

Unmet social needs and teenage pregnancy in Ogbomosho, South-western Nigeria

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Abstract

Background: Consistent high teenage pregnancy rates in South-western Nigeria are characteristically underpinned by the unmet social needs of the teenagers.

Objective: To elicit intergenerational views on the influence of unmet social needs on teenage pregnancy.

Methods: Through a descriptive and cross-sectional design, a total of 174 respondents who were either pregnant teenagers, teenage mothers during the survey or had been pregnant as teenagers, were interviewed, using questionnaire supplemented with 12 key informant interviews.

Results: With the mean age of 16.5 years, and educational status range of between primary and below (25.8%) and tertiary (9.8%) levels, only 39.7% respondents were married, about half (47.7%) remained single while others were separated (12.6%). Less than half (44.9%) of the respondents were engaged in occupational activities. The unmet material and financial supports expected from parents (43.1%), the lack of free education from government up till secondary school level (51.2%), the lack of sex education and knowledge needs for signs of maturity (53.4%) and discouragement from friends not to have boyfriend (66.1%) prone teenagers to unplanned pregnancy.

Conclusion: Promotion of sexual education and parental care is encouraged as strategy against unplanned pregnancy among teenagers.

Keywords: Unmet needs, pregnancy resolution, teenagers, Nigeria

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Introduction

Teenage period is characteristically a transition stage when individuals become sexually active¹. Usually less than 20 years but greater than 13 years², teenagers are unquestionably at a vulnerable development stage where they attempt to navigate the sensitive transitions from childhood to adolescence³, the stage which is also characterized by increase in personal control, responsibility and independence. Teenagers frequently negotiate and adjust to increased demands of a more autonomous lifestyle hence reactions to societal sexual norms and expectations become the key tasks of teenagers⁴. As teenage pregnancy may be grounded by social and economic factors⁵, its maintenance may be jeopardized with physical and emotional pressure⁶, hence conscientiously contributing to poverty cycle⁷. The decision to keep the pregnancy could also be unavoidably influenced by social, economic and cultural factors such

as the level of education, socialization, family acceptance and support of the affected mothers^{8,9}.

Despite the downward trend in teenage fertility rate globally, approximately 1.5 million girls got married before they attained age 15¹⁰ and about 18 million girls aged 10-19 years give birth on yearly basis⁷. It was revealed that 75% out of the yearly teen births are intended and planned⁷ and 90% of adolescent pregnancies in the developing world are owned to married teenage girls¹⁰ due to encouragement received from their husbands and in-laws for early pregnancies¹¹. Evidences have shown that data on teenage pregnancy in Nigeria does not only account for high birth rate for teenagers, but that the incidence of pregnancy among female teenagers in Nigeria is increasing rapidly^{12,7}. This may be attributed to low success of government policies and strategies concerning the sexual and reproductive health of teenagers in Nigeria¹³, hence, there is no gain-saying that 'unmet need' for contraception is popular for its potential in determining the maximum demand for family planning services. Becker¹⁴ positioned that 'unmet need' originally referred to "married women who do not want a birth in the future but are not practicing contraception". The definition later stooped and

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broadened to accommodate married women (nonusers) who want a future birth. The debate continues and in fact, unmarried women have been included in some analysis¹⁴.

Significantly, the expansion in the definition of 'unmet need' has also introduced, defined and studied "men's unmet need" as well as "couples' unmet need"¹⁴. According to Becker¹⁴, "the concept of unmet need is just that – a concept". By taking the advantage of the concept, the tradition of 'unmet needs' is modified in this article as "unmet social needs" to describe the individual's deprived social needs; a combination of external materials, social, emotional, skills acquired, and financial resources at one's instances to promote well-being. "Unmet social needs" here describes the functional limitations of social and instrumental activities for daily living. As needs of teenagers flow from benefactors such as the family, society, government and self; these needs, most often, are not provided to the level of expectation. In spite of this, studies that have shown a range of needs for teenagers⁹ have not yet examined how unmet social needs have served as catalyst for unplanned pregnancy among teenagers in a south-western urban community in Nigeria. This study hinges on the life course perspective. The life course perspective emphasizes the importance of historical contexts of previous life events to proper understanding of transformation in individual's life.

