



Social Support Networks Available to Adolescent Mother in Nigeria: Case Study of Ife-East Local Government, Osun- State

**Chinyere Chiagozie Enemchukwu^{1*}, Tolulope Adetayo Fajobi¹
and C. O. Muoghalu¹**

¹*Department of Sociology and Anthropology, Obafemi Awolowo University, Ile-Ife, Nigeria.*

Authors' contributions

This work was carried out in collaboration between all authors. Authors CCE, TAF and COM designed the study, wrote the protocol, and wrote the first draft of the manuscript. Authors CCE and TAF managed the literature searches, analyses of the study, author CCE performed the data collection, authors CCE and TAF performed the data analysis and authors CCE, TAF and COM managed the material and method process and author CCE and TAF formulate the conclusion and recommendation. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/ARJASS/2016/27282

Editor(s):

(1) Sheying Chen, Social Policy and Administration, Pace University, New York, USA.

Reviewers:

(1) Muhammad Nubli Abdul Wahab, University Malaysia Pahang, Malaysia.

(2) Susan M. Love, California State University, Northridge, USA.

Complete Peer review History: <http://www.sciencedomain.org/review-history/15352>

Original Research Article

Received 27th May 2016
Accepted 24th June 2016
Published 9th July 2016

ABSTRACT

Adolescent mother with children outside marriage are current issues of debate among people in the world today, especially in the 21st century. Thus, when teenagers get pregnant, the potential harm to the mother, the child and society at large can be very far-reaching, especially because their bodies are not fully developed to meet challenges of carrying the pregnancy and child birth. This study essentially seeks to understand forms of network of social support are available to adolescent mother, challenges faced by adolescent mother and intervention that could be used to improve the health status and well-being of adolescent mother. The study engaged both social practice theory in advancing understanding on the subject matter. The study was conducted in Ife-East Local Government, Osun- State, Nigeria employed qualitative method of data collection using in-depth interview as instruments. Data were analyzed using content analysis. Findings from this study revealed that social support available to adolescent mother are limited and most time comes from the teen mother's and among other recommendations, strongly recommended Government

*Corresponding author: Email: ccenemchukwu@yahoo.com;

could also create an enabling environment that will guarantee affordable health and wellbeing for adolescent mothers, also could vigorously pursue policies that will empowered youths and engaged on reproductive health seminar that will aid in eradication of crisis of disputed paternity and fatherless children.

Keywords: Adolescent mother; intervention; networks; Nigeria; social support.

1. INTRODUCTION

Teenage parenthood has become common in recent years, creating an even greater need for assistance in childcare and upbringing, teenage parenthood is still viewed largely as unaccepted by the general public, which still adhere to the concept of the nuclear family [1]. Consequently, adolescents account for a large percentage of all Nigerian births and the findings of the national survey by Nigeria Demographic and Health Survey (NDHS) of 2003 put fertility rate for adolescents aged 15-19 years at 126 births per 1,000 women [2]. The infrastructure to support teenage mothers in childcare still does not exist everywhere according to Hudson and Ineichen [3]. There is an increasing number of children residing in teenage parent household which are linked to most social problem such as delinquency, Teenage pregnancy, substance abuse and welfare dependency, where teenage parent families are also regarded as a risk factor for both the parent and children's development [3].

Essentially, the social and economic problems of childbearing for adolescent mothers and their children' are enormous in sub-Saharan Africa in general and in Nigeria in particular. For example, early pregnancy and childbearing in part contribute to the rate at which females drop out of primary and particularly secondary schools in Nigeria. It is imperative to note that in Nigeria's changing socioeconomic environment, educational attainment has become a measure of status for both the males and females in the country, displacing the traditional indicators of lineage, age, sex, and fertility. By interrupting the educational process, adolescent pregnancy and childbirth restrict future opportunities for social and economic advancement among the teenage girls in Nigeria. This suggests that, those pregnant adolescents, who do not choose illegal abortion, are forced into premature marriages or must bear their children outside marriage [4].

Moreover, personal observation shown that the minimum social support needed by these adolescent mother is lacking, they find it difficult to access proffer health same services,

education and employment opportunities. Also the family supports are not forth coming because of the stigma label on them by the society. Most of these adolescent mothers tend to drop out of school because of stigmatization from people near to them and inadequate fund to cater for their wellbeing without the parents, it is mostly difficult for the adolescent mother especially in Ile-ife community because their society is not accessible to render any form of social support for them. They see them as outcast and deviation from society norms and value.

