2013). In the light of the second goal in the millennium development goals, it is documented that most sub Saharan African nations are yet to achieve hundred percent enrolment universal primary education including Nigeria (USAID, 2006)

Although the universal basic education in Nigeria emphasizes free primary education for all, but it is a mystery that still at every level of education in Nigeria, more boys are enrolled in

school than their girl counterparts, which in turns explains why 'a third of older adolescents among most female adolescent are not as literate as males in the same category' (population council, 2010). The figure for girls out of school is still on the higher course, as statistics also show about five million Nigerian young girls to be out of school (UNESCO, 2012). In Nigeria, the young people are mostly women, 'one in every five out of school children is in Nigeria, girls are more likely to be out of school than boys and do not complete the primary and secondary education cycle (UNESCO, 2014) many are out of school for reasons being tied to poverty, inaccessibility to schools, cultural factors, gender issues, and most crucially unintended pregnancies and early child bearing among females. According to UNICEF (2014), Sub-Saharan Africa has the lowest proportion of countries with gender parity.

Large number of young women that turns out to become out of school from poor families become exposed to risk of unprotected sexual activities and life threatening pregnancy with several complications at early stages of their lives. These they encounter in the course of meeting their daily needs and contributing to the well being of their families, as some of such girls are taken to be bread winners for their poor families. Unintended pregnancy and early child bearing among these groups of females is a multifaceted issue of health concern affecting major areas of the nation's development and growth. According to the WHO, around 80 million pregnancies each year are unintended and more than one-half result in induced abortion (WHO, 2007) and one-third (26.5 million) of unintended pregnancies each year result from incorrect use or failure of contraceptives (WHO, 2003). Unintended pregnancy and child bearing among young women is therefore a crucial area to be handled with care because of the magnitude of its implications on the society at large.

1.2 Statement of Research Problem

Maternal deaths in Nigeria is a major concern as it is one of the indices of the health status of a nation, unintended pregnancy has been identified as one of the contributing factors to high maternal mortality in Nigeria. According to WHO (2011), it is estimated that one-third of all unintended pregnancies in Africa end in induced abortion. Induced abortion has implication on maternal mortality particularly among adolescents where disclosure of their intention to abort or terminate a pregnancy is still a problem because of stigmatization.

The observed reduction in age at sexual initiation among young unmarried women in Nigeria exposes them to early unplanned fertility, but because of the cultural and religious repugnance for premarital sex in some part of Nigeria, an unmarried pregnant young woman outside wedlock finds her quickest solace in termination of pregnancy whether it's a safe or unsafe. Such termination has led to the death of many young women.

Child bearing among young women and its complication has been on the increase in Nigeria, This is supported by alarming rate of young people who die on a daily basis as a result of unsafe abortion. The great number of drop out especially young people from colleges as a result of being pregnant remains a problem in Nigeria.

Statistics has shown that nearly a quarter of women have become pregnant by the time they are seventeen years and about forty percent of them become pregnant by the time they turn nineteen years (population council, 2010). Young women become pregnant as a result of their poor knowledge about consequences of unprotected intercourse, inaccessibility to sexual reproductive health information at youth friendly clinics, little or no awareness about how they can protect themselves from unplanned pregnancy and non-use of contraceptive methods of prevention. Such awareness programs are either not available or not functional in Nigeria. Also, the contraceptive prevalence rate of 10percent among Nigerian women is considered to be low compared to some other African countries (PRB, 2016)

In most part of Nigeria, sex education has not been truly embraced as many parents still feels embarrassed irrespective of their education status, age, residence, income and so on shy away from discussing issues around sex with their children. Their belief in most cases is that adolescents' early knowledge about sex will push them into engaging in it. Unfortunately, some of these parents lack the accurate information on sexual and reproductive health.

Many lives have been lost to the consequences resulting from unintended pregnancy and fertility among young women in recent years and the figure is still rising, deaths among pregnant young women occur from obstetric complication like obstructed labor, anemia, and preeclampsia. Also, violence from partners, attempts to abort pregnancy through quack means and harmful local concoctions, excessive bleeding, still birth, infant death, malnutrition of young mothers and their babies, stunting and deficiencies in essential micro nutrients needed during pregnancies and so on are causes of death among young mothers.

1.3 Justification

In Nigeria, unintended pregnancy as leading cause of death resulting from abortion and fertility among young unmarried women increasing the death toll in maternal mortality is a major public health issues which needs urgent attention. When young women become pregnant, their decision to keep the pregnancy is hinged on several factors- from social and economic to cultural and the prevailing societal practice. Also, it is good to note that for every decision taken by unmarried out of school young women to terminate the pregnancy they did not envisage whether through induced or not induced methods, the daily lives being lost progresses. Though there have been many studies on young people and girls especially, but very few have focused on unmarried women who are out of schools particularly those living in urban slum communities like Kosofe Local Government Area, Lagos State.

There has been very few studies that had examined unintended pregnancy and child bearing in reference to tracking and knowing what portion of the total fertility rate that can be accounted for by the group of out of school unmarried young women, as well as their abortion rate, number of unintended pregnancy that was carried to term and led to live birth.

Also, several studies carried out has put more focus on the married young women in most urban areas, while paying little or no attention to out of school unmarried young women. This study seeks to identify the patterns of unintended pregnancy and child bearing among unmarried out of school young women from peculiar identified urban slums in Kosofe LGA, using the Gompertz model and also identify socio-demographic factors that could influence unintended pregnancy and child bearing among out of school young unmarried women in the Local Government Area.

1.4 Research Questions

1. What is the prevalence of unintended pregnancy and childbearing among out of school young unmarried women?
2. What are the socio demographic factors influencing unintended pregnancy and childbearing among out of school young unmarried women?
3. Is the age location of childbearing among young unmarried, out of school women in Kosofe different from the standard fertility schedule?

1.5 Objectives

General Objective:

To examine the pattern of unintended pregnancy and child bearing, among out of school young unmarried women, in Kosofe Local Government Area of Lagos State, Nigeria. The

Specific Objectives are to:

1. determine the prevalence of unintended pregnancy and childbearing among out of school young unmarried women
2. examine socio-demographic factors influencing unintended pregnancy and childbearing among out of school young unmarried women
3. estimate extent to which the age of location of childbearing of young out of school unmarried women in the population differs from the standard fertility schedule
4. explore factors that may influence unintended pregnancy and childbearing among out of school young unmarried women in Kosofe Local Government Area, Lagos state.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to explore and review past work and researches that has been carried out on unmarried out of school young women between the ages 10-24, their fertility and unintended pregnancy. The literature review will be considered under the following:

2.1 Global Situation

The upsurge in child bearing among young people across the world is fast becoming an issue, according to report from the World Health Organization (2008), about 16 million women of 15 to 19 years old give birth each year, which is equivalent to 11 percent of all births worldwide. Fertility increase among young people also influences population growth in the countries concerned, thereby contributing to cycle of poverty in the countries where high population cannot be managed.

It was recorded by Dorgan & Carrion, 2007 that globally, the rates of population growth are more rapid when women have their first child in their teen years, because early initiation into childbearing lengthens the reproductive period and subsequently increases fertility. In a report released by the World health organization (2008), there are seven countries that accounts for half of adolescents' fertility in the world, they are Nigeria, Bangladesh, Brazil, Republic of Congo, Ethiopia, India, and the United States.

Unintended pregnancy is widely spread across nations all over the world, although the magnitude differs, unintended pregnancy and abortion rates are higher in the United States than in most other developed countries, and low-income women have disproportionately high rates. Most pregnancies among adolescents in the United States are unintended (unwanted or mistimed). In fact, 88% of births to teenagers 15 to 17 years of age were the result of unintended pregnancies (Finer & Zolna, 2006)

Every year, a huge percent in population of adolescent become pregnant, especially in the developing nations, though adolescent get involved in risky sexual activities for different reasons. Each year about 16million adolescents become mothers globally, thus representing

about eleven percent of births globally, with majority of the births (95percent) from developing nations (Braine, 2009)

2.2 Africa

On yearly bases, many young unmarried people get themselves involved in relationships with risky sexual activities, the outcome of such relationships is majorly pregnancy not planned for, as these young women are not prepared for motherhood, this propels them to opt for quickest means to put an end to such pregnancies. Unintended pregnancies account for more than a quarter of the 40 million pregnancies that occur annually in the African region and contribute extensively to unsafe abortions (Islam, 2007).

Other African countries are not ruled out as regards unintended pregnancy among the young population. This is evidenced from the survey conducted in selected districts of Tanzania, the single women that took part in the survey showed a proclivity for both mistimed and unwanted pregnancies, which suggests, in part, that single women likely engage in sexual activities for motivations other than childbearing such as pleasure, social status, fiscal gain, or other exchanges (Exavery et al ,2014).

Based on the research carried out (Aigbe & Zannu, 2012) it was reported that sub-Saharan Africa has the world's highest level of adolescent childbearing — 143 births per 1000 girls aged 15–19 years.

2.3 Nigeria

Roughly one in five pregnancies each year in Nigeria are unplanned and slightly more than half of it ends up in abortion. About three-quarters of a million Nigerian women have an induced abortion each year. The World health Organization has reports that (WHO, 2005), the common cause of maternal mortality in developing countries is unwanted, mistimed and unintended pregnancy.

In the same vein, UNICEF (2012) made it known that, Nigeria has the highest rate of adolescent fertility in the sub-Saharan Africa region, with estimated over 900, 000 births accounted to adolescents alone on a yearly basis and the age range of 150 out of every 1000 women giving birth being with nineteen or lower

The high rate of childbearing among young people is brought about by one of such factors as young people becoming sexually active and exposed at early ages, and of which a good

percent of these young people fall victims of becoming pregnant which was not planned for or expected. In the survey carried out by Action health incorporated (2011), 43.2% of out of school girls aged 10-19 in Iwaya community (nearby, and similar to Makoko) are sexually active. The girls most likely to become pregnant are those who are out of school. These girls typically lack knowledge about, or access to, condoms or other means of protection.

The more the young women become pregnant, the higher the probability that fertility in Nigeria would be progressing rapidly, and thereby making a platform for population momentum. High teenage fertility was reported to be a major contributory factor to persistently high total fertility rate (TFR) and Nigeria's rapid population growth (Makinwa, 2006).

