

Exploring the Impact of Underage Pregnancy on Single Parenting in Nigeria

Temitope J. Owolabi¹  & Tendayi C. Garutsa¹ 

¹ Department of Sociology, North West University, Mafikeng, South Africa.



ABSTRACT

The prevalence of underage pregnancy is alarming, with Nigeria accounting for the highest number of adolescent pregnancies in sub-Saharan Africa. This has become increasingly common in recent years, with negative implications for parents and children. This study explored the impact of underage pregnancy on women who have never been married. Specifically, the study aimed at examining the early sexual debut of women, as well as the correlates of underage pregnancy and single parenting. Thirty willing individuals were interviewed using a qualitative research methodology. The participants were chosen for the study in Nigeria using a convenience sampling method. Findings from this study reveal that many factors, but not limited to poverty, lack of education, cultural norms, and inadequate access to reproductive health services, are some of the negative implications of single parenting in underage single mothers. The study, therefore, recommends that the government and other stakeholders must initiate interventions to address the problem. These may include policies and programs aimed at providing access to education, healthcare, and economic empowerment for young women. Furthermore, the provision of comprehensive sex education and the social safety nets for vulnerable families may assist in reducing problems that underage single mothers face. It is crucial to prioritize the well-being of young women and their children, consequently creating an enabling environment that empowers them to achieve their full potential.

Correspondence

Temitope J. Owolabi

Email:

temitopeowolabi01@gmail.com

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INTRODUCTION

Underage pregnancy and single parenting are significant issues in Nigeria, a country located in West Africa with a population of over 200 million people.¹ According to the World Health Organization, Nigeria has one of the world's highest maternal and infant mortality rates, with a maternal mortality ratio of 512 deaths per 100,000 live births and an infant mortality rate of 67 deaths per 1000 live births.² One of the factors contributing to these high rates is the prevalence of underage pregnancy and single parenting. Several social and economic factors compound the issue of underage pregnancy and single parenting in Nigeria. Poverty is one of the main factors.³

¹ Tolulope Osayomi et al., “Cross-National Variations in COVID-19 Outbreak in West Africa: Where Does Nigeria Stand in the Pandemic?,” *Spatial Information Research* 29, no. 4 (2021): 535–43.

² World Health Organization, “‘Sexual and Reproductive Health.’ Maternal Health in Nigeria: Generating Information for Action,” 2020, <https://www.who.int/reproductivehealth/maternal-health-nigeria/en/>.

³ A. C. Grace et al., “Increased Rate of Teen Pregnancy and Impact of Determinants on Senior Class Students in Two Selected Secondary Schools in Sagamu, Ogun State, Nigeria,” *European Journal of Modern Medicine and Practice* 3, no. 2 (2023): 21–42.

This is consistent with the argument of Miguel and Mobarak, where it was noted that Nigeria is one of the poorest countries in the world, with over 40% of the population living below the poverty line.⁴ This makes it difficult for families to provide for their children, and teenage girls may be forced into early marriage or sexual relationships to support their families. It can lead to early pregnancies and, subsequently, single parenting. Another factor contributing to Nigeria's underage pregnancy and single parenting is a lack of education, as noted by Onwubuariri and Kasso.⁵ Nigeria has one of the lowest literacy rates in the world, with only 59% of the population being able to read and write. The lack of education means that many young girls are unaware of the risks of early pregnancy and may not have access to information on family planning or reproductive health.

The consequences of underage pregnancy and single parenting are numerous and far-reaching. For the mother, as noted by Asefa et al., early pregnancy can result in complications during childbirth, including fistula and maternal mortality.⁶ It can also limit educational and employment opportunities, leading to poverty and social exclusion.⁷ Similarly, De and Chattopadhyay noted that, for the child, early pregnancy can lead to low birth weight, malnutrition, and developmental delays.⁸ Single parenting can also have a negative impact on the child's development, as they may not have access to the same level of resources and support as children from two-parent households.

The Nigerian government has taken steps to address the issue of underage pregnancy and single parenting in the country. In 2018, the government launched a national campaign to end child marriage and early childbirth, which included the development of a national strategy to prevent underage pregnancy and support teenage mothers.⁹ The strategy includes measures such as increasing access to family planning services and providing education and economic opportunities for young girls. Non-governmental organizations (NGOs) are also working to address the issue of underage pregnancy and single parenting in Nigeria. NGOs such as Girls Not Brides and the Center for the Right to Health are working to raise awareness about the risks of early marriage and teenage pregnancy and provide education and support to young girls and their families.

Despite these efforts, the issue of underage pregnancy and single parenting in Nigeria remains a significant challenge. In many parts of the country, cultural and religious practices perpetuating child marriage and early pregnancy persist, and access to education and healthcare remains limited. Secondly, poverty also remains a significant barrier to addressing the issue, as many families cannot afford to provide for their children and may see early marriage or early pregnancy as a way to secure their future. Another problem identified is the fact that unwanted pregnancies among underage girls in Nigeria often lead to single motherhood, which can have various negative effects on the well-being of the mothers and their children. It is to this end that this study explores underage pregnancy in Nigeria, specifically examining its main causes and how it leads to single parenting. The study also aims to explore the sexual debut of single mothers and how it has translated into single parenthood. The study is significant, as it seeks to identify a multi-faceted approach needed to address the root causes of underage pregnancy and single parenting in Nigeria. By exploring the factors contributing to unwanted pregnancies, the study will provide insights into the challenges faced by these young women and the support they need to navigate single parenthood. Ultimately, the findings will inform interventions aimed at reducing the incidence of teenage pregnancies and improving the lives of young single mothers and their children in Nigeria.

