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PREVALENCE OF EARLY CHILDBIRTH AND ITS IMPLICATION ON SAFE CHILD DELIVERY IN OSUN STATE, SOUTHERN-WESTERN NIGERIA

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ABSTRACT

This paper examines frequency and predictors of early childbirth and its effects on safe child delivery. The data were derived from a study conducted in 2006 among 355 randomly selected women of reproductive ages in Iwo and Ife-north Local Government Areas of Osun State, Nigeria. Mean age of the total respondents was 29.1 years. With 16.8 years as age at sexual debut, the study confirmed a high rate of teenage pregnancy and revealed a high prevalence rate of early childbirth (59.7%) (52.2% in Iwo and 67.4% in Ife-north). Early childbirth was significantly determined by age at first sex, those that ever exchange sex for gift (p<0.01) and those who came from polygamous home (p<0.05). The study also discovered a high rate of unsuccessful/unsafe child delivery (stillbirth, wasted pregnancy and other complications) among in the study areas (63.6%). It was equally shown that unsafe delivery among teenage mothers was significantly common among those (teenage mothers) that gave birth in non-medical centres; those with longer hours of delivery labour (p<0.01) with low education and those with low age of sexual debut. Base on the study findings, it is concluded that more efforts should be geared towards reproductive health and tract of young women in the study areas.

Keywords: Pregnancy, Childbirth, Complications, Unintended, Reproductive, Polygamous.

INTRODUCTION

Although there is a lack of reliable data over the years in Nigeria, but available censuses and sample survey data attest to the existence of a relatively high level of fertility in Nigeria. The size of the Nigerian population aged 0-14 years remains very large, it was put at about 45 percent of the entire population, 43.6 percent in urban areas and 45.7 percent in rural areas (Isiugo-Abanihe, 2003). Despite the latest decline in the general global fertility rates, World population is still growing at an alarming rate of 1.14% per year (World Factbook, 2005). DaVanzo and Adamson, (1998) attested to the rapid world population growth rate. Nearly all population growth is concentrated in the developing nations of the world, Todaro, (1979) put it that over 70 million of the yearly additional 80 million people will be born in Third World Countries. While the current Nigeria Demographic and Health Survey (NDHS) put the total fertility rate for Nigeria as 5.7 (6.1 and 4.9 for Rural and Urban respectively) (Nigeria Demographic and Health Survey, 2003), DaVanzo and Adamson, (1998) found that in Nigeria, the average woman will give birth to 6.5 children in her lifetime. To sum it up, rapid population growth is still a crucial issue that needs the attention of all. Early childbearing is on the rise in sub-Saharan Africa: most women in Africa marry before the age of 20 especially in rural areas, and early childbearing contributes greatly to high fertility rate in developing countries where Nigeria is a major player. Teenage fertility and reproductive health among Nigerian youth have become issues of serious health concern for researchers, non-governmental organizations (NGOs) and policy makers over time. Young people's early first sexual experience, regardless of marital status, makes them face the risk of unwanted, mistimed pregnancies that invariably lead to many consequences among which are early childbearing and high risk of child delivery (Tawiah, 2002). In developing countries, 20-60% of young women's pregnancies and births are unintended, most coming sooner than planned when they are probably physically immature and often malnourished. The risks associated with early childbearing are apparent when the maternal and child morbidity and mortality rates of different age groups are considered. The state of maternal and child health is one indicator of a nation's level of development as well as an indicator of the performance of the healthcare delivery system (NDHS, 2003). Worldwide, 70,000 women aged 15-19 die each year of pregnancy and childbirth-related causes, according to a report published by the International Charity Save the Children. As a consequence, the main cause of death among women aged 15-19 years in developing countries is complications arising from pregnancy and childbirth. Women in this age group are twice as likely as older women to die of such complications. Sub-Saharan Africa has the highest