In addition to the numerous health risk that children of teenage parents face, they are also at risk of social emotional and cognitive deficits. Research by motjelebe [5] indicates that children teenage mothers are more likely to be born prematurely and to be of low birth weight than children born to woman who are older. it has also been indicated that these children do not do well in school, have higher reported incidence of abuse and neglect, have higher rate of foster placement, and are more likely to run away from home. As they gets older, the boys are 2.7 times more likely to be involved in criminal behavior, and girls are 33% more likely to become teenage mother themselves increasing the likelihood that will rely on public assistance [5]. Several studies has focus on socio-economic problem of adolescents childbearing and the implication for the public health [4,6,7] with no specific attention on network of social support that adolescence mother can access to improve on the mother and the child wellbeing in the society. Hence, the study. The study focuses on analyze the various forms of network of social support available to adolescent mothers, investigate various challenges that adolescent mother face and identify the intervention that could be harnessed to improve the health status and wellbeing of adolescent mother.

2. LITERATURE REVIEW

2.1 Forms of Network of Social Support Available to Adolescent Mothers

According to Chauke [8] and Chigona and Chetty [9] posited that form of network of social support

available to adolescent mother are not accessible to them but instead of serving as a support ,it turn out to be a constraint to the adolescent mother. They expatiated further thus: Teenage mothers, who return to school after the birth of their children, experience intimidation and marginalization and lack of support from educators. According to Chigona and Chetty [10] teenage mothers did not receive support from their educators, for example when a learner has missed lessons due to infant related problems; teachers are not willing to go through the lesson. The stigma attached to teenage motherhood influences educators to have a negative attitude towards teenage mothers. According to Olivier [11] some teachers consider the teenage mother's situation as a private matter that does not concern them and as a result they do not want to put any effort in helping teenage mothers where they lag behind while attending to their babies. The fact that teenage mothers are assumed to be poor, immoral and failures in life make their peers to disassociate themselves with teenage mothers in fear of contamination and to be misled [12]. Only a few schools show enough support. The treatment that teenage mothers received from friends, class mates and to a certain extent their educators caused them to develop a negative attitude towards school.

Teenage motherhood is often not accepted by most parents, to an extent that teenage mothers are forced to leave home, because they have caused embarrassment to the family. Sometimes parents distance themselves from teenage mothers, because they feel ashamed that the community will look down upon the family, because of their child's actions [10]. Parents often see the new born baby as a burden and they have to readjust the family budget in order to accommodate the newest member of the family. Parents often abandon their responsibility to teenage mothers and focus on the needs of their grandchild. In addition, parents withdraw privileges from the teenage mothers in favour of their infants' needs [12].

In the event where schools do not expel pregnant and parenting learners the community find ways of mocking teenage mothers on their way to or from school as a way of preventing them to attend school. The community sees teenage mothers as girls with low morals, who behaved badly and must not go to school, because they will contaminate non-parenting learners [10]. Shaningwa [13] asserts that teenage mothers suffer from social isolation in their communities

and this disrupts their personal life. Teenage mothers are not respected by men because Nigerians believe that teenage mothers are sexually loose, stupid and ill-bred. Many teenage mothers are not accommodated by their communities, because they are stereotyped as bad learners [13]. Instead of supporting teenage mothers, the community sees them as not serious, careless, as well as immoral and most of all not fit to mix with non-parenting learners. Teenage mothers are treated as "the other girls" [10].

2.2 Challenges that Adolescent Mother Face

In many developing countries, lack of resources makes contraception and reproductive advice inaccessible. This situation may be exacerbated by religious beliefs that disapprove of artificial birth control methods. The result is that many adolescents, both married and unmarried find it difficult to locate, or even seek help about sexual matters. There may be few facilities offering such support, particularly in remote rural areas. The poorest adolescent mothers often lack the resources to travel to these facilities and any fees charged for the services on offer would push them even further out of reach. In some cases, the ante-natal clinic is the only place where a young woman can obtain reproductive advice, but pregnancy is a pre-condition. Contraception may not be offered to married women until they have borne a child. According to Rao Gupta [14] Girls aged 15 to 19 give birth to 15 million baby a year. Many of these girls give birth without attending an antenatal clinic or receiving the help of a professional midwife. It is essential to devise programs to reach girls in and out of marriage with reproductive advice and services [14].