⁴ Edward Miguel and Ahmed Mushfiq Mobarak, "The Economics of the COVID-19 Pandemic in Poor Countries," *Annual Review of Economics* 14, no. 1 (2022): 253–85.

⁵ Michael Ifeanyi Onwubuariri and Terhemen Kasso, "Teenage Pregnancy: Prevalence, Pattern and Predisposing Factors in a Tertiary Hospital, Southern Nigeria," *Asian J Med Health* 17, no. 3 (2019): 1–5.

⁶ Z Asefa, D Amenu, and A Berhe, "Awareness of Obstetric Fistula and Its Associated Factors among Reproductive-Age Group Women in Bench Sheko Zone, Southwest, Ethiopia. Community Based Cross-Sectional Study," *J Women's Health Care* 9, no. 509 (2020): 2167–2420.

⁷ Rebekah Mohr, Jose Carbajal, and Bonita B Sharma, "The Influence of Educational Attainment on Teenage Pregnancy in Low-Income Countries: A Systematic Literature Review," *Journal of Social Work in the Global Community* 4, no. 1 (2019): 2.

⁸ Partha De and Nandita Chattopadhyay, "Effects of Malnutrition on Child Development: Evidence from a Backward District of India," *Clinical Epidemiology and Global Health* 7, no. 3 (2019): 439–45.

⁹ Grace Ayodele Arowolo, "Preventing and Eliminating Child Marriage in Africa: The Perspectives from Nigeria," *JL Pol'y & Globalization* 119 (2022): 27.

LITERATURE REVIEW

Underage pregnancy and single parenting are significant social and public health concerns in Nigeria. These issues profoundly impact the health and well-being of young mothers and their children. Nigeria has one of the highest rates of teenage pregnancy in Africa, with an estimated 23% of girls giving birth before the age of 18.¹⁰ The prevalence of single parenthood has also increased in recent years, with over 60% of Nigerian households headed by women. These trends have attracted considerable attention from policymakers, scholars, and development practitioners in Nigeria. This literature review provides an overview of the current state of knowledge on underage pregnancy and single parenting in Nigeria, with a focus on the factors, consequences, and interventions associated with these issues.

Underage Pregnancy in Nigeria

Underage pregnancy refers to the phenomenon of girls giving birth before the age of 18. It is a significant public health issue in Nigeria due to its association with a range of adverse outcomes for both the mother and child. These include increased maternal morbidity and mortality risk, neonatal mortality, low birth weight, and child malnutrition.¹¹ The prevalence of underage pregnancy in Nigeria varies across regions and socioeconomic groups. The North-East and North-West regions of the country have the highest rates of teenage pregnancy, with up to 40% of girls giving birth before the age of 18.¹² Urban areas also tend to have higher teenage pregnancy rates than rural areas, as do girls from poor households and those with limited education.¹³

The factors associated with underage pregnancy in Nigeria are complex and multifaceted. They include poverty, low levels of education, cultural and religious beliefs, gender inequality, early marriage, and limited access to reproductive health services.¹⁴ Poverty is a key driver of underage pregnancy, as it limits girls' access to education and increases their vulnerability to sexual exploitation and abuse.¹⁵ Poverty is a significant driver of underage pregnancy and single parenting in Nigeria, particularly in rural areas where access to education and health care is limited.¹⁶ Girls from poor families are more likely to engage in early sexual activity and get pregnant because they lack information about reproductive health and contraception.

Early marriage is also a significant factor, with up to 17% of Nigerian girls married before the age of 15.¹⁷ This practice is often driven by cultural and religious beliefs that prioritize girls' roles as wives and mothers over their education and personal aspirations. Many girls in Nigeria are forced into early marriage, often before the age of 18, which exposes them to sexual activity and pregnancy. Additionally, some cultural practices in Nigeria, such as female genital mutilation and early initiation into womanhood, expose girls to early sexual activity and pregnancy.¹⁸ Another factor that contributes to underage pregnancy and single parenting in Nigeria is the lack of education. Girls who drop out of school early are more likely to get pregnant because they lack information about reproductive health and contraception. Furthermore, education provides girls with the skills and knowledge they need to pursue a career and become financially independent, reducing their risk of becoming single parents.

The consequences of underage pregnancy in Nigeria are severe and long-lasting. Young mothers face significant physical, emotional, and social challenges, including increased risk of maternal morbidity and mortality, social stigmatization, and limited opportunities for education and employment.¹⁹ Their children are also at risk of various adverse outcomes, including neonatal mortality, low birth weight, and

¹⁰ National Population Commission and ICF International, *Nigeria Demographic and Health Survey 2013* (Rockville, MD: National Population Commission and ICF International, 2014).

¹¹ Mustapha Amoada et al., "Socio-Cultural Factors Influencing Adolescent Pregnancy in Ghana: A Scoping Review," *BMC Pregnancy and Childbirth* 22, no. 1 (2022): 834.

¹² National Population Commission and ICF International, *Nigeria Demographic and Health Survey 2013*.

¹³ Thomas Obinchemti Egbe et al., "Prevalence and Outcome of Teenage Hospital Births at the Buea Health District, South West Region, Cameroon," *Reproductive Health* 12, no. 1 (2015): 118.

