PREVALENCE OF ADOLESCENT PREGNANCY IN GANYE LOCAL GOVERNMENT AREA. ADAMAWA STATE, NIGERIA

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Abstract
Adolescent pregnancy is formally defined as a pregnancy in a young woman who has not reached her 20th birthday when the pregnancy ends, regardless of whether the woman is married or is legally an adult. The prevalence of adolescent pregnancy in Ganye local government area, Adamawa state were assessed. This was linked with tribal group and religion. Structured and validated questionnaires were used to obtain information on the socio-economic characteristics, age, tribes as well as religion of the subjects. The results of the survey show that about 51% of the subjects had adolescent pregnancy, out of which 42% were Muslims, 9% Christians. The study also showed that Hausa tribe has the highest incidence of adolescent pregnancy with 84.61% followed by the Fulani tribe with 63.15% and then Chamba tribe with 43.54%. The result also revealed that most of the women were jobless, about 60% were housewives. Reproductive health education is necessary in health centres, churches, mosque and different villages in the local government to help teach the villagers, religious groups, traditional rulers and village heads the dangers inherent in adolescent pregnancy.

Keywords: Prevalence, Adolescent, Pregnancy, Women.

Introduction
Adamawa is a state in northeastern Nigeria, with its capital at Yola. It was formed in 1991 from part of Gongola State with four administrative divisions namely: Adamawa, Ganye, Mubi and Numan. It is one of the thirty-six (36) States which constitute the Federal Republic of Nigeria. Adamawa is one of the largest states and occupies about 36,917 square kilometres. It is bordered by the states of Borno to the northwest, Gombe to the west and Taraba to the southwest. Its eastern border also forms the national eastern border with Cameroon. Topographically, it is a mountainous land crossed by the large river valleys - Benue, Gongola and Yedsarem. The valleys of Cameroon, Mandara and Adamawa mountains form part of the landscape.

The major occupation of the people is farming as reflected in their two notable vegetational zones, tile Sub-Sudan and Northern Guinea Savannah Zone. Their cash crops are cotton and groundnuts while food crops include maize, yam, cassava, guinea corn, millet and rice. The village communities living on the banks of the rivers engage in fishing while the Fulanis are cattle rearers. The state has network of roads linking all parts of the country.

The development of many communities in the State can be traced to the colonial era when the Germans ruled the Ganye area in the 19th century. These were however forfeited to the British at the end of the scramble for Africa at the Berlin. Ganye Local Government is one of the 21 local governments in Adamawa state. The local government is composed of many tribes but the major tribes are Fulani, Chamba, and Hausa tribes. Also there are different religious groups and these include Islam, Christians, traditional etc. The World Health Organization (WHO) defines adolescence as the period between 10 and 19 years old. The adolescent period is a critical part of development in the life cycle, a time of physical and emotional change as the body matures. Most adolescents tend to have a lower prevalence of infection than children under 5 and a lower prevalence of chronic disease than aging adults (2). The adolescent period is one of rapid growth and development that includes physical, psychological, intellectual, and social changes. This growth and development creates increased demands for energy and nutrients. Because nutrition and physical growth are integrally related, inadequate energy and nutrients can slow or stop linear growth (stunting) and delay sexual maturation(2).
Adolescents have different needs according to their stage of development (table 1) and personal circumstances.

<table>
<thead>
<tr>
<th>Period</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early adolescence:</td>
<td>The body experiences a spurt in growth and the beginnings of sexual maturation, while thinking is more abstract.</td>
</tr>
<tr>
<td>10–13 years</td>
<td></td>
</tr>
<tr>
<td>Mid-adolescence:</td>
<td>The main physical changes are complete. The person develops a stronger sense of identity and relates more strongly to peers, although family usually remains important. Thinking becomes more reflective.</td>
</tr>
<tr>
<td>14–15 years</td>
<td></td>
</tr>
<tr>
<td>Late adolescence:</td>
<td>The body fills out and takes its adult form, while the person now has a distinct identity and more settled ideas and opinions.</td>
</tr>
<tr>
<td>16–19 years</td>
<td></td>
</tr>
</tbody>
</table>


Adolescent pregnancy is formally defined as a pregnancy in a young woman who has not reached her 20th birthday when the pregnancy ends, regardless of whether the woman is married or is legally an adult. In everyday speech, the speaker is usually referring to unmarried minors who become pregnant unintentionally.