Specifically, young mothers who are given high-quality maternity care have significantly healthier babies than those that do not. Many of the health-issues associated with teenage mothers, many of whom do not have health insurance, appear to result from lack of access to high-quality medical care [15]. Early motherhood can affect the psychosocial development of the infant. The occurrence of developmental disabilities and behavioral issues is increased in children born to teen mothers [16]. In a similar view, Theron and Dunn [17] maintain that, adolescent child bearing is especially disruptive to the educational process of girls and as a consequence many teenage mothers leave school and never return. The duo also explains

that teenage child bearing may be associated with a syndrome of failure, failure to remain in the school, since teenage motherhood is disruptive when it comes to school attendance. Ehlers [18] confirms the disruption of schooling brought about by teenage motherhood when he mentions, "many adolescent mothers will need to discontinue their education limiting their chances of finding jobs with salaries, which can sustain these mothers and their children". Dlamini et al [19] believe that interrupted education negatively impact on teenage mothers' expectation for their own future.

Bryant [20] estimates that in the US, teenage child bearing reduces the chances of completing high school by 23%, thus, teenage motherhood has a negative impact on school attainment. It now seems convincing that teenage motherhood makes it difficult for teenage mothers to attend to school matters effectively and this reduces chances of high school graduation [21]. However, Mengo [22] asserts that despite the financial support many teenage mothers continue to drop out of schools, because they find it difficult to balance their education and the obligations that come with being a parent. She also believes that it is difficult to be both a parent and a student, because sometimes you lose concentration, especially when the baby is not well and you are in school. The difficulty of dual responsibility was also alluded to by Van Harmelen [23] when he indicated that teenage mothers faced the challenge of motherhood and studying at the same time.

2.3 Intervention to Improve the Health Status and Wellbeing of Adolescent Mother

Federal Ministry of Health [24] expatiated that the recognition of this need for specific policy and programme focus in Nigeria led to the development of the first National Policy on The development process for the strategic Adolescent Health in 1995. The policy defined adolescents as individuals between the ages of 10 and 24 years, thereby covering the category defined by World Health Organization as young people. The policy identified major areas of adolescent health care needs and described body to the Federal Ministry of Health, further broad strategies for intervention in the following areas: sexual behaviour; reproductive health; nutrition; accidents; drug abuse; career and employment; parental responsibilities and social adjustment; and education. Between 1995 and 2006, several important changes have occurred

in the area of adolescent health and development nationally and internationally, which has necessitated a revision of the policy to reflect the new realities.

Specifically, in 1999, Nigeria held a National Adolescent Reproductive Health Conference, reflecting the increased focus on adolescent reproductive health (ARH) based on Programme of (PoA) of the International Conference on Population and Development (ICPD). One of the outcomes of the national conference was the development of a National Adolescent Reproductive Health Strategic Framework. The desire to have similar framework for other areas of focus identified in the 1995 Adolescent National Strategic Framework for Adolescent Health and Development in 2005/2006, with the aim of providing effective and coherent programme implementation platform for adolescent health. The development process for the strategic framework was highly participatory in nature, with inputs from a wide range of stakeholders including members of the National Adolescent Reproductive Health Working Group (NARHWG) [24].

Moreover, according Nwimo and Egwu [25] a range of policies and programmes is needed to reduce early marriage and its impact. Actions to fulfill or restore the rights of those already married need to go hand in hand with preventive actions aimed at the wider community. The United Nations Children's Fund (UNICEF) has initiated a myriad of activities in order to discourage girl child marriage. The scope of UNICEF activities is wide and includes support for the physical well-being of girls; education for empowerment and intellectual development; support for psychological well being and emergency assistance; support for improved economic status; legal change; and advocacy [16]. One example of programmes that focus on prevention is UNICEF Australia's project in Niger.

Similarly, various laws - statutory, customary and religious - in force in Nigeria address different areas of reproductive health. However, many of these laws do not reflect the reproductive health concept and so are inadequate to meet the needs of actualizing reproductive rights as contemporarily understood. Nigeria has a number of policies in the health sector that are relevant to reproductive health. Foremost among these, is the National Health Policy and Strategy (1988, 1998), which emphasizes Primary Health Care as the key to the development of the health

care delivery system in Nigeria. The National Health Policy has a number of provisions which, if strictly implemented, could have led to improved access to basic health services including reproductive services for all population groups. However, the current level of access does not reflect strict adherence to this policy. Other relevant policies include the National Policy on Population for Development, Unity, Progress and Self Reliance (1988); Maternal and Child Health Policy (1994); National Adolescent Health Policy (1995); National Policy on HIV/AIDS/STIs Control (1997); National Policy on the Elimination of Female Genital Mutilation (1998); and Breastfeeding Policy (1994). While the provisions of many of these policies are relevant to promotion of reproductive health, their gets are sometimes contradictory. Furthermore, some of the existing relevant laws do not support some of the principles enunciated in this policy whilst some are non-committal.