¹⁴ Amoada et al., "Socio-Cultural Factors Influencing Adolescent Pregnancy in Ghana: A Scoping Review."

¹⁵ Egbe et al., "Prevalence and Outcome of Teenage Hospital Births at the Buea Health District, South West Region, Cameroon."

¹⁶ Y. L. Olaleye and D Oladeji, "Single Parenthood Impact on Street Children in Ibadan Metropolis, Nigeria," *African Research Review* 4, no. 2 (2010).

¹⁷ National Population Commission and ICF International, *Nigeria Demographic and Health Survey 2013*.

¹⁸ Adeola Ajayi, "Effects of the Demographic Characteristics of Students on Gender-Based Violence among Junior Secondary School Students in Osun State, Nigeria," *International Journal of Rural Development, Environment and Health Research* 1, no. 1 (2017).

¹⁹ Amoada et al., "Socio-Cultural Factors Influencing Adolescent Pregnancy in Ghana: A Scoping Review."

child malnutrition.²⁰ The economic costs of underage pregnancy are also significant, with estimates suggesting that it costs Nigeria up to \$1.5 billion annually in lost productivity and healthcare expenses.²¹

Single Parenting in Nigeria

Single parenting refers to the phenomenon of households headed by a single parent, usually a mother. In Nigeria, single parenthood has become increasingly common in recent years, with over 60% of households being headed by women.²² This trend is driven by various factors, including divorce, separation, widowhood, and out-of-wedlock childbirth. Single parenting can significantly impact the health and well-being of both the parent and child and their communities.

The factors associated with single parenthood in Nigeria are complex and varied. Divorce and separation are often driven by marital conflict and dissatisfaction, as well as infidelity and domestic violence.²³ Widowhood is also a significant factor, with an estimated 2 million widows in Nigeria facing significant social and economic challenges, including poverty, social stigmatization, and limited access to healthcare and education.²⁴ (Out-of-wedlock childbirth is also a significant factor, with up to 22% of Nigerian children being born to unmarried mothers.²⁵ This trend is often driven by poverty, lack of education, and cultural and religious beliefs that stigmatize premarital sex and discourage the use of contraception.

The consequences of single parenthood in Nigeria are significant and multifaceted. Single parents, particularly mothers, often face significant economic and social challenges, including limited access to education and employment, social stigmatization, and financial insecurity.²⁶ Their children are also at risk of various adverse outcomes, including poor health, limited access to education and healthcare, and increased risk of poverty and social exclusion.²⁷ Single parenthood can also significantly impact the wider community, including increased healthcare costs, reduced productivity, and social fragmentation.²⁸

Interventions to Address Underage Pregnancy and Single Parenting in Nigeria

Earlier studies have identified different approaches addressing the underlying social, economic, and cultural factors contributing to these issues. Education and awareness-raising campaigns are critical to addressing Nigeria's underage pregnancy and single parenting. These campaigns should target young people and their families, focusing on promoting reproductive health, gender equality, and responsible parenting. They should also address cultural and religious beliefs contributing to early marriage and out-of-wedlock childbirth. Education is critical to address Nigeria's underage pregnancy and single parenting. Girls who stay in school are less likely to engage in early sexual activity and get pregnant, and are more likely to become financially independent.²⁹ Additionally, education gives girls the skills and knowledge they need to make informed decisions about their reproductive health,³⁰ improving access to reproductive health services, including contraception and safe abortion services, is critical to reducing the incidence of underage pregnancy and out-of-wedlock childbirth in Nigeria. This requires investment in health infrastructure, including training healthcare workers and providing essential medicines and supplies. In

²⁰ Egbe et al., "Prevalence and Outcome of Teenage Hospital Births at the Buea Health District, South West Region, Cameroon."

²¹ Stéphane Verguet et al., "The Broader Economic Value of School Feeding Programs in Low-and Middle-Income Countries: Estimating the Multi-Sectoral Returns to Public Health, Human Capital, Social Protection, and the Local Economy," *Frontiers in Public Health* 8 (2020): 587046.

²² National Bureau of Statistics, "Social Statistics Report 2017," 2017.

²³ Arezoo Haseli et al., "Infidelity and Its Associated Factors: A Systematic Review," *The Journal of Sexual Medicine* 16, no. 8 (2019): 1155–69.

²⁴ Paula Ugochukwu Ude and Okechukwu Camillus Njoku, "Widowhood Practices and Impacts on Women in Sub-Saharan Africa: An Empowerment Perspective," *International Social Work* 60, no. 6 (2017): 1512–22; Misheck Dube, "The Challenges Facing Widows in African Contexts: A Literature Review," *International Journal of Research in Business & Social Science* 12, no. 7 (2023).

²⁵ National Population Commission and ICF International, *Nigeria Demographic and Health Survey 2013*.

²⁶ P O Ogunjuyigbe, A O Fatusi, and A S Adebawale, "Displacement and Sexual Reproductive Health among Young People in North-Central Nigeria," *Journal of Refugee Studies* 30, no. 1 (2017): 89–105.

²⁷ National Bureau of Statistics, "Social Statistics Report 2017."

²⁸ Ogunjuyigbe, Fatusi, and Adebawale, "Displacement and Sexual Reproductive Health among Young People in North-Central Nigeria."