The average age of menarche (first menstrual period) is 12 years old, though this figure varies by ethnicity,(4) and ovulation occurs only irregularly before this. Whether the onset of fertility in young women leads to pregnancy depends on a number of factors, both societal and personal. Worldwide, rates of adolescent pregnancy range from 143 per 1000 in some sub-Saharan African countries to 2.9 per 1000 in South Korea.(5,6)

Pregnant adolescents face many of the same obstetrics issues as women in their 20s and 30s. However, there are additional medical concerns for mothers age 14 or younger, especially if they live in a developing country.(7) For mothers between 15 and 19, age in itself is not a risk factor, but additional risks may be associated with socioeconomic factors.(8)

In developed countries, adolescent pregnancies are associated with many social issues, including lower educational levels, higher rates of poverty, and other poorer "life outcomes" in children of adolescent mothers. Adolescent pregnancy in developed countries is usually outside of marriage, and carries a social stigma in many communities and cultures. Many studies and campaigns have attempted to uncover the causes and limit the numbers of adolescent pregnancies.(9) In other countries and cultures, particularly in the developing world, adolescent pregnancy is usually within marriage and does not involve a social stigma.

Statement of Problem

According to World Health Organisation website in 2011, the following facts exist (10):

Many adolescent girls between 15 and 19 get pregnant

- About 16 million women 15–19 years old give birth each year, about 11% of all births worldwide.
- Ninety-five per cent of these births occur in low- and middle-income countries. The average adolescent birth rate in middle income countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high.
- The proportion of births that take place during adolescence is about 2% in China, 18% in Latin America and the Caribbean and more than 50% in sub-Saharan Africa.
- Half of all adolescent births occur in just seven countries: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria and the United States.

Pregnancy among very young adolescents is a significant problem

- In low- and middle-income countries, almost 10% of girls become mothers by age
16 years, with the highest rates in sub-Saharan Africa and south-central and south-eastern Asia.

- The proportion of women who become pregnant before age 15 years varies enormously even within regions – in sub-Saharan Africa, for example, the rate in Rwanda is 0.3% versus 12.2% in Mozambique.

**The contexts of adolescent pregnancies are not always the same**

- Having a child outside marriage is not uncommon in many countries. Latin America, the Caribbean, parts of sub-Saharan Africa and high-income countries have higher rates of adolescent pregnancy outside marriage than does Asia.
- Births to unmarried adolescent mothers are far more likely to be unintended and are more likely to end in induced abortion.
- Coerced sex, reported by 10% of girls who first had sex before age 15 years, contributes to unwanted adolescent pregnancies.

**Adolescent pregnancy is dangerous for the mother**

- Although adolescents aged 10-19 years account for 11% of all births worldwide, they account for 23% of the overall burden of disease (disability-adjusted life years) due to pregnancy and childbirth.
- Fourteen percent of all unsafe abortions in low- and middle-income countries are among women aged 15–19 years. About 2.5 million adolescents have unsafe abortions every year, and adolescents are more seriously affected by complications than are older women.
- In Latin America, the risk of maternal death is four times higher among adolescents younger than 16 years than among women in their twenties.
- Many health problems are particularly associated with negative outcomes of pregnancy during adolescence. These include anaemia, malaria, HIV and other sexually transmitted infections, postpartum haemorrhage and mental disorders, such as depression.
- Up to 65% of women with obstetric fistula develop this as adolescents, with dire consequences for their lives, physically and socially.

