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The Effects of Teenage Pregnancy and Early Motherhood on Labour Force in Okumbiri Community

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Abstract

The study examined the effects of teenage pregnancy and early motherhood on young women in Okumbiri community. The research utilized a cross-sectional research design and the homogeneous sampling techniques in a sample population of 1278 teenage mothers and a sampling size of 75. A structured questionnaire was administered, collected and data for the study analyzed with the Statistical Package for Social Science version (SPSS) version (23.0) and frequency distribution tables using simple percentages. Based on the analysis. The study found that females within the ages 15-19years 43(62.3%) drop-out from secondary School and had an average household monthly earnings of 29 (42.1%) from #5,000 - #9,000. 25(36.2%) of the respondents still live with their parents as 40(58.0%) of them have difficulty finding employment due to their lack of experience or skills with only with a limited government

health and social support systems that renders services. The study further revealed that 48(69.6%) young mothers may have less access to educational resources and support than their peers, which can make it difficult to complete their education with 29(42.1%) of young mothers leaving the workforce entirely, either temporarily or permanently to care for their children. The study concludes that young mothers in Okumbiri community face multiple challenges, including limited access to educational and employment opportunities, financial insecurity, and social stigmatization. The study therefore recommends investing in educational and vocational training programs for young mothers, providing financial support through grants, subsidies, or tax breaks and creating policies that protect the rights of young mothers against stigmatization and discrimination in the workplace and community.

Keywords: Teenage Pregnancy, Early Motherhood, Young Mothers, Stigmatization, SPSS

1. Introduction

In recent years, sociologists have used a variety of terms to describe teenage pregnancy and early motherhood. These terms include "adolescent pregnancy", "out-of-wedlock pregnancy", "unplanned pregnancy", and "teen motherhood". These terms reflect the complex and multifaceted nature of the issue, and they highlight the importance of understanding the social, cultural, and economic factors that contribute to teenage pregnancy and early motherhood. Sociological scholars have examined the concepts of teenage pregnancy and early motherhood from a variety of perspectives. In the 1950s and 1960s, sociologists such as Talcott Parsons and Kingsley Davis viewed teenage pregnancy and early motherhood as a social problem that needed to be addressed through policies and programs that promoted traditional family values. However, in the 1970s and 1980s, feminist scholars such as Arlene Skolnick and Viviana Zelizer challenged this perspective, arguing that teenage pregnancy and early motherhood were not necessarily negative phenomena, and that policies and programs should focus on empowering young women and improving their access to resources.

These perspectives have continued to evolve in more recent decades. In the 1990s and 2000s, researchers such as Kristin Luker and Sharon Hays argued that the experiences of teenage pregnancy and early motherhood were highly influenced by race, class, and gender, and that policies and programs should be tailored to the specific needs of different groups. More recently, scholars such as Emily Kazyak and Kathryn Edin have examined how teenage pregnancy and early motherhood intersect with

issues of poverty, welfare reform, and social stigma. Overall, the sociological literature on teenage pregnancy and early motherhood has become increasingly nuanced and complex, reflecting the diversity of experiences of young women who become pregnant or give birth at a young age. Additionally, sociological research on this topic has highlighted the importance of understanding the social and cultural context in which teenage pregnancy and early motherhood occur, as well as the economic and social consequences of these phenomena.

International Labour Organization (ILO), which is the United Nations' specialized agency for labor defines the labor force as "all persons of working age who are employed or unemployed," and it uses this definition in its annual reports on labor statistics. The ILO began using this definition in the 1950s, and it has been widely adopted by economists and policymakers around the world.

Labor force refers to the portion of the population that is employed or is seeking employment. It is a key economic indicator used by economists and policymakers to understand the state of the economy. The labor force includes people who are employed and people who are unemployed but are actively looking for work. People who are not in the labor force include students, homemakers, and people who are retired or are not actively seeking employment.

The labor force is often studied in terms of the labor force participation rate, which is the percentage of the population that is in the labor force. The labor force participation rate is used to measure the strength of the economy and is influenced by a variety of factors, including demographic trends, economic conditions, and government policies. For example, the labor force participation rate has decreased in recent years due to factors such as the aging of the population and changes in government policies that have led to more people leaving the labor force.