²⁹ Collins Ejakhianghe Maximilian Okoror, Vivian Ossaidiom Omuemu, and Adedapo Babatunde Anibaba Ande, "Knowledge and Practice of Birth Preparedness and Complication Readiness among Pregnant Women Attending Mission Hospitals in Benin City, Nigeria," *Women's Reproductive Health* 7, no. 4 (2020): 276–90.

³⁰ Viengnakhone Vongxay et al., "Sexual and Reproductive Health Literacy of School Adolescents in Lao PDR," *PloS One* 14, no. 1 (2019): e0209675.

addition, addressing poverty and limited economic opportunities is critical to reducing the incidence of single parenting in Nigeria. This requires investment in education and vocational training, as well as the creation of job opportunities, particularly for women.

Legal reform is critical to protecting the rights of single parents, particularly women, and reducing the incidence of gender-based violence.³¹ This requires enforcing laws and policies that protect women's and children's rights, including laws on divorce, child custody, and domestic violence. Family planning is another critical intervention to address Nigeria's underage pregnancy and single parenting. Providing access to contraceptives and reproductive health services can reduce the incidence of teenage pregnancy and help girls delay childbearing until they are emotionally and financially ready.³² Furthermore, family planning can reduce the incidence of maternal and child mortality and improve the health outcomes of women and children.

Ezenwaka et al., also identified the need for cultural change as necessary to address underage pregnancy and single parenting in Nigeria.³³ Harmful cultural practices that promote early marriage, female genital mutilation, and other forms of gender-based violence must be addressed through education and advocacy. This can help change societal attitudes towards women and girls and promote gender equality, which is essential for reducing the incidence of underage pregnancy and single parenting.

THEORETICAL FRAMEWORK

The study is anchored on Social Learning Theory, which suggests that behavior is learned through observing and imitating others.³⁴ In Nigeria, underage pregnancy and single parenting are significant issues, and these behaviours may be learned through observation and imitation of others in their environment. Underage pregnancy is a significant problem in Nigeria, with many young girls becoming pregnant before the age of 18. According to UNICEF, Nigeria has one of the world's highest rates of child marriage, with 44% of girls married before the age of 18.³⁵ This can lead to early pregnancy and single parenthood, which can negatively affect the mother and the child.

In consistency with the findings of this study, Dillon and Cherry noted that in many Nigerian communities, early marriage and early pregnancy are normalized, and young girls may see this as an acceptable way of life.³⁶ Additionally, poverty and lack of education can contribute to these behaviors, as girls may see early marriage and pregnancy as a way out of poverty.³⁷

Single parenting is also a significant issue in Nigeria, with many women left to raise their children alone due to factors such as divorce, abandonment, or the death of a spouse.³⁸ Social Learning Theory, therefore, suggests that these behaviors may be learned through observing and imitating others in the environment. In many Nigerian communities, single parenting is not uncommon, and children may grow up seeing this as a normal way of life. To address these issues, it is essential to address the underlying factors that contribute to underage pregnancy and single parenting in Nigeria, such as poverty, lack of

³¹ Ramona Vijayarasa, "When Women Lead: Legislating against Gender-Based Violence in Bangladesh, Indonesia, the Philippines and Sri Lanka," *Austl. J. Asian L.* 23 (2022): 27.

³² Ajayi, "Effects of the Demographic Characteristics of Students on Gender-Based Violence among Junior Secondary School Students in Osun State, Nigeria."

³³ Uchenna Ezenwaka et al., "Exploring Factors Constraining Utilization of Contraceptive Services among Adolescents in Southeast Nigeria: An Application of the Socio-Ecological Model," *BMC Public Health* 20, no. 1 (2020): 1162.

³⁴ Anwar Rumjaun and Fawzia Narod, "Social Learning Theory—Albert Bandura," *Science Education in Theory and Practice: An Introductory Guide to Learning Theory*, 2020, 85–99.

³⁵ UNICEF, "10 Million Additional Girls at Risk of Child Marriage Due to COVID-19," Press Release. UNICEF Nigeria, 2021, <https://www.unicef.org/nigeria/press-releases/10-million-additional-girls-risk-child-marriage-due-covid-19-unicef>; I. A. Musa, P. A. Johnson, and A. C. Nwankwo, "The Influence of Community Endorsement on Public Sector Participation: Census Case Study," *Nigerian Journal of Public Administration* 34, no. 1 (2021): 44–59.

³⁶ Mary E Dillon and Andrew L Cherry, "An International Perspective on Adolescent Pregnancy," in *International Handbook of Adolescent Pregnancy: Medical, Psychosocial, and Public Health Responses* (Springer, 2014), 1–38.

³⁷ Babatunde Ahonsi et al., "Child Marriage in Ghana: Evidence from a Multi-Method Study," *BMC Women's Health* 19, no. 1 (2019):

126; Bassam Abu Hamad et al., "'No One Should Be Terrified like I Was!' Exploring Drivers and Impacts of Child Marriage in Protracted Crises among Palestinian and Syrian Refugees," *The European Journal of Development Research* 33, no. 5 (2021): 1209–31; Heribertus Rinto Wibowo et al., "One Household, Two Worlds: Differences of Perception towards Child Marriage among Adolescent Children and Adults in Indonesia," *The Lancet Regional Health—Western Pacific* 8 (2021).