2.4 Theoretical Explanation

Social practice theory, observed that absence of networks of support available to adolescent mothers is related to social context. Society has its cultural norms, which guides and directs individual's actions and practices within the society. Especially in the early stage, an individual member is initiated into these social setting through socialization, And as such , every society expects social actions to be in accordance to their laws, deviation from these laws brings with it negative consequences. Marriage and family institution as a social field has its norms and value, which values chastity before marriage and as such does not encourage sexual activities among adolescents in the society. The theory argued that adolescents are encouraged to abstain from pre-marital sex and violating these norms comes with consequences for them. For adolescent mothers in Nigeria, they occupy lower and degrading status as most of them lack access to social capital in their various social networks. This is because having a child out of wedlock becomes a source of stigma and nobody may want to have anything to do with such adolescent mothers. As such, their network of support is greatly reduced.

3. METHODOLOGY

The study was conducted in part of Ile-ife rural community and rural area of Modakeke community in Ife-East Local Government, Osun State, Nigeria. The population for this study comprises of adolescent mother between the

ages of 14-17 years who has children outside marriage, that is, one or two children in the study area. The research design employed in this study was cross-sectional and descriptive in orientation. The study engaged qualitative methods of data collection. In-depth interview were used for the qualitative method as instruments of data collection. The sample comprise of 21 respondents using snowball sampling technique. The interviewees were chosen from the three wards (Moore, Okerewe I and Okerewe II) purposively from the existing 10 wards in Ife-East Local government due to the increasing rate of adolescent pregnancy and cases of adolescent girls who has children outside marriage in the area. Afterwards 7 interviewees were selected purposively from each wards totally 21 interviewees. The Indepth-interview (IDI) sessions will be conducted based on age, knowledge and experience of welfare on network of support available to the adolescent mother in the study area. The data were analyzed using Content analysis. The IDIs were audio recorded and notes taken to enable further analysis and interpretation without losing details.

4. RESULTS AND DISCUSSION

4.1 Forms of Network of Social Support Available to Adolescent Mothers

The findings on forms of network of social support available to adolescent mothers showed that network of social support that are usually available to adolescent mother includes support from family, friends, and relative community among others. This is in contrast with Chauke [8] and Chigona and Chetty [9] findings that posited that form of network of social support available to adolescent mothers are not accessible to them but instead of serving as a support ,it turn out to be a constraint to the adolescent mother. Specifically, the findings of the study affirmed that in most case, family always stand in support of their adolescent child, specifically from pregnancy stage to delivery stage; even if most people around the adolescent mother reject her, parent will still stand in support of the teen mother and the baby. Thus, network of support available to adolescence mothers were usually accessible from the parent, mostly the mother. In most cases, some of the mother always contributed immensely to the survival of their teen mother and her baby. Though, the parent sees their teen mother as a disgrace in the community but the survival of the adolescent mother is paramount to the parent, especially the

mother of teen mother. This is line with Mohase [12] findings that parents often see the new born baby as a burden and they have to readjust the family budget in order to accommodate the newest member of the family. Parents often abandon their responsibility to teenage mothers and focus on the needs of their grandchild. In addition, parents withdraw privileges from the teenage mothers in favour of their infants' needs.

A female interviewee, 16 yrs old, Students, living alone, Moore, Ile-Ife, explain that:

...I have my frist child when I was 14 years old.Had a lot of pain, hardly get good food to take care of my self was hard for me...After my pregnancy, it was my mother that stood by me, she was there for me, and also cared for my child.... I only received support from my mother, everyone I look on to turn me down. Well, I had no support because everybody was against my pregnancy, some was even suggesting I abort the child but I stand strong and say no them.

In similar to information above, a female interviewee, 17 yrs, chemist attendance, and living alone, Moore, Ile-Ife makes more contributions that:

....I became pregnant at the age of 16years. In 2015 I was in school, though I never knew that I was pregnant, because I still see my period monthly up till 5 month and could not do anything. Even the owner of the pregnancy is in my class. It has not been easy, even my mother was not aware about the pregnancy until 5 month when my tommy was coming out....The major support I got was from my parent alone and some of my relative too helped me during and after my pregnancy. Other support I got was from my friends but my mother was mad at me, so she left me for a while. My friends stood by me then and later when my mother calm down, she called, came to visit and supported me..... But major supports came regularly from my parent.