According to Amadiume (2000)^[1] and Okojie (1998)^[6], the history of teenage pregnancy and early motherhood in Nigeria can be traced back to the precolonial era, when marriage and childbearing were seen as important markers of womanhood. In many precolonial societies, young girls were married off at a young age of 13, often before they reached puberty, and they were expected to bear children soon after marriage. In some cases, the number of children a woman had was seen as a sign of her fertility and social status. During the colonial era, the practice of child marriage was condemned by the British colonial authorities, but it persisted in some parts of the country. After Nigeria's independence, the government took steps to discourage child marriage and raise the legal age of marriage, but these efforts have been met with resistance from some religious and traditional leaders. There has also been a growing awareness of the issue of teenage pregnancy and early motherhood in recent years, and the government has launched a national campaign to raise awareness about the issue, establishing a National Task Force on Child Marriage in 2013 and introducing new policies to improve girl's access to education and healthcare. However, these efforts have faced challenges, including a lack of funding and limited capacity at the local level. Despite these challenges, there is growing recognition that addressing the issue of teenage pregnancy and early motherhood is crucial for Nigeria's development. According to data from the Nigerian Demographic and Health Survey (NDHS) 2018, about 22%

of Nigerian women aged 15-19 years have had a birth, and about 5% of women aged 15-19 years have started childbearing by age 15 with average age at first birth being 19.1 years. The proportion of teenage mothers who are not in school is much higher than that of other women of the same age group, and teenage mothers are more likely to be living in poverty. Data from the National Bureau of Statistics shows that the poverty rate among women aged 15-19 years is about 36%. These statistics highlight the significant impact of teenage pregnancy and early motherhood on the lives of young women.

While there is no specific data on teenage pregnancy and early motherhood in Okumbiri community in Sagbama LGA of Bayelsa State, some general information on Sagbama LGA can provide some insights. The Sagbama LGA-specific data of the Nigeria Population-based HIV Impact Assessment (NPHIA), which is a cross-sectional population-based survey that was conducted in 2018. The NPHIA survey collected information on a range of health and socio-economic indicators, including fertility and childbearing patterns. It found that about 25% of women aged 15-19 years in Sagbama LGA had already had a birth, which was slightly higher than the national average. Also, according to the National Demographic Health Survey (NDHS) 2008, 2013 and 2018, Sagbama LGA has one of the highest rates of teenage pregnancy and early motherhood in the country, with over 25% of women aged 15-19 years having had a birth. The available data also shows that Sagbama LGA has a high rate of unmet need for family planning, with over 40% of women aged 15-49 years reporting that they want to delay or stop childbearing but are not using any contraceptive methods. Additionally, Sagbama LGA has one of the lowest literacy rates in the country, with about 60% of women and 74% of men having no formal education. These statistics suggest that teenage pregnancy and early motherhood may be particularly prevalent in Okumbiri community in Sagbama LGA, as a result of limited access to education, the right information on the ideal life, sex education, family set-up, and eventual family planning. Thus, the drive of this study to examine effect of teenage pregnancy and early motherhood on educational, health outcomes, experiences to labour force and access to reproductive healthcare and family planning services by young mothers in Okumbiri community.

2. Materials and Method

2.1 Study Design

This study adopted the cross-sectional study design. The cross-sectional study design is also known as cross-sectional analysis, cross-sectional survey, or cross-sectional research and A-Skilled Building Approach. It is a non-experimental research design that is often used in survey research and descriptive research. The main purpose of a cross-sectional study is to describe the characteristics of a population at a single point in time (Colin Robson 2011).

2.1.1 Study Area

Okumbiri Community is located along Sagbama Creek in Sagbama Local Government Area of Bayelsa State, Nigeria. The community is inhabited by Ijaw people, who speak the Ijaw language. Okumbiri community is bordered by, Amatolo and Toruebeni. It is sparsely populated, with most of the residents engaged in subsistence farming and fishing. There is limited access to healthcare, education, and other

basic services.

2.1.2 Sampling Size

A complete coverage of the entire Population of the study is not feasible considered the short time frame and cost. The researcher will applied the TARO YAMENE METHOD for sample size calculation that was formulated in 1967 to determine the sample size from a given Population of 1278 from the Nigeria Population Commission

$$n = \frac{N}{1 + N(e)^2}$$

$$n = \frac{1278}{1 + 1278(0.0025)^2}$$

$$n = \frac{1278}{1 + 15.99}$$

$$n = \frac{1278}{16.99}$$

$$n = 75$$

Therefore, the sampling size of this study is 75 respondents. Seventy- five copies of questionnaires were administered to respondents, of which sixty-Nine 69(69 = 92%) copies of questionnaires were found valid while six (6= 8%) copies of questionnaires were found invalid. Therefore, analysis is based on the (69 = 92%) copies of questionnaire that were returned and found valid.