rates of teenage maternal mortality in the world, as well as the highest rates of early marriage and early motherhood. WHO and UNICEF (1996) observed that in some developing regions, a woman's lifetime risk of dying due to maternal causes was 150 times greater than in developed regions. Between 1980 and 2003, the birth rate among Nigerian women aged 15-19 years decreased by 27% (from 173 to 126 births per women in this age-group). Nonetheless, 46% of women nationally and about 70% of those in some regions still give birth before their 20th birthday (Singh, Audam, and Wulf, 2004). Postponing first births (regardless of marital status) until age 20 or later would significantly reduce maternal and infant mortality and morbidity, aid safe child delivery, and contribute to improvements in the quality of life for people everywhere. The unborn child is totally dependent on the mother; after birth, the child depends completely on the immediate social environment of the family and of the mother in particular (Nagdeve and Bharati, 2003). Maternal healths, due to a lot of factors have placed a serious challenge in sub-Saharan Africa. Studies have shown that while maternal mortality rate in Northern Europe is approximately 1 in 7000 that of sub-Saharan Africa is about 1 in 23 birth. Over a million women from the developing countries die each year of causes related to pregnancy and childbirth. Demographically, every year an estimated 515,000 women – 98% of them in developing countries – die as a result of pregnancy or childbirth (Alan Guttmacher Institute, 2002). The Alan Guttmacher Institute went further to state that as of 1999, 700 maternal deaths per 100,000 live births occurred in Nigeria. UNFPA, (1994) estimated that of the 500,000 maternal deaths recorded yearly; approximately 200,000 were as a result of unplanned, mistimed, unwanted, and adolescent pregnancies. UNFPA and EngenderHealth carried out a survey of fistula occurrence in nine African countries and indicated that there could be as many as 1 million women living with fistula in Nigeria alone (UNFPA, 2003). Obstetric fistula is the most devastating disability that can happen to a young woman who survives a difficult childbirth. For every woman who dies in childbirth, some 15 to 30 survive but suffer chronic disabilities, the most devastating of which is obstetric fistula. Fistula is an injury to a woman's birth canal that leaves her leaking urine and/or faeces uncontrollable. Young women under age 20 are especially prone to developing fistulas if they cannot get a Caesarean section during prolonged obstructed labour. Prevalence is highest in impoverished communities in Africa and Asia. Causes include early childbearing, poverty, malnutrition, lack of education and limited access to emergency obstetric care. It is estimated that three to four women develop fistulas for every 1,000 live births in areas with high maternal mortality rates (UNFPA, 2003). The World Health Organization (WHO) estimates that for every maternal death that occurs worldwide, an additional 30 women- some 15 million women annually-experience pregnancy-related health problems that often are serious and result in long-term disability. The most common problems include uterine rupture, uterine prolapse (a displacement from the normal position). Pelvic inflammatory disease (which can lead to permanent sterility) and obstetric fistula (a muscle tear that allows urine to seep into the vagina and results in permanent incontinence if left untreated) (Wulf. et al., 2002). Early childbearing is undesirable because it increases the likelihood of delivery problems, low birth weight infants, and infant and maternal mortality. Consistent with the data on age at first sex, rural and uneducated women. Muslim women and women in Bauchi were more likely to have first birth by age 15 (Sohail et al, 2003). It was stressed further by Sohail et al (2003) that uneducated women were more likely to give birth by age 15; 27% of uneducated women, compared to 1% of women with secondary or higher education, gave first birth by age 15. Muslim women were also more likely to have their first birth at an earlier age: 24% of Muslims, compared to 6% of Christian women, gave first birth by age 15 (Sohail et al, 2003). Mortality data is such a difficult data to collect in Africa, this study, thereby, uses information of delivery complication, still birth experience as an indicator of unsafe maternal

METHODOLOGY

The study was carried out in two Local Government Areas (LGAs) of Osun State, Nigeria. The state which came into existence on 27th August 1991 has 30 Local Government Areas with a total population of 3,423,535 (1,740,619 males and 1,682,916 females) by 2006 census figure. The study investigated early childbearing prevalence in the study areas. It also examined the socio-economic and demographic determinants of early childbearing of women with a view to examining implications of early childbearing on safe child delivery in Iwo and Ife-north local government areas of Osun State, Nigeria. The State was divided into three political senatorial divisions: Osun West, Osun East and Osun Central senatorial districts. The whole Local Government Areas (LGAs) of Osun State were listed separately in a sampling frame; the simple random sampling method was then used to select two LGAs within the state. Iwo and Ife-north, which fall in Osun West and Osun East respectively, were eventually chosen as the sample locations. Iwo Local Government Area (LGA) is a centre for the production of cocoa and traditionally dyed cotton textiles