The perspective portends that the influence of life events and chances that individuals are exposed to are different because of their different life cycles, socio-economic status and opportunities among others¹⁵. The life course perspective also draws on the aspect of traditional theories of developmental psychology, which look at the events that typically occur in people's lives during different stages. However, the life course perspective differs from the psychological theories in one very important way, in the sense that while developmental psychology looks for universal, predictable events and pathways, the life course perspective calls attention to how historical time, social location, and culture affect the individual experience of each life stage.

The attention of the life course perspective is more important in intergenerational studies. Although the perspective is still relatively young, its popularity is growing. In recent time, it has been used to understand

the life of indebtedness¹⁶, and more closely, the experiences of teenage pregnancy in three successive generations¹⁷. Intrinsically, the potential for understanding patterns of stability and change in all types of social systems is exceedingly exponential through life course perspective. One complicated concern is that family roles must often be synchronized across three or more generations at once, even though the synchronization does not go smoothly. However, Huinink and Feldhaus¹⁸ observed that life experiences such as divorce, remarriage, and discontinuities in parents' work and educational trajectories may conflict with the needs of children such as in career building, family and work transitions¹⁸. The "generation in the middle" may have to make uncomfortable choices when allocating scarce economic and emotional resources. When a significant life event in one generation is juxtaposed with a significant life event in another generation, families and individual family members are especially vulnerable¹⁹. Thus, the risky sexual behaviour of teenagers is closely linked to their previous life experiences. Pregnancy experience of teenagers is interpreted in this study based on their unmet social needs. The motive of behaviour of an individual or group of people can be attributed to interpretative understanding in terms of the subjective meanings of social conditions; therefore the tendency for a teenager to respond to a condition is based on the subjective implications of such condition.

Methods and materials

Ogbomosho, the second largest city in Oyo State and the 12th largest city in Nigeria with a population of 726,300²⁰ was the site of this study. Ogbomosho being one of the major towns in Oyo State comprises two Local Government Areas: Ogbomosho North and Ogbomosho South and lies on a longitude 8°15 North Eastward from Ibadan, the capital city of Oyo State. Inhabitants are Yoruba and are largely small scale farmers who also are involved in other occupations on part-time basis. Data for this paper was generated from a larger study that documented intergenerational views of three successive generations concerning teenage pregnancy in a South-western community in Nigeria¹⁷. The views of 174 female respondents comprising 116 pregnant teenagers, 35 teenagers who had given birth and 23 mothers, who gave birth in their teen years, are documented here. The diversity of the sample was significantly intended to capture the generational, historical and experiential dimensions

of unmet social needs. There was purposive selection of 20 streets, followed by snowballing approach to select respondents who were willing to participate in the study. On meeting the potential respondents, efforts were made by the researchers to explain the purpose of the study and sought for the consents of the respondents to participate in the study. On daily basis, administered copies of the questionnaire were edited, coded and stored in a safe place where no other person than the researchers can access. The Statistical Package for the Social Sciences (SPSS) was used to analyse the quantitative data generated in this study.

In addition, there were twelve key informant interviews among teenagers conducted in another part of the community different from the streets that were sampled for the quantitative data in this survey. Informants were met at their respective homes and interviewed with a standardised interview guide.

With the approval of the informants, responses were written as well as tape-recorded. These were later transcribed and analysed with the use of content analytic tool. Results from the quantitative data were supplemented with the data from qualitative aspect and inferences were made.

Results

As shown in Table 1, overall 66.6% of the respondents were within the age range of 10-14 years, 35 (20.1%) of the respondents were between age 15 and 19 years while 23 (13.3%) respondents fell within the age range of 20 years and above, altogether indicating the majority of the respondents as teenagers. Respondents' level of education ranged between primary school level and below (25.8%) and tertiary institution level (9.8%). Less than half (45.4%) of the respondents were Muslims, slightly above half, 89 (51.2%) were Christians while six (3.4%) respondents belong to African traditional religions.