2.1.3 Sampling Techniques

This study will make use of the Homogeneous sampling which is a purposive sampling technique. The concept of homogeneous sampling was first developed by Robert K. Merton in his 1948 book, "Social Theory and Social Structure." In this book, Merton argued that in order to test a

theory about a specific population, it is important to sample only from that population. Otherwise, the results of the study may be confounded by the fact that the population is not homogeneous. For this study, homogeneous sampling was used to select teenage mothers in Okumbiri community who have experienced similar effects of teenage pregnancy and early motherhood on the labor force. This would allow the researcher to gain in-depth information about the specific experiences and challenges faced by this group of participants.

2.1.4 Data Collection/Study Instrument

The data from this research will made use of primary and secondary sources. The primary data from the sampled respondents was collected with the aid of a structured questionnaire while the secondary is undertaken to review on textbooks, journals, newspapers and magazines related to this topic.

2.1.5 Methods of Data Analysis

Information gathered from the Statistical Package of Social Science (SPSS) version 23.0 for analysis was adopted. The data collected from the administered questionnaires was analyzed using frequency distribution table alongside the simple percentages. Tables were prepared to represent the responses for testing the study questions and explanations and conclusions drawn.

3. Results and Discussions

Table 1: Socio-Demographic Characteristics of Respondents

Variable (s)	F=69	P = 100.0	CP=100
Age			
10-13	3	4.3%	4.3%
15-19	58	84.1	88.4
20-24	8	11.6	100
25 and above	—		
Academic qualification			
No formal education	—	—	—
Primary	10	14.5	14.5
Drop-out	43	62.3	76.8
Secondary	16	27.2	100
Tertiary	—	—	—
Household Income			
#5,000-9,000	29	42.1	42.1
10,000-14,000	19	27.5	69.6
15,000-19,000	21	30.4	100
20,000 and above			
The marital Status/Composition			
Single mother	18	26.1	26.1
Living with partner	14	20.3	46.4
Living with your parents	25	36.2	82.6
Living with partners parents	12	17.4	100

Source: Field Survey, November, 2024

Table 1 represents the socio-demographic characteristics of respondents in the study area. It reveals that, 3(4.3%) of our respondents are between the ages of 10-13, 58(84.1%) from 15-19 while 8 (11.6%) from 20-24years. The results shows that majority of our respondents 58(84.1%) are within the age bracket of 15-19 year respectively. 10 (14.5%) had primary education, 43 (62.3%) are drop-out from secondary School, and 16 (23.2%) had completed their secondary School. This is an indication that the highest of them 43

(62.3%) are secondary School drop-out as at the period of this study. 29(42.1%) of our respondents has an household earning from #5,000-#9,000, 19 (27.4%) #10,000 - #14,000, 21 (30.4%) #15,000 - #19,000. With this result, it shows that majority of our respondents 29(42.1%) earn as low as #5,000 - #9,000 respectively.18 (26.1%) of our respondents are single mothers as regards their marital status and family composition, 14 (2.3%) are living with their partners, 25 (36.2%) are living with their parents while 12 (17.4%) stays

with their partners parents. This shows that most of our respondents are living with their own parents as at the period of this study. Findings of Hayford Sarah (2011), that teenage pregnancy was associated with higher levels of

poverty in adulthood in young mothers and their children confirms the high drop out and earning rate while being unable to fend for themselves by living with their parents.

Table 2: What are the educational outcomes of young mothers in Okumbiri community, and how do they compare to those of young women who do not become mothers at a young age?

