African Journal of Bioscience, Volume 6, Number 2, 2013

PREGNANCY STIGMATIZATION AND COPING STRATEGIES OF ADOLESCENT KID MOTHERS IN LAGOS

Micah, Damilola John, Lasisi Chidimma Joy, Ibitoye Adedeji Chris and Olayinka Halimat
Department of Sociology
University of Ibadan, Oyo State, Nigeria

ABSTRACT

The phenomenon of adolescent pregnancy has attracted series of academic and non academic works from various scholars, particularly in the recent time. The magnitude of attention drawn to the preceding social issue is closely related to stigmatization attached to the position. While enormous literature focused on the nature and consequence of risky sexual behavior in adolescents, few works have engaged the discourse of the coping strategies adopted to live out of the pregnancy experience. Against this backdrop, the study was premised on the method adopted by pregnant adolescents and kid mothers to manage stigmatization problem associated with their social position. The study also addressed the reaction of significant others (i.e. parents, guardian, siblings and close relatives) in the construction of pregnancy experience for adolescents. The socio-cultural and economic factor that enabled pregnant adolescents to sustain stability of health was also considered among other specific objectives. The study was anchored on three theoretical frameworks, labeling, stigmatization and structural functionalism theories. The methodology adopted was qualitative based on in-depth interviews (IDIs) and participant observation. Snowball sampling was used in the selection of respondents. Similarly, 46 respondents were selected for the study, which cut across pregnant adolescents, kid mothers and significant others. While the study utilized primary data; manual coding, ethnographic summaries and content analysis were used for data analysis and interpretation. Moreover, frequency and percentage were used to analyze the socio-demographic characteristics of respondents. Empirical results showed that most pregnant adolescents (46.5%) in the study area were from divorced family background. The prevalent age of adolescent pregnancy was between 17 and 19 years indicated by 50.3%. Most pregnant adolescents in the study areas often attempted abortion in the first three months of the pregnancy as strategy adopted to prevent stigmatization. The patronage of traditional birth attendant (TBA) was high for pregnant adolescents as a way of preventing public awareness to their status. The reaction of significant others to adolescent pregnancy in the study areas strongly disapproved such act and labeled it as abnormal social behavior. Hence, most pregnant adolescents were faced with severe psychological trauma such as emotional depression. The source of income to pregnant adolescents was very low and this strongly affected health seeking behavior. However, socio-cultural factor such as religion played vital role in the neutralization and management of stigma in adolescent pregnancy. Although religion as shown in the findings strongly opposed risky sexual behavior in adolescent, nevertheless it served as insulator that cushions the pains of stigmatization. The stigmatization attached to adolescent pregnancy was not only suffered by the victim. Parents and other close relatives shared in the proportion of the shame. Therefore, the role of parents is central in the discourse of adolescent pregnancy. Hence, the study recommends that parents should introduce early sex education for girl child to prevent adolescent pregnancy. Government and non governmental organization should also be proactive in the provision of economic empowerment for underprivileged children, especially female folk.

Keywords: Adolescent pregnancy, Stigmatization, Labeling, Coping strategy, Female adolescent.

INTRODUCTION

People across every society are expected to play significant roles in which social meaning is attached. Role may be distributed by age, gender or other social factors.

Correspondence Author: Micah, Damilola John E-mail: damilolamicah@yahoo.com

For example, the role of mother in the femalehood is dependent on age in the adulthood and upon fulfilling necessary social conditions attached to it that is generally believed as normal. Thus, under aged female who assumes such role is often frowned at or sanctioned by others. In this wise, unintended pregnancy among female adolescents or kid mothers may negate such normative value held by people and is a global phenomenon. It occurs in both developed and developing nations but with variations in degree and its consequences on the social actors involved. A recent estimate indicates that 16 million girls in the World aged between 15 and 19 give birth every year (Atuyambe, Mirembe, Tumwesigye, Annika, Kirumira, and Faxelid, 2008). Within this figure, 95 per cent of them occur in developing countries. Across cultures, just seven countries namely: Bangladesh, Brazil, the Democratic Republic of Congo, Ethiopia, India, Nigeria and the United States of America are responsible for half of all adolescent births (World Health Organization (WHO), 2009).

It must be stated that the impact of adolescent pregnancy on kid mothers could be considerable, especially when evaluated in terms of certain contexts. Starting with social problem relating to under-age pregnancy, it can be emphasized that the response of 'significant others' is such that leads the actor to isolation in their interaction with others. This is usually motivated by stigmatization labeled against kid mothers. The consequence of such stigma has been described as emotionally devastating and that which often motivates the option for abortion. Hence, it has been reported in a study that out of every ten adolescent pregnancies in the world, there are six to seven cases of abortion or attempted abortion. The situation in Nigeria reflects the foregoing study. Presently, there are evidences indicating the precarious condition kid mothers are subject to. It is reported in a study that more than two hundred thousand abortions occur in Nigeria and the largest percentage is perpetrated among the adolescent. The point is that because of the social challenge associated with under-age pregnancy, ranging from isolation to stigma labeled by the significant others, the experience in this stage of life tends to be shocking and malfuctional to actors (Abdulraheem and Fawole, 2009; Buga, 1996; Craig and Richter-Strydom, 1983; Flisher, Parker, and Walters, 1993; Harvey, 1997, Agunbiade, Ayotunde and Opatola, 2009).

Moreover, the discussion of under-age pregnancy may not complete in isolation of economic factor. It must be stressed that economic variable in terms of income and occupation play significant role in the care of infant after delivery and the care of actor during pregnancy. The important question that comes to mind is that, do kid mothers have stable source of income or occupation from which they source livelihood? According to an empirical finding, over 80 percent of kid mothers are dependent either on their parents or on guardians. This therefore raises the risk of malnutrition during pregnancy and safety of infant after birth in terms of immunity against killer diseases (WHO, 2006; WHO, 2007; WHO, 2009). The impact of the psychological disorder under-age pregnancy could have on the actor may be considerable. It is observed that when adolescent girls are pregnant, their academic programme is disrupted especially for secondary school. In this, some may recover from the stigma and return to school after delivery. However, some may find it difficult to live out the stigma, coping with the challenge in order to integrate into the acceptable culture. For this category of individuals, they rue continuously over the past mistakes and lack confidence to regain their status. Consequently, the psychological damage tends to disadvantaged such people and usually they end up being a drop out (Agunbiade, et.al, 2009; Asscadi and Johnson-Asscadi, 1993; Atuyambe, et al 2005; Mbizvo, Bonduelle, Chadzuka, Lindmark and Nystrom, 1997). Furthermore, when evaluating adolescent pregnancy within the cultural context, it becomes clear that many cultural beliefs especially in Nigeria negate under-age pregnancy. This perhaps explains the reason for isolation and social stigma the actor may experience. For xample, in the Yoruba culture, it is a taboo for girl child to be pregnant when no man has asked her hand in marriage satisfied through fulfilling the traditional rite. Thus, what is of interest under this study is the close examination of coping strategies adopted by kid mothers to live out of the perceived challenge and stigma. It must be stressed that adolescent pregnancy may not be eradicated in our society because of risky sexual behaviour, or adventure both female and male may experience. It therefore becomes imperative that until empirical study is advanced to identify coping mechanism of actors, the impact of the social, economic, psychological and cultural factors may be dysfunctional and disorder not only to actors but also to the society as a whole.