Table 1: Socio-demographics of respondents

	Variables (N=174)	Frequency	Percentage
Age of respondents	10 - 14 years old	116	66.6
	15 – 19 years old	35	20.1
	20 years and above	23	13.3
Highest Educational Qualification	Primary and below	45	25.8
	Junior secondary school	44	25.3
	Senior secondary school	68	39.1
	Tertiary	17	9.8
Religion	Islam	79	45.4
	Indigenous religion	6	3.4
	Christianity: <i>Protestant</i>	24	13.8
	<i>Catholic</i> <i>Pentecostal</i>	13 52	7.5 29.9
Occupation	Not employed	34	19.5
	Student	62	35.6
	Trading	45	25.9
	Others*	33	19.0

* Others include: artisans and civil servants

The fertility status of the respondents showed that more than two-third (86.7%) of them were pregnant while 13.3% were nursing children as at the time of survey.

The unmet social needs of teenagers before pregnancy period.

The unmet social needs of teenagers were categorized into four according to the expected sources of support to meet their needs as shown in Table 2: (1) Family: these are needs that family members such as the father, mother or senior siblings can provide (2) Self: these are in form of knowledge and skills and self-efficacy that teenagers ought to have possessed at the stage (3) Society: These are teenagers' needs expected to be provided by the community and 4) Government: These are supports expected to be provided to the teenagers by the government. Table 2 shows that parents' inability to provide for children both financially and materially (43.1%) was rated highest while inability to provide needful restriction against peer influence

(12.1%) rated lowest among other social needs which they believed should be met by their parents. Lack of sex education and low knowledge of signs of maturity were identified by more than half of the respondents as personal unmet social needs. Others are: inability to start primary school early and inability to discourage self from pornography. Lack of discouragement from friends not to have boyfriends was reportedly expressed by majority (66.1%) of the respondents followed by high level of poverty (31.0%) and the lack of serious awareness creation by religious institutions (2.9%). Other unmet social needs as shown in Table 2 were attributed to government's laxity.

Table 2 also highlights the unmet social needs for the teenagers during pregnancy period. Data showed that families were unable to make financial and material provisions available to the pregnant teenagers (51.1%), yet, unexpectedly, abusive words were used on the pregnant teenagers by parents and relatives (31.6%) and in fact, families were reluctant to accept pregnancy (17.3%).

Table 2: Unmet social needs of Teenagers

Unmet Social Needs	Before Pregnancy		During Pregnancy	
	Number	Percent	Number	Percent
Familial				
Parents' enthusiasm to discuss sexuality	29	16.6	-	-
Provision of needful restriction against peer influence	21	12.1	-	-
Parents' ability to provide for children materially and financially	75	43.1	89	51.1
Maintenance of happy and unbroken homes	49	28.2	-	-
Non-abusive words by parents and relatives	-	-	55	31.6
Family's enthusiasm to accept pregnancy	-	-	30	17.3
Strong belief in self-will	-	-	20	11.5
Societal				
Discouragement from friends from having boyfriends	115	66.1	-	-
Awareness about sexuality in church/mosque	5	2.9	46	26.4
General level of poverty	54	31.0	-	-
Acceptance by society without shame	-	-	67	38.5
Enthusiasm by person responsible for pregnancy	-	-	61	35.1
Government				
Free education to secondary school level	89	51.2	-	-
Little provision of emergency contraceptives	32	18.4	-	-
Availability of functional counseling unit in school	15	8.6	-	-
Stiff penalty for the 'runaway' boy	-	-	38	21.8
Provision of vocational training	-	-	32	18.4
Acceptance of teenagers by the school	-	-	35	20.1
Free access to antenatal clinics	-	-	36	20.7
Positive behavior by nurses	-	-	43	24.7
Free medical treatment	-	-	28	16.1

In addition, Table 2 shows that teenagers in this study were reportedly constrained to further their education during pregnancy; lacked balanced diet; had inadequate communication with their parents; and lacked self confidence in doing things. Moreover, teenagers also lacked acceptance from society, and at the same time were neglected by persons responsible for the pregnancy. Table 2 also reports the unmet social needs of teenagers from the government.

Contextually, Teenagers who were informants expressed dismay in the inaccessibility to materials, skills, and financial resources that were necessarily needed at the age. Teenagers were reportedly exposed to the dangers that pornographic books and television programs which portrayed risky sexual behaviour promote. One informant, a pregnant teenager, put the blame on the lack of restriction to the uncensored pornographic materials that are released to the public. In her words: "...we did not have the knowledge that it was not proper for us to get used to watching sex film, and reading comic magazines that expose ladies' bodies. Unconsciously, we tried out some of the behaviours that we already familiarized with. It was too late for us to realize that we were too young for having sex".