**Adolescent pregnancy is dangerous for the child**

- Stillbirths and death in the first week of life are 50% higher among babies born to mothers younger than 20 years than among babies born to mothers 20–29 years old.
- Deaths during the first month of life are 50–100% more frequent if the mother is an adolescent versus older, and the younger the mother, the higher the risk.
- The rates of preterm birth, low birth weight and asphyxia are higher among the children of adolescents, all of which increase the chance of death and of future health problems for the baby.
- Pregnant adolescents are more likely to smoke and use alcohol than are older women, which can cause many problems for the child and after birth.

**Adolescent pregnancy adversely affects communities**

- Many girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities.
- Studies have shown that delaying adolescent births could significantly lower population growth rates, potentially generating broad economic and social benefits, in addition to improving the health of adolescents.

**Research Questions**

The major research questions for investigation include the following:

1. What is the percentage prevalence of adolescence pregnancy in Ganye L.G.A.?
2. Does adolescent pregnancy occur more among a particular tribe living in Ganye?
3. Does adolescent pregnancy occur more among a religious group?

**Objective of the Study**

This research is aimed at providing information on the prevalence of adolescence pregnancy in Ganye L.G.A. Adamawa state. Hence, the specific objectives include:

1. To identify the percentage prevalence of adolescence pregnancy in Ganye Local Government Area.
2. To determine the tribe that has higher rate of adolescence pregnancy in Ganye Local Government Area
3. To determine the religious group that has higher rate of adolescence pregnancy in Ganye Local Government Area.

**Significance of the Study**

The survey embarked upon is significant in that the survey will try to reveal the prevalence of
adolescence pregnancy in Ganye Local Government Area. The revelation will certainly aid;

- Government make his policies towards achieving the Millennium Development Goals (MDGs)
  - Reduce by two thirds, between 1990 and 2015, the under-five mortality rate
  - Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
  - Achieve, by 2015, universal access to reproductive health
- The health workers to know where and how to channel his health education programmes in that area.
- Researchers as a guide for further research either for improvement on the work already carried out or otherwise.

Materials and methods
Study area and population
The study was carried out in General Hospital Ganye, Ganye L.G.A. This is the major hospital owned by the government that provide primary health care services for the people. However, it is the biggest hospital in the local government. The area was chosen because it is a rural area where there is high probability of getting a more factual and homogenous information and population respectively. A total of 106 pregnant women were randomly selected from the women that attend antenatal clinic in General Hospital Ganye over a period of six (6) months.

Data collection
Structured and validated questionnaire was used to collect data. The questionnaire was designed to elicit information on personal, socio-economic status, anthropometric data of the women. The literate women were given the questionnaire to fill while the illiterate ones were interviewed from the questionnaires and the answers recorded.

Data analysis
The data was analyzed using Microsoft Excel package and the percentages were determined as well as charts to present the result.