Similarly, a female interviewee, 16 yrs old, Student living alone, Okerewell, Ile-ife said that:

.... I gave birth to my child when I was 16years old... Well I received supports from people around me...From my family I received some support. The major support I got was from my parent, and few of my

relative, too helped me during and after my pregnancy, most especially, my mother.

In addition, as a matter of fact, based on the information obtained from the interviewees revealed that the early stage of pregnancy is usually hard for adolescent mothers in order to survive because they find it difficult to access good meals, good antenatal care and other essential material for their wellbeing and the children and it was also affirmed that some network of supports were accessed from the community as well. In most cases adolescent mothers use to receive support from friends, churches and other community member but not as regular family support. This is corroborated with Chigona & Chetty [10] findings which affirmed that the community sees teenage mothers as girls with low morals, who behaved badly and must not go to school, because they will contaminate non-parenting learners and also backed by Shaningwa [13] findings that asserts that teenage mothers suffer from social isolation in their communities and this disrupts their personal life. The findings was further confirmed by Chapati, Yahoo Contributor Network [20] when he explained that teenage mothers are tagged as bad news in Nigeria as it is the case in South Africa, and they are socially ostracized.

However, another contribution from a female interviewee, 17 yrs old, Students, living alone, Okerewell ,Ile-Ife, stated that:

...I had my baby when I was 15 years old. There is nothing much, than what a normal woman faced when being pregnant for instance, the pain I went through, it was not easy ...I got support from my parent, but they did not allow me to stay with them, because my parent said am a disgrace to their family, so they rented an apartment for me, but they still answer me when I call them for help. They still do their responsibility as a parent to me.

In similar vein, a female interviewee, 16 yrs, Students, living alone, okerewe II,Ile-ife said that:

... I have my first child when I was 15years old ...I received supports from my mum always, and not regularly from my friends...From my family, most especially, my mother do quote some words of encouragement to me regularly such as "oriomo mi o gbabode" meaning "evil did

not overcome my child." I did not see any supports from the community.

In another similar view, a female interviewee, 17 yrs, trader, living alone, Moore, Ile-Ife expatiated that:

....I had my first baby when I was 15 years old ... I got little supports from my parent and also the church I attended also helped me...the major support was from my parent and few supports from my community.

4.2 Challenges that Adolescent Mother Face

The findings on Challenges that adolescent mother faced also showed that adolescent mothers faced myriads of problems in the society which ranged from stigmatization from friends, peer groups, society, school and even from their family. This supported by Raatikainen et al. [15] findings that many of the health-issues associated with teenage mothers, many of whom do not have health insurance, appear to result from lack of access to high-quality medical care. This also corroborated by Mayor [26] that teen mothers are more likely to drop out of high school. This is further supported by Ehlers [18] findings which confirms the disruption of schooling brought about by teenage motherhood when he mentions that many adolescent mothers will need to discontinue their education limiting their chances of finding jobs with salaries, which can sustain these mothers and their children and also in line with Dlamini et al. [19] findings which posited that interrupted education negatively impacts on teenage mothers' expectation for their own future.

A female interviewee, 16 yrs, Students, living alone, Moore, Ile-Ife explained that:

The challenges I faced was after I gave birth to my baby. I still want to go to school but to get fund was not easy and how to take care of my child. I cannot leave my baby all to my mother, even to feed myself and child with my mother was not easy. Thank God for all; because to pay for my child school fees was not easy, so I have no plan of going back to school with no fund to take care myself and the baby.

In line with the information above, a female interviewee, 15 yrs, Students, living with parent, Moore, Ile-Ife further expatiated that:

.....Looking at my child welfare, it was a challenge for me, because I could not raise enough fund, although I still put him in school. I also plan to go back to school and become a graduate, but as the situation is at now I cannot go back for school...Well, am happy because I can take care of my child to some extent. I bless God for giving me good child that does not give me problem and cause of think of anything or regret that i have a child. Although I faced a lot of challenges but I thank God, I still look fresh and did not look like some one that is going through hell...My baby must go to school. At least I did not finish up my school, but my child must finish up school and become something big in life. I want my child to become a doctor and lawyer too.

In addition the findings from study revealed that many of the adolescent mothers were unable to further their education because of financial problem and poverty life among the teen mother. This is in line with Mengo [22] findings that despite the financial support many teenage mothers continue to drop out of schools, because they find it difficult to balance their education and the obligations that come with being a parent. She also believes that it is difficult to be both a parent and a student, because sometimes you lose concentration, especially when the baby is not well and you are in school. It was also backed by Van Harmelen [23] that the difficulty of dual responsibility was also explained when he indicated that teenage mothers faced the challenge of motherhood and studying at the same time. Also some interviewees revealed that they did not see such challenges because they have some occupation which can serve as means of survival for them and their children.