Another teenager explained how she had to negotiate sex for material things with her boyfriend. According to her, "What can you do when your parents do not help you with all the necessary materials you need? The help I was getting from my boyfriend was based on 'give and take'. And I did not want to be mischievous hence

I have to satisfy his sexual urge. At last, I got pregnant". Even as a pregnant teenager, informants reiterated the challenges faced during the period they were pregnant. Expressions by the teenagers indicated rejection from various sources, inability to continue school programs due to social deprivation that they faced in school and even the embarrassment received from the nurses during the antenatal care. An informant stated that "It was like jumping from 'frying pan to fire'. I faced total rejection from my parents. I was left alone to cater for myself even when my boyfriend had fled. I had to move to his father's place, yet there was no one to cater for me there because he had already lost his mother. I dropped out of school because of the embarrassment in the school for being pregnant. I almost delivered my baby at home since I did not register for ANC because I was afraid that the nurses would shout at me for being a teenager."

Level of education and pregnancy resolution

The study tested the influence of education of the respondents on the actions taken soon as they were aware of their pregnancy. Table 3 reveals an association between the educational status of the respondents and the first action taken. The chi-square value was high (56.5%) and greater than the tabulated value at P<0.05, indicating an association between educational level and the first action taken by the respondents on pregnancy. In all, five possible actions were presented: "consult a doctor", "inform parents", "consult peers for advice about pregnancy", and "drop out of school". The results show that slightly below half (43.5%) of the teen

Table 3: Actions taken by respondents as influenced by educational status

Educational Status*	First action taken by respondents					
	Consult a doctor	Inform parents	Consult peers	Abortion	Drop out of school	Total
Primary and below	-	22(53.7%)	7(17.1%)	3(7.3%)	9(21.9%)	41(24.1)
JSS	9(20.5%)	18(41.0%)	8(18.2%)	7(16.0%)	2(4.5%)	44(25.9%)
SSS	20(29.4%)	34(50.0%)	9(13.2%)	5(7.4%)	-	68(40.0%)
Tertiary	8(47.1%)	-	3(17.6%)	3(17.6%)	3(17.6%)	17(10.0%)
Total	37(21.8%)	74(43.5%)	27(15.8%)	18(10.6%)	14(8.3%)	170(100.0)

*JSS=Junior Secondary School, SSS= Senior Secondary School, Tertiary includes: National College of Education, Ordinary National Diploma, and Higher National Diploma

Chi Square Value = 56.47** P<0.05

mothers “informed their parents” first than the 21.8% of them that “consulted a doctor” first to confirm the pregnancy before other actions were taken. Respondents who were holders of “school certificate” (50%) or those who held below “school certificate”, informed their parents first, about their pregnancy. The results indicate that once the level of education increases above the school certificate, teenagers therefore have tendency of consulting a doctor first than taking other actions as shown in Table 3.

Perceived resolution of the unmet social needs for teenagers

Numerous perceived approaches were identified as means of tackling teenagers’ unmet social needs. Approaches such as: “good counselling/proper monitoring by parents and teachers”, “parents’ adequate care of children”, “provision of free education by government” and ‘abstinence from sexual intercourse till marriage’ were highlighted by the teenagers. Other approaches including; praying for children and teenagers by people around them; advising teenagers to study hard; and staying away from guys and harkening to parental advice, were also revealed as shown in Table 4.

Table 4: Perceived Resolution of Unmet social needs for Teenagers

Perceived resolution factors	Frequency	Percentage
Good counseling/proper monitoring	22	12.6
Parents to talk about sex with their children	9	5.2
Proper parental care	36	20.7
Praying for them	4	2.3
Hard studies	7	4.0
Free education	13	7.5
Proper youth forum on sex education	51	29.3
Hearken to parents' advice	3	1.7
Abstinence	12	6.9
Stay away from guys	8	4.6
Teaching children the way of God	9	5.2
Total	174	100.0

Among others, as presented in the table, proper youth forum on sex education (29.3%) ranks highest. This was followed by proper parental care (20.7%) while hearken to parents’ advice (1.7%) ranks lowest.