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Table 2

Early sexual initiation is often considered undesirable, as it increases the length of exposure to the risk of pregnancy and STD infection, it is used as a proxy for the onset of a woman's exposure to risk of pregnancy (Measure Evaluation, 2003; NPC and ORC Macro, 2003). Table 2 shows the distributions of respondents by exposure/initiation to sexual intercourse. It was discovered that majority (63.1%) of the respondents were initiated into sexual activities when they were between the age of 15 and 19 years. Less than one percent (0.8%) of the respondents waited till 25 years of age or more before their sexual debut. Early childbearing increases the risk of pregnancy complications, likelihood of delivery problems and infant and maternal mortality (Measure Evaluation, 2003). Table 2 shows that roughly two-third (59.7%) of the total sampled population had their first birth before their 20th birthday. Thirty-three percent of the respondents had their first birth within ages 20 and 24, while those that waited till age 25 or more before having their first birth were 7.3 %.

Table 3

With respect to current age of respondents, Table 3 shows the variation of early childbirth among different age groupings. Little above four percent (4.3% in Iwo and 4.2% in Ife-north) among those who reported the incidence of early childbirth was currently within 15-19 years of age grouping. Twelve percent of early childbirth incidence happened in age group 20–24 years, while more than half (52.8%) of the early childbirth incidence occurred within the respondents who were currently in age group 25–29 years. The variation in early childbirth incidence as presented in Table 3 shows a sharp drop from 52.8% among 25–29 years to about 3 in every 10 respondents in age group 30 years and above. An overwhelming majority of about 2 in every 3 women who experienced teenage childbirth were Christians. As indicated in Table 3, sixty-seven percent (44.7% in Iwo and 84.7% in Ife-north) of teenage birth happened in Christian homes. The remaining 1 out of every 3 teenage birth occurrences among the study population were in Muslim homes. Education variable was dichotomised having respondents with no formal schooling and primary education as low education, while those who have completed Secondary School education and above as high education. Table 3 shows that 39.6% (47.9% in Iwo and 33.1% in Ife-north) of teenage childbirth occurred in the category of mothers with low educational status while about 3 in every 5 teenage births happened among women classified in high education category. It should be noted here that just 0.5% of the births occurred among women with post secondary education status. An overview of occupational variations by early childbirth revealed in Table 3 that more than half (66.0%) of teenage birth among the respondents in the study areas occurred to women who were traders. This trading category was followed by 25.5 percent of teenage birth among the private/self employed and artisan category, while 7.5% teenage birth was reported among women whose occupational status was full housewives. Less than 1 in every 10 teenage birth occurred among unemployed women. Considering the influence of income on the socio-economic status of mother, regular monthly income of mothers who experienced early childbirth was examined in the study. Table 3 shows that majority, more than 7 in every 10 (73.6%) of mothers with early childbirth earned ₦5000 or less per month. This was followed by 15.1% who claimed average monthly income of more than ₦5000 but less than ₦8500. The downward variation in income level continued and just 11.3 percent of mothers with early childbirth earned ₦8500 or more per month. Table 3 shows that nearly sixty percent of the teenage mothers would have loved to delay the first birth until later in life.

Table 4

The overall prevalence of early childbirth among women in the study areas was 59.7% (52.2% in Iwo and 67.4% in Ife-north); it (early childbirth) was significantly determined by age at first sex, those that ever exchange sex for gift ($p < 0.01$) and those who came from polygamous home ($p < 0.05$) (Table 4). The overall prevalence rate of unsuccessful child delivery (stillbirth, wasted pregnancy) among teenage mothers in the study areas was 63.6%. However, unsuccessful delivery among teenage mothers was significantly common among those (teenage mothers) that gave birth in non-medical centres; those with longer hours of delivery labour ($p < 0.01$) with low education and those with low age of sexual debut (Table 5).