A female interviewee, 17 yrs, Students, living alone, Okerewe II, Ile-Ife indicated that:

...As a mother, I have a lot of challenges, things I want to do, but due to lack of financial support, I could not do that. As for me I want to go back to school and also take care of my child welfare, but looking at the school fees and paying for accommodation, it is costly and I cannot afford that ...I have to manage and live with challenges, because I could not change or go back and erase all that happened and become a lady. As long as I breathe and my child breathe, I should be able to face and conquer all my challenges....I have plans of making my

child the best among others, train him in school and make sure he complete his education and not end up like me. I want my child to become a computer engineer because I have a lot of plan for him and also praying for God intervention.

In a similar view, a female interviewee, 17 yrs, hairdressing, living with parent, Moore, Ile-Ife said that:

....I faced a lot of challenges as adolescent mothers. Firstly, financial problem and also planned going back to school, but as it is now am not sure if that will happen....i am just trying to cope with all the problems that surrounds me and I pray God almighty guide over me.

In a contrasting view, a female interviewee, 16 yrs, fashion designer, living with parent, Okerewel, Ile-Ife, indicated that:

.... I did no face any challenges because my work get me income and did not plan anything else than to take care of my child. I did not have it in mind in going back to school becuse am good at where I am now.

A female interviewee, 17 yrs, hairdressing, living with parent, Okerewe I, Ile-Ife, stated that:

...The challenge I faced was that I could not complete my school. I try so hard but did not work out, due to financial problem. Also my parent could not raise fund for me and they advise I should go and learn hand work so I picked hairdressing and I love it. I have a plan for my child to be great and become big person and have a brighter future.

4.3 Intervention that could be Harnessed to Improve the Health Status and Wellbeing of Adolescent Mother

The findings on Intervention that could be harnessed to improve the health status and wellbeing of adolescent mother showed that Government, Non-Governmental organization need to provide palliative measure for the adolescent mother through whom they could tap into to cater for their wellbeing and their children. This is in line with Schultz (1993) findings that adolescent girl's education is likely to bring important changes in fertility, nutrition, and children's health and schooling. This implies that better educated women should post lower

mortality rates for children below five years. It was revealed by the interviewees that government laxity towards adolescence mothers challenges in Nigeria has not help the situation but despite the lackadaisical attitude towards the plight of adolescence mother, individual member of the society still render various kind of support to the adolescent mother. This corroborated by Nwimo and Egwu [25] findings that a range of policies and programmes is needed to reduce early marriage and its impact. Actions to fulfill or restore the rights of those already married need to go hand in hand with preventive actions aimed at the wider community.

A female interviewee, 16 yrs, Students, living alone, Moore, Ile-Ife said that:

"..I cannot really say because I did not get any help from government, so I can't say for them...We should be helped by governments and others in the society through provision of food supplements at cheap price to us. Although, government did not send to get pregnant but the deed has been done. Government should not neglect us, they should provide us with empowerment funds to take care of our self and children... As a single mother, I still do some little job with with few earning. Most time with little help from my mother, I make sure I give my child good and sound care and also make sure I get the same. In all I do my daughter comes 1st and she get the best treatment from me.

In similar view, a female interviewee, 17yrs, Students, living with parent, Okerewe I, Ile-Ife said that:

...No , government did not support us at all...Government should at least do something like, looking into issues like making health care provision, because it is not all people want to have a baby at these age. Most of the people I even see were raped, so government should please help and give our children better education...With the little business and supports all round I could still take care of my child, I do not joke with my child health, it is very important to me.

In another view, a female interviewee, 17 yrs old, chemist attendance, living alone, Moore, Ile-Ife said that:

...No help at all from the government, but God help me and my family...We the adolescent mothers should be helped in a lot of ways, first is to provide quality of education for our children, fix them into a better school, also provide funds for mother's like us in other to live and eat the fruit of our labour...It is very important to have healthy environment around us and be able to do the same for our kids, by keeping the environment clean, regular thing, good food and always pray to God for protection over them as a mother.

In addition, it was revealed that adolescent mothers' welfare can be improved if the government, parent and individual in the society provide empowerment opportunities specifically for them to generate income that will sustain them and their young children. The study affirmed that adolescent mothers in Nigeria want turnaround situation that will benefit their children. In their own view, the greatest support that can be given to them is provision of foods, good school for their children, and provision of good health care for their wellbeing and eradication of poverty among the teen mother. This is supported by United Nations Children's Fund-UNICEF [16] report that United Nations Children's Fund (UNICEF) has initiated a myriad of activities in order to discourage girl child marriage. It was stated that the scope of UNICEF activities is wide and includes support for the physical well-being of girls; education for empowerment and intellectual development; support for psychological wellbeing and emergency assistance; support for improved economic status; legal change; and advocacy.