Variable (s)	F=69	P = 100.0	CP=100
- On average, young mothers in Okumbiri community may have lower educational attainment than their peers, as they may face barriers such as increased financial strain, time constraints, and discrimination.	—	—	—
- Young mothers may be more likely to experience stress and anxiety, which can negatively impact their educational outcomes.	10	14.5	14.5
- Young mothers may have less access to educational resources and support than their peers, which can make it difficult to complete their education.	48	69.6	84.1
- However, it's important to keep in mind that there is significant variation among individuals, and not all young mothers will have the same experiences or outcomes.	11	15.9	100

Source: Field Survey, November, 2024

The table above shows 10 (14.5%) of our respondents indicated that young mothers may be more likely to experience stress and anxiety, which can negatively impact their educational outcomes of young mothers in Okumbiri community, and how do they compare to those of young women who do not become mothers at young age, 48 (69.6%) young mothers may have less access to educational resources and support than their peers, which can make it difficult to complete their education while 11 (15.9%) keep in mind that there is a significant variation among

individuals, and not all young mothers will have the same experiences or outcomes. It reveals that most of our respondents 48 (69.6%) is of the view that young mothers may have less access to educational resources and support than their peers, which can make it difficult to complete their education respectively. This aligns with findings of Hayford (2011), Manlove *et al* (2019) [3] that teenage pregnancy was associated with higher levels of poverty in adulthood with associated negative health outcomes for young mothers and their children.

Table 3: What are the health outcomes of young mothers in Okumbiri Community, and how do they compare to those of young women who do not become mothers at a young age?

Variable (s)	F=69	P = 100.0	CP=100
- Young mothers in Okumbiri community may have higher rates of maternal and infant mortality, as well as increased rates of infectious and chronic diseases.	7	10.1	10.1
- Young mothers may have less access to healthcare, which can impact their ability to receive adequate prenatal and postnatal care.	5	7.2	17.3
- Young mothers may have higher rates of mental health issues, such as depression and anxiety, which can negatively impact their overall health.	25	36.3	53.6
- However, it's important to note that these outcomes may vary based on a variety of individual and contextual factors, such as socioeconomic status and access to social support.	32	46.4	100

Source: Field Survey, November, 2024

The analysis above reveals that 7 (10.1%) of our respondents are of the opinion that young mothers in Okumbiri community may have higher rates of maternal and infant mortality, as well as increased rates of infections and chronic diseases concerning the health outcomes of young mothers in Okumbiri community, and how they compare to those of young women who do not become mothers at a young age, 5 (7.2%) young mothers may have less access to healthcare, which can impact their ability to receive adequate prenatal and postnatal care, 25 (36.3%) young

mothers may have higher rates of mental health issues, such as depression and anxiety, which can negatively impact their overall health while 32 (46.4%) noted that these outcomes may vary based on a variety of individual and contextual factors, such as socioeconomic status and access to social support. Majority of 32 (46.4%) of our respondents have noted the variability of individual outcomes. This finding is in tandem with findings of Manlove *et al* (2019) [3] that teenage pregnancy was associated with negative health outcomes for young mothers and their children

Table 4: What are the experiences of young mothers in Okumbiri community with regards to the labor force, and how do they compare to those of young women who do not become mothers at a young age?

Variable (s)	F=69	P = 100.0	CP=100
- Young mothers in Okumbiri community may face barriers to employment, such as lack of childcare, scheduling conflicts, and discrimination.	19	27.5	27.5
- They may have lower earnings and fewer opportunities for career advancement than their peers.	21	30.4	27.5
- Some young mothers may have to leave the workforce entirely, either temporarily or permanently, to care for their children.	29	42.1	100
- On the other hand, some young mothers may be able to find flexible or remote work that allows them to balance parenting and work responsibilities _		—	

Source: Field Survey, November, 2024

The table above shows the experiences of young mothers in Okumbiri Community with regards to the labor force, and how do they compare it with those of young women who do not become mothers at young age at which 19(27.5%) indicated that young mothers in Okumbiri Community may face barriers to employment, such as lack of childcare, scheduling conflicts, and discrimination, 21(30.4%) opined that they may have lower earnings and fewer opportunities for career advancement than their peers, while 29(42.1%) of

our respondents and the highest amongst them revealed that some young mothers may have to leave the workforce entirely, either temporarily or permanently to care for their children.

This reaffirms the findings of Hayford (2011), Melissa and Phillip (2011) that teenage pregnancy had a significant negative impact on women's long-term earnings associated with higher levels of poverty in adulthood.

Table 5: How does gender inequality shape the experiences of young mothers in Okumbiri community?