Table 5
DISCUSSIONS

The study focused on the prevalence of early childbirth in Nigeria and its implication on safe child delivery. The population classified as having early childbirth in the study was those women that had first birth before age 20 years. The background characteristics of the respondents revealed 29.1 years (29.7 and 28.4 years in iwo and Ife-north respectively) as the mean age. this shows that the respondents were averagely young and would be able to recollect their immediate past with minimal error (for data or information accuracy). The findings confirmed a high rate of teenage pregnancy and a high prevalence rate of early childbirth among women in Nigeria (59.7%). This prevalence rate was in conformity with previous studies (NDHS. 2003: WHO and UNICEF. 1990: Singh, Audam and Wulf, 2004: Osubor, fatusi and Chiwuzie, 2006). As stated above, early sexual debut is often considered undesirable, as it increases the length of exposure to the risk of pregnancy and STD infection. It is used as a proxy for the onset of a woman's exposure to the risk of pregnancy (Measure Evaluation, 2003: NPC and ORC Macro, 2003). The study revealed a low age of sex initiation among the study population and this was in conformity with the reports of Isiugo-Abanihe. 1994: Tawiah. 2002: NDHS. 2003: Isiugo-Abanihe and Oyeniran, 2004. The mean age at sexual debut was 16.8 years (16.4 in Iwo and 17.3 in Ife-north). with majority (63.1%) of the total respondents entered into sexual activities when they were 15-19 years. less than 1% of them waited until 25% of age before sexual debut. As already reported by previous studies. the bivariate analyses of the study showed that timing of sex debut. parental marriage union (monogamous and polygamous) and ever exchange sex for gift were significant predictors of early childbirth. Though not significantly related, but the study revealed a rampant incidence of teenage pregnancy among girls with low income parents (58.4%) Postponing first births (regardless of marital status) until age 20 or later would significantly aid safe child delivery and contribute to improvements in the quality of life for people everywhere as reported by Singh. Audam and Wulf, 2004. The study discovered that majority (60%) of the respondents claimed that they would have loved to delay their first birth until later than when it happened. Though, out of the scope of the present study but this shows that there was a high rate of unmet family planning needs among the respondents. Overall, the study reported high prevalence rate of unsuccessful delivery or complication at childbirth among teenage mothers. The study discovered long hours of delivery labour, low age at sexual debut and delivery at non-medical centres as the principal predictors of unsuccessful/unsafe child delivery. This was in conformity with earlier reports by UNFPA. 2003 and Sohail et al. 2003. The findings of the study however showed that more efforts are still needed on the reproductive health and tract of women most especially the younger ones. Education of girls on their reproductive rights and enormity is highly recommended.

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Table 1 Percentage Distribution of Respondents' Socio-Economic/ Demographic Variables

Characteristics/categories	Iwo (N=180)	Ife-north (N=175)	Both (N=355)
Age of respondents			
15 – 19	2.2	5.1	3.7
20 – 24	8.3	13.8	11.0
25 – 29	51.7	45.1	48.5
30+	37.8	36.0	36.9
Religion			
Christian	43.9	88.0	65.6
Muslim	56.1	12.0	34.4
Marital Status			
Married	84.4	91.4	87.8
Widowed/divorce/separated	15.6	8.6	12.1
Education Level			
No formal education	13.3	1.7	7.6
Primary	33.9	33.1	33.5
Secondary	48.9	64.0	56.3
Post secondary	3.9	1.1	2.5
Type of marriage union			

Monogamy	43.3	59.4	51.3
Polygyny	56.7	40.6	48.7

Was last school attended
before
or after first birth?

Before first birth	97.8	94.3	96.1
After first birth	2.2	5.7	3.9

Income (per month)

₦1000 – ₦3000	29.4	9.7	19.7
₦3500 – ₦5000	47.2	63.4	55.2
₦5500 – ₦8000	14.4	17.1	15.8
₦10000 or more	8.9	9.7	9.3
Mean age of respondents	29.7	28.4	29.1

Source: *Survey Reports 2006*

Table 2 Percentage Distributions of Respondents by Exposure/Initiation to Sex, Knowledge and Practice of Contraceptive and Age at First Birth

Characteristics/categories	Iwo (N=180)	Ife-north (N=175)	Both (N=355)
Age at first sexual experience			
10 – 14	27.8	14.9	21.4
15 – 19	64.4	61.7	63.1
20 – 24	7.8	16.0	11.8
25+	0.0	1.7	0.8
Age at first birth			
15 – 19	52.2	67.4	59.7
20 – 24	40.0	25.7	33.0
25+	7.8	6.9	7.3
Planned to have the first pregnancy then or later			
Then	49.4	37.7	43.7
Later	50.6	62.3	56.3
Mean age at first birth	19.9	19.4	19.6
Mean age at sexual debut	16.4	17.3	16.8
% Ever had early childbearing	52.2	67.4	59.7

Source: *Survey Reports 2006*

Table 3 Table Showing Percentages of Respondents who Experienced Early Childbirth by Selected Variables