³⁸ O. Odewale, "Effects of Dialectical Behaviour Therapy and Social Skills Training on Psycho-social Problems of Children from Single-Parent Homes in Ibadan, Nigeria" (University of Lagos, 2017); John Wajim and Harry Grace Shimfe, "Single Parenting and Its Effects on the Development of Children in Nigeria," *The International Journal of Social Sciences and Humanities Invention* 7, no. 03 (2020): 5891–5902.

education, and cultural norms. Education and empowerment programs for young girls and women can help break the cycle of poverty and prevent early marriage and pregnancy. Additionally, programs that support single parents can help alleviate some of their challenges and provide their children with a better future.

METHODOLOGY

The study adopted a qualitative research approach to understand how underage pregnancy influences single parenting in Nigeria. The key informant interviews were used to collect and explore the respondents' views, beliefs, and experiences. The study also utilized a cross-sectional research design conducted once. As a result of no sampling frame, and also, the need to spread the respondents, FACEBOOK was utilized to recruit 30 respondents for the interviews. This platform was also utilized because of the fact that it drives engagement, and a wider respondents can be reached. It also allowed the researcher to capture a specific target audience regardless of age, gender, and socio-economic class variables.³⁹ Prior to the study, respondents were recruited based on the inclusion criterion: single mothers over 18 years old who had given birth before the legal age of consent (18 years). Also, they must not have been married, but have at least one child (this excludes women who are divorced or separated). Those who agreed to participate in the study were given written consent forms to fill out before the interviews, and these were collected electronically.

The study location for this research was the entire Nigeria, which is a federal republic with a population of over 200 million people, of which the female population is 101 million, making it of substantial growth with an annual rate of 2.56%.⁴⁰

Thematic analysis was used to analyze the responses; it is one of the most popular but frequently ill-defined methodologies in the qualitative research community. The method's main focus is on finding patterns that are then reported as themes created by the researcher. This is a method of analyzing qualitative data, and basically, it is often applied to a set of texts (for example, transcripts from interviews). In this study, the data was transcribed manually, and responses in line with the research objectives were discussed in themes.

The researcher ensured that participants participated voluntarily. The language of communication was English, and the researcher sought the consent of participants before the research commenced; they were not, in any way, forced to participate in the study. They could also opt to leave the study in the middle of their participation. Since the study included the human population (single mothers) as the unit of analysis, ethical clearance through the Basic and Social Sciences Research Ethics Committee (BaSSREC) was sought, and approval was given on the 28th of July, 2021, to conduct the study with protocol code NWU-00675-21-A7.

PRESENTATION OF RESULTS/FINDINGS

In this section, the researchers discussed the findings of the study that was conducted to investigate underage pregnancy and single parenting in Nigeria. The study employed a qualitative research method, and the data was collected from thirty respondents. The analysis was carried out using thematic analysis, and the following themes were gathered. (a) Sexual debut, unwanted pregnancy and single parenting; (b) Correlates of underage pregnancy which lead to single parenting. Although the main focus of the study was on underage pregnancy, participants selected for the study were 18 years and above; this was done in a bid to make them give their views on underage pregnancy and its implications, most especially sharing their experiences as young mothers while growing up. The reason for not selecting participants below 18 years was for ethical implications.

Socio-demographic characteristics of respondents

As revealed in the data, those who are below the age of 25 years and above 18 years were 20%, 36-25years (30.7%), while those 46 years and above represent 13.3%. The majority of the respondents (36.0%) were between the ages of 26 to 35 years, and this, by implication, falls within the recommended age (18 years)

³⁹ Nira Yuval-Davis, "Intersectionality and Feminist Politics," *European Journal of Women's Studies* 13, no. 3 (August 1, 2006): 193–209, <https://doi.org/10.1177/1350506806065752>.

⁴⁰ Worldometer, "Nigeria Population," 2021, <https://www.worldometers.info/world-population/nigeria-population/>.

for marriage in Nigeria, hence it could be inferred from the study that, despite being unmarried, most of the participants are of marriageable age. Based on the statistics obtained from this study, the ethnic groups of respondents who participated in the study are: Yoruba 45.8%, Igbo 28.9%, Hausa 21.6% while participants from other ethnic groups are represented with 3.8%.

The study also reveals that 4.4% of the participants have never been to school; as a result, they have not acquired any form of formal education or training. Those whose educational career ended at the basic level (primary) in Nigeria are 36.4%, those who manage to complete the secondary level are 23.8%, while people with university and polytechnic achievement (tertiary education) are 35.3%. According to the study, those with a child also represent 26.2% of the study population, while more respondents have two children, which was represented by 51.8%, three children, 14.7%, and those whose children are four and above are 7.3%. The majority of single mothers in Nigeria have two children; this might be attributable to the fact that their children might fall victim, or be at the receiving end, hence, they decide to limit the number of children they give birth to. This is similar to the fact articulated by Daly that single parenting makes children victims of emotional backlash, and this might be too burdensome for their mothers.⁴¹ To this end, in order to limit this stressor, trauma, and struggle all alone, they reduce the number of children they give birth to.

Age at first sex, unwanted pregnancy and single parenting

In this study, age at first sex was revealed to be a significant predictor of underage pregnancy, which then leads to single parenthood, since more than half were under the age of 15 when they had their first child. These could be justified by the following responses provided by some single mothers who participated in this study.