A female interviewee, 16 yrs, Students, living with alone, Moore, Ile-ife, expatiated further that:

...We should be helped. Government should provide food supplements for us, government should also look into it the situation around, although, government did not send us to have baby at the early age but the deed has be done, so they should not neglect us, they should provide us with funds to take care of our self and children.

Similarly, a female interviewee, 17 yrs, chemist attendance, living alone, Moore, Ile-ife stated that:

...It is very important to have good health around us and be able to do the same for our kids, by keeping the environment clean,

regular thing, good food and standard welfare for our wellbeing.

A female interviewee, 16 yrs, undergraduate, living with parent, Moore, Ile-ife, said that

.....Government and our local community leaders should support us financially and also help the nation to move forward so that the poor adolescent mothers can also achieve good health and more supports.... Eating regularly, cooking good food for the adolescents mothers and also watch them closely to avoid being sick through the social works commission in the country.

5. CONCLUSION AND RECOMMENDATIONS

Inferring from the study affirmed that there was not much support for adolescent mothers in the study area. The little support they got was from family and friends who are also very poor. As such, there were no formal social supports which have cushioned the hardship that the teen mothers were going through; the problem of not having support could be one of their reasons for not continuing their education, earn income and be empowered so as to be able to take care of their wellbeing and that of their baby. There could be a place created for them by governments and Non-Governmental organization so that they can earn income and be empowered so as to be able to take care of the wellbeing of their baby. Specifically the study affirmed that those teen mothers have a lot of challenges facing them in the society such as poverty, unavailability of good food, poor welfare, among others is the major reason why they involve themselves in early pregnancy. The image of the country is at stake due to the fact that these adolescents mothers have limited support available to them and government could act fast to help solve these challenges.

To give social supports to the adolescents mothers in Nigeria requires a drastic approach. From the research work it has been identified that adolescent mother usually get support from the family and relative, friends in the society but community contribution is very low comparing to family. The following recommendations could therefore be implemented:

- i. Parent could train their children properly and educate them on sexual activities and

- the risk at it because everything depends on the family as an agent of socialization.
- ii. Parent, religious leaders and community could make it a point of duty to educate their member especially the youths on the danger of children before the maturity age. Adolescent mothers could be given adequate support, starting from the family, school, and friends and even in the society and they could be help to facilitate their integration into the society which will improve the wellbeing of their baby. Government need to intervene to challenges of adolescent mothers matters by providing necessary materials needs for them and their children including supply affordable and accessible health care system and empowerment programs to sustain them and the wellbeing of their baby.
 - iii. Government could also create an enabling environment that will guarantee affordable health and wellbeing for adolescent mothers and vigorously pursue policies that will empowered youths to be financially independent, access free and affordable education from primary to tertiary, accessible, functional health care system and seminar on reproductive health that will aid in eradication of teen children involving themselves in sexual activities which can lead to unwanted pregnancy, disputed paternity and fatherless children.

6. LIMITATION

The limitation to the study arises as a result of accessing the interviewees due to the fact that in the study area adolescent mothers were stigmatized and most of them hide their baby from the public, thus the difficulty. The researcher was able to access the teen mother through the help of key informant who either is their master-craftswomen/men or through their family especially the mothers. Conducting the interviews for the interviewee was not easy as majority of them were afraid of disclosing more information on the subject matter. Sourcing for more interviewees in the study area was difficult because of their strong belief in their existing norms which see adolescent mothers as a taboo and punishment for engaging in pre-marital sex. Time constraints was also a challenge due to the fact that each of the interviewees were afraid to divulge any information and have to fix and re-fixed the interviews days which take minimum of 2 weeks to interview an interviewee. Fund