Variables/categories	Iwo	Ife-north	Both
	52.2(180)	67.4(175)	59.7(355)
Current Age			
15 – 19	4.3(4)	4.2(5)	4.2(9)
20 – 24	9.6(9)	14.4(17)	12.3(26)
25 – 29	54.3(51)	51.7(61)	52.8(112)
30+	31.9(30)	29.7(35)	30.6(65)
Religion			
Christianity	44.7(42)	84.7(100)	67.0(142)
Islam	55.3(52)	15.3(18)	33.0(70)
Educational Status	47.9(45)	33.1(39)	39.6(84)
Low education	52.1(49)	66.9(79)	60.4(128)
High education			
Occupation			
Unemployed	0.0(--)	1.7(2)	0.9(2)
Full housewife	8.5(8)	6.8(8)	7.5(16)
Trading	62.8(59)	68.6(81)	66.0(140)
Private/Self employed/Artisan	28.7(27)	22.7(27)	25.5(54)
Monthly Income			
≤ ₦5000	73.4(69)	73.7(87)	73.6(156)
₦5500 – ₦8000	17.0(16)	13.6(16)	15.1(32)
≥ ₦8500	9.6(9)	12.7(15)	11.3(24)
Desire for first birth			
Desire for birth then	42.6(40)	39.0(46)	40.6(86)
Desire of birth Later	57.4(54)	61.0(72)	59.4(126)

Source: *Survey Reports 2006*

Table 4 Prevalence and determinants of early childbirth among women in Iwo
and Ife-north LGAs of Osun State

Variables (categories)	Total ≤19	Age at first birth ≤19	≥20	Significance test
Age at first sex				
≤15	132	73.5(97)	26.5(35)	$\chi^2 = 16.555; p = 0.000$
≥16	223	51.6(115)	48.4(108)	
Parental regular monthly income				
Low income	322	58.4(188)	41.6(134)	$\chi^2 = 2.560; p = 0.110$
High income	33	2.7(24)	27.3(9)	
Parental educational level				
Low education	146	57.5(84)	42.5(62)	$\chi^2 = 0.492; p = 0.483$
High education	209	61.2(128)	38.8(81)	
Religion				
Christianity	233	60.9(142)	39.1(91)	$\chi^2 = 0.424; p = 0.515$
Islam	122	57.4(70)	42.6(52)	
Respondents' mothers' education				
Low education	298	178(59.7)	120(40.3)	$\chi^2 = 0.000; p = 0.991$
High education	57	34(59.6)	23(40.4)	
Parental marriage type				
Monogamous	160	105(65.6)	55(34.4)	$\chi^2 = 4.225; p = 0.040$
Polygamous	195	107(54.9)	88(45.1)	
Ever exchange sex for gift				
Yes	192	136(70.8)	56(29.2)	$\chi^2 = 21.476; p = 0.000$
No	163	76(46.6)	87(53.4)	

Table 5 Prevalence and determinants of unsuccessful child delivery among teenage
mothers in Iwo and Ife-north LGAs of Osun State

Variables	Total	Unsuccessful delivery No.	%	Significance test
Respondents' education				
Low	84	59	70.2	$\chi^2 = 0.492; p = 0.483$
High	128	84	65.6	
Age at first sex				
≤15	97	71	73.2	$\chi^2 = 2.686; p = 0.101$
≥16	115	72	62.6	
Place of delivery				
Medical centres	158	121	76.6	$\chi^2 = 23.549; p = 0.000$
Non-medical centres	54	22	40.7	

Hours of labour				
Less than 4 hours	21	8	38.1	$\chi^2 = 29.678: p = 0.000$
4 – 5 hours	116	68	58.6	
6 – 10 hours	50	43	86.0	
Whole day	13	13	100.0	
More than a day	12	11	91.7	

APPENDIX A
QUESTIONNAIRE

DEPARTMENT OF DEMOGRAPHY & SOCIAL STATISTICS OBAFEMI AWOLOWO UNIVERSITY, ILE IFE, NIGERIA

STUDY OF SOCIO ECONOMIC CORRELATES OF EARLY CHILDBEARING IN IWO GOVERNMENT AND IFE-NORTH LOCAL AREAS OF OSUN STATE, NIGERIA

INSTRUCTIONS TO INTERVIEWERS

1. Greet the respondents warmly and introduce yourself. Tell them that their community has been selected as one of the survey locations, and that the survey is purely an academic exercise for the award of a degree, that the information supplied will be strictly confidential and solely for the success of the study program.
2. Ensure as much as possible that:
    i. There is a comfortable place for you and the respondent to sit
    ii. You have a reasonable privacy with each respondent.
3. Please note and write accordingly if any respondent makes any additional response or comment that you consider relevant to any question.