STATEMENT OF THE PROBLEM

The consideration of the adolescent pregnancy comes to foray when thinking of the problem posed to the social actor. A lot has been said concerning the stigmatizations that result from under-age pregnancy. The fact is that there are social problems that confront kid mothers during and after the period of pregnancy.

This is particularly associated with social exclusion and isolation, emotional breakdown, financial challenge and reaction of the significant others, especially parents, siblings and close associate. In this case, the future tends to become bleak and uncertain for the actors. Studies show that some eventually survived the challenge and some are consumed due to the unbearable burden of the problem. Thus, the relation of the social cost arising from this unacceptable social behaviour seems unequal for kid mothers (Cuffee, et. at, 2007; Sam, 2008; Agunbiade, et. al, 2009).

It follows that because of the unbearable social cost and economic pains that often result from adolescent pregnancies; the ultimate solution is abortion in order to gain freedom. Apart from religion and legal negation to abortion in Nigeria, the social disorder that results from this act is not only fatal for individual but also the society. It is reported from an empirical finding that out of every fifty abortions in Nigeria, thirty-five takes place in quack centres annually; and less than 35 percent lives were saved especially in the hands of quack professionals. Thus, it becomes a factor of concern that should there be desire for abortion in its ideal sense, if the situation is well managed. Moreover, the attitude of male(s) or person responsible for the pregnancy is another dimension that tends to complicate issue for the kid mothers. It is confirmed in a related study that over 75 percent of males responsible for adolescent pregnancies tend to deny the act vehemently, thereby leaving kid mothers in the dilemma of social rejection, stigma, and bleak future (Agunbiade, et. al, 2009; Cuffee, 2007).

Although studies have been initiated in the area of under-age pregnancy and adolescent kid mothers, little have been said about the coping strategies adopted to live out the stigma. It must be stressed that the psycho-social and economic problem arising from adolescent pregnancy is considerable (Agunbiade, 2009). Many may have survived such circumstance. It cannot be ascertained that majority of the kid mothers are capable of surviving or have social insulator for which escape is easy. Consequently, abortion or intentional dumping of infant tends to be the last option. Therefore, the magnitude of the problem indicates a gap in knowledge yet to be covered, especially in the field of criminology.

OBJECTIVES OF THE STUDY

The study addresses the following specific objectives:

a. Examine the coping strategies adopted by kid mothers to live out their stigmatization.
b. Know the reactions of significant others in the determinant of life chances among kid mothers.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

AN OVERVIEW OF ADOLESCENT PREGNANCY STIGMATIZATION IN THE YORUBA CULTURE

The knowledge in this context is an overview of adolescent pregnancy stigmatization in the Yoruba Culture. Hence, it may be suitable to start with the conception of stigma in sociology. The use of stigma in sociological discourse has been popularized through Goffman's book on *stigma: Notes on the management of Spoiled Identity*. The work has stimulated series of research efforts on the "nature, sources and consequences of stigma" (Link and Phelan, 2001) thereby creating an array of research activities on stigma with diverse definitions, approaches and outcomes. In Goffman's opinion, stigma represents 'the phenomenon whereby an individual with an attribute is deeply discredited by his/her society or rejected as a result of the attribute. It is a process through which normal identity is influenced negatively by the reaction of others' (Goffman, 1963). In a similar vein, Jones, et al (1984), (as cited in Link and Phelan, 2001) construed stigma as a relational attribute stereotyped to produce a mark that links a person to an undesirable characteristics or result in discrimination.

The concept of stigma has multiple sources and there are clear indicators of its social origins as well as the factors that perpetuate it (Haghighat, 2001); but central to these factors is an underlying motive surrounding social actors' creation of stigma which Haghighat (2001) attributed to the pursuit of self-interest. At the conceptual level, Link and Phelan (2001) attributed stigma in any social context to the presence of the following five interrelated components conditions: *(1) people distinguish and label human differences. (2) Dominant cultural beliefs link labeled persons to undesirable characteristics. (3) Labeled persons are placed in distinct categories so as to accomplish some degree of separation of "us" from "them". (4) labelled persons experience status loss and discrimination that lead to unequal outcomes; and that (5) stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination.*

The Yoruba culture manifests these components in the social construction of adolescent pregnancy. Within this culture, there is high premium on fertility within marriage, while premarital fertility among adolescent is abhorrent. Largely, societal norms and values govern the reality of fertility. Society defines, regulates and often removes the freedom of expressing and the chances of exploring and experiencing sexuality and fertility from the jurisdiction of the individual and deposits it with the group. There are some adolescents whose sojourns into the land of sex occur via child sexual abuse, rape or even incest and which in most cases are left unaddressed by their significant others (Meursing, Vos, and Coutinho, 1995). Yet the memory of such sexual exploits lingers on the adolescents mind and could serve as stimulus or otherwise to their future sexual explorations (Agunbiade, et. al, 2009). Whatever the outcomes of such sexual exploits, adolescents are usually on the receiving ends. Popular musicians among the Yoruba people like King Sunny Ade, Chief Ebenezer Obey (now Evangelist Ebenezer Obey), Wasiu Ayinde barrister and Adewale Ayuba to mention just a few used some of their albums to preach against pre-marital sex, abortion and depicted how adolescent pregnancy are stigmatised. Adewale Ayuba a prominent 'Fuji' musician described the consequences of adolescent unintended pregnancy and labelled such pregnancy as *ile mosu* (a mother and a wife in ones parent's home) in his album entitled 'Bubble' (Agunbiade, 2009). An extract from the album is stated below:

> *Iwe la ni komo o ka Oyun lomo logbe wale Nigba tonse o, Iya re o mo, Baba re o mo, o digba toyun ba yo, won ama no eee oo, won ama be o o. Won ani ko niso lo do eni to oloyun. Won b'omo b'omo fun osu mefa Ko S'eni to oloyun, ha oti kekere dile mosu. Meaning: We sent the girl child to study. She returned home with pregnancy. When you were indulging in premarital sex neither the mother nor the father was aware. However, with time pregnancy will emerge, you will be beaten, and persuaded.to reveal the person responsible for the pregnancy. The girl child was persuaded for six months. Nobody owned up to be responsible for her pregnancy, now she is a mother and a wife in her parents' home* (Agunbiade, et. al, 2009).

The indication is that adolescent pregnancy attracts general disapproval in the Yoruba culture and the ultimate result is often stigmatization.

Similarly, the Yoruba culture also has some derogative words used in describing adolescent pregnancy among which include words like *oyun eye* (Bird pregnancy) *oyun ibanuje* (sorrowful pregnancy), *oyun ko yun* (unwarranted pregnancy), *oyun eleya/esin* (shameful or embarrassing pregnancy) among others. All these meanings are usually expressed verbally or non-verbal in interacting with adolescent especially the female ones with unintended pregnancy. Such negative meanings may be functional in society's wisdom as a deterrent to unintended adolescent pregnancy, but dysfunctional to adolescent parents and their offspring (Agunbiade, et. al, 2009). Negative messages may affect the self-perceptions, out-look of already pregnant and parenting adolescents, and as well set them on the path to failure (Lewis, Scarborough, Rose and Quirin, 2007). Children born out of such context may also grow to believe the negative meanings and start acting them out in their interactions with others as well as themselves, since they have been tagged 'failure' right from their mothers' womb (Agunbiade, et. al, 2009). However, the mere occurrence of unintended pregnancy does not mean a total surrender, as there are adolescent mothers whose stories have changed due to determination and support from the social system (Lewis, et al, 2007). In the Yoruba parlance, there is a common saying that '*Omo eni kii buru titi kii a fi fun ekun paje'* (no matter the degree of waywardness or stubbornness of one's child the fact is that no parent will be willing to donate such as food to a Lion). In a similar vein, adolescent also develop resistance to stigma as they do in their sexuality by involving in premarital sex even when they are aware of the socio-psychological consequences of such behaviours. Hence, Young mothers do perceive stigma in their lives; some imagined, most very real. In Goffman's (1963) thoughts, these young women would behave like the executioner. They would move tentatively or resolutely move forward but with their eyes downcast, accepting of their fate as a stigmatized individual, incorporating a stigmatized identity into their own sense of self and harbouring a persistent shame at their transgressions. The process of deconstructing or destigmatisation at all levels will also have to take cognizance of this factor among others in interventions aimed at reducing the consequences of stigmatizing (Link and Phelan, 2001), and more so, stigmatizing unintended pregnancy among adolescent mothers is a reflection of society's interpretation of pre-marital fertility (Atuyambe, et al, 2005; Ilika and Anthony, 2004). In the literature, adolescent pregnancy is largely construed as personal problems that affect both the individual and the community at large. The link between the personal and the public troubles with adolescent pregnancy cannot be pinned to a single direction.

It is obvious that there is a continuum between the objective and subjective dimensions of the micro-macro interactions in the Yoruba construction of pre-martial fertility (Agunbiade, et. al, 2009). At the public scene, unprotected sexual intercourse and unwanted pregnancies consequences are easier to observe on the female than their male sexual partners are. Stigmatisation of pregnancy demonstrates one among other dimensions in the existing variations. Adolescents are socially unexpected to engage in sexual activities (Atuyambe, et al, 2005; Barker and Rich, 1992; Ilika and Anthony, 2004; Okonofua, 1995; Otoide, Oronsaye, and Okonofua, 2001; WHO, 2007). When unintended pregnancy occurs, it is usually a traumatic among many adolescents (Wiemann, Rickert, Berenson and Volk, 2005). Beyond the trauma of unintended pregnancy and its stigmatisation, there is need for in-depth understanding of adolescent mothers' coping tactics with this reality. Prior research efforts have neglected this aspect of adolescent pregnancy in sub-Saharan Africa and Nigeria in particular (Agunbiade, et. al, 2009). To fill this gap, this study explores adolescent mother's experiences with unwanted pregnancies and the strategies they adopted in resolving unintended pregnancy stigma.

LABELING THEORY

Labeling theory originates in sociology and criminology. This theory also known as social reaction theory was developed by American sociologist, Howard Becker. The theory (synonymous to "identifying against") holds that deviance is not inherent to an act, but instead focuses on the linguistic tendency of majorities to negatively label minorities or those seen as deviant from norms (Bernard, Burgess, and Kirby, 2010). The theory is concerned with how the self-identity and behavior of individuals may be determined or influenced by the terms used to describe or classify them, and is associated with the concept of a self-fulfilling prophecy and stereotyping.

It follows from the above explanation that the reaction of others to adolescent pregnancy is not influenced by the act itself. Such reaction is a factor of socio-cultural component (significant others). The indication is that every culture carries with it significant stereotype which is held by majority in the society. The stereotype therefore discriminates against person(s) whose behaviour negates the belief system. For example, in the Yoruba culture, it is conceived that every female child must be given to husband after fulfilling the all-important traditional marriage rite. Hence, any girl child or adolescent who is pregnant without fulfilling the marriage rite is usually condemned and label as deviant. This explains the reason for stigmatization experienced by kid mothers. It must be stated that the impact of cultural definition of adolescent pregnancy is enormous as it tends to subject the actor to social rejection and isolation.

RESEARCH METHODOLOGY

RESEARCH DESIGN

The study was based on cross sectional data in which information was collected only once from respondents. Qualitative method of data collection was used. Two local governments in Lagos state such as Shomolu and Epe were selected as the study locations. Moreover, the method of non probability sampling was adopted.

POPULATION OF THE STUDY

The central focus of the study comprised pregnant adolescent and kid mothers whose ages ranged between 13 and 24 years. Respondents also included the *significant others* to the kid mothers such as their parents, siblings and friends. It is important to mention that kid mother in this research context referred to adolescent females with child or children out of wedlock. The population also covered pregnant adolescents.

SAMPLING TECHNIQUES AND SIZE

The study adopted snowball method of sampling. Snowball is a method of sampling based on chain referrer in which contact with respondents is achieved through link of one respondent providing information on the link of another respondent. The study chose this method due to the nature of the research objective as contact with respondents was difficult. The study was based on 46 sample of respondents selected across Epe and Shomolu local government. Hence, 20 sample was selected in each location for pregnant adolescents/kid mothers and 3 sample each for significant others.

INSTRUMENTS OF DATA COLLECTION The instruments adopted for the study were in-depth interviews, participant observation and life history. The interview was classified into two forms, structured and in-depth. The structured type consisted of list of written questions read out to respondents without further probe or investigation.

Unstructured comprises questions to the respondents with the aim of probing or investigating fact deeply in order to achieve in-depth information. Participant observation did not contain any question but focused on researcher's mind in interpreting the feelings of respondents. The life history method is a case study based on information facilitated from a particular respondent at a point in time.

METHOD OF DATA COLLECTION AND ANALYSIS

The method of data collection adopted for the study was primary data, based on qualitative method. This method comprised the use of in-depth/unstructured and structured interviews as well as participant observation. Qualitative method is a phenomenological or interactionist approach that focuses on people's experience, feelings and interpretation of their social world, one of which is the kid mothers' coping strategies adopted in their stigmatization. Researcher may employed field assistant to facilitate easy collection of data.

However, data collected was analyzed on the basis of ethnographic and content analysis. In its simplest form, ethnographic or content analysis focuses on identifying knowledge and feelings of respondents through verbatim quotations in order to establish variation and explain particular concept. It is important to mention that unstructured interviews were analyzed by content analysis and ethnographic summaries, while structured interviews were explained by frequency and percentage. Information recorded in observation was expressed based on researcher's discretion.

ETHICAL CONSIDERATION

The ethical value of the study lied in making the research objectives known to the respondents and seeking respondents' consent to supply relevant information. Every individual who were participants in the study were not constrained in any form to respond to research questions. Confidentiality and anonymity of the respondents was sustained to protect their identity. Meanwhile, the four components of ethical factors were considered. These are benefits, justice, security, and non-malfeasance. The benefit of the study is not only for the academic interest but also it recommended policy document essential to improve health status of kid mothers. Justice is based on ensuring confidentiality and anonymity of respondents. Security is to ensure that the condition of conducting the study was safe not only for researcher but also for the respondents. Non-malfeasance is determined by the source of authority upon which the study was conducted. The study was conducted on full authority of Sociology department of the University of Ibadan. Similarly, researcher sought the authority of the people concerned prior to data collection.

DATA ANALYSIS AND PRESENTATION

SOCIO-DEMOGRAPHIC ANALYSIS

The importance of demographic data of respondents in any research study is crucial as it tends to determine the pattern of responses to substantive issues in research question. Hence, the consideration of the data in the study analysis becomes essential.

Table 4.1.1: Distribution of Respondents by Socio-demographic Data

Age	**Frequency**	**Percentage**
14-16	9	22.5
17-19	20	50.0
20-22	11	27.5
Total	**40**	**100.0**
Age at first menstrual onset	**Frequency**	**Percentage**
10-11	12	30.0
12-13	23	57.5
14-15	5	12.5
Total	**40**	**100.0**
Academic qualification	**Frequency**	**Percentage**
Primary school	7	17.5
Junior secondary	22	55.0
Senior secondary	9	22.5
Tertiary (undergraduate)	2	5.0
Total	**40**	**100.0**

Type of family	Frequency	Percentage
Polygamy	9	22.5
Monogamy	13	32.5
Divorced	18	45.5
Total	**40**	**100.0**
Religion	**Frequency**	**Percentage**
Islam	24	60.0
Christian	16	40.0
Total	**40**	**100.0**
Occupation	**Frequency**	**Percentage**
Student	24	60.0
Apprenticeship	5	12.5
Trading	5	12.5
Unemployed	6	15.0
Total	**40**	**100.0**
Source of income	**Frequency**	**Percentage**
Parents	28	70.0
Spouse	6	15.0
Self financing	6	15.0
Total	**40**	**100.0**

Source: Field Study, 2011

Results in table 4.1.1 showed the age range 17-19 years, 50.0% as having the highest prevalent rate of adolescent pregnancies and kid mothers. The proportion corroborates with the findings of Russell and Joyner (2001) which identified increasing level of fertility with women under age 19 years. Respondents whose ages were in the range of 14-16 years also constituted significant proportion, 22.5%, though this rate was lowest. However, critical fact was revealed in light of the adolescent mother whose ages ranged between 14 and 16 years. As put in the words of a 14 year old respondent:

> *I attempted to abort this pregnancy several times. This is because the shame is too much for me. I am just in JSS 3. Now I cannot go to school any more because of the shame and disgrace. Will I ever realize my goal in life? My parents have disowned me (IDIs/pregnant adolescent/Epe/2011).*

The age at first menstrual onset in the study area indicated that age 12 to 13 years represented the prevalent point, 57.5%. While 30.0% of the respondents experienced first menstruation at ages 10 and 11 years, 12.5% had the experience between ages 14 and 15 years. It follows in this case that early menstruation age was prevalent among kid mothers in the study location. According to a respondent:

> *This current age is different from what it used to obtain in the previous centuries. Girl child now menstruates at early age. Because parents and schools have failed to introduce early sex education to match the current social trend, adolescent pregnancies are on the rise. Most of the kid mothers are faced with social denial. This is abnormal and very worrisome (IDIs/Parent/Shomolu/2011).*

This line of opinion directly agitates for early sex education, especially for girl child. The academic qualification for kid mothers in the study area showed that highest proportions, 55.0% of the respondents were in junior secondary school prior to the incident of pregnancies. While kid mothers who were undergraduates in tertiary institution, 5.0% constituted the lowest proportion; 17.5% represented respondents in primary school education that got impregnated in their live experience. A respondent succinctly put her views:

> *My first sexual experience was in the primary school when I was 8 years old. I was lured into sex because of money. So, by the time I wrote my primary school leaving certificate examination, I was already pregnant at age 13 years plus. It was 4 months into my pregnancy that I knew what had happened to me. Because of the pregnancy, I dropped out of school till today (IDIs/Kid mother/Epe/2011*).

The indication is that sex experience tends to be early for girl child in modern industrial age, hence the need for early sex education. The family background for respondents indicates that divorced family or lone parent produced highest proportion, 45.5% of individuals with adolescent pregnancies in the study area.

This corroborates with findings of World Health Organization (2007) that indicates adolescent pregnancies as critical consequence of divorce or family disorganization. In other words, children of divorced family background or lone parenting tend to have low social bond or control essential to sanction anti social behaviours. The religious affiliation of kid mothers in the study area indicated that higher proportions of the respondents, 60.0% were associated with Islamic religion, while 40.0% were Christian faithful. It may be difficult in this context to associate adolescent pregnancy with religion. For instance, a respondent with Islamic background said:

> *Since my conception three months now, I have not been going to Mosque for Friday jumat prayers. The Alfas in the Mosque are very discouraged and sad because of stupid mistake. It has not been easy (IDIs/Pregnant adolescent/Epe/2011).*

The distribution according to occupation revealed that majority of kid mothers, 60.0% in the study area were students, most of which have stopped schooling due to pregnancy experience. Similarly, 12.5% were into trading and apprenticeship, while 15.0% were unemployed. The occupation status of kid mothers reflected the pattern of source of income.

Hence, 70.0% were dependent on their parents for economic sustainability and 15.0% relied on their spouses and self-financing for economic livelihood. In the words of a 15 year old pregnant adolescent:

> *I have been finding it very difficult to cope with this pregnancy. There is no money to take care of myself. The man that impregnated me is not taking any responsibility. I desired to attend ante natal clinic, but there is no money. It is only my mother that is helping me with little money. I pray God should see me through the condition (IDIs/Kid mother/Shomolu/2011).*

Therefore, since there is no sustainable income for kid mothers, it may be difficult to maintain stable healthy status, especially during pregnancy period. This may pose safety challenge in time of delivery. The experience of kid mothers in this context accounted for major reason Nigeria is categorized among nations in which mothering is miserable, especially in terms of health status (Atuyambe, Mirembe, Johansson, Kirumira and Faxelid, 2005).

THE COPING STRATEGIES ADOPTED BY KID MOTHERS

Stigmatization is a state of discredited attribute of an individual. It occurs when a person is socially rejected consequent upon labeling and stereotyping by members of society. Adolescent pregnancy is source of stigmatization in Yoruba culture and several cultures. As a result, the pregnancy experience of adolescent female becomes socially pathological for kid mothers.

This is apparent in the various degrees of in-depth discussions with respondents in the study area. In the words of a discussant:

> *I noticed the pregnancy when I did not menstruate for two months. I started looking for ways to terminate it because of shame. I told my boyfriend about the pregnancy and he gave me some tablets to swallow with hot water. The pregnancy did not come down. My uncle got knowledge of the pregnancy and informed my father, who got disappointed in me. I am presently an object of disgrace to my family. I don't know what to do because I am confused (IDIs/Kid mother/Epe/2011).*

Another respondent said:

> *My first sex experience results in pregnancy. I did not know I was pregnant because I was menstruating for the first 3 months of my pregnancy. I tried many ways to abort the pregnancy by taking drugs such as alabukun with aromatic schinapps. I visited medical Doctor who specialized in abortion. He advised me to avoid termination. The experience has not been palatable in any way (IDIs/Kid mother/Shomolu/2011).*

Hence, it may be pointed that the magnitude of stigmatization and social disapproval constitute motivation for adolescent pregnant women to consider abortion as negotiable option to avoid stigmatization and public shame. The views of an eighteen year old pregnant woman were explicit:

> *I noticed my menstruation stopped for two months. I was afraid to discus it with anybody. My mother noticed the changes. The result was confirmed by an auxiliary nurse. Because of public disgrace, my mother sent me away to live with my grandmother in the village. I can't go out freely due to shame. I would have aborted the pregnancy, if there was opportunity. But I know God will see me through the journey (IDIs/Kid mother/Epe/2011).*

However, the sex experience of adolescent female revealed significant dimension of stigma individual is labeled. In the words of a discussant:

> *My sexual encounter was mostly protected due to fear of pregnancy. But there were times I did not protect myself and this exposed me to sexually transmitted infections (STIs) and pregnancy. I had sometimes experienced itching in my virginal alongside milkfish smelling discharge due to unprotected sex (IDIs/female adolescent/Epe/2011).*

Further in the analysis, another respondent said:

> *The man who disvirgined me used a condom. The third time he slept with me resulted into pregnancy. I have other boyfriends who were in my school. Whenever I am coming back from school, I visited my boyfriend's house and entered through the back door to avoid people in the open place. I preferred unprotected sex to use of condom. This is the cause of my pregnancy. I am very shameful to my parents and public members (IDIs/adolescent female/shomolu/2011).*

Subsequently, the views of a sixteen year old respondent posited thus:

> *My first boyfriend disvirgin me in SS1 class. I have knowledge of modern contraceptives. I used the family planning pills and condoms. I was not used to unsafe sex for fear of being jilted and unwanted pregnancy. My first experience of sex was very painful but eventually I became used to it. I got pregnant because of my carelessness (IDIs/adolescent female/shomolu/2011).*

Although respondents in the study area were exposed to sex at early adolescents' age, pregnancy which was unintended for most carriers was due to unprotected sex. A respondent said in her opinions:

> *My first sexual experience was in JSS 2 at age 13 years. I was disvirgin by a neighbor who dated me for two years. We used to have sex once a week, sometimes with protection. Immediately the man impregnated, he ran away. The experience is bitter for me with shame attached (IDIs/adolescent female/Epe/2011).*

In similar vein, a fourteen year old adolescent said:

> *My friend told me if I did not get a man to disvirgin me, it will be very difficult when I get older. The first experience was full of blood. Subsequently, the experience was interesting. I got pregnant because I was not used to condom (IDIs/adolescent female/shomolu/2011).*

The indication is that teenage pregnancies result from low use of contraceptive method. Though the knowledge of contraceptive was obvious in the study area, the problem lied in the desire to engage the methods such as condom and the likes. Conversely, the age of disvirgin or first sexual intercourse for adolescent female in the study area provided essential information for consideration. A sixteen year old adolescent teenager put views thus:

> *I was disvirgin at age 10 during my primary school. The experience was painful, though subsequently it was interesting. I attended a boarding school for girls' high school. Most of my seniors had boyfriends. They used to sneak out for parties and come back with gifts and money which they shared with favourite juniors. They tell stories of their sexual experience. One day they took me out for the experience. That was when I met my first boyfriend. I enjoyed sex. I had many boyfriends that I slept with (IDIs/adolescent female/shomolu/2011).*

Another respondent said:

> *I was disvirgin at age 11 years old. I lost my virginity to a man who was close to my family. He deceived me with gift. The day he disvirgin me, I went to his room to collect what he said he bought for me. He asked me to remove my cloths and he had sex with me. He cleaned me up and gave me panadol and salty water. Eventually I was impregnated some years latter by the same (IDIs/adolescent female/Epe/2011).*

Obviously, it may be held that age of first sex or disvirginity for respondents in the study area was early. As upheld by Abdulraheem and Fawole (2009), the high rate of adolescent pregnancies in Nigeria and in some part of the world is closely connected with early sex escapade and adventure for youths. The consequence of this sexual behavior therefore, is higher for female than male counterpart. This is the result of unwanted pregnancies that pose heavy stigma for female child. The preceding argument coincided with the findings in the study location. For instance, a female respondent said:

Though he is the person that impregnates me, the shame is wholly on me. I can no longer visit places. My boyfriend is free without having impact of the shame I am carrying. I thought it was the right thing to do since everyone in my group had boyfriends. My friends used to tease me a lot. They said, if I don't have boyfriend, it will be difficult for me to have children in the future. They said my virginal will forever remain close (IDIs/adolescent female/shomolu/2011).

Moreover, the knowledge of pregnancy among the respondents was apparently similar. In the words of fifteen year old pregnant adolescent:

For years, I was using condom and menstrogen. It was the time I did not use condom with my boyfriend that I became pregnant. I had forgotten that I was not safe. It did not occur to me to use contraceptives. When I did not see my period the next month, I knew I was pregnant (IDIs/adolescent female/Epe/2011).

Another respondent expressed her experience:

This is my first pregnancy. I missed my period and I went to hospital for test. It was two months old for the pregnancy (IDIs/adolescent female/shomolu/2011).

Additional, a sixteen year old pregnant adolescent female said:

When I missed my period, I knew it was pregnancy. Presently, I am four months pregnant (IDIs/adolescent female/Epe/2011).

However, different dimension of views were shared by a nineteen year old female:

I am four months pregnant, yet I see my period every month. At times when traditional birth attendant (TBA) asked us to buy herbs, I can't buy because I don't have money. I don't have anyone to run to (IDIs/adolescent female/shomolu/2011).

The line of variation in the knowledge of pregnancy among adolescent females is that menstrual periods may remain stable despite pregnancy. Though the stability of menstruation is usually in rare circumstance, such condition is associated with abnormal pregnancy which may result in miscarriage (Atuyambe, Mirembe, Johansson, Kirumira, and Faxelid, 2005). Furthermore, desire for abortion among adolescent pregnant teenagers in the study area was high. Findings revealed in the series of in-depth discussions with respondents that every adolescent pregnant female tends to consider abortion upon discovery of pregnancies in the first three months of conception. As put in the words of respondent:

I tried abortion several times. I mixed kanwa i.e. potash with Schweppes twice to terminate the pregnancy. I also used alabukun and Andrew liver salt to prevent it. All were to no avail. I was desperate to avoid the shame and ridicule of the pregnancy. Yet my effort failed (IDIs/adolescent female/shomolu/2011).

Similarly, a respondent succinctly put in her views:

I tried my best to prevent the pregnancy. Despite the methods I adopted, it still survived (IDI/ female adolescent/Epe/2011).

In the words of another respondent:

When I was tested positive, I used menstrogen with the intention of flushing the pregnancy but nothing happened. I finally decided to leave the pregnancy. I am eight month pregnant (IDI/ female adolescent Shomolu/2011)

Thus, the line of explanation put forward by Agunbiade, Ayotunde, and Opatola, (2009) must be significant for the prevalent fact of the study. The argument is that pregnant adolescents have the possibility of patronizing medical centers for abortion. However, because of the shame and ridicule associated with teenage pregnancy, they usually end up with quack medical personnel or even self medication. This is not without dire consequence which may even lead to death. The scenario described in the fore-going was confirmed in the in-depth discussion of a respondent:

I lost my daughter to incident of abortion. It took time before we discovered. By the time we knew it was too late. The memory still lingers in my mind. You can't imagine the emotional and psychological pain we went through (IDI/Parent/Epe 2011).

The experience of pregnancies for pregnant adolescents was obviously similar. In this vein a respondent constructed her experience thus:

I was always sick and weak. My mother noticed that I was pale. Abortion did not appeal to me because we had already lost a girl to it in my street. I couldn't tell anyone because I was scared."(IDI/pregnant adolescent/Shomolu/2011)

In the words of a seventeen year old adolescent:

It has not been easy. I still do home chores. I dare not complain. If I complain they will give me breakdown of my shameless life. Because of me, other children cannot play together freely (IDI/female adolescent/Epe 2011)

Similarly, as put in the view of another respondent:

It is not an easy task. It is really affecting me because I have to stay at home for the rest of the month till my delivery date. I have been feeling sick (IDI female respondent/Shomolu/2011)

The variation in the line of pregnancy experience was also expressed in the words of a fourteen year old pregnant adolescent:

It is a shameful experience both on the part of my parents, neighbours and friends. The whole situation is affecting me emotionally and it has affected my education. (Female adolescent/ Epe/ 2011)

On the whole therefore, it may be pointed out that the experience of pregnant teen is usually accompanied by emotional disability not only for the girl child but also parents. That is parents also share in the stigma. In this wise a parent put his view thus:

Omo yi ti ko tie bami. Mi o niyi mo laarin egbe. Meaning: my daughter's pregnancy has affected me. I am no longer given my due regard among my peers. (IDI/ Parent / Epe, 2011).

It is important to state the coping strategies adopted by pregnant adolescent in the study location were vital to their stability during pregnancy period. The words of a respondent explained thus:

My first sexual experience resulted into pregnancy. I did not know until two months when my mother called me and told me my face was puffy. I was tested and confirmed positive. I lost the pregnancy because of stress. This is my second pregnancy and I patronize TBA. I cannot utilize the hospital because people will be looking at me in a way that will make me feel ashamed (IDI /Female adolescent /Epe/ 2011).

A fifteen year old respondent said:

My previous pregnancies resulted into miscarriages due to the stress I passed through. I have just two skirts and blouses that my brother in-law bought for me during last year sallah. Presently, I am four months pregnant. At times my husband beats me and tells me he will marry another woman. His junior ones victimize me. I don't have money to go to hospital for antenatal. So I come here, TBA. I also visit Aladura (prayer center) for check up (IDI /Female adolescent /Shomolu/ 2011).

From all indications, adolescent pregnant mothers prefer traditional homes i.e. TBA to orthodox hospitals. This decision is largely influenced by socio-economic factors. The social explanation refers to the stigma attached to their condition. This motivated desire to seek health care in hidden centers due to the public shame attached. The economic factor reflected the source of income available to adolescents in the study location which hindered the use of modern health care facilities. In this wise, a pregnant adolescent said:

I am using this traditional birth attendant, TBA because the nurse understands; unlike government hospital whose nurses are not friendly and will use every opportunity to remind you that you are too young to be pregnant. Aside from the effective service, it is cheaper and more convenient. They allow us to pay in installment (IDI /pregnant adolescent /Epe/2011).

A nineteen year old pregnant adolescent also stressed that:

I dated my first boyfriend for a year. We used to have sex without condoms. Then my knowledge of contraceptives was limited to postinol and Gynococid. Now that I am pregnant, I don't have money for my antenatal needs. It has not been easy especially now that my parents have abandoned me. It is only my mummy that gives me little money for upkeep. You know it is not like before when it is your right. Now it is a privileged and you have to cut your coat according to your size. So, with my little income I can only afford to come here, TBA (IDI /pregnant adolescent / Shomolu / 2011).

Therefore, based on the empirical findings, it may be pointed that the coping strategies for adolescent pregnant women is difficult and challenging particularly in the aspect of Medicare. The words of a fourteen year old pregnant teen reflected thus:

> *I did not know I was pregnant. I was sick. My mother and I thought it was the normal malaria I used to have. She gave me agbo i.e. herbal drugs. When I didn't get better she took me to Shomolu General Hospital. The nurse asked me when last I saw my period and I told her it has stopped coming. She asked us to do pregnancy test and my mummy refused and said how can I be pregnant without sex? When the result came out it was positive. My mother beat the hell out of me. I have been having constant malaria since my conception; I don't have money to receive good medical care because my mother no longer cares about me and my welfare* (IDI /pregnant adolescent /Shomolu /2011)

APPRAISAL OF THE REACTION OF SIGNIFICANT OTHERS

Significant others in this study focused on individuals who were closely related to the pregnant adolescents in the study location. This comprised parents, relatives and friends. Preceding studies, (Asscadi and Johnson, 1993; Bagley and Tremblay, 2000; Agunbiade et. Al, 2009) have showed that the role of significant others is vital in the determination of life chances of adolescent pregnant mothers. The description indicated in the feelings of a parent is summarized thus:

> *Left to me alone, I would have preferred abortion because I don't want my daughter to become a liability in the future. I had wanted her to be a distinguished fashion designer, but with her present condition I doubt if such a dream can be realized* (IDI /Parent mother/ Epe 2011).

Similarly, the words of another *parent* respondent provided further information:

> *I blame my daughter's pregnancy on her mother. I don't give her support again. Prior to her pregnancy I had separated from her mother. As for her she has chosen her path of life, when she got pregnant while she is still in school. I have disowned her because it is an abomination to be pregnant outside wedlock in our family (IDI / Father/ Shomolu/2011).*

Hence, significant fact is revealed in the information provided. It is a possibility that parents may wish to abort their daughter's pregnancy to prevent likely stigmatization they (parents) may suffer in the process. Also the victim might face rejection from their parents. According to Adetoro et al (1991), adolescent pregnancy constitutes high risk for the female victim due to isolation and rejection suffered from close relatives. Consequently, life chances become hindered and the path to recovery may fail. Meanwhile, the fittest survive the cost of adolescent pregnancy; the weak tend to be consumed by stigmatization throughout their life history. This argument is confirmed in the life history of a respondent:

> *Since I got pregnant, no family member cares about my welfare. The person that impregnated me denied me vehemently. My parents have denied me. The future is bleak because I don't know where to start from. I tried abortion but it failed. I don't attend antenatal because I don't have money. I find it difficult to eat three times daily (IDI/ Pregnant Adolescent /Epe/2011)*

Further description on the feelings of significant others revealed vital information in the study findings. As put in the words of a respondent:

> *I was upset when I heard about my daughter's pregnancy. I swore I will never have anything to do with her again. As for me that is the end of her schooling. My wife has been appealing to me to support her but I don't think I am ready. She has brought shame to me among my friends (IDI's/ father /Epe /2011).*

However, the description of a life history indicated showed that significant others *parents* may contribute to reason for adolescent pregnancy. As put by a pregnant adolescent:

> *My mum does not know I am pregnant. I was formerly living with my aunt at Agbado-Ijaye (Lagos). My mum left my dad a long time ago when I was still very young. When I was with my mum she sent me to a private primary school but my teacher said I was not brilliant. When I was in J.S.S 2, I could not cope so she took me to a tailoring school. Then I didn't know my father because they divorced when I was still very small. One day I ran away from her to look for my dad. When I first saw him, I was very happy. We were leaving together in the same room but he said we cannot sleep together so whenever he comes back from work, I go to sleep in my neighbour's house. My father gives me only a hundred naira per day. I have to beg my neighbours to sustain myself.*

> *That was how I met the person who impregnated me. My dad said I should move to my husband's house. I might not have gotten pregnant, if I had enough money to sustain myself* (IDI / pregnant adolescent/Epe/2011).

In this wise, the blame is shared by both parents and victims. Buga (1996) argued that parents play crucial role in the socialization process of children. A household that provides weak socialization for young ones in the learning of social norms and values is synonymous to total loss as a consequence for children in life. The loss and social disadvantage is explained in terms of criminal tendencies for male child and unplanned pregnancies for female adolescents. The study buttressed the argument in Oye-Adeniran et al. (2004) views on family background of kid mothers as most pregnant adolescents studied have divorced background. This provides for weak socialization.

Conversely, data from the study location showed pattern of stigmatization and rejection experienced by adolescent mothers, especially those imposed by their significant others. This is rightly put in the view of a respondent:

> *My wife and I were really ashamed at our daughter's pregnancy. We are both respectable members in our religious organization. We had to change her location from the house to another place until she gives birth. It is a shameful thing for us all. Although she is sober now. She will return home after delivery. We want her to learn the lesson of her disobedience (IDI/ Father/ Shomolu/ 2011).*

Similarly, in the description of significant others, a pregnant adolescent narrated her experience:

> *I often face rejection from friends who believed I ought not to be pregnant at my tender age. I have become an object of ridicule among kids in our area who stare at me and sing proverbial songs to mock me anytime I pass by. Even now as you are seeing me outside, I will soon hide myself." (IDI/ Pregnant Teen/ Shomolu/ 2011).*

In the view of another female adolescent:

> *It wasn't funny at all. My aunty got to know after five months. She was very disappointed. She developed hypertension. You know she had invested a lot in me. She has been raising me since I was three months old. In fact people don't know she is not my biological mother. To add salt to my injury, my boyfriend denied paternity. I had to lie to people that my husband has traveled out. To convince them, I bought engagement ring. My social life becomes zero. I couldn't go out (IDI/ pregnant adolescent/ Epe/ 2011)*

The responses in this case show that adolescent pregnancy is unaccepted in the Yoruba culture. This confirmed the findings of Nweneka (2007) that demonstrated the level of social disapproval for adolescent pregnancy. It must be mentioned that adolescent pregnancy is not only disapproved of in Yoruba culture, several studies (Otoide, Oronsaye, and Okonofua, 2001; Sam, 2008; Nweneka, 2007) have showed that adolescent pregnancy is against the norms and value system across culture. To buttress this fact an Igbo respondent in the study location said:

> *God forbid bad thing. Bride price must be collected on my daughter. None of my daughters will be impregnated outside wedlock the way it happens these days. "to fia pa" all my daughter's will be legally married." (IDI/ Parent Mother/ Epe/2011)*

Data collected also showed that significant others may withdraw benefits previously enjoyed by adolescent mothers. This decision is used as a means of punishing the pregnant adolescent. As put in the words of a pregnant adolescent

> *The day my mother summoned me, I almost jumped out of my skin. I just told her the truth quietly. She screamed. She overreacted. I have never seen her like that before. She was crying. We were both crying. When my daddy heard, he said it is not his business, that we should sort it out. Since that time my life is no longer the same again. My parents no longer recognize me as the first child of the house. My room is kept isolated from other members of the house. I am made to do the household chores. In fact, I am worse than a housemaid. It is not easy." (IDI/ Pregnant Adolescent/ Shomolu, 2011)*

In essence, parents may overreact by disowning pregnant adolescents. However, findings showed that there is limit to such anger or reactions due to religious and cultural considerations. For instance, a respondent said:

> *My father wanted me to go to school but destiny cannot be changed. He asked me to summon my spouse.*

> *It was only when he learnt my spouse was just 21 years old from Ilorin that he was disappointed. He does not like people from Ilorin. He said they are too mischievous. When he learnt he was going to base in Lagos. He accepted me and prayed for my safe delivery (IDI/ Pregnant Adolescent/ Epe, 2011)*

The coping strategies adopted by significant others (parents and guardians) varied significantly in the study area. While some parents amplified the stigma for their daughters, others remained calm and religious, insulating their emotion under cultural disposition. A parent passionately stressed his words thus:

> *The information of my daughter's pregnancy really destabilized my emotions. I immediately drove her out of my house. I can't be feeding her and somebody else's pregnancy. Where she is presently I don't care. She is a disgrace to herself. She is the black sheep of the family (IDI/ Parent/ Shomolu, 2011).*

Conversely another parent responded saying:

> *It is not proper to ill-treat someone because she is pregnant. The deed has been done and there is nothing anybody can do. My husband and I will sort ourselves out for the safety of our daughter. If we send her packing, what will be our gain? She has realized her mistake and learnt her lesson. "Nkan eni o sha ni dimeji ki inu bini; a ko ni le omo buruku fun ekun paje"—meaning, at least one can not be double blessed and be sad, and we will not throw away the baby with the bath water." (IDI/ Parent/ Shomolu, 2011)*

It can therefore be deduced that culture and religion are ways by which stigmatization in adolescent pregnancy can be neutralized both for wards who are direct victims and their parents.

CONCLUSION AND RECOMMENDATIONS

The findings showed that spouses provided relative level of support for pregnant adolescents. However, the sustainability of financial support was limited as some kid mothers were passionately denied paternity of their pregnancies. In most cases, financial supports were given by parent (adult mother) of the pregnant adolescent. However, findings revealed that most of the adolescent female pregnancies in the study areas were caused by male adolescents of secondary school ages. This made the level of stigmatization very high for female child.

Basically, the findings in the study showed that adolescent pregnancy is deeply stigmatized. While the victim was stereotyped due to social disapproval by members of the public, parents also shared part of the shame. More importantly, the pre-marital sex experience of the victim does not only result into pregnancy, decision for abortion was certain as a route to escape stereotype and self fulfilling prophesy/stigma imposed by others.

It follows that adolescent pregnancy draws the important role expected to be played by parents. It is obvious in the findings that inadequate or lack of parental care and sex education were highly responsible for adolescent pregnancies. The issue is that there is a social disconnection between parents and their wards; hence the tendency to seek social connection among friends is high. Since the stigmatization attached to adolescent pregnancy is jointly shared by family members, it is essentially important to lay good foundation and discipline for children. This will serve as social control in the minds of adolescent. Also, abortion not only contradicts social norms and law, it is risky. Therefore encouraging adolescent pregnancy is synonymous not only to social shame but also hinders healthy living.

RECOMMENDATIONS

Consequent upon the research findings, the following recommendations are made:

1. The coping strategies adopted by pregnant kids to prevent stigmatization are crude and sometimes dangerous to their life. Therefore it is strongly recommended that adolescents should avoid unprotected sex in order to prevent stigmatization attached to unplanned pregnancy.
2. The stigmatization for adolescent pregnancy is not only suffered by pregnant teens but also their parents. Hence, parents should establish strong social bond with their wards and provide them with early sex education in order to prepare them for future challenges.

REFERENCES

AbdulRaheem, I.S., and Fawole, O.I. 2009. Young People's Sexual Risk Behaviors in Nigeria. *Journal of Adolescent Research,* Vol. 24 (4): 505-527.

Adetoro, O., Babarinsa, A., and Sotiloye, O. 1991. Socio-cultural factors in adolescent septic

Agunbiade, O.M., Ayotunde, T. and Opatola, M. 2009. Pregnancy Stigmatisation and Coping Strategies of Adolescent Mothers in two Yoruba Communities, Southwestern Nigeria

Asscadi, G., and Johnson-Asscadi, G. 1993. *Socio-economic, cultural, legal factors affecting girls' and women's health and their access to and utilization of health and nutrition services in developing countries*. *Washington, DC, Population, Health, and Nutrition Department, the World Bank*

Atuyambe, L., Mirembe, F., Johansson, A., Kirumira, E.K., and Faxelid, E. 2005. Experiences of pregnant adolescents - voices from Wakiso district, Uganda. *African Health Sciences,* 5(4): 304 – 309.

Atuyambe, L., Mirembe, F., Tumwesigye, N.M., Annika, J., Kirumira, E.K., and Faxelid, E. 2008. Adolescent and adult first time mothers' health seeking practices during pregnancy and early motherhood in Wakiso district, central Uganda. *Reproductive Health* 2008, 5:13. Retrieved July, 20, 2009 from: http://www.reproductive-healthjournal. com/content/5/1/13.

Bagley C, Tremblay P. 2000. *Elevated rates of suicidal behavior in gay, lesbian, and bisexual youth.* Crisis: The Journal of Crisis Intervention and Suicide Prevention; 117.

Barker, G.K., and Rich, S. 1992.Influences on Adolescent Sexuality in Nigeria and Kenya: Findings from Recent Focus-Group Discussions. *Studies in Family Planning*, Vol. 23, (3): 199- 210.

Becker, H. S. (1963). Outsiders: Studies in the Sociology of Deviance. New York, NY: The Free Press

Blake S.M., Ledsky R, Lehman T, Goodenow C, Sawyer R, Hack T. 2001. "Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools". American Journal of Public Health.

Bourdieu, P. 1977. *Outline of a Theory of Practice*. Cambridge: Cambridge University Press. Retrieved from "http://en.wikipedia.org/wiki. Accessed; February 19, 2011.

Boyce W, Doherty M, Fortin C, MacKinnon D. 2003. "Canadian Youth, Sexual Health, and HIV/ AIDS Study: Factors influencing knowledge, attitudes and behaviors". Council of Ministers of Education; Toronto.

Buga, G. 1996. Sexual behavior, contraceptive practice and reproductive health among School adolescents in rural Transkei. *South African Medical Journal, 86*, 523-527.

Campbell C. & Deacon H. (2006), Unraveling the Contexts of Stigma: From Internalisation to Resistance to Change, *Journal of Community & Applied Social Psychology* 27, 363-385.

Castells, M. 1996. *The Network Society*. Oxford: Blackwell Publishers, Inc. Retrieved Feb.21 (2011), from en.wikipedia.org

Clement W, and Myles J. 1994. *Relations of Ruling: Class and Gender in Postindustrial Societies*. Montréal and Kingston: McGill-Queen's University Press.

Combes-Orme T. 1993. Health effects of adolescent pregnancy: Implications for social workers. *Families in Society: The Journal of Contemporary Human Services*; 74(6): 344-54.

Craig, A., and Richter-Strydom, L. 1983. Unplanned pregnancies among Zulu schoolgirls. *South African Medical Journal, 63*, 452-455.

Creatsas, G. et al. 1991.Teenage pregnancy: comparison with two groups of older pregnant women. *Journal of Adolescent Health*, 12:77–81.