constitute to the challenge encounter and in order to collect valid data, soap and toiletries were given to the teen mother in order to assist in the wellbeing of their baby, but the fund is not enough to extend it further and also to get more research assistant for the collection of data for the study.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Junf M. Family centered practices with single –parent families. *Families in society*. 1996;77(9):583-590.
2. National Population Commission. *National Population Commission Report*; 2004.
3. Hudson F, Ineichen B. *Taking it lying down, sexuality and teenage motherhood*. Hong Kong: Macmillan Education Ltd; 1991.
4. Oyefara JL. Socio-economic consequences of adolescent childbearing in Osun State, Nigeria. *International Journal of Psychology and Counselling*. 2011;3(1):15-19. Available:<http://www.academicjournals.org/IJPCISSN 2141-2499>
5. Motjelebe NJ. *The social support network of teenage mothers in Bothshabelo*. Published Master of Social Work thesis at the University of Stellenbosch; 2009.
6. Ikorok MM, Lawal SO, Akpabio I. Adolescent problems: The implications for the nigerian public health workers. *KASBIT Business Journal*. 2009;2(1&2):1-18. Available:<http://www.kasbit.edu.pk/journal/index.htm>
7. Adejumo DA. Outcome of adolescent pregnancies in southwestern Nigeria: A case-con- trol study. *Journal of Maternal-Fetal & Neo-natal Medicine*. 2010;8:785-789. DOI: 10.3109/14767050903572166
8. Chauke H. *The challenges experienced by teenage mothers in secondary schools: The case of hlanganani south circuit*. Published Master Of Education In Curriculum Studies at the University Of Limpopo; 2013.
9. Chigona A, Chetty R. 'Girls' education in South Africa: special consideration to teen mothers as learners'. *Journal of Education for International Development*. 2007;3(1): 1-17.

10. Chigona A, Chetty R. 'Teen mothers and schooling: Lacunae and challenges'. South African Journal of Education. 2008;28:261-281.
11. Olivier MA. 'Adolescents' view on termination of pregnancy and schooling disruption: Themes from teachers and teenage mothers in poor rural schools'. South African Journal of Education. 2000; 19(1):55-56.
12. Mohase TB. 'Influence of teenage pregnancy and parenting on the performance of Soshanguve secondary school learners'. Pretoria: Tshwane University of Technology; 2006.
13. Shaningwa LM. Educationally related challenges faced by teenage mothers on returning to school: A Namibian case study. Grahamstown: Rhodes University; 2007.
14. Rao Gupta G. Claiming the future. Progress of Nations UNICEF. 1998;12-13.
15. Raatikainen K, Heiskanen N, Verkasalo PK, Heinonen S. "Good outcome of teenage pregnancies in high-quality maternity care". Eur J Public Health. 2006;16(2):157-61.
DOI:10.1093/eurpub/cki158.PMID16141302.
Available:<http://eurpub.oxfordjournals.org/cgi/content/full/16/2/157>
16. UNICEF. A league table of teenage births in rich nations. Innocenti Report Card No.3. UNICEF Innocenti Research Centre; 2001.
Available:<http://www.unicefirc.org/publications/pdf/repcard3e.pdf>
17. Theron L, Dunn N. 'Coping strategies for adolescent birth-mothers who return to school following adoption'. South African Journal Of Education. 2006;26(40):491-499.
18. Ehlers VJ. Adolescent mothers' knowledge and perception of contraceptives in Tshwane, South Africa'. Health SA. 2003; 8(1):1-24.
19. Dlamini LS, Van der Merwe MM, Ehlers VJ. 'Problems encountered by teenage mothers in the southern Hho-Hho region of Swaziland'. Health SA. 2005;8(3):74-85.
20. Bryant KD. 'Update on adolescent pregnancy in the black community'. ANBF Journal, Fall. 2006;1:133-136.
Chapati Available at Yahoo Contributor Network Accessed 27 April 2009.
21. Hofferth SL, Reid L, Mott FL. 'Effects of early childbearing on schooling over time'. Family Planning Perspectives. 2001;33(6):259-267.
Mengo VN. Zambia school policy for teen mothers, a partial success; 2009. Accessed on 23 March 2010.
Available:<http://www.IPSnews.Net/News.asp>
22. Van Harmelen, U. 'Educationally related challenges faced by teenage mothers on returning to school', Namibian Case Study. MEd dissertation. Grahamstown: Rhodes University; 2007.
23. Federal ministry of Health Nigeria. Federal Ministry of Health report; 2007.
24. Nwimo IO, Egwu SO. Girl Child Marriage: Implications for community intervention programmes. International Knowledge Sharing Platform. 2015;37.
25. Mayor S. Pregnancy and childbirth are leading causes of death in teenage girls in developing countries. BMJ. 2004; 328(7449):1152.
DOI: 10.1136/bmj.328.7449.1152-a
Available:<http://bmj.bmjournals.com/cgi/content/full/328/7449/1152-a>
PMC 411126.PMID 15142897

© 2016 Enemchukwu et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
<http://sciencedomain.org/review-history/15352>