OFFICIAL USE ONLY

Questionnaire Number:	Date of Interview:	Language of Interview

Place of Interview:		Rural 1
		Urban 2

LGA:		Iwo Local Govt. 1
		Ife North Local Govt. 2

Name of Interviewer:

Section A: Respondent's Background Characteristics

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How old were you? (as at last birthday)		
102	What is your religion?	Christianity 1 Islam 2 Traditional Religion 3 Others 4	
103	What is your state of origin?		
104	What is your highest level of education?	None 1 Primary 2 Secondary 3 Post Secondary 4	
105	Was last school attended **after** or **before** childbirth?	After 1 Before 2	
106	Can you read and understand letter or newspaper easily, with difficulty, or not at all?	Easily 1 With difficulty 2 Not at all 3	
107	How old were you when you stopped schooling?		
108	There many reasons why people may stop schooling. Please tell me if any of these reasons are important in explaining why you stopped attending school.	Due to physical or mental disability ( ) Needed to work or help at home ( ) Care for sick relatives ( ) Work to support parent financially ( ) No money to continue schooling ( ) Feeling from you or your parent that education is not important ( ) Had to stop because of pregnancy ( ) Others(specify) ( )	
109	Profession or Occupation of respondent	Unemployed 1 Full housewife 2 Teaching 3 Trading 4 Farming 5 Private/Self employed/artisan 6 Civil Servant 7	
110	What is your regular monthly income? *If do not know* 99		
111	Marital Status	Single 1 Married 2 Widowed 3 Divorced/Separated 4	
112	How old is your husband? *If do not know* 99		
113	Can your husband read and understand a letter or newspaper easily, with difficulty, or not at all? *If do not know* 99	Easily 1 With difficulty 2 Not at all 3	

114	Last school attended by husband *If do not know* 99	
115	Profession or Occupation of husband *If do not know* 99	Unemployed 1 ──▶114a Teaching 2 Trading 3 Farming 4 Private/Self employed/artisan 5 Civil Servant 6
116	Has he done any work in the last 12 months?	Yes 1 No 2
117	Regular monthly income of husband *If do not know* 99	
118	Living arrangement with husband	Family house 1 Rented house 2 Personal owned house 3 Others (Specify) 4
119	Type of marriage or union	Polygamous 1 ──▶118 Monogamous 2
120	How many wives does your husband have?	

Section B: Respondent Parents' Characteristics

201	How old is your mother? *If do not know* 99	
202	How old is your father? *If do not know* 99	
203	Parents' religion	Christianity 1 Islam 2 Traditional Religion 3 Others 4
204	Are you the first born of your mother?	Yes 1 ──────▶ 207 No 2
205	What is your position among her children?	
206	What is the age of your mother's first born? *If do not know* 99	

207a & b	Can your father read and understand a letter or newspaper easily, with difficulty, or not at all?
	If do not know 99
	    Easily 1
	    With difficulty 2
	    Not at all 3
		Can your mother read and understand a letter or newspaper easily, with difficulty, or not at all?
		If do not know 99
		    Easily 1
		    With difficulty 2
		    Not at all 3

208a & b	Father's education level None 1
	    Primary 2
	    Secondary 3
	    Post Secondary 4
		Mother's education level None 1
		    Primary 2
		    Secondary 3
		    Post Secondary 4

209 a&b	Father's occupation	Mother's occupation
	Unemployed 1	Unemployed 1
	Full housewife 2	Full housewife 2
	Teaching 3	Teaching 3
	Trading 4	Trading 4
	Farming 5	Farming 5
	Private/Self employed 6	Private/Self employed 6
	Civil Servant 7	Civil Servant 7
	Pensioner 8	Pensioner 8
210	Are your parents living together?	Yes 1 No 2
211	How many wives has your father?	
212	What is your father's monthly income? *If do not know 99*	
213	What is your mother's monthly income? *If do not know 99*	
214	Tick which of these items do you have in your father'	Electricity 1 Radio 2 Television 3 Refrigerator 4 Bicycle 5 Motorcycle 6 Car 7