RESULT
Table 2: Percentage Of Personal Characteristics Pregnant Women In Ganye L. G. A.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 – 19</td>
<td>54</td>
<td>50.94</td>
</tr>
<tr>
<td>≥20</td>
<td>52</td>
<td>49.06</td>
</tr>
<tr>
<td>Total</td>
<td>106</td>
<td>100</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>101</td>
<td>95.28</td>
</tr>
<tr>
<td>Single</td>
<td>3</td>
<td>2.83</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>0.94</td>
</tr>
<tr>
<td>Separated/divorced</td>
<td>1</td>
<td>0.94</td>
</tr>
<tr>
<td>Total</td>
<td>106</td>
<td>100</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Farmer</td>
<td>9</td>
<td>8.49</td>
</tr>
<tr>
<td>Business</td>
<td>15</td>
<td>14.15</td>
</tr>
<tr>
<td>Civil/Public Servant</td>
<td>11</td>
<td>10.38</td>
</tr>
<tr>
<td>Skilled Labour</td>
<td>5</td>
<td>4.72</td>
</tr>
<tr>
<td>House Wife</td>
<td>63</td>
<td>59.43</td>
</tr>
<tr>
<td>Unemployed/student</td>
<td>3</td>
<td>2.83</td>
</tr>
<tr>
<td>Total</td>
<td>106</td>
<td>100</td>
</tr>
<tr>
<td>Tribe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chamba</td>
<td>62</td>
<td>58.49</td>
</tr>
<tr>
<td>Fulani</td>
<td>19</td>
<td>17.93</td>
</tr>
<tr>
<td>Hausa</td>
<td>13</td>
<td>12.26</td>
</tr>
<tr>
<td>Mumuye</td>
<td>3</td>
<td>2.83</td>
</tr>
<tr>
<td>Igbo</td>
<td>4</td>
<td>3.78</td>
</tr>
<tr>
<td>Yoruba</td>
<td>1</td>
<td>0.94</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>3.78</td>
</tr>
<tr>
<td>Total</td>
<td>106</td>
<td>100</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2 revealed the percentage of adolescent pregnancy to be 51% as well as the predominant group in the area to be Chamba tribe 58.49%, Fulani tribe, 17.93%, Hausa tribe, 12.26%, and other minor groups make up the rest of the population. However, the area is highly populated with Chamba tribe which occupy the highest percentage of the sample. This table equally revealed the high rate of illiteracy in the local government having about 30% of the pregnant women who never attended formal education and 33% who only attended primary school whether they finished or not. Small percentage of the population of the pregnant women 26.42% and 11.32% attended secondary school and post secondary school respectively. About 60% of these women are house wives and 2.8% are unemployed.

Table 3 revealed the percentage of the women that had adolescent pregnancy in the different tribes of Hausa, Fulani, Chamba and others as well as the percentage from different religious groups are seen. It is important to note however that the high percentage of adolescent pregnancy among Chamba tribe in the entire sample was due to their population is dominant in the area. Other two tribes Fulani and Hausa had higher percentage compared to their population contribution to the entire sample.

For example, Fulani had a total of 19 samples and out of which 12 had adolescent pregnancy (63%), Hausa had 13 representatives and 11 had adolescent pregnancy (84.6%) while Chamba had 62 representatives and 27 had adolescent pregnancy (43.55%) see table 2 and table 4. However, more of the Muslims had adolescent pregnancy (41.51%) and Christians had fewer adolescent pregnancy (9.43%) from the total sample.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hausa</td>
<td>11</td>
<td>10.37</td>
</tr>
<tr>
<td>Fulani</td>
<td>12</td>
<td>11.31</td>
</tr>
<tr>
<td>Chamba</td>
<td>27</td>
<td>25.46</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>3.77</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>50.94</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christians</td>
<td>10</td>
<td>9.43</td>
</tr>
<tr>
<td>Muslims</td>
<td>44</td>
<td>41.51</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>50.94</td>
</tr>
</tbody>
</table>
Chart 1 – 2: The Different Distribution Of Adolescent Pregnancy Based On Tribe And Religion Relative To The Number Of Samples From Each Group
Table 4: The Percentage of Women From Each Tribe With Adolescent Pregnancy.

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Total no of pregnancy</th>
<th>Total no of Adolescent Pregnancy</th>
<th>% of Adolescent Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hausa</td>
<td>13</td>
<td>11</td>
<td>84.61</td>
</tr>
<tr>
<td>Fulani</td>
<td>19</td>
<td>12</td>
<td>63.15</td>
</tr>
<tr>
<td>Chamba</td>
<td>62</td>
<td>27</td>
<td>43.54</td>
</tr>
<tr>
<td>Others</td>
<td>12</td>
<td>4</td>
<td>33.33</td>
</tr>
</tbody>
</table>

Chart 3: Showing the Distribution of Adolescent Pregnancy in Each Tribe Based On the Total Number of Pregnancy in that Particular Tribe
The earlier result in table 1. showed that prevalence of adolescent pregnancy in Ganye is 51%. Chart 3 shows the occurrence of adolescent pregnancy in each of the tribe sample which reveal that 84.61% for Hausa, 63.15% for Fulani, 43.54% for Chambas and 33.33% for others. The result reveals that incidence is highest among the Hausas followed by Fulani, then Chambas and others. Incidence also higher in Islam religion (44%) than Christian religion (10%). Based on values stated above, the Chambas may not have the highest incidence of adolescent pregnancy due to the ratio of adolescence pregnancies to the total number of pregnancies in the tribe (i.e. the Chamba’s). Therefore based on this analysis the Hausa’s has the highest incidence of adolescent pregnancy per population under study.