2.4 Determinants of unintended pregnancy

Young unmarried women continue to fall victim of early child bearing and pregnancies not intended, not because they deliberately want to, but because a large percent of them are ignorant of what risky sexual behavior entails because they hardly find the conducive platform to discuss about sexual issues freely, either with their parents, guardian or sexual issues professionals. Adepoju & Adunola (2005) emphasized how effective sexual communication has been very difficult and almost unattainable in Nigeria which has therefore posed a restriction against implementing sex education in Nigeria.

According to the findings from survey conducted in selected districts of Tanzania Religion was shown to have a significant effect on unintended pregnancy, with traditionalists or those with other unspecified beliefs exhibiting less risk for mistimed pregnancy compared to Christian women, and with Muslim women showing less risk of unwanted pregnancy compared to Christian women (Exavery et. al, 2014)

The failure of sex communication effectively between young ignorant people and the enlightened adults is also made more pronounced, because religious conviction has not made free discussion of sex education especially when it comes to young person easier, while some beliefs give room for young people to express themselves without being seen as wayward other confines them to keeping their sexual expression covert. According to Adepoju & Adunola (2005), religion continues to pose overwhelming challenge to the successful implementation of sex education in Nigeria.

Results of a paper published in 2013 from a cross-sectional survey conducted in Mwanza, Tanzania, among young adults aged 15–30 years found that older age, lower educational level, unmarried status, lack of knowledge of where to access condoms, increased number of sexual partners, and younger age at sexual debut were significantly associated with unintended pregnancy (Calvert .et al, 2013)

According to a community-based survey conducted in Nigeria, it was found that 28.0% of women in the survey had experienced an unwanted pregnancy at some point in their lives, and the risk factors identified by the study included marital status, parity, place of residence, religion, and socio-economic status (Sedgh, 2006).

According to the findings from the work of Chibuogu 2015, Age and sex of household head, adolescent's age and educational attainment, and type of place of residence were significantly associated with adolescent pregnancy. Adolescent pregnancy was less likely to occur among female headed households compared to male children. Also, maternal and paternal ages were significantly associated with unintended pregnancy among unmarried adolescent Nigerian girls.

Other factors that have been found to influence young people getting pregnant include individual psychosocial factors of age at first intercourse, self-esteem, and gender of adolescents (Chimaraoke, 2008). Adolescents are also influenced by their peers and family members (Obi, 2002). There is every possibility of a young unmarried woman with unintended pregnancy to give birth to a child who would also turn to become young parent, especially if the child grows up in a risky environment with no access to basic needs and resources for a quality life. the study carried out (Meade et al., 2008) indicated poverty, low educational achievement, a preference for early childbearing, single-parent households, poor parent-child relationships, and low maternal education among others are part of the many risk factors for intergenerational childbearing in young persons.

2.5 Problems associated with unintended pregnancy and childbearing

The trudge in mortality rate among young people especially Adolescent deaths is been attributed to resulting from pregnancy and childbirth complications which are leading risk factors for death among female adolescents aged 15 to 19 (Mayor,2004)), this has been supported by the evidence from the survey conducted by the (Guttmacher institute, 2006)

The World Health Organization made it known that, complications of pregnancy and childbirth are the second cause of death globally for adolescent girls (WHO, 2014), with those living in extreme poverty at greatest risk. Childbearing among young women comes along with it several issues, because the physical characteristics of a very young woman is not ready for carrying pregnancy and carrying it to term to the point of delivery, young adolescents are more likely to experience obstructed labor, fistula, and premature delivery and to give birth to low birth weight babies than older women (UNFPA, 2013). Adolescents aged 15–19 years are twice as likely to die in childbirth and those under 15 are five times more likely to die in childbirth as women in their twenties (UNICEF, 2001).

According to the World Health Report (2005), the common cause of maternal mortality in developing countries is unwanted, mistimed and unintended pregnancy. The consequence that a young woman with a pregnancy not adequately planned for is not felt by only her, the health and survival of her baby if carried to birth is also at risk, because nursing a child requires a lot from feeding her baby adequately to taking proper care of the baby and herself, it was recorded in a study that Infant and child mortality is also higher among children born to adolescent mothers. Also, adolescent girls face considerable health risks during pregnancy and childbirth, accounting for 15% of the Global Burden of Disease (GBD) for maternal conditions and 13% of all maternal deaths (Colin D. Mathers et.al, 2000).

A pregnant woman needs to be in good state of mind through the course of pregnancy, emotionally, physically, and getting all the essential nutrients that her body and her baby needs to grow normally. But most women that finds themselves in the state of an unplanned pregnancy hardly gets enough of all the essentials they required. Also, it has been shown from studies done that children born as a result of unintended pregnancies are less likely to be breastfed and more likely to be stunted than wanted children, and are at higher risk for child mortality (Gipson, Koenig et. al 2008)

Among the several consequences of having a pregnancy not planned for is a distortion in the education cycle, as many are forced to quit schooling for the period of pregnancy, because of the stigma the society attaches to an unmarried young woman getting pregnant. Unintended pregnancy is one of the most critical factors contributing to school girl drop out in Kenya. Up to 13,000 Kenyan girls drop out of school every year as a result of unintended pregnancy (CSA, 2008)

Also, in Kenya, the National Bureau of statistics records that unsafe pregnancy termination contributes immensely to maternal mortality which currently estimated at 488 deaths per 100,000 live births in Kenya (KNBS, 2010). The earlier a young woman get involved in sexual activities without her knowing how to protect herself from becoming pregnant, the higher her risk of getting pregnant, according to a study carried out in Nigeria (Alika, 2012) the resultant effects of early sexual activities, especially among the females most often than not is induced abortion and drop out from school, because most of them are not ready for pregnancy.

According to the 'Strengthening Evidence for Programming on Unintended Pregnancy Research Programme, 2014' (STEP UP) -Having an unwanted pregnancy is a significant risk factor for adverse health outcomes, including maternal mortality and morbidity. For women who decide to terminate a pregnancy, the main reasons for deaths vary, but the majority of deaths are as a result of complications from unsafe abortions (Mumah et al., 2014). Unintended pregnancies contribute significantly to unwanted population growth, which consequently compromises provision of adequate social services. Pregnant adolescents have greater risks than adults for sexually transmitted infections (STDs), especially HIV-1 infection (Izugbara 2015)

2.6 Conceptual Framework

The conceptual frame work used was adapted from a similar study conducted by Geda & Lako, 2010. The independent variables consist of Education, Religion, Ethnicity, Parents education, Age of women, Number of sexual partners, Visit to health facility, Residence, Sexual communication, and Knowledge of ovulation. The intermediate variable was contraceptive use and knowledge, while the dependent variable was unintended pregnancy and child bearing which is measured as ever had unintended pregnancy and number of children ever born. The independent and intermediate variables influence the outcome variable indirectly or directly.

2.1 Conceptual Framework

Independent variables

Social Demographic factors

- Education
- Religion
- Ethnicity
- Parents education
- Age of women
- Number of sexual partners
- Visit to health facility
- Residence
- Sexual communication

Intermediate variable

- Contraceptive use and Knowledge

Dependent variable

Unintended pregnancy & Child bearing

- Number of children ever born
- Knowledge of ovulation

Figure 2.1 Conceptual frameworks showing the relationship between socio-demographic factors and unintended pregnancy. (Source: Adapted from Geda & Lako, 2010)

3.0 METHODOLOGY

3.1 Study Area

Kosofe Local Government is one of the local governments in Lagos State. It has population of about 665,393 people and is characterized with several communities, some totally urban while some semi urban. Kosofe is very densely populated with a balanced mixture of educated elites and uneducated residents. The major occupation includes administrative jobs and petty trading. Fishing, carpentry, tailoring, mats weaving, mechanics and technicians, and also self-owned businesses are also source of income to the people in the LGA. The people in the LGA are predominantly of Yoruba origin but other tribes are present in large number in the LGA.

There are quite a number of young women who are out of school in the LGA. The population structure reflects Nigeria pattern. Even though, primary and secondary schools are found in every nook and cranny of the LGA, women who have dropped out of school who migrated from other parts of Nigeria are seen in large numbers in the LGA.

3.2 Study Design

The sample design used is a cross sectional survey, an interviewer administered questionnaire was used to elicit information from respondents who are females aged 10 to 24 years, unmarried and are out of school.

3.3 Study Population

The study population was out of school young unmarried women in the ages 10 to 24 years, who are not presently in school, or dropped out of primary /secondary school, or finished primary/secondary school or have never attended school from communities (Ikosi Isheri, Mile 12, Ajegunle, Odo Ogun,) in Kosofe Local government area in Lagos State.

3.4 Sample Size Determination

The sample size was calculated and derived using the formula for sample size derivation and using the prevalence for unintended pregnancy in recent literature-

$$n = \frac{(Z^2) * (p * q)}{d^2} \quad [\text{Daniel, 1999}]$$

$$n = \frac{[(1.96^2) * (0.31 * 0.69)]}{[0.05^2]}$$

$$n = 354$$

Where

n =sample size

Z = 1.96 at 95% confidence interval

P = prevalence for unintended pregnancy 35.9% [Lamina, 2012]

d = degree of precision (0.05)

Adjustment for non-response rate was 15% using the formula

$N = n / (1 - R)$

Therefore:

$N = 354 / (1 - 0.05)$

$= 354 / 0.95$

$= 372$

The sample size that was arrived at after adjustment for non-response is 372

3.5 Sample Technique

A three-stage sampling technique was used to select eligible respondents. At first stage, three political wards were randomly selected from all the wards in the LGA. Thereafter, four enumeration areas (EAs) were randomly selected from the EAs in each ward. In the selected EA, thirty-one eligible respondents were picked for the interview.

3.6 Data Collection Method and Instrument

QUANTITATIVE: The study instrument used was a structured questionnaire, which was administered by trained interviewers. The structured questionnaires were in the form of open and close ended questions with focus on socio demographics, fertility and unintended pregnancy related variables.

QUALITATIVE: Four focus group discussions were carried out in four selected political wards (Ikosi Isheri, Agboyi, Ajegunle and Odo ogun) within Kosofe local government area, these wards were those used for the qualitative arm of the study with a minimum of seven participants and the interview lasted for minimum of 45minutes. Comprehensive discussion was held with the group based on questions on issues in the areas of unintended pregnancy and child bearing as it affects young out of school unmarried women. The participants were out of school young unmarried women within the ages 10 to 24 years, and were divided into two categories. The categories were education (no formal education at all and having at least primary education) and residence (living in main urban and urban slum). Also with each

participant being sexually active or have had an experience of unintended pregnancy or child birth as at the time when the study was carried out. Tape recorder and note taker were used to record responses of participants and later transcribed.

3.7 Method of Analysis

Analysis for the quantitative data was done using the SPSS statistical software version 16. Data collected was edited and cleaned after entry. Analysis was conducted at three levels; at the first level, a univariate analysis was carried out, while at the second and third level, a bivariate analysis and multivariate analysis were carried out.

The Univariate analysis included taking a frequency count of all the variables used in this work. The bivariate analysis which was the second level of measurement involved using two variables for analysis to bring out the relationship or the association between the variables. Cross tabulations and Chi-square were used for the analysis. The multivariate analysis involved binomial logistic regressions to see if there is relationship between the socio-demographic factors and; unintended pregnancy and childbearing. It was also used to identify the predictors of unintended pregnancy and childbearing in the study area.

The qualitative data collected was transcribed and analyzed using the thematic approach of verbal reporting.

3.8 Limitations of the Study

The process of getting approval from the health review ethics committee was quite longer than expected, which in turned delayed going to the field for data collection. Administering questionnaires to girls out of school, especially the ones that could not read and write consumed a lot of time. Young unmarried women in slum areas still find it embarrassing to talk about their fertility and contraceptive use. Also, the results from this study can only apply to the age group 10 to 24years used in the study, it may not be applicable to age range outside of it.

3.9 Ethical Considerations

Ethical consideration involves making sure that the research participants are protected, their participation is voluntary and their details are kept confidential. The study ensured that it adhered to professional research conduct by ensuring that the study got an ethical approval from the health review ethical committee of Lagos University Teaching Hospital, Lagos and it got an informed consent from the respondents either from their guardians for those less

than 18 years and the respondents themselves after thoroughly explaining the purpose of the whole study to them.

3.10 Relational Gompertz Fertility Model

The relational Gompertz is a modification of the Brass P/F ratio method which estimates age specific and total fertility by determining the shape of the fertility schedule from data collected on recent birth while determining its level from reported parities of younger women. In producing estimates of age-specific and total fertility, the method seeks to remedy the errors commonly found in fertility data associated with too few or too many births being reported in the reference period, and the under-reporting of lifetime fertility and errors of age reporting among older women. The relational Gompertz is an improved and more versatile version of the Brass P/F ratio method with the same input data.

The basic equation of the relational model is

$$G(x) = \exp(a \cdot \exp(bx))$$

which is sigmoidal (i.e. S-shaped), but also has an associated hazard function that is right-skewed and which therefore captures fairly well both the pattern of average parities of women by age and their cumulated fertility. The form of $G(x)$ implies that a double-negative log transform of proportional cumulated fertilities or average parities approximates a straight line for most of the age range. The double-log transform

$$Y(x) = -\ln(-\ln(G(x)))$$

is termed a *gompit* and has a close analogue in the *logit* transform frequently used in mortality analysis. Brass, however, found that a much closer linear fit could be obtained by a relational model that expresses the gompits of an observed series of fertility data as a linear function of the gompits of a defined standard fertility schedule. In other words,

$$Y(x) = \alpha + \beta Y_s(x)$$

where

$$Y_s(x)$$

is the gompit of the standard fertility schedule. Evidently, if $\alpha = 0$ and $\beta = 1$, the fertility schedule will be identical to the standard fertility schedule. Alpha (α) represents the extent to which the age location of childbearing in the population differs from that of the standard

(negative values imply an older distribution of ages at childbearing than in the standard), while beta (β) is a measure the spread of the fertility distribution (values greater than 1 imply a narrower distribution).

The data used for the estimation of relational Gompertz fertility schedule are-

The fertility rates for the first, two or three years before the survey, classified by age of mother at survey; average parities of women classified by five year or single age group of mother.

Assumptions:

1. The standard fertility schedule chosen for use in the fitting procedure appropriately reflects the shape of fertility distribution in the population
2. Any changes in fertility have been smooth and gradual and have affected all age groups in a broadly similar way
3. Errors in pre-adjustment fertility rates are proportionately the same among women in the central age group (20-29), so that the age pattern of fertility described by reported recent births is reasonably accurate
4. Parities reported by younger women (20-29) are accurate

Steps to Calculation:

1. Calculate reported average parities ($5P_x$ of women in each age group $[x, x+5)$, for $x = 15, 20 \dots 45$)
2. Determine classification of mothers (Depending on the data available, the fertility rates may be classified either by age of mother at the survey date, or by age of mother at birth of her child)
3. Calculate implied age specific fertility rate and parity (Age-specific fertility rates are derived by dividing the births reported in the period of investigation (e.g. the year, two years or three years) before the survey date by the number of women in each age group)
4. Choose fertility standard to be applied and model variant to be fitted (The standard $Y_s(x)$ values are determined by taking the gompits of the schedule and the standard parity values, $Y_s(i)$, are the gompits of the parities associated with the standard fertility schedule. The choice of standard determines the values of $g(x)$ and $e(x)$ used in the regression fitting procedures which are derived algebraically from the Y^a ()).
5. Evaluate plot of p point and f point

6. Fit model by selecting point to be used
7. Assess fitted parameter
8. Fitted ASFRs and Total fertility

3.11 Cross Tabulation and Chi Square

The Chi square analysis was used test association between categorical variables. The dependent variables tested were ever experienced unintended pregnancy and ever had at least a child. While the independent variables were the socio demographic variables

3.12 Binary Logistic Regression

Logistic regression is used to predict categorical placement in or the Probability of category membership on a dependent variable based on multiple independent variables. The dependent variables are:

- I) Ever experienced unintended pregnancy
- II) Ever had at least a child

3.13 Definition of Variable

INDEPENDENT VARIABLES

The independent variable includes the socio-demographic factors and other variables, they are:

- a. Age: is a nominal variable, is divided into the 10-14, 15-19, and 20-24years. Age is to be considered in terms of age at first coitus, age at first unintended pregnancy, age at first miscarriage, age at first birth, age as at last birthday.
- b. Education: the level of education for respondent, parent or guardian of respondent is a categorical variable divided into four categories of no education; primary education; secondary education; higher education.
- c. Religion: is measured in four categories, Christian; Islam; and traditionalist and others.
- d. Residence: is measured using "main urban" or "urban slum"
- e. Contraceptive use: measured by ever use, current use, type currently used
- f. Number of children: measured by listing number of children previously born alive

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- d. Residence: is measured using "main urban" or "urban slum"
- e. Contraceptive use: measured by ever use, current use, type currently used
- f. Number of children: measured by listing number of children previously born alive

- g. Recent sexual activity: measured by how many weeks ago, respondent had sex
- h. Currently pregnant: categorical variable measured by 'yes or no'
- i. Miscarriage: measured by whether respondent had a miscarriage during course of pregnancy
- j. Abortion: measured by whether pregnancy was aborted or terminated
- k. Birth: measured by whether pregnancy ended in birth and how many births had in last 12months or 2years
- l. Sexual communication: measured by whether or not respondent communicate sexual issues freely, who it is discussed with and the frequency of discussion
- m. Sexual reproductive and health knowledge: measured by respondent knowledge of pregnancy and sexuality, and sources of information on them
- n. Alcohol consumption and partying: measured by whether respondent or their parent/guardian consume alcohol and attend parties where alcohol is taken
- o. Ethnicity: categorical variable divided into four 'Yoruba, Igbo, Hausa, Others'
- p. Number of sexual partners: measured by how many people respondent had sex with in past 12months

DEPENDENT VARIABLES

- a. Unintended pregnancy – measured by if the pregnancy occurred at a time when the woman would have wanted it later or did not want it at all, intention to become pregnant any sooner
- b. Child bearing: measured by number of children ever given birth to (both dead and alive).

CHAPTER FOUR

4.0 RESULTS

Distribution of respondents by socio-demographic variables

The result for the percentage distribution of socio demographic characteristics of the respondents in table 4.11 shows that more than half (58.3percent) of the respondents falls within the age group 15 to 19years, while only 4.1 per cent are between ages 10 and 14 years.

The predominant religion is Christianity 57.7percent, followed by Islam 41.7 percent and less than 1 per cent of the respondents are practicing traditional kind of religion. Almost all the respondents (98.6 per cent) had ever attended school before.

Furthermore, the Yoruba ethnic groups are predominant among the respondents (74.3 per cent); the place of residence is categorized as main urban and urban slum. The respondents are fairly distributed between main urban and urban slum; 52.9 per cent for the former and 47.1 per cent for the latter. However, about 76.9 per cent of the respondents said they have secondary education as the highest level of education.

Also, the majority of the respondents said they have no children; while 10.8 per cent said they have more than 2 children. As regards the respondents' level of education of their parents: the majority said that their father and mother had secondary as the highest level of education; while 6.7per cent of the fathers and 8.4 per cent of the mother have no education. About 55.0 percent of the respondents stay with their mothers; while only 13.5 percent stay with both parents.

Table 4.11: Percentage distribution of respondents by socio-demographic variables

Background Characteristics	Frequency	Percent
Age group		
10 – 14	15	4.1
15 – 19	211	58.3
20 – 24	136	37.6
Total	362	100
Religion		
Christian	209	57.7
Islam	151	41.7
Traditional	2	0.6
Total	362	100
Ever attended school		
Yes	357	98.6
No	4	1.1
Total	361	100
Ethnic group you belong		
Yoruba	269	74.3
Igbo	61	16.9
Hausa	18	5
Others	14	3.9
Total	362	100
Where you reside		
Main urban	191	52.9
Urban slum	170	47.1
Total	361	100
Highest level of school attended		
Primary	83	23.1
Secondary	276	76.9
Total	359	100
Number of children		
0	249	70.5
1	66	18.7
2	38	10.8
Total	353	100
Fathers level of education		
None	24	6.7
Primary	52	14.4
Secondary	199	55.3
Higher	85	23.6
Total	360	100
Mothers level of education		
None	30	8.4
Primary	96	26.7
Secondary	179	49.7
Higher	55	15.3
Total	360	100
Staying with		
Father	51	14.1
Mother	192	53.2
Guardian	59	16.3
Both parent	47	12.9
Total	349	96.2

Distribution of respondents by contraceptives awareness and use

The Table 4.12 shows the respondents that have ever heard and ever used contraceptives. In the table the most ever heard (64.7percent) and ever used (26.8percent) contraceptives was condom. The least ever heard and ever used was IUD (30.9percent and 7.9percent respectively). Pills (59.5percent) and female condom (55.3percent) were in the categories of more ever heard. However, only a few of the respondents have ever used any kind of contraceptives, 26.8percent of the respondents reported having used condom, while less than a quarter of all respondent has ever used any of the other contraceptive methods.

Table 4.12: Percentage distribution of respondents by contraceptives awareness and use

	EVER HEARD			EVER USED		
	YES	NO	TOTAL	YES	NO	TOTAL
IUD	112(30.9)	185(51.1)	297	20(7.9)	232(92.1)	252
INJECTABLES	136 (47.4)	151(52.6)	287	36(13.2)	237(86.8)	273
IMPLANT	105(36.5)	183(63.5)	288	33(12.1)	239(87.9)	272
PILLS	176(59.5)	120(40.9)	296	52(19.2)	219(80.8)	271
CONDOM	194(64.7)	106(35.3)	300	71(26.8)	194(73.2)	265
FEMALE CONDOM	167(55.3)	135(44.7)	302	32(12.4)	226(87.6)	258
RHYTHM	104(36.2)	183(63.7)	287	29(11.0)	234(89.0)	263
WITHDRAWAL	128(44.3)	161(55.7)	289	35(13.3)	228(86.7)	263
DIAPHRAGM	114(38.3)	184(61.7)	298	13(5.1)	243(94.9)	256
EMERGENCY CONTRACEPTIVE	111 (37.0)	189(63.0)	300	20(8.1)	228(91.9)	362

Source: Unintended pregnancy and childbearing in Kosofe LGA, Lagos 2016

Distribution of respondents by fertility and pregnancy related variables

Table 4.13 indicates that less than a quarter (13.6percent) of all the unmarried out of school young women reported being pregnant as at the time this study was carried out. Also, out of the three hundred and forty-two women that responded to the question ever had unintended pregnancy, only 28.7percent has had an unintended pregnancy. More than three quarter (78percent) of the respondent are not currently using any contraceptive method to avoid getting pregnant, and only about a quarter are currently using a method of contraception.

The percentage frequency distribution of respondent who had birth last two years as shown in Table 4.13 indicates that 10.6percent of the women interviewed carried their pregnancy to term and gave birth in the last two years preceding the survey. While those had birth last one year indicates among the respondents that had birth a year preceding the survey, only 19.5percent of them reported birth, while more than three quarter had no births

Table 4.13 shows that more of the respondents have no knowledge of their ovulation, and less than a quarter reported having knowledge of their ovulation. Among the respondent that responded to the question of ever had miscarriage, 2.5 percent responded yes, they have had miscarriage while only 11.2percent of the respondent has had abortion.

Table 4.13: Percentage distribution of respondents by fertility and pregnancy related variables

Variables	Yes	No	Unsure	Total women
PREGNANCY				
Currently Pregnant	46(13.6)	284(84.0)	8(2.4)	338
Ever had unintended pregnancy	98(28.7)	244(71.3)	-	342
Currently using any form of contraceptive	77(22.1)	272(78.0)	-	349
Knowledge of ovulation	83(23.8)	266(76.2)	-	349
Ever had a miscarriage	9(2.5)	332(97.5)	-	341
Ever had abortion	38(11.2)	301(88.8)	-	339
FERTILITY				
Had birth last one year	68(19.5)	280(80.5)	-	348
Had birth last two years	37(10.6)	311(89.4)	-	348

Source: Unintended pregnancy and childbearing in Kosofe LGA, Lagos 2016

Distribution of respondents by number of children ever born

The distribution of respondents by number of children ever born as shown in Figure 4.1 indicate that less than a quarter of the total respondents (only 10.8 percent) reported ever having given birth to more than two children, with 18.5percent of the women reporting having a child and a larger percentage (70.5percent) of the unmarried out of school young women reporting being nulliparous that is not having any child.

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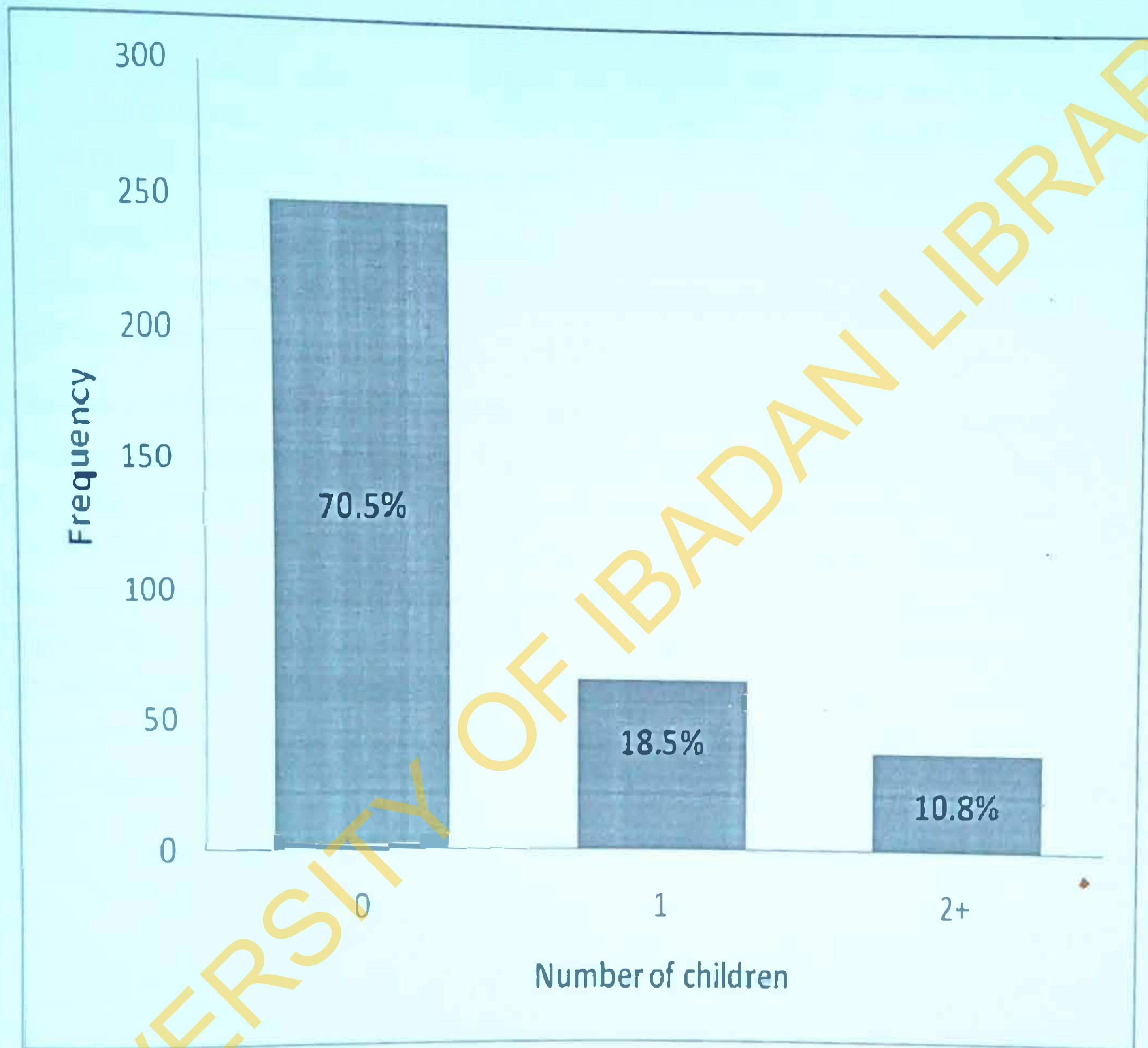


Figure 4.1: Distribution of respondents by number of children ever born

Distribution of unintended pregnancy among the respondents by background characteristics

In Table 4.14, the data show that, 34.1 % of those who reside in an urban area have ever had unintended pregnancy; while 23.5 % of those who reside in a rural area have ever had unintended pregnancy. Also, 28.6%, and 29.8% of those who practice Christianity and Islam respectively have ever had unintended pregnancy.

The data further show that, it can be seen that 32.4 per cent among those who have primary as highest school attended; 27.5per cent of those who have secondary education said yes, they have ever had unintended pregnancy.

The data as shown in Table 4.14 reveals that having visited health facility for information on pregnancy, knowledge of ovulation, and age were found to be significantly associated with unintended pregnancy ($p < 0.05$). About 50.9% of young women who had visited the health facility for information on pregnancy had had unintended pregnancy, against 17.0% of those who never visited health facility. The prevalence of unintended pregnancy increases with age with 17.9% of women aged 15-19 years ever had unintended pregnancy compared 49% found among women aged 20-24years. Also, prevalence of unintended pregnancy was lower (34women) among those who had knowledge of ovulation compared to those that had no knowledge (63women)

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Table 4.14: Percentage distribution of unintended pregnancy among the respondents by background characteristics

Background characteristics	Ever had an unintended pregnancy		Chi square	P value	Number of women
	Yes	No			
Place of Residence			4.634	0.031	
Main Urban	60 (34.1)	116(65.9)			176
Urban slum	38(23.5)	124 (76.5)			162
Ethnicity			2.983	0.394	
Yoruba	71(28.0)	183(72.0)			254
Igbo	19 (35.8)	34 (64.2)			53
Hausa	6 (33.3)	12 (66.7)			18
Others	2(14.3)	12(85.7)			14
Living with			14.890	0.002	
Father	9(19.1)	38(80.9)			47
Mother	63(34.4)	120(65.6)			183
Guardian	19(35.8)	34(64.2)			53
Both parent	4(8.9)	41(91.1)			45
Visited health facility for information on pregnancy			40.558	0.001	
Yes	57(50.9)	55(49.1)			112
No	35(17.0)	171(83.0)			206
Knowledge of ovulation			33.443	0.001	
Yes	34(43.0)	45(57.0)			79
No	63(25.0)	188(75.0)			251
Age group			42.426	0.001	
10-14	0(0)	15(100.0)			15
15-19	35(17.9)	160(82.1)			195
20-24	63(48.8)	66(51.2)			129
Age at first sex			7.469	0.024	
10-14	6(20.7)	23(79.3)			29
15-19	63(35.4)	115(64.6)			178
20-24	15(55.6)	12(44.4)			27
Education			0.693	0.405	
Primary	24(32.4)	50(67.6)			74
Secondary	72(27.5)	190(72.5)			262
Religion			0.877	0.645	
Christian	56(28.6)	140(71.4)			196
Islam	42(29.8)	79(70.2)			141
Traditional	0(0)	2(100.0)			2

Source: Unintended pregnancy and childbearing in Kosofe LGA, Lagos 2016

Distribution of respondents' fertility experience by background characteristics

In Table 4.15, the data show that, 34.2 % of those who reside in main urban area have had at least a child; while 24.4 % of those who reside in a urban slum area have ever at least one child. Also, 29.1%, and 30.3% of those who practice Christianity and Islam respectively have ever had at least a child

The data further show that, it can be seen that 32.9 per cent among those who have primary as highest school attended; 28.0 per cent of those who have secondary education said yes, they have given birth to at least a child.

The data as shown in table 4.15 reveals that having visited health facility for information on pregnancy, knowledge of ovulation, age and who respondent lives with were found to be significantly associated with fertility experience ($p < 0.05$). About 52.8% of young women who had visited the health facility for information on pregnancy had given birth to at least one child, against 47.2% of those who never visited health facility. The prevalence of child birth also increases with age with 14.3% of women aged 15-19 years ever had at least one child compared 54.8% found among women aged 20-24years. Also, prevalence of child birth was lower (39 women) among those who had knowledge of ovulation compared to those that had no knowledge (63 women)

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Table 4.15: Percentage distribution of respondents' fertility experience by background characteristics

Background characteristics	Yes	had at least one child		Chi square	P value	Number of women
		No				
Place of Residence						
Main Urban	63(34.2)	121 (65.8)		4.080	0.047	184
Urban slum	41(24.4)	127(75.6)				168
Ethnicity						
Yoruba	72(27.2)	193(72.8)		18.272	0.001	265
Igbo	19(33.3)	38(66.7)				57
Hausa	12(70.6)	5(29.4)				17
Others	1(7.1)	13(92.9)				14
Living with						
Father	7(14.6)	41(85.4)		14.584	0.002	48
Mother	69(36.3)	121(63.7)				190
Guardian	19(33.9)	37(66.1)				56
Both parent	7(14.9)	40(85.1)				47
Visited health facility for information on pregnancy						
Yes	65(52.8)	58(47.2)		47.940	0.001	123
No	35(16.7)	174(83.3)				209
Knowledge of ovulation						
Yes	39(47.0)	44(53.0)		34.454	0.001	83
No	63(23.7)	203(76.3)				266
Age group						
10-14	1(6.7)	14(93.3)		68.003	0.001	15
15-19	29(14.7)	174(85.7)				203
20-24	74(54.8)	61(45.2)				135
Age at first sex						
10-14	3(10.3)	26(89.7)		13.089	0.001	29
15-19	69(38.3)	111(61.7)				180
20-24	16(55.2)	13(44.8)				29
Education						
Primary	26(32.9)	53(67.1)		0.702	0.402	79
Secondary	76(28.0)	195(72.0)				271
Religion						
Christian	60(29.1)	146(70.9)		0.877	0.645	196
Islam	44(30.3)	101(69.7)				141
Traditional	0(0)	2(100)				2

Source: Unintended pregnancy and childbearing in Kosofe LGA, Lagos 2016

Logistic regression of factors influencing unintended pregnancy among unmarried out of school young women kosofe, Lagos State

Data from table 4.16 shows young out of school unmarried young women in kosofe LGA living with their mothers (OR=0.186, CI=0.064-0.542 p-value <0.05) and guardian (OR=0.175, CI=0.054-0.563 p-value <0.05) are 0.186 and 0.175times less likely to have unintended pregnancy compared to those living with both parent. Also, those in the age group 15-19years are more likely to have unintended pregnancy compared to those in the age reference category.

Table 4.16: Logistic regression of factors influencing unintended pregnancy among unmarried out of school young women Kosofe, Lagos State

Background characteristics	B	Sig	Exp β	95% C.I for Exp β	
				Lower	Upper
Ethnicity					
Yoruba	-.845	.276	.430	.094	1.968
Igbo	-1.210	.138	.298	.060	1.475
Hausa	-1.099	.229	.333	.056	1.995
Others (Ref)			1.000		
Living with					
Father	-.887	.167	.412	.117	1.449
Mother	-1.683	.002	.186	.064	.542
Guardian	-1.745	.003	.175	.054	.563
Both parent (Ref)			1.000		
Visited health facility for information on pregnancy					
Yes	-1.622	0.001	.197	0.118	0.332
No(Ref)			1.000		
Age group					
10-14	21.156	.998	154.850	.000	.
15-19	1.473	.000	4.364	2.639	7.216
20-24(Ref)			1.000		
Age at first sex					
10-14	1.567	.009	4.792	1.478	15.535
15-19	.825	.048	2.282	1.006	5.175
20-24(Ref)			1.000		

Source: Unintended pregnancy and childbearing in Kosofe LGA, Lagos 2016

Logistic regression of background characteristics and having at least one child among unmarried out of school young women in Kosofe, Lagos State

Table 4.17 shows age of respondent, age at first sex and ethnicity are predictors for young out of school unmarried young women in Kosofe LGA to having at least a child. Young unmarried out of school women in the age 10- 14 and 15 – 19 are 0.059 and 0.137 times respectively less likely to have at least a child compared to those in the ages 20 to 24 years. While the respondents whose age at first sexual falls in the category 15 to 19 years are 0.505 times less likely to have had at least a child compared to those in the reference category

4.17 Logistic regression of background characteristics and having at least one child among unmarried out of school young women kosofe, Lagos State

Background characteristics	B	Sig	Exp β	95% C.I for Exp β	
				Lower	Upper
Ethnicity					
Yoruba	1.579	.132	4.850	.623	37.743
Igbo	1.872	.082	6.500	.790	53.463
Hausa	3.440	.003	31.200	3.172	306.839
Others (Ref)			1.000		
Living with					
Father	-.025	.966	.976	.314	3.034
Mother	1.181	.007	3.259	1.385	7.668
Guardian	1.076	.030	2.934	1.107	7.780
Both parent (Ref)			1.000		
Visited health facility for information on pregnancy					
Yes	-1.604	0.001	5.571	3.355	9.251
No (Ref)			1.000		
Age group					
10-14	-2.832	.007	.059	.008	.461
15-19	-1.985	.000	.137	.082	.231
20-24(Ref)			1.000		
Age at first sex					
10-14	-2.367	.001	.094	.023	.381
15-19	-.683	.091	.505	.229	1.114
20-24(Ref)			1.000		

Source: Unintended pregnancy and childbearing in Kosofe LGA, Lagos 2016

Adjusted Total Fertility Rate for Out of School Unmarried Young Women in Kosofe LGA, Lagos using Gompertz Model

It is shown from Table 4.18, the conventional total fertility rate for out of school unmarried young women is 1.5 implying the average number of children an out of school unmarried woman in selected communities of Kosofe LGA is expected to give birth to. Positive α of 0.153 implies age location of child bearing in the population slightly differs from that of the standard fertility schedule of 0 and the observed fertility for young unmarried, out of school women in Kosofe is slightly younger than the standard and β being 0.104 which is less than one suggest the spread of fertility distribution is wider than that of the standard fertility schedule.

Table 4.18: Adjusted Total Fertility Rate For Out of School Unmarried Young Women In Kosofe LGA , Lagos Using Gompertz.

$$y=0.153+0.104x$$

AGE	ASFR	F _x	F _x /TF	f (F _x)	f(F _{s,x})	$\alpha + \beta f(F_{s,x})$
12	0	0	0.000	0.000	0	2.7001
13	0	0	0.000	0.000	0	2.3730
14	0	0	0.000	0.000	0	2.0726
15	0	0	0.000	0.000	0	1.7731
16	0.05	0.05	0.033	3.414	1.228	1.4929
17	0	0.05	0.033	3.414	1.228	1.2506
18	0.06	0.11	0.072	2.626	0.965	1.0448
19	0.068966	0.178966	0.118	2.139	0.760	0.8593
20	0.1	0.278966	0.184	1.695	0.528	0.6913
21	0.115385	0.39435	0.259	1.349	0.300	0.5333
22	0.285714	0.680064	0.447	0.804	-0.218	0.3852
23	0.44	1.120064	0.737	0.305	-1.186	0.2442
24	0.4	1.520064	1.000	0.000	0	0.1078

TFR= 1.5; α = 0.153; β = 0.104

Source: Unintended pregnancy and childbearing in Kosofe LGA, Lagos 2016

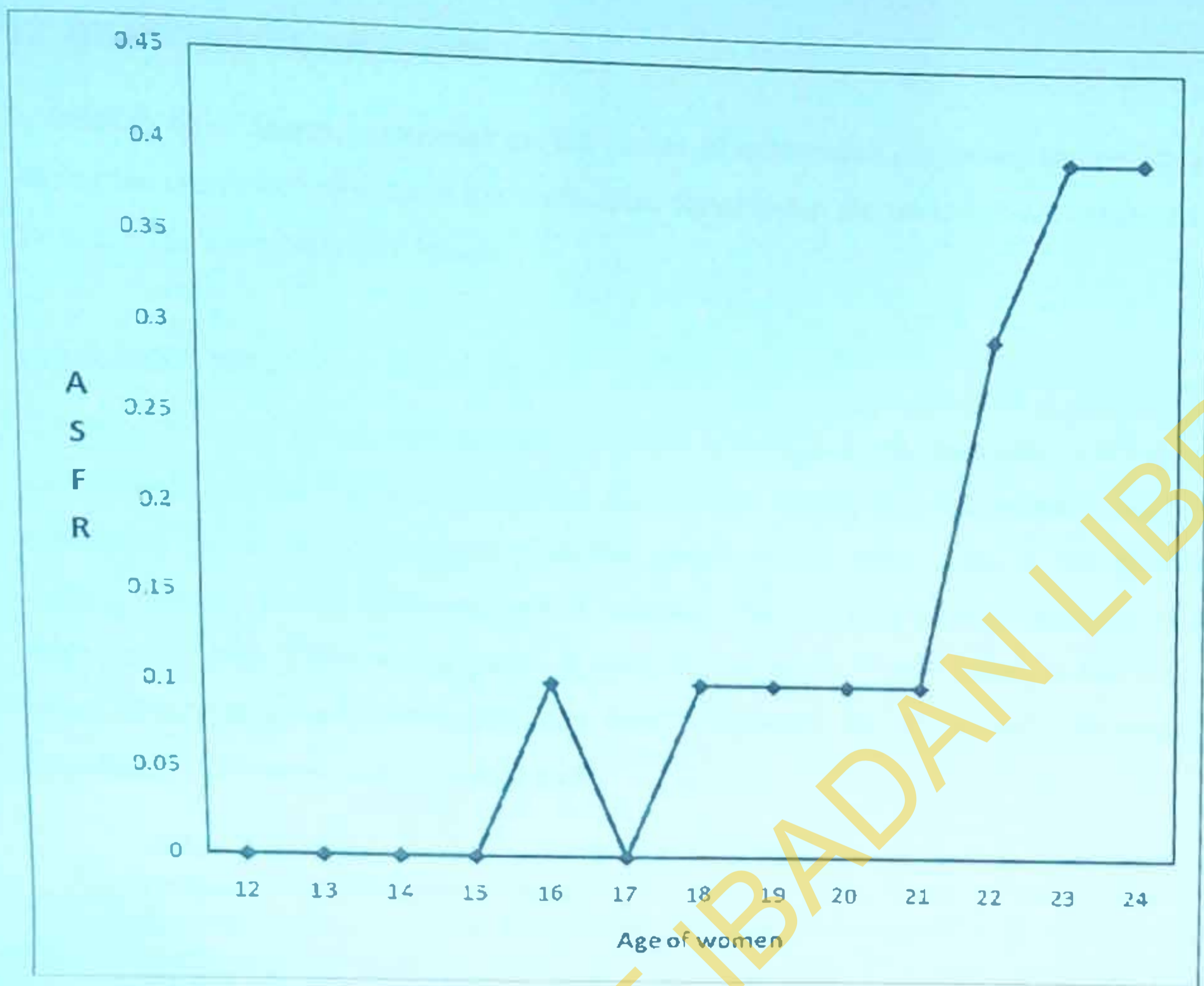


Figure 4.2 ASFR curve for child bearing among young unmarried out of school women in Kosofe LGA

4.2 QUALITATIVE ANALYSIS

In order to have deeper knowledge on the causes of unintended pregnancy and childbearing among the unmarried women in the study area, focus group discussions were conducted and the outcomes were presented below.

Unintended pregnancy experience

The experience of unintended pregnancy is not a strange event, especially with sexually active young women that took part in the discussions, mostly all the respondent has had an experience of unintended pregnancy at one period or the other, either in the process of passing through school, apprenticeship or learning a trade among others. Generally, most of these young women were not prepared or ready for pregnancy when it came, as they were not aware of their pregnancy status, until they went to the health facility for test. Two among the respondents, residence in main urban said:

"When I had my experience, I was sick, and when I went for test, I was told I had typhoid. I was not thinking towards pregnancy because I was still menstruating, but the sickness persisted after being treated for typhoid, I was told to do a pregnancy test which came out positive, I cried very much when I saw the result, I even made attempt to abort it but did not succeed I later gave birth to the baby". **Blessing, 24years**

"When I was in junior secondary school, and was preparing for examination to get into the senior secondary school, I had sexual intercourse with a man, I got pregnant and for close to four months I did not know, when I discovered I was not happy because as at that time it was too late for me to go for an abortion, and so I was forced to carry the pregnancy in shame". **Adijat, 19years**

Similarly, respondents from urban slum added:

"I already had finished learning hairdressing, done freedom and had a small shop of my own that I was managing, I never knew I was pregnant until I was forced to go for pregnancy test, as my friend kept mounting pressure on me to go for the test to confirm her suspicions about my being pregnant". **Titi, 22years**

"I was not happy when I discovered I was pregnant, because I had other plans for my life and I believe in asking people who has spiritual powers to tell me about my future, when I made spiritual consultations to whether I could marry the man that impregnated me or not, I was told I cannot marry him, so I had to abort the pregnancy". **Kafayat, 20years**

Causes of unintended pregnancy

Unintended pregnancy may occur due to inadequate knowledge about its causes and consequences in the long run. In the focus group discussions conducted, participants generally shared that unintended pregnancy occurs mainly due to failure to use a form of protection against getting pregnant, as well as not planning for such pregnancy when it happened. Carelessness and non-use of contraceptives, failure on the part of parents, pre-marital sex, covetousness, peer pressure, were the other reasons for unintended pregnancy mentioned by the participants. According to respondent residence in the urban slum of the study area:

"Unintended pregnancy occurs because of failure to use condom and this happens unknowingly". Sonoiki, 22years

"Carelessness and not using protection or neglect from parents was a cause of my experiencing unwanted pregnancy since one can go to health center for family planning to guard against pregnancy". Ope, 20years

Feeling about first pregnancy & avoiding unintended pregnancy

Unhappiness was the major reaction about first pregnancy of the young unmarried women who had personal experiences unintended pregnancy, because it was not something expected at the time it came and it disrupted their engagement at the time.

"I was not happy because I had to stop schooling because of it". Joy, 23years

"I was not happy because I still had things ahead of me that I wanted to achieve and I was not ready to settle down, and my boyfriend was ready. But in my boyfriend's family, it was believed that to test a woman's fertility she must first get pregnant, so my boyfriend's parent requested their son to impregnate a woman before marriage can happen". Titi, 22years

On the ways of avoiding unintended pregnancy, participants said knowledge of ovulation, use of modern contraceptives (like condom), traditional methods, and use of both modern drugs and traditional method together (lime and bicodin, salt and water, 7up and salt, 7up and alabukun) are all affordable and simple means of avoiding unintended pregnancy. This was confirmed by a respondent who said:

'Girls who are promiscuous and double date can prevent unwanted pregnancy by using condom and protection drugs'. Blessing, 24years

Another respondent said from urban slum:

'Someone can use condom but when the person do not have money to buy condom it is better to use salt and water.' Titi, 22years

Contraceptives- awareness, effects, accessibility and affordability

Respondents talked about lactation amenorrhea method (LAM), postinor 1 and 2, pills, male and female condoms, injectables, coils, menstrogen (abortion), combination 3, septrin, bicodin , “ogogoro”, concoction, and pepper soup as methods of preventing unintended pregnancy. According to them, most of the perceived contraceptives mentioned were said to have side effects including delayed pregnancy, damaged womb, susceptible to infertility, stomach upset and bleeding. Participants also expressed that a drug called bicodin, is not easy to get, it is only sold to nurses or a male and menstrogen is only sold to nurses and it was noted that Postinor is not sold to just anyone, it is only being sold to adults. One of the women from urban slum said-

“I know about postinor and condom, but using condom is the best because postmor can cause damage to the womb of the woman that uses it and delay pregnancy from the stories I have heard”. **Titi, 22years**

Another respondent said:

“My friend told me she uses alabukun and 7up immediately she finishes having sexual intercourse, she says it is very cheap and good way to avoid getting pregnant. That is what she has been using for some time and it has been working for her” **Kehinde, 19years**

Unintended Pregnancy and Abortion

In other not to take harmful decision, respondents suggested going to hospital to seek medical advice from a doctor, or simply approaching the man responsible for such pregnancy to talk things out and seek a solution to their predicament. Others suggested opting for abortion or decide to give birth after they have exhausted all other alternatives to terminating an unplanned pregnancy. A woman remarked that:

“The decision to take as regards unintended pregnancy depends on the type of family one comes from, some parents would advise their daughters not to opt for abortion, but to deliver the baby if the man responsible for pregnancy is sane and hardworking, but others will encourage abortion if the man who impregnated their daughter is not ready to take responsibility”. **Ayo, 20years**

Another woman said that:

“One should give birth to the baby, because going for abortion could bring about untimely death in the process, and that will be the end of life for the person”. **Baliqis, 20years**

Respondents reacted to what could prompt them to terminate an unintended pregnancy, and the reasons given includes financial situation of the boy and girls involved, if the woman is still breastfeeding a baby and mistakenly gets pregnant, rejection or non-acceptance of pregnancy by the person who impregnated the woman, the case of a gang rape, family denial and so on as grounds that would warrant a woman opting for abortion. Participants from the main urban said:

"If the girl was gang raped by many guys, or it is something that could bring shame, I will go for an abortion if I were the one involved" Joy, 23years

"If the person responsible for it rejects it, and there is no money to take care of myself and the baby if I give birth to it, I will abort it". Tope, 19years

"With the hard-economic situation, presently in Nigeria, everything has changed- there is no food, no money and there is nothing, I will abort it". Amaka, 19years

Other women from the urban slum expressed:

"When my boyfriend does not have money and I do not have a source of income as well, I will go for abortion". Deola, 23years

"If I happen to get pregnant while breastfeeding and the baby is still very small, I will go for an abortion". Kafayat, 20years

Socio-demographic factors & unintended pregnancy

Respondents were of the opinion that socio-demographic factors have influence on an unmarried woman getting pregnant at a time she is not expecting it. Residence where one lives, the kind of family one is from, the religion practiced, friends one associates with and perception of some parent on what their responsibility is to their children, living with people that are not biological parent could all influence unintended pregnancy. Participants from urban slum expressed:

"This Ajegunle that we stay in can push a one to getting unintended pregnancy, because girls look at what their friends are putting on as clothes, and also wants to wear such so as to feel among, also families that are always over protective of their girls can cause unintended pregnancy for their girls". Deola 23years

"In this community, one can easily be raped if you mistakenly walk about in the night because boys are too much. There are many religious leaders that we know that are sleeping with their members but no one can challenge them or bring them to book. Some families are too strict with their girls to the extent of not allowing their girls to associate with anyone, neither keep friends, this alone can push a girl to secretly doing what they think they are protecting her from". Titi, 22years

'When a community is as corrupt as Ajegunle, Ketu, Odo ogun it is advisable not to let your children grow up in such areas if you do not want them to become victims of unintended pregnancy'. Kehinde 19years

The participant from the main urban was of the opinion that:

'Some parent fail in their responsibility to take proper care of their children, this pushes the children out and make them susceptible to unintended pregnancy'. Tope, 19years

This was corroborated by another woman who said:

'When you are not living with your parent and you stay with a guardian, could predispose one to unintended pregnancy'. Kafayat, 20years

Future plans about birth and contraceptives

Due to the respondent current poor financial situation and perceived general economic recession, coupled with the high cost of bringing up children presently, participants expressed they would prefer to delay birth further till their condition changes for better, and they can conveniently afford to take proper care of the children on ground and prospective births. A respondent said:

"I am not ready to give birth any soonest, this is a period of change, one has to look at what is on ground first, there has to be work on ground and money before one can think of getting pregnant and giving birth in this present Nigeria". Jumoke, 19years

Another woman also said that:

"I am not ready to give birth or get pregnant any soonest, there is no money, I don't have means to make ends meet yet and am not working" Idaya, 18years

"Economy of Nigeria is bad, there is no money, there is no work out there, school fees is high, pampers is very expensive and the stress of taking care of children is much". Rofiat, 24years

"I am not ready yet, I already have two children on ground, and we are in the era of change in Nigeria, let God provide for what I will use to take care of the ones on ground, school is resuming very soon and we will start paying school fees". Titi, 22years

This is the response of another woman:

"I am not ready to get pregnant any time soon because I want to still go to school and achieve my dreams and also become a boss, then do a proper marriage ceremony before I get pregnant again". Justina, 18years

CHAPTER FIVE

DISCUSSION CONCLUSION AND RECOMMENDATIONS

5.1 Discussion

Youth period is characterized by series of sexually related health problems (Forsyth & Rogstad, 2015). Unintended pregnancy and childbearing are common demographic problems among unmarried youths particularly women who bear the risks of carrying the pregnancy and childbearing. In the study area, as for any part of Nigeria, youths constitute a high percentage of the population since the age structure is young. Based on this fact, researchers have focused on the issues that address sexual health among young women. However, the unmarried young women have been given little attention in the demographic literature. Therefore, this study examined unintended pregnancy and childbearing among out of school unmarried young women in Kosofe Local Government Area of Lagos State.

The data analysis showed the prevalence of unintended pregnancy and childbearing were high, predictors of unintended pregnancy were age of women, person she is living with, and visit to the health facility for information on pregnancy, while the predictors for child bearing were found to be ethnicity, age group of women, age at first sexual intercourse, and visit to health facility for information on pregnancy. The age specific fertility rate was found to be high, and age location for childbearing was slightly different from the standard fertility schedule in the study area.

The mean age of the studied women was 18.9 ± 2.8 years and on average they began their sexual intercourse at age 17 ± 2.12 years. This pattern is similar to studies previously conducted in Nigeria. While the NDHS, 2013 reported 17.6 years as the mean age at first sex among young women, the study by Isiugo-Abanile and Oyediran et al. (2014) found 16.6 years as the mean age at first sex among young women. The reason for the figure observed in this study could be because of the Nigeria education policy which does not support pregnant pupils to remain in school during pregnancy. This may alert young female pupils to avoid premarital sex or sex while still in secondary school.

Child bearing and rearing were seen in Nigeria as responsibilities of women. In Nigeria, these two demographic phenomena only have the blessing of society if they are practiced within marriage. In the South-West where this study was conducted there are specific ages that the childbearing should begin otherwise, the woman will be stigmatized in the society. Also, the

health and social implications of childbearing and rearing among young women are enormous. These may lead to malnutrition, low birth weight, hemorrhage and more importantly, the socio-economic advancement of the women may be compromised. In this study, about one-third had had at least a live birth prior the survey. The finding from the study by Ezeah, 2012 which found a quarter of the women studied to have had a live birth, corroborated this outcome. The findings from the Tanzania demographic and health survey in 2010, is also in agreement with the outcome of this study. However, the MDG end-line survey conducted in 2014 in Malawi showed high percent (31.1) of women had had a live birth before age of 18, this deviates from the current results. The reason for this could be because of early sexual initiation and low contraceptive use as well as high number of reported cases of unintended pregnancy in the country.

The study found unintended pregnancy was still high in the study area. The study found the prevalence of unintended pregnancy to be 28.7% and 10.6% of the respondents had births in the last one year. The study conducted by Lamina (2012), on unintended pregnancy corroborates this finding. Another study conducted by Ndifon, et al, 2006 is also in alignment with findings from this study on high prevalence of unintended pregnancy among studied women in Nigeria. The findings from the study by Exavery, et al, 2014, that one half of women who had never been married analysed (estimated at 30.5%) in districts of Tanzania did not intend their most recent pregnancies also agrees with this study. The reasons for high non-utilization of health facilities to elicit information on how to prevent pregnancy not intended.

Age is one of the socio-demographic predictors found to influence unintended pregnancy, this holds true for women at younger ages were found to be at higher risk of having unintended pregnancy compared to older women. This finding corroborates the earlier study by Ajala (2014), who found age of respondents to be a factor influencing unintended pregnancy. Also, a study on Nigerian women carried out by Sedgh, et al, 2006 also supports this finding. In agreement with this is also the study conducted by Ikamari, et al, 2013 on unintended pregnancy among women in Nairobi Kenya. This could be attributed to young people having a limited access to quality sexual and reproductive health information, including information on how they can protect themselves in Kenya, whereas for girls in Nigeria in addition to limited access to sexual reproductive health information, most young

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women in urban slums falls victim in the course of using their bodies as services to get their daily needs met.

Ethnicity was found to significantly affect child bearing, as women from some ethnic groups (Yoruba and Igbo) were less likely to have had at least a child prior to the study, compared to women from the other ethnic group (Hausa). This is closely in agreement with the finding from the Nigeria Demographic and Health survey which reported young motherhood to be highest in North West Zone and lowest in South East and South West Zones. The cultural and religious belief system on childbearing, use of contraceptives to delay births, education, among other factors may be attributed to this. Similarly, findings from the prospective study carried out by Beguy, et al, 2014 in Kenya, also indicate that ethnicity had statistically significant effect on timing to pregnancy.

Living with only mothers living with both parents was found to be associated with high risk of having unintended pregnancy, whereas living with only mothers was found to have reduced risk of having unintended pregnancy. This is in consistent with the findings from Beguy, et al, 2014 in Kenya. This may be due to reasons being most mothers are more at better ends to counsel, monitor and control their daughters well compared to the male counterparts.

Visit to health facility to get information on pregnancy was found to influence both unintended pregnancy and child bearing. This could be attributed to the non youth friendly environment in most public health facilities, limited access to health facility and high cost of health services as most young people could hardly afford to pay for cost of services at the private health facilities. The study by Okere, 2010 is consistent with this finding. Also the study by Rafael, 2015 corroborates this finding.

The study further showed that the age specific fertility rate was high in the study area and age location for childbearing of young out of school unmarried women in the population slightly differed from that of standard population. Due to early sexual initiation majorly among young people, it is expected that they would have quite high fertility under the poor knowledge of not knowing ways to avoid pregnancy, the Nigeria Demographic and Health survey reports nearly one-quarter (23%) of adolescent women age 15-19 are already mothers or pregnant with their first child.

The study was a cross sectional survey based on the experience of out of school sexually active unmarried young women. The women who reported not having had an experience of unintended pregnancy before may have had it. Also, there is possibility that the number of women who are currently pregnant or have terminated their pregnancy to be a little higher than what was reported. In a similar manner, the possibility of a woman reporting a pregnancy that was not carried to term as birth cannot be ruled out, therefore making the number of birth higher. In-depth study on other factors that can influence unintended pregnancy and child bearing, among out of school unmarried young women calls for further research study.

5.2 Conclusion

Unintended pregnancy was high among out of school youths in Kosofe Local Government Area, Lagos State with many of these young women started sexual initiation at age 15-19 years. Abortion rate and childbearing were also found to be high among studied women, as many of the young women have performed one or more abortions as at the time of this study. Unintended pregnancy was mostly predominant among women aged 20-24 years, those with primary education, Muslim women and those living in the main urban area.

5.3 Recommendations

More enlightenment campaigns on the dangers of unintended pregnancy must be carried out in the study area.

Government should improve on youth education by putting on youth friendly programmes that can encourage schooling among young girls in the study area.

Young people should be encouraged to regularly visit health centers, where they will have access to good quality sexual and reproductive health services within a youth friendly environment thereby preventing unintended pregnancy and child bearing.

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RESPONDENT INFORMED CONSENT FORM

Title of Research: Unintended Pregnancy and Child Bearing among Young Unmarried Out of school girls in Kosofe Local Government Area, Lagos Nigeria

Name and Affiliation of Researcher: this study is being conducted by Tinuoya Adedoyin, an Mph student of the department of Epidemiology and Medical Statistics, University of Ibadan, Ibadan

Introduction: Unintended pregnancies are pregnancies that are either unwanted (i.e., they occurred when no children, or no more children, were desired) or mistimed (i.e., they occurred earlier than desired).

Purpose of Research: To examine the pattern of unintended pregnancy and child bearing among out of school young unmarried women in Kosofe Local Government Area of Lagos State Nigeria

Procedure of Research: your opinion and experience with Unintended Pregnancy and Child bearing is tested with a validated, semi structured interviewer administered questionnaire. You are expected to answer based on your own opinion and past experience

Potential benefits this study: this study gives each participant a unique opportunity to express their opinion about Unintended Pregnancy and Child bearing. This information will help the government to plan health services

Potential Risk: this study is a questionnaire based survey; therefore no harm whatever is anticipated concerning any of the participants.

Confidentiality: all information obtained in this study will be given code number and no name will be recorded. This cannot be linked to you in any way and your name or any identifier will not be used in any report from this study

Willingness to participate: your participation in this survey is voluntary, and if I should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time

What happens to research participant and Communities when research is over? The outcome of this research will be passed through the Local government; there is no conflict of interest.

Statement of person obtaining informed consent: I have fully explained this research to the respondent and given sufficient information including the risk and benefit to make an informed decision

Date signature.....

Statement of person giving consent : I have read the description of the research, I understand that my participation is voluntary. I know enough about the purpose, methods, risks and benefits of the research study to judge that I want to take part in it. I understand that I may freely stop being part of this study at any time. I have received a copy of this consent form to keep for my self

Date signature.....

For further enquiry, please contact

Researchers contact:

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Tinuoya01@gmail.com

Dept of Epidemiology & Medical Statistics

University of Ibadan

LUTH Health Research ethics committee's contact:

Room 107. administrative block

Lagos university teaching hospital

Idi Araba , Lagos

RESPONDENT'S BACKGROUND

SECTION A: SOCIO DEMOGRAPHICS

S/N	QUESTIONS	CODING	SKIP
101	In what year and month were you born	Month _____ Year _____ Don't know _____	SKIP
102	How old were you at your last birthday?	Age in completed years	
103	Have you ever attended school?	YES 1 NO 2	If NO go to 105
104	What is the highest level of school you attended	PRIMARY 1 SECONDARY 2 HIGHER 3	
105	What is your religion?	CHRISTIAN 1 ISLAM 2 TRADITIONALIST 3 OTHERS 4	
106	Where do you reside	Main urban 1 Urban slum 2	
107	Which Ethnic group do you belong	Yoruba 1 Igbo 2 Hausa 3 others 4	
108a	Who do you stay with	a) Father (b) mother (c) guardian	
108b	Do you communicate free with your father, mother or guardian	YES 1 NO 2	
108c	Who do you discuss issues concerning your sexual life with (you can pick more than one option)	a) Father b) Mother c) Guardian d) Friends e) Sister or brother f) Boyfriend	
108d	How often do you discuss issues concerning your sexual life with this person(s)	a) always b) rarely c) never	
108e	Does the person you stay with smoke?	(a)Yes (b) No	
108f	Does the person you stay with consume alcohol?	(a)Yes (b) No	
108g	Do you smoke	(a)Yes (b) No	
108h	Do you consume alcohol	(a)Yes (b) No	
108i	Do you attend parties where young people dance and take alcohol	(a)Yes (b) No	
109a	What is your father's level of education	NONE 1 PRIMARY 2 SECONDARY 3 HIGHER 4	
109b	What is your mother's level of education	NONE 1 PRIMARY 2 SECONDARY 3 HIGHER 4	
109c	What is your guardian's level of education	NONE 1 PRIMARY 2 SECONDARY 3	

		HIGHER	4
110a	What age do you think is best to start having sexual intercourse		
110b	Which of these sources do you think is best to know more about sexuality and pregnancies	(a) school (b)family (c)health facility	
110c	Do you think a woman can get pregnant if she has sexual intercourse in between her periods	(a)Yes (b) No (c)don't know	
110d	Can a woman get pregnant the first time she has sex	(a)Yes (b) No (c)don't know	
110e	Have you ever visited a health facility to get information on pregnancy, abortion, sexually transmitted diseases etc	a)Yes (b) No (c)don't know	
SECTION B: CHILD BEARING and UNINTENDED PREGNANCY			
111	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	If NO go to 117a
112	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	
113	How many sons live with you? And how many daughters live with you?	SONS AT HOME DAUGHTERS AT HOME	
114	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	
115	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you?	SONS ELSEWHERE DAUGHTERS ELSEWHERE	
116	Have you ever given birth to a boy or girl who was born alive but later died?	YES 1 NO 2	
117a	Have you ever had any pregnancy which was not intended	YES 1 NO 2	If NO go to 117f
117b	What happened to any of such pregnancy	(a)Aborted (b)Miscarriage (c)Birth	
117c	If birth, is the baby still alive now	YES 1 NO 2	
117d	Who did you discuss with on when you noticed this unintended pregnancy (you can pick more than one option)	a) Father b) Mother c) Guardian d) Brother e) Sister f) Sexual partner g) friends	
117e	What was the main advice you got from this person		
117f	Are you pregnant now?	YES 1 NO 2 UNSURE 8	If NO go to 120
118	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	
119	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
120	Have you ever had a pregnancy that ended in miscarriage?	YES 1 NO 2	
121	Have you ever had a pregnancy that was aborted?	YES 1 NO 2	If NO go to 125
122	How old were you at your first pregnancy ending in abortion	<input type="text"/> Age in years	
123	Have you ever had a pregnancy that ended in a stillbirth?	YES 1 NO 2	
124	When did the last such pregnancy end?	MONTH	

		YEAR			
SEXUAL ACTIVITY AND CONTRACEPTION					
125	How old were you when you had sexual intercourse for the very first time?	Age in years <input type="text"/>			
126	When was the last time you had sexual intercourse?	a) One week ago b) Two weeks ago c) Three weeks ago d) Four weeks ago e) More than four weeks ago			
127a	Was a condom used during your last sexual intercourse	YES 1 NO 2			
127b	Did you use anything to prevent pregnancy before or after the sexual intercourse	YES 1 NO 2			
128	If yes what did you use to prevent pregnancy				
129	In total, with how many different people have you had sexual intercourse in the last 12 months?	[a] 1 [b] 2 [c] 3 [d] more than 3 [e] none			
Now I would like to ask about your awareness and usage of contraceptive methods		Ever heard	Ever used		
130	Female Sterilization. Women can have an operation to avoid having any more children.	YES 1 NO 2	YES 1 NO 2		
131	Male Sterilization. Men can have an operation to avoid having any more children	YES 1 NO 2	YES 1 NO 2		
132	IUD. Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	YES 1 NO 2		
133	Injectables. Women can have an injection by a health provider that stops them from becoming pregnant for one or more month	YES 1 NO 2	YES 1 NO 2		
134	Implants. Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	YES 1 NO 2		
135	Pill. Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	YES 1 NO 2		
136	Condom. Men can put a rubber sheath on their penis before sexual intercourse	YES 1 NO 2	YES 1 NO 2		
137	Female Condom Women can place a sheath in their vagina before sexual intercourse	YES 1 NO 2	YES 1 NO 2		
138	Diaphragm Women can place a thin flexible disk in their vagina before intercourse	YES 1 NO 2	YES 1 NO 2		
139	Foam or Jelly Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2	YES 1 NO 2		
140	Lactational Amenorrhea Method (LAM)	YES 1 NO 2	YES 1 NO 2		
141	Rhythm Method. To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	YES 1 NO 2		
142	Withdrawal method. Men can be careful and pull out before climax.	YES 1 NO 2	YES 1 NO 2		
143	Emergency Contraception. As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy	YES 1 NO 2	YES 1 NO 2		
144	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2		If NO go to 148	

145	Now I would like to ask which of these methods you are using currently (Please respond to each question)	Currently using	
	FEMALE STERILIZATION	YES 1 NO 2	
	MALE STERILIZATION	YES 1 NO 2	
	IUD	YES 1 NO 2	
	INJECTABLES	YES 1 NO 2	
	LACTATIONAL AMEN. METHOD	YES 1 NO 2	
	WITHDRAWAL	YES 1 NO 2	
	STANDARD DAYS METHOD	YES 1 NO 2	
	FOAM/JELLY	YES 1 NO 2	
	DIAPHRAGM	YES 1 NO 2	
	RHYTHM METHOD	YES 1 NO 2	
	FEMALE CONDOM	YES 1 NO 2	
	PILL	YES 1 NO 2	
	IMPLANTS	YES 1 NO 2	
	FERTILITY		
146	Do you know the timing of your ovulation	YES 1 NO 2	
147	Have you had any birth in last 12 months (or 1 year)	YES 1 NO 2	If NO go to 148
148	Did you give birth in the last two years	YES 1 NO 2	If NO go to 149
149	How many Children have you ever given birth to	<input type="text"/>	Number of children

FOCUS GROUP DISCUSSION GUIDE

AGENDA

- α INTRODUCTION OF INVESTIGATOR
- α OVERVIEW OF PROJECT
- α CONSENT
- α PAINTING A SCENARIO (STORIES ABOUT UNINTENDED PREGNANCY)
- α INTRODUCTION OF PARTICIPANTS
- α QUESTIONS/DISCUSSION
- α CONCLUSION

SCENARIO 1: Tiwa is a seventeen year old secondary school girl, who believes keeping several boyfriends (among who are sexual partners) is a way of enjoying her life as a young person, as each boyfriend has a function they perform in her life, from meeting her needs to exploring life and having fun. Tiwa had learnt from her friend that lives similar lifestyle, that after sex a girl cannot get pregnant if she uses some methods of prevention (which were myths) like using a locally made ring during sex, washing her vaginal after sex, standing on her head for some minutes after sex, taking local mixed concoction among others. Tiwa discovered she was pregnant at the beginning of her final year in secondary school, but no one among her boyfriends was ready to take responsibility, to cover her shame she decided to follow her friend's advice of opting for abortion, she was given a drug to use, but it never worked. Tiwa was forced to drop out of school, and sent away from home by her parents.

S/n	Questions	Duration
1.	Are you familiar with the term unintended pregnancy, what can you say about it and how did you know about it	3min
2.	What do you think causes unintended pregnancy, can these causes be controlled?	5min
3.	Do you know how one can avoid unintended pregnancy, can you share with us how?	3min
4.	What can you say about contraceptives, can you describe the ones you know? Do you know if they are easily accessible and affordable? Which of them do you know are easy to get? Do you know of any side effects? Are you currently using any?	3min
5.	Are there particular set of people that can have unintended pregnancy? Have you had an experience of unintended pregnancy? can you share your experience?	3min
6.	What do you think one can do if one discovers she has an unintended pregnancy?	5min
7.	Are there circumstances that one should seek abortion because the pregnancy was not planned for? If you were in such circumstance would you abort it or keep it?	5min
8.	When you had your first pregnancy how did you feel about it (good, happy, sad), WHY? WAS IT PLANNED FOR?	3min
9.	What influence do you think education, religion, family and community can have on unintended pregnancy and abortion?	5min
10.	Do you know of place one can get counsel on as regards decision to take on an unintended pregnancy? can you describe them?	5min
11.	Do you know where one can get enlightened on how to prevent against an unintended pregnancy? Are there difficulty in accessing these sources?	3min
12.	Do you intend to have a child in the nearest future? why/why not? are you using anything as regards your decision? Why /why not?	3min

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26th October, 2016

NOTICE OF EXPEDITED REVIEW AND APPROVAL

PROJECT TITLE: "UNINTENDED PREGNANCY AND CHILD BEARING AMONG OUT OF SCHOOL UNMARRIED YOUNG WOMEN IN KOSOFE LOCAL GOVERNMENT AREA, LAGOS, NIGERIA".

HEALTH RESEARCH COMMITTEE ASSIGNED NO.: ADM/DCST/HREC/APP/1274

NAME OF PRINCIPAL INVESTIGATOR: TINUOYA ADEDOYIN

ADDRESS OF PRINCIPAL INVESTIGATOR: DEPT. OF EPIDEMIOLOGY AND MEDICAL STATISTICS, FACULTY OF PUBLIC HEALTH, COLLEGE OF MEDICINE, UNIVERSITY OF IBADAN.

DATE OF RECEIPT OF VALID APPLICATION: 26-09-16

This is to inform you that the research described in the submitted protocol, the consent forms, and all other related materials where relevant have been reviewed and given full approval by the Lagos University Teaching Hospital Health Research Ethics Committee (LUTHHREC).

This approval dates from 26-10-2016 to 26-10-2017. If there is delay in starting the research, please inform the HREC so that the dates of approval can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside of this dates. All informed consent forms used in this study must carry the HREC assigned number and duration of HREC approval of the study. In multiyear research, endeavor to submit your annual report to the HREC early in order to obtain renewal of your approval and avoid disruption of your research.

The National code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the code including ensuring that all adverse events are reported promptly to the HREC. No changes are permitted in the research without prior approval by the HREC except in circumstances outlined in the code. The HREC reserves the right to conduct compliance visits to your research site without previous notification.



PROF. N. U. OKUBADEJO
CHAIRMAN, LUTH HEALTH RESEARCH ETHICS COMMITTEE

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