“To be honest with you, while growing up, I think it is right to say I was so loose. You know about youthful exuberance? It was a definition of me. I had several sex partners, and God caught me; I got pregnant at age 14. I gave birth to twins, and in the process of recovering, growing and taking care of my kids, I lost it. And look at me now, I have 2 more kids, making a total of four, with three different fathers. As a result, I think marriage is not necessary. Let me just take care of my kids; that’s the ultimate.” (Interviewee No 16)

“I became pregnant at age 15 due to a lack of monitoring from my single mother. In fact, I didn't think it was true until a nurse said it was so after a test. As a result, I abandoned my education. I am currently single and unmarried at the age of 25. Despite the benefits, my son and my business are my top priorities.” (Interviewee No 12).

... and

“I found out I was pregnant when it was six months. Actually, I thought it was some form of infection that was making me feel uneasy. Then I was just 14 years old, and it was as if the whole world should come down. I was so foolish that I still allowed this same guy to impregnate me the second and third times. I felt it was love. Now I am thirty, and unfortunately, he is married to another woman. What more do I need marriage for, after three children? My brother, life goes on” (Interviewee No 28).

The results clearly show that there is a direct link between teenage pregnancy and single parenthood. Premarital childbearing and teenage pregnancy are substantially more likely when sexual activity is initiated early, as indicated by the age of the first sexual contact. As a result, the number of single mothers is increasing due to the rise in early pregnancies. The participant narratives illuminated a number of variables that support this association.

The interviews primarily highlight a common pattern among impressionable young people who show negligence and ignorance of the dangers of unprotected sex. Interviewee No. 16, for example, recalls a time of "youthful exuberance" in which she had several sexual partners and became pregnant at the age

⁴¹ Mary Daly, “What Adult Worker Model? A Critical Look at Recent Social Policy Reform in Europe from a Gender and Family Perspective,” *Social Politics* 18, no. 1 (2011): 1–23.

of fourteen. This topic of ignorance or disdain for the repercussions of sexual activity keeps coming up in the interviews.

Furthermore, Interviewee No. 12 highlights the glaring lack of parental supervision or support networks, especially with reference to her single mother's lack of involvement. Teenagers who don't receive enough counsel or instruction about contraception and its implications may be more likely to participate in risky sexual behaviors as a result of this deficit.

Also, as the story of Interviewee No. 28 demonstrates, cultural standards and societal views on marriage and parenthood can have an impact. The person doubts whether marriage is necessary despite having several pregnancies at a young age, implying a degree of acceptance or surrender to their situation.

These accounts highlight how complex the problem is, involving a range of factors such as social influences, familial relationships, and individual decisions. The participants' moving tales provide a moving portrait of the difficulties faced by teenagers attempting to reconcile their sexuality and fatherhood.

The interviewees also allude to more general systemic problems, such as inadequate programs for educating teenagers about sexuality, restricted access to contraception, and the stigma associated with teenage pregnancy in society. Developing comprehensive methods to reduce the prevalence of adolescent pregnancy and single motherhood requires addressing these underlying issues.

The participant narratives provide insightful information about the complex interactions among variables that influence the relationship between teenage pregnancy and single parenting. Understanding these dynamics will help legislators, educators, and medical professionals develop focused interventions that support sexual health education, create supportive family environments, and challenge cultural norms that support early parenthood and single motherhood cycles.

Factors leading to single parenting.

Findings from this study reveal that underage pregnancy is a complex issue, and many factors contribute to it. Underage pregnancy is a major problem affecting many young women worldwide, and it often leads to single parenting. The responses of respondents to support these are shown below:

"I was twelve when I had my first child. It was my first because a friend set me up. The guy invited me to his house after asking me out. He forcefully sexed me, and the result was my first pregnancy. I never knew what a contraceptive was by then, but I had to carry it because I came from a Christian background that frowned on abortion." **(Interviewee No 3)**

"My life would have been better than this if I had known about the use of contraceptives. I would say I have a high libido, and you will not believe that I had my first sex at age 8. I was so active, and at age 13, I had my first pregnancy. Surprising, right?" **(Interviewee No 22).**

"I lost my parents as a result of the crisis in the north. As a result, I was moved to Lagos at age 10. And for about 4 years, while I was staying with my aunt, I was maltreated and I was looking for an escape route. I felt pressured to have a boyfriend, hoping to get married soon. He deceived me in the process because I was so naïve. I later got pregnant. He never accepted it, and till today, I am bearing the brunt." **(Interviewee No 19)**

"I was raped at the age of thirteen by a group of three boys in school. The way it happened was that, at night, while going to the dormitory, I was accosted with my face tied. (It was...) not until the fifth month that I realized I was pregnant. How do you want me to know them, because I was so young? I have lived with this child since then." **(Interviewee No 12)**

The study explored the complex network of variables that lead to teenage pregnancy, illuminating its complex character as opposed to treating it as a monolithic problem. It highlighted teenage pregnancy as a major global health issue that affects young women in particular and frequently results in single parenthood, which has long-lasting social and economic repercussions. Teenage pregnancy and poverty are closely related, with poverty limiting the educational and career prospects available to impacted girls. Some people who experience financial hardship are more likely to seek intimacy or financial support

through early sexual encounters, which increases the chance of unwanted pregnancies. Poverty also makes it more difficult to obtain reproductive health care and contraception, which increases the risk of unintended pregnancies.

Furthermore, the study found that illiteracy is still another crucial factor connected to teenage pregnancy. Due to their lack of information about contraception and sexually transmitted diseases (STDs), many teenagers are more susceptible to unplanned pregnancies than other age groups. The answers given by the interviewees reveal this knowledge gap and emphasize the vital role that education plays in enabling teenagers to make knowledgeable decisions about their sexual health.