Discussion

Pregnant teenagers face many of the same obstetrics issues as women in their 20s and 30s. However, there are additional medical concerns for mothers age 14 or younger, especially if they live in a developing country (16) For mothers between 15 and 19, age in itself is not a risk factor, but additional risks may be associated with socioeconomic factors (17).

In developed countries, teenage pregnancies are associated with many social issues, including lower educational levels, higher rates of poverty, and other poorer "life outcomes" in children of teenage mothers. Teenage pregnancy in developed countries is usually outside of marriage, and carries a social stigma in many communities and cultures. Many studies and campaigns have attempted to uncover the causes and limit the numbers of teenage pregnancies (18).

Outcomes

Medical

Maternal and prenatal health is of particular concern among teens who are pregnant or parenting. The worldwide incidence of premature birth and low birth weight is higher among adolescent mothers (16, 17, 19). In a rural hospital in West Bengal, teenage mothers between 15–19 years old were more likely to have anemia, preterm delivery, and low birth weight than mothers between 20–24 years old (19).

Research indicates that pregnant teens are less likely to receive prenatal care, often seeking it in the third trimester, if at all (16). The Guttmacher Institute reports that one-third of pregnant teens receive insufficient prenatal care and that their children are more likely to suffer from health issues in childhood or be hospitalized than those born to older women (21).

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 (22).

Many pregnant teens are subject to nutritional deficiencies from poor eating habits common in adolescence, including attempts to lose weight through dieting, skipping meals, food faddism, snacking, and consumption of fast food (23).

Inadequate nutrition during pregnancy is an even more marked problem among teenagers in developing countries (24, 25). Complications of pregnancy result in the deaths of an estimated 70,000 teen girls in developing countries each year. Young mothers and their babies are also at greater risk of contracting HIV (16). The World Health Organization estimates that the risk of death following pregnancy is twice as great for women between 15 and 19 years than for those between the ages of 20 and 24. The maternal mortality rate can be up to five times higher for girls aged between 10 and 14 than for women of about twenty years of age. Illegal abortion also holds many risks for teenage girls in areas such as sub-Saharan Africa (15).

Risks for medical complications are greater for girls 14 years of age and younger, as an underdeveloped pelvis can lead to difficulties in childbirth. Obstructed labour is normally dealt with by Caesarean section in industrialized nations; however, in developing regions where medical services might be unavailable, it can lead to eclampsia, obstetric fistula, infant mortality, or maternal death (16). For mothers in their late teens, age in itself is not a risk factor, and poor outcomes are associated more with socioeconomic factors rather than with biology (17).

Psychosocial
Several studies have examined the socioeconomic, medical, and psychological impact of pregnancy and parenthood in teens. Life outcomes for teenage mothers and their children vary; other factors, such as poverty or social support, may be more important than the age of the mother at the birth. Many solutions to counteract the more negative findings have been proposed. Teenage parents who can use family and community support, social services and child-care support to continue their education and get higher paying jobs as they progress with their education.