Discussion

Teenage stage is the most sensitive transition that is characterised with experimenting and exhibiting confirmatory and contradictory behaviours that tend to make or mar teenagers’ future. Findings in this study have shown some of the regular needs of teenage girls with associated limited sources opened to them, which in most cases not sufficient to meet their needs. Results from this study indicate that the unmet social needs of the teenagers have much implication on the reproductive health of teenage girls and by extension can lead girls into unwanted pregnancy in an attempt to negotiate their needs. Teenage pregnancy is a global concern^{10,8} and has received attention through focused

programmes¹⁰ yet not much success has been recorded due to the unpredictable nature of teenage behaviour. Hence, a major contribution of this study is the combination of views of three successive generations addressing a common issue of the lack of social needs of teenagers and its dynamic relative implications causing risky sexual behaviour for teenagers. The fact that the needs were demanded from the parents, society and institutions such as government, clearly positioned the different groups of social categories as indispensable in the discus of life courses.

The range of educational level attainment by teenagers as shown in this study (with about 9.8% of the respondents that acquired formal education above secondary level) incidentally, may impact negatively on the knowledge and exposure towards reproductive health information. The influence of educational level of the respondents confirmed the position of Makinwa-Adebusoye²¹ asserting that little or no education could

be an effective facilitator of unmet social needs for early pregnancy and marriage on the one hand and on the other hand, could decrease the ability to earn better income. This is in line with the results from NDHS²² which indicated that ‘low level of education’ is one of the unmet social needs factors militating teenagers. Likewise, the trend of actions taken by the respondents, as influenced by their educational status, reveals that low level of education could be a pull factor of unmet needs; however, teenagers with education above ‘secondary school’ have the tendency to ‘consult doctors’ than their counterparts below their level. This position confirmed the finding by Rosen, Murray and Moreland²³ that ‘teenagers with more education consult doctors first whenever they are pregnant’.

Parents’ reluctance to discuss sexuality (16.6%) with their children can only influence teenagers before pregnancy experience. Parental involvement is important, as shown in the Huberman’s²⁴ observation that parent-child communication on issues associated with sexuality helps children shape their understanding and future. The ‘reluctance of parental involvement’ is what is identified by the more than half (53.4%) of the respondents believing that the ‘lack of sexual education and signs of maturity knowledge’ is one of the challenges being faced by teenagers before they were pregnant. This, in addition, portends the issue of secrecy that is often being faced by Nigeria teenagers on issues of contraceptives and sexual activities^{25,26} hence; making teenagers to involve in sexual practices ignorantly²⁷.

Conversely, this study shows that soon as teenagers noticed pregnancy, parental discussion on sexuality seized to be part of their unmet social needs. Importantly, however, about one-third (27%) of pregnant teenagers affirmed that serious awareness about sexuality education should involve the churches and mosques in the campaign. Other studies^{28,29} have established that religion has strong effect both directly and indirectly on ‘girls’ sexual and contraceptive behaviour’. Also, UNESCO²⁹ encouraged religious leaders to be involved in sexuality education. Invariably, the respondents’ attention would have shifted to their religious group, when they had lost hope in getting sexuality discussion from parents, as demonstrated in this study.

The poverty level in the community was addressed by one-third (31.0%) of the respondents as a major factor that induced unmet social needs before they were im-

pregnated. This consolidates the evidence by National Agency for the Control of AIDS (NACA) that poverty is one of the major factors that propel the transmission of HIV in Nigeria^{30,22} and it has also remained a major household problem leading to teenage pregnancy³¹, which invariably put Nigeria’s subjective poverty level at 93.9% as observed by Onuba³². In fact, the evidence of poverty cut across all the levels of unmet social needs as depicted in this study. For example, inability of parents to provide material and financial needs for their children before and during pregnancy, the lack of making balanced food diet available, and inability of government to provide free education to secondary school are all poverty-driven factors.

Conclusion

The findings of this study provide an insight on the immediate need for concerted effort towards reducing teenage pregnancy. Teenage pregnancy is a social rather than biomedical problem, hence focused programs targeted at teenagers and care givers should be integrated into family life planning education in the country. Serious sustainable awareness should be created about the negative outcome of teenage pregnancy through programs that discourage the sociocultural barriers, which prevent sexuality discussion and limited access to information about reproductive health of teenagers. Teenagers should be exposed to the means of protecting their reproductive health while government at all levels should provide free, compulsory and qualitative education up to at least Senior Secondary School level in Nigeria.

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