A teen's first sexual experience is a substantial risk factor for pregnancy, and it's influenced by media representations of sexuality, peer pressure, and insufficient parental supervision. Teens may have sex before they are emotionally or cognitively mature enough to make responsible reproductive decisions. The experiences related by interviewees highlight how vulnerable teenagers are to sexual abuse and exploitation because they lack the necessary abilities to negotiate safe sexual practices or oppose coercive behaviors.

The results highlight the critical need for all-encompassing treatments that address the intricate interactions between behavioral, educational, and social factors that lead to teenage pregnancy. Prioritizing efforts to reduce poverty through focused interventions that improve at-risk adolescents' access to economic and educational opportunities is crucial. Furthermore, it is critical to support comprehensive sexual education programs so that youth have the information and abilities needed to make responsible decisions regarding their sexual and reproductive health.

DISCUSSION

Findings from the study demonstrate that premarital childbearing increases women's likelihood of becoming single mothers. This result is consistent with past studies that have demonstrated that single parenting becomes prevalent when premarital fertility is high.⁴² The findings also indicate that the number of surviving children and the age at first birth were frequent predictors of single parenthood. According to the research, women who have their first child when they are mature and older are less likely to be single mothers than women who have their first child when they are younger. The social contagion theory of teenage sexual behavior can help to further explain this.⁴³ In essence, the commencement of social activities refers to the spread of adolescent transitional behaviors through an interconnected network of adolescents, such as unprotected pre-marital sex.

Network connections may, with a certain transition rate or probability, lead to an increase in sexual experience level and early age of first sexual contact, which results in early pregnancy. The social cognitive theory of self-control by Badura supported this as well.⁴⁴ According to this framework, a person's ability to self-regulate has a big impact on their behavior. According to this argument, we would anticipate that these teenage girls' impulsivity and lack of self-control would be a strong indicator of earlier first sex age and later involvement in early pregnancy. Furthermore, one would anticipate that among people who have better impulse control (less impulsivity) than those who are more impulsive, the link between early sex and early pregnancy would be weaker. The next section, which tries to cover unwanted pregnancies, rejection/denial, and single parenting, will extend this further.

Furthermore, results from the interview extracts suggest that teen pregnancy has developed into a significant public health issue, especially in Nigeria, where over 10% of girls become mothers by the age of 16, giving them the highest incidence in Africa.⁴⁵ According to the WHO findings, teenage girls in

⁴² Martin E Palamuleni and Ayo S Adebawale, "Prevalence and Determinants of Unintended Pregnancies in Malawi," *African Population Studies* 28, no. 1 (2014): 551–63; Emily Smith-Greenaway and Sara Yeatman, "Unrealized Educational Expectations and Mental Health: Evidence from a Low-Income Country," *Social Forces* 98, no. 3 (2020): 1112–42; Michael J Poulin et al., "Minding Your Own Business? Mindfulness Decreases Prosocial Behavior for People with Independent Self-Concepts," *Psychological Science* 32, no. 11 (2021): 1699–1708.

⁴³ Joseph L Rodgers and David C Rowe, "Social Contagion and Adolescent Sexual Behavior: A Developmental EMOSA Model.," *Psychological Review* 100, no. 3 (1993): 479.

⁴⁴ Peter Badura, "Constitutional and Legal Problems of Privatization in Germany," *Direito e Justiça* 5 (1991): 31–48.

⁴⁵ Vera Sagalova et al., "Long-Term Consequences of Early Marriage and Maternity in West and Central Africa: Wealth, Education, and Fertility," *Journal of Global Health* 11 (2021): 13004.

some Nigerian communities are under pressure to get married and have children early.⁴⁶ Similarly, Obasanjo et al. found that in Nigeria, over 40% of girls marry well before the age of 18⁴⁷ and according to Nnadi, 12% before the age of 15.⁴⁸ The age at which a first pregnancy can occur is determined in part by these young girls' misconceptions regarding the use of contraceptives as well as their inability to access them because of their age, marital status, or financial constraints.

Having established the above patterns, the question at this juncture is: what role does underage pregnancy have in single parenting? As previously noted, underage sexuality is a significant public issue in Nigeria. Despite trend statistics showing a decline in the rates of initiating sexual contact and sexual risk behaviors among teenagers in recent times,⁴⁹ a significant percentage of youth still participate in risky behavior of various kinds. In addition, a lot of young girls lack correct information about sexual activities and the health dangers they pose.

Underage pregnancy can have a significant impact on single parenting in Nigeria. Nigeria has one of the highest rates of teenage pregnancy in the world, with about 19% of teenage girls giving birth each year, according to the United Nations Population Fund. According to this study, teenage pregnancy often leads to single parenting because many young mothers are not married and may not have the support of their families or the fathers of their children. They may also be unable to continue their education, which can make it difficult for them to find work and provide for themselves and their children.

In Nigeria, single parenting is often associated with poverty, as single parents may struggle to provide for their families on their own. Single mothers are also more likely to face social stigma and discrimination, which can make it difficult for them to access education, healthcare, and other resources. Overall, underage pregnancy can have a significant impact on single parenting in Nigeria, with many young mothers facing challenges in providing for themselves and their children and may struggle to access the resources they need to thrive. It is important to provide support and resources to single parents, including access to education, healthcare, and job training, to help them overcome these challenges and provide a better future for themselves and their families.

RECOMMENDATIONS

The research outcomes suggest a need for collaborative and practical programs to decrease rates of teenage pregnancy in Nigeria and build support structures for single-parents in Nigeria. With reference to the data presented, the following recommendations were made. Firstly, the government agencies, community leaders should provide expanded, comprehensive sex education in schools and community centers that covers much more than just biology (i.e., consent, healthy relationship education, etc.) and is delivered by trained facilitators in an age-appropriate and a culturally-sensitive manner to enable adolescents to have the knowledge to make informed decision-making choices. Secondly, the government should introduce economic empowerment programs that target families living in high-risk communities; poverty was identified as a major factor leading to early pregnancy. Programs that include providing vocational training, micro-loans to start-up businesses, and scholarships to low-income girls will help to lower their vulnerability and keep them in school longer.

In addition, primary-level healthcare providers should enhance the confidentiality of reproductive health services for youth and the availability of youth-friendly reproductive health services at the primary level; including counseling, prenatal care, and delivery services for young mothers. Adolescent health desks can be established within clinics so young people do not have to fear judgment when seeking assistance.

Furthermore, public awareness campaigns should be increased to de-stigmatize teenage pregnancy and single parenting in the eyes of society. Local radio stations, religious institutions, and other influential community organizations can assist in promoting attitudes toward being supportive and encouraging

⁴⁶ 2021 World Health Organization, "Violence against Women," accessed June 4, 2022, <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>. WHO, "2020 Adolescent Pregnancy," 2020.

⁴⁷ Obasanjo Afolabi Bolarinwa et al., "A Multilevel Analysis of Prevalence and Factors Associated with Female Child Marriage in Nigeria Using the 2018 Nigeria Demographic and Health Survey Data," *BMC Women's Health* 22, no. 1 (2022): 158.

⁴⁸ Ine Nnadi, "Early Marriage: A Gender-Based Violence and A Violation of Women's Human Rights in Nigeria," *Journal of Politics and Law* 7, no. 3 (2014): 35.

⁴⁹ David Chyen et al., *Youth Risk Behavior Surveillance: United States, 2011* (US Department of Health and Human Services, Centers for Disease Control and ..., 2012).

families to reintegrate the affected girls into school and community life. Lastly, social Welfare Departments should establish formalized support systems for single parents; this could include parenting classes, psychosocial counseling, referrals to affordable childcare options, and a pathway to report instances of sexual exploitation/abuse. Collaboration between the Nigerian Ministry of Women Affairs, non-governmental organizations, and community-based organizations will facilitate the accessibility and coordination of such services.

CONCLUSION

The study has highlighted the need for comprehensive interventions that address the root causes of underage pregnancy and single parenting. Such interventions should involve education and awareness campaigns targeting young people and their families, as well as policy reforms promoting access to education and reproductive health services. Additionally, there is a need for social support programs that provide counselling, health services, and economic empowerment for single parents. In conclusion, the issue of underage pregnancy and single parenting in Nigeria is complex and multifaceted. It requires a holistic approach involving the government, civil society, and communities. By working together, stakeholders can reduce the incidence of underage pregnancy and support single parents in providing a better future for themselves and their children.

LIMITATIONS OF THE STUDY

The study may have a small sample size, which may be skewed, or might not represent the entire population. This can affect the validity and generalizability of the study's findings. The study may have relied on self-reported data from participants, which may be subject to biases or inaccuracies. From another point of view, participants may have given socially desirable responses, which may not reflect their actual experiences or behaviours.

In addition, the study may not have had a control group to compare the outcomes of single parenting with those of two-parent households; also, the study may not have followed up with participants over time to assess the long-term effects of underage pregnancy and single parenting.

The survey technique adopted was the qualitative research design, because the researcher was interested in immersing himself in the lives of the respondents (single mothers) and, in the process, unravelling how underage pregnancy engenders single parenting. However, more rigorous statistical analysis from a quantitative perspective should be used in future studies to show the predictive capabilities of other variables aside from underage pregnancy in determining single parenting in Nigeria.

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ABOUT AUTHORS

Temitope J. Owolabi is a Post-Doctoral Research Fellow in Sociology at the Faculty of Humanities, North-West University, South Africa. He earned his doctoral degree in Sociology from the same institution, where his scholarship demonstrated strong theoretical and practical engagement with contemporary social issues. His research interests span Gender Studies, Development Studies, and Industrial Sociology, with a particular focus on the intersections of gender, work, and social change in African contexts. Owolabi’s work contributes to advancing debates on equity, development, and organisational dynamics, positioning him as an emerging scholar committed to producing impactful research that informs policy and academic discourse.

Tendayi C. Garutsa (PhD) is an Associate Professor in Sociology, Faculty of Humanities at North-West University, South Africa. She holds a PhD in Social Sciences from the University of Fort Hare. Her research focuses on gender, rural development, food security, and Indigenous Knowledge Systems. Garutsa has served as a National Research Funding Proposal Evaluator and was a post-doctoral fellow with the Climate Impacts Research Capacity and Leadership Enhancement Programme in Africa under DFID and the African Academy of Sciences. She has received several awards, including the 2022 Teaching Excellence and Top Senior Lecturer Researcher Awards at NWU. Her work, grounded in social justice, is widely published in areas such as feminist pedagogies, rural development, and gender.