215	What is the main source of drinking water for members of your father's household?	PIPE WATER
		   Into residence/yard/plot 1
		   Public Tap 2
		 WELL WATER
		 Well in residence/yard/plot 3
		   Public well 4
		   Bore hole 5
		 SURFACE WATER
		   Spring 6
		   River/stream 7
		   RAINWATER 8
		   TRUCK WATER 9
		   BOTTLED WATER 10
		
		 OTHER (SPECIFY)----------------------- 11

216	What kind of toilet facility does your household have?.	FLUSH TOILET
		   Own flush toilet 1
		   Shared flush toilet 2
		 PIT TOILET/LATRINE 3
		 NO FACILITY/BUSH/FIELD 4
		
		 OTHERS(SPECIFY) --------------------5

217	Does your mother have any housemaid which she pays?	Yes 1 No 2
218	Did any of your mother's children give birth before living school?	Yes 1 No 2

Section C: Reproductive and Family Planning History

301	How many children have you ever given birth to?(CEB)		
302	How many living children do you have now?		
303	How old is your first born?		
304	The first time you had sexual intercourse with a man, did you or the man do something or use any method to avoid a pregnancy?	Yes 1 No 2	
305	The first time you had sexual intercourse with a man, were you given any gift of money or material?	Yes 1 No 2	
307	Can you remember how old you were when you experienced the first sexual intercourse?		
308	At the time you had the first pregnancy, did you want to become pregnant **then**, or did you want to wait until **later**?	Then 1 Later 2	
309	Did you ever collect any gift (money/material) from any of your sexual partner before your first pregnancy?	Yes 1 No 2	
310	Was any of your friends use to collect gift in exchange of sex then?	Yes 1 No 2	
311	How old are you then? (Specify) *If do not know 99*		
312	Record of complication during birth of first born	Induced injection for birth 1 Any cut during birth 2 Caesarean section operation 3	
313	Hours of labour before birth of first birth *If do not know 99*	Less than 4 hours 1 4-5 hours 2 6-10 hours 3 Whole day 4 More than a day 5	
314	Place of birth of first birth	Govt. Hospital 1 Private Hospital 2 Church 3 TBA 4 Owned Home 5	
315	Have you ever had a pregnancy that miscarried, was aborted, or ended in a still birth?	Yes 1 ⟶ No 2	312
316	How many of such pregnancy?		
317	Who determine (between you & your husband) the timing of sexual intercourse?	Myself 1 My husband 2 Both of us 3	
318	Who determines(between you & your husband) the number of children you have?	Myself 1 My husband 2 Both of us 3 Nobody 4	
319	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes 1 No 2	
320	If No to q 314a, Why?		
321	Do you know about family planning method?	Yes 1 No 2	
322	Have you ever used any of these methods before while in marriage or union?	Yes No Condom 1 2 Injectable 1 2 Implants 1 2 IUD 1 2 Abstinence 1 2	

		Sterilization	1 2
		Withdrawal	1 2
		LAM	1 2
		Traditional method	1 2
		Pills	1 2
323	Did your husband know that you were using a method like that	Yes 1 No 2	
324	Why do you use the method(s) ?	→ 320	
325	Do you know any disease against which children should be immunized?	Yes 1 No 2	
326	Which diseases do you know?	Polio 1 Dipthera 2 Tetanus 3 Tuberculosis 4 Measles 5 Pertusis 6 Others(Specify)--------------7	
327	How many times should a child be immunized before being considered fully immunized? *Do not know* 99		
328	Did you ever take your first child for immunization?	Yes 1 → 33? No 2	
329	Where did you take him./her for immunization?	Private hospital 1 Government health center 2 Government hospital 3 Local government health clinic 4	
330	How many times have you taken him/her for immunization? *Do not know* 99		
331	Who was financially responsible for the payment for the immunization?	Father 1 Mother 2 Both 3	
332	Do you have any child who did not receive immunization?	Yes 1 → No 2	
333	Why?		
334	Have you heard anything about exclusive breastfeeding?	Yes 1 → No 2	
335	What do you understand by exclusive breastfeeding?		
336	Did you ever breastfeed your first child exclusively?	Yes 1 → No 2	
337	Why?		