Variable (s)	F=69	P = 100.0	CP=100
- Young mothers in Okumbiri community may experience gender-based discrimination in the labor market, which can limit their job opportunities and earnings.	32	46.4	46.4
- In the domestic sphere, young mothers may carry a disproportionate burden of unpaid care work, which can further constrain their ability to participate in the paid labor force.	24	34.8	81.2
- Young mothers may face social stigma and negative stereotypes, which can have a negative impact on their self-esteem and mental health.	9	13.0	94.2
- Gender inequality may also impact the way that young mothers are viewed by their family members and communities, which can lead to feelings of isolation and a lack of	4	5.8	100

Source: Field Survey November, 2024

The aforementioned table examines how gender inequality shape the experiences of young mothers in Okumbiri Community which 32 (46.4%) indicates that young mothers in Okumbiri community may experience gender-based discrimination in the labor market, which can limit their job opportunities and earnings, 24 (34.8%) were of the view that domestic sphere of young mothers may carry a disproportionate burden of unpaid care work, which can further constrain their ability to participate in paid labor force, 9 (13.0%) said that young mothers may face social stigma and negative stereotypes, which can have a negative impact on their self-esteem and mental health while 4

(5.8%) says that gender inequality may also impact the way that young mothers are viewed by their family members and communities, which can lead to feelings of isolation and lack of confidence. Majority of our respondents 32 (46.6%) reveals that young mothers in Okumbiri community may experience gender-based discrimination in the labor market, which can limit their job opportunities and earnings. This finding conforms with the findings of Sarah Hayford (2011), Manlove *et al* (2019) [3] that teenage pregnancy was associated with higher levels of poverty in adulthood with associated negative health outcomes for young mothers and their children.

Table 6: What barriers do young mothers in Okumbiri community face in accessing reproductive healthcare and family planning services?

Variable (s)	F=69	P = 100.0	CP=100
- Financial barriers, such as the cost of healthcare and contraception, may prevent young mothers from accessing reproductive healthcare and family planning services.	18	26.1	26.1
- Inadequate knowledge and information about reproductive health, family planning, and where to seek care may also be a barrier. 29 - Young mothers may face physical and logistical barriers, such as lack of transportation or childcare, which make it difficult to access services. 14	29	42.0	68.1
- Socio-cultural factors, such as stigma and shame around sexual health and reproductive health, may also act as barriers to care 8	8	11.6	100

Source: Field Survey, November, 2024

The table above shows the barriers young mothers in Okumbiri Community face in accessing reproductive healthcare and family planning services as 18 (26.1%) indicated financial barriers such as the cost of healthcare and contraception may prevent young mothers from accessing reproductive healthcare and family planning services, 29 (42.0%) said inadequate knowledge and information about reproductive health, family planning and where to seek care may also be a barrier, 14 (20.3%) indicated that young mothers may face physical and logistical barriers, such as lack of transportation or childcare while 8 (11.6%) said that the socio-cultural factors such as stigma and shame around sexual health, may also act as barriers to care. It shows that the highest of the respondents 29 (42.0%) noted that the inadequate knowledge and information about reproductive health, family planning, and where to seek care may also be a barrier respectively. A 2011 study by Melissa and Phillip found that teenage pregnancy had a significant negative impact on women's long-term earnings.

4. Conclusion

During the colonial era, the practice of child marriage was condemned by the British authorities, but it persisted in parts of the country. After Nigeria's independence, the government took steps to discourage child marriage and raise the legal age of marriage, but these efforts met resistance from some religious and traditional leaders. There has also been a growing awareness of the issue of teenage pregnancy and early motherhood in recent years, and the

government launched a national campaign to raise awareness about the issue, establishing a National Task Force on Child Marriage in 2013 and introducing new policies to improve girl's access to education. However, these efforts faced challenges, including a lack of funding and limited capacity at the local level. Despite these challenges, there is growing recognition that addressing the issue of teenage pregnancy and early motherhood is crucial for Nigeria's development.

In conclusion, the study revealed that young mothers in Okumbiri Community face multiple challenges, including limited access to educational and employment opportunities, financial insecurity, and social stigmatization and discrimination. To improve their outcomes, there is a need for interventions that address these specific needs such as investing in educational and vocational training programs specifically for young mothers, providing financial support through grants, subsidies, or tax breaks, creating policies that promote gender equality and protect the rights of young mothers in the workplace and working to reduce stigmatization and discrimination against young mothers in the workplace community.

5. Conflict of Interest

The author indicates no conflict of interest.

6. Funding Statement

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