**In the mother**

Teen mothers are more likely to drop out of high school (18). Recent studies, though, have found that many of these mothers had already dropped out of school prior to becoming pregnant, but those in school at the time of their pregnancy were as likely to graduate as their peers. One study in 2001 found that women who gave birth during their teens completed secondary-level schooling 10–12% as often and pursued post-secondary education 14–29% as often as women who waited until age 30 (26). *Young motherhood* in an industrialized country can affect employment and social class. Less than one third of teenage mothers receive any form of child support, vastly increasing the likelihood of turning to the government for assistance (27). The correlation between earlier childbearing and failure to complete high school reduces career opportunities for many young women (18). One study found that, in 1988, 60% of teenage mothers were impoverished at the time of giving birth (28). Additional research found that nearly 50% of all adolescent mothers sought social assistance within the first five years of their child's life (16). A study of 100 teenaged mothers in the United Kingdom found that only 11% received a salary, while the remaining 89% were unemployed (29). Most British teenage mothers live in poverty, with nearly half in the bottom fifth of the income distribution. Teenage women who are pregnant or mothers are seven times more likely to commit suicide than other teenagers (30) Professor John Ermisch at the institute of social and economic research at Essex University and Dr Roger Ingham, director of the centre of sexual health at Southampton University – found that comparing teenage mothers with other girls with similarly deprived social-economic profiles, bad school experiences and low educational aspirations, the difference in their respective life chances was negligible (31).

Teenage Motherhood may actually make economic sense for young women with less money, some research suggests. For instance, long-term studies by Duke economist V. Joseph Hotz and colleagues, published in 2005, found that by age 35, former teen moms had earned more in income, paid more in taxes, were substantially less likely to live in poverty and collected less in public assistance than similarly poor women who waited until their 20s to have babies. Women who became mothers in their teens — freed from child-raising duties by their late 20s and early 30s to pursue employment while poorer women who waited to become moms were still stuck at home watching their young children — wound up paying more in taxes than they had collected in welfare (32). Eight years earlier, the federally commissioned report "Kids Having Kids" also contained a similar finding, though it was buried: "Adolescent child-bearers fare slightly better than later-childbearing counterparts in terms of their overall economic welfare."

One-fourth of adolescent mothers will have a second child within 24 months of the first. Factors that determine which mothers are more likely to have a closely-spaced repeat birth include marriage and education: the likelihood decreases with the level of education of the young woman – or her parents – and increases if she gets married (33).

**In the child**

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 (34, 35). One study suggested that adolescent mothers are less likely to stimulate their infant through affectionate behaviors such as touch, smiling, and verbal communication, or to be sensitive and accepting toward his or her needs (34). Another found that those who had more social support were less likely to show anger toward their children or to rely upon punishment (35).

Poor academic performance in the children of teenage mothers has also been noted, with many of them being more likely than average to fail to graduate from secondary school, be held back a grade level, or score lower on standardized tests (16) Daughters born to adolescent parents are more
likely to become teen mothers themselves (16, 38). A son born to a young woman in her teens is three times more likely to serve time in prison (37)

**In other family members**

Teen pregnancy and motherhood can influence younger siblings. One study found that the younger sisters of teen mothers were less likely to emphasize the importance of education and employment and more likely to accept human sexual behaviour, parenting, and marriage at younger ages; younger brothers, too, were found to be more tolerant of non-marital and early births, in addition to being more susceptible to high-risk behaviours (37). If the younger sisters of teenage parents babysit the children, they have an increased risk of getting pregnant themselves (39)

**Conclusion**

This research has revealed that in Ganye Local Government of Adamawa state, adolescent pregnancy is as high as 51%. The study also showed that Hausa tribe has the highest incidence of adolescent pregnancy of 84.61% followed by the Fulani tribe with 63.15% and then Chamba tribe with 43.54%. However, the incidence and prevalence rate is highest among Muslims than Christians.

**Recommendation**

1. Advocacy to traditional and religious leaders on need to educate their followers on attending risk and demerits of adolescent pregnancy and to encourage female education in their community
2. Media (radio and television station) in Nigeria to blow jingles in Hausa and Fulani language on risks of adolescent pregnancy and educate the public also on sex and sexuality education
3. Government should pay attention in achieving millennium developmental through improvement of maternal health.

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Pregnancy, Poverty, School and Employment at Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting


