

The Relationship Between Early Marriage/Childbearing And Prolonged Labour In Enugu State: A Perception Study

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Abstract: This article focuses on the knowledge Enugu State indigenes have on the knowledge they possess on the problems associated with early marriage/childbearing and their perception on the relationship between early marriage/childbearing and prolonged labour. The data presented in this article were derived from an empirical study carried out in six communities in Enugu State, Nigeria, in 2011. Both quantitative and qualitative methods of data gathering were used for the study. The instruments for data collection included – the questionnaire, in-depth interview guide, and focus group discussions. The findings of the study revealed that Enugu State were very knowledgeable about the problems associated with early marriage/childbearing but the indigenes did not associate early marriage/childbearing with prolonged labour. Their major reasoning was that age of a woman should not be a factor to consider in childbearing; because safe delivery depends largely on fortune.

Keywords: Early Marriage, Early Childbearing, Prolonged Labour, Birth Canal, Health Risks, Enugu State.

I. INTRODUCTION

In clinical practice, prolonged labour or dystocia, is a common delivery complication often causing negative birth experience (Nystedt, Hogberg & Lundman, 2005). Prolonged labour is when the total duration of childbirth is greater than 24 hours. There are two main types, one when the latent phase of labour is greater than 8 hours and the other when the active phase of labour is greater than 12 hours (World Health Organization [WHO], 2008). The cause can be due to: poor uterine contractions, the baby's position or size being abnormal, or issues with the pelvis or birth canal. The last two may result in obstructed labour (WHO, 2008).

Labour dystocia occurs when, even though the uterus is contracting normally, the baby does not exist the pelvis during childbirth due to being physically blocked (WHO, 2008). Complications for the baby include not getting enough oxygen which may result in death. It increases the risk of the mother getting an infection, having uterine rupture, or having post-partum bleeding (Neilson, Lavender, Quenby & Wray, 2003). Long term complications for the mother include obstetrical

fistula (WHO, 2008). Labour dystocia is more common in adolescence as the pelvis may be small; as the pelvis may not have finished growing (Neilson, Lavender, Quenby & Wray, 2003).

Early marriage which is also referred to as child marriage is common in sub-Saharan Africa and has dangerous and devastating effects on young children (especially females). Age at marriage is generally on the rise but marriage below the age of 18 years is still widely practiced (United Nations International Children's Found [UNICEF], 2001). Becoming a mother carries risks for all women regardless of their age, but many factors make descent childbearing especially hazardous (WHO, 2004).

The direct physical and health consequences of child marriage have been well articulated in literature (United Nations Population Fund [UNFPA], 2005; UNICEF, 2005; Giyan, 2009; Lloyd, 2005). Child brides are often likely to be forced into sexual activities and are at higher risks of complications, due to their physical and sexual immaturity. In cases where girls get pregnant within two years of starting their periods or when their pelvis and birth canal are still

growing; pregnancy and childbirth becomes more dangerous (WHO, 2004).

Most adolescent girls are also giving birth for the first time, with sparse knowledge, health care, and support. Too few young women are empowered enough to access critical sexual and reproductive health services. Adolescent girls are more likely to give birth without a skilled attendant, which further compounds their risks (Reynolds, Heidi, W. Emelita, Wong & Heidi, T., 2006). Many adolescents receive no prenatal care, especially in developing countries (Alan Guttmacher Institute [AGI], 1998). Furthermore, a woman who begins child bearing at a young age usually has more children and at shorter intervals during her lifetime. These factors – a young age, multiple children, and a short interval between births; are all linked to higher risk of death or disability due to pregnancy or childbirth (Save the Children, 2004).

Advocates of safe motherhood have therefore, often turned attention to the issue of child marriage, emphasizing that pregnancies that occur ‘too early’ when a girl’s body is not fully mature, may constitute a major risk to the immediate survival and future health of both mother and child. Despite the physical damage and the persistent harm child marriages cause young girls, little progress has been made towards ending the practice. The objective of this study is to ascertain the perception of Enugu state indigenes on the relationship between early marriage/childbearing and the incident of prolonged labour.

II. METHODOLOGY

The materials used in this article are derived from an empirical study conducted in Enugu state, in six communities. Enugu state comprises of three senatorial zones. From each of the senatorial zone; one Local Government Area (LGA) was selected using cluster sampling technique; making the total LGAs studied three. One urban community and one rural community were selected from each L.G.A. using the simple random technique.

Three instruments namely – the questionnaire, focus group discussion (FGD) and in-depth interview guide were employed for data collection. The questionnaire (quantitative instrument) was distributed to five hundred and ten (510) respondents. Eighty –five (85) respondents were randomly selected from each community. From the eighty-five (85) respondents, fifty-seven (57) respondents were females, and twenty-eight (28) respondents were males with a selection ratio of 2:1. Therefore, married female respondents were thirty-seven (37) while single female respondents were twenty (20); married male respondents were eighteen (18) while single male respondents were ten (10) from each community. The females were more in number because they are the thrust of the study. The questionnaire was other-administered by six (6) trained research assistants.

The in-depth interview guide which is a qualitative instrument was used in obtaining information from community leaders and key opinion leaders. The respondents were purposively selected. One community leader and one key opinion leader were selected from each community studied.

This made the number of those interviewed twelve (12). The other qualitative instrument –focus group discussion (FGD) was used to obtain information from single men (15-30yrs); single women (15-30yrs); married men (31yrs +); and married women (31yrs +). The overall number of respondents for the FGD was one hundred and ninety-eight (198); consisting of four groups of about six (6) to twelve (12) respondents in each community.

Two field assistants were recruited and trained for the interview and focus group discussion sessions. One assistant acted as the note taker, while the other assistant helped in tape recording. The assistants were carefully selected from University of Nigeria, Nsukka (UNN) students who are Enugu State indigenes. The interview and FGD sessions were both conducted on appointment and in Igbo language. The researchers moderated in all the sessions. Statistical Package for the Social Science (SPSS) was used for analysis of quantitative data. Analysis of qualitative data was carried out using notes taken during the sessions and transcriptions form tapes recorded.

III. RESULT

Anaemia (shortage of blood) was the major problem Enugu State indigenes associated with early marriage/childbearing as 22%, 38%, 30%, and 36% of the single males, single females, married males, and married females respectively associated this problem (anaemia) as the major problem associated with early marriage/childbearing (see table 1). They were very knowledgeable about the problems early marriage/childbearing can bring about; like- premature death, retarded growth, emotional trauma, prolonged labour, miscarriage, vaginal tear, caesarean section, educational setback, accelerated ageing, promiscuity, vesico-vaginal fistula (VVF) and anaemia. Prolonged labour was not directly associated with early marriage/childbearing by Enugu State indigenes.

Problems Associated with Early Marriage/Childbearing	Marital Status				Total
	Single Male	Single Female	Married Male	Married Female	
Premature Death	2(3%)	4(3%)	6(6%)	3(1%)	15(3%)
Retarded Growth	3(5%)	-	-	7(3%)	10(2%)
Emotional trauma	5(8%)	7(6%)	-	3(1%)	15(4%)
Vesico-vaginal fistula (VVF)	1(2%)	3(2.5%)	2(2%)	8(4%)	14(3%)
Prolonged labour	2(3%)	4(3%)	10(9%)	22(10%)	38(6%)
Anaemia (shortage of blood)	13(22%)	46(38%)	32(30%)	80(36%)	171(32%)
Miscarriage	8(13.3%)	18(15%)	21(19%)	31(14%)	78(15%)
Vaginal tear	1(2%)	-	-	-	1(0.5%)
Caesarean sections (C.S)	8(13.3%)	20(17%)	15(14%)	28(13%)	71(14%)
Educational setback	2(3%)	9(7.5%)	11(10%)	20(9%)	42 (7%)
Accelerated ageing	9(15%)	-	-	-	9(4%)
Promiscuity	3(5%)	7(6%)	-	-	10(3%)
No response	3(5%)	2(2%)	11(10%)	20 (9%)	36(6.5%)
Total	60(100%)	120(100%)	108 (100%)	222 (100%)	510(100%)

Source: Fieldwork (2011)

Table 1: Distribution of Respondents by Marital Status on their Knowledge of the Problems Associated with Early Marriage Childbearing

The major reason generally given by the respondents is that a woman experiencing prolonged labour is solely 'a matter of fate and not age'. This reason was supported by 72% of single female respondents; 55% of married male respondent and 43% of married female respondents (see table 2).

Awareness	Marital Status				Total
	Single Male	Single Female	Married Male	Married Female	
It is a matter of fate.	43(72%)	87(72%)	59(55%)	96(43%)	285(60.5%)
It happens to over-weight women.	7(12%)	2(2%)	11(10%)	13(6%)	33(7.5%)
It happens to women who do not engage in regular sexual intercourse during pregnancy.	5(8%)	6(5%)	14(13%)	29(13%)	54(10%)
It happens to women who do not engage regular exercises during pregnancy.	4(7%)	18(15%)	21(19%)	70(32%)	113(18%)
It happens to under aged girls who usually find the act of labour difficult	1(1%)	7(6%)	3(3%)	14(6%)	25(4%)
Total	60 (100%)	120 (100%)	108(100%)	222(100%)	510(100%)

Source: Fieldwork (2011)

Table 2: Distribution of Respondents by Marital Status on their Level of Awareness of the Relationship between Early Marriage/Childbearing and Prolonged labour

The response given by in-depth interview (IDI) respondents and focus group discussion (FGI) participants were similar to those given by the survey respondents because they did not identify prolonged labour as the major problem associated with early marriage/childbearing. They identified 'caesarean section' as the major problem associated with early marriage/childbearing (see tables 3 and 4).

Problems Mentioned	Urban		Rural	
	Opinion Leaders	Community Leaders	Opinion Leaders	Community Leaders
Premature Death	√	-	-	-
Retarded Growth	-	-	-	-
Emotional Trauma	-	-	-	-
Vesico-Vaginal Fistula	-	√	-	-
Prolonged Labour	-	√	√	-
Anaemia	-	-	-	√
Miscarriage	-	-	-	√
Vaginal Tear	-	-	-	-
Caesarean Sections	√	√	√	-
Educational Setback	-	-	√	-
Accelerated Ageing	-	-	-	-

Promiscuity	-	-	-	-
Bleeding (Pre & Post Partum)	-	-	-	-
HIV/AIDS	-	-	-	-
Swelling of legs (oedema)	-	-	-	-
Ignorance	-	-	-	√
Hot temperedness	-	-	-	-
Cancer (cervical)	-	-	-	-

Source: Fieldwork (2011)

Table 3: Identified Problems of Early Marriage/Childbearing by in-depth Interview (IDI) Participants

Problems Mentioned	Urban				Rural			
	SM	MM	SF	MF	SM	MM	SF	MF
Premature Death	√	-	-	-	-	-	-	-
Retarded Growth	√	-	-	-	-	-	-	-
Emotional Trauma	√	√	√	-	-	-	-	-
Vesico-Vaginal Fistula	√	-	-	-	-	-	-	-
Prolonged Labour	√	-	√	-	√	-	-	√
Anaemia (Shortage of Blood)	-	-	-	-	√	-	-	-
Miscarriage	-	-	√	-	-	-	-	-
Vaginal Tear	-	-	-	-	-	-	-	-
Caesarean Sections	√	-	√	-	√	√	√	√
Educational Setback	-	-	-	-	-	-	√	-
Accelerated Ageing	-	-	-	-	√	-	√	-
Promiscuity	-	-	-	-	√	-	-	-
Bleeding (Pre & Post Partum)	√	-	-	-	-	-	-	-
HIV/AIDS	-	-	√	-	-	-	-	-
Swelling of legs	-	-	-	-	√	-	-	-
Ignorance	-	-	√	√	-	√	√	-
Hot temperedness	√	-	√	-	√	-	-	-
Cancer (cervical)	√	-	-	-	-	-	-	-

Source: Fieldwork (2011)

Key:

Mentioned = √

NOT MENTIONED = -

SM = Single Male

SF = Single Female

MM = Married Male

MF = Married Female

Table 4: Identified Problems Associated with Early Marriage/Childbearing by Focus Group Discussion (FGD) Participants

Quotes about the perceived problems associated with early marriage/childbearing and prolonged labour as expressed by in-depth interview respondents include the following:

"Early marriage/childbearing may lead to a caesarean section because the pelvic bone of the young woman is not matured" (IDI Respondent, Community Leader; Rural Community).

“Early childbearing can cause girls to have problems after childbirth. They might start leaking urine from their vagina (vesico-vaginal fistula) (IDI Respondent, Opinion Leader; Rural Community).

“Early marriage/childbearing usually leads to caesarean sections because the young girls are not reproductively matured” (IDI Respondent, Opinion Leader; Urban Community).

“The problem young pregnant girls encounter usually manifest during childbirth. Prolonged labour affect young girls during childbirth. This is because where the baby will pass through may be too small for the size of the baby” (IDI Respondent, Opinion Leader; Rural Community).

“There is a sickness our people call ‘Egbeke’. This is a condition young girls mostly face when pregnant; her legs and hands will start changing colour. She will start lacking blood because she is not matured enough to go through the rigours of pregnancy” (IDI Respondent, Community Leader; Rural Community).

Quotes about the problems associated both early marriage/childbearing expressed by focus group discussion participants include the following:

“Young girls may need an operation (caesarean section) to help them deliver their babies safely. This is because their bodies are not matured” (FGD Respondent, Married Female; Rural Community).

“Early childbearing can lead to serious and sudden bleeding during delivery” (FGD Respondent, Single Male; Urban Community).

“Early marriage/childbearing leads to operation (caesarean section) because the young girl might find it difficult having a vaginal delivery” (FGD Respondent, Single Male; Rural Community).

“A young married lady will be ignorant of certain family issues. She will be inexperienced in handling marital problems and taking adequate care of herself during pregnancy” (FGD Respondent, Married Male; Urban Community).

“Early marriage/childbearing can lead to prolonged and obstructed labour. The birth canal of the young girl might be too narrow for a baby of any size to pass through” (FGD Respondent, Married Female; Urban Community).

From the qualitative data, it was found that majority of the in-depth interview (IDI) respondents and focus group discussion (FGD) participants expressed similar views with the survey respondents by associating prolonged labour with a woman’s destiny and not age.

The quotes below represent their perspectives:

“It depends on how God created an individual. Even the under aged girls like twelve (12) years of age can get pregnant and give birth safely. It is not really a matter of age” (FGD Respondent; Married Female; Rural community).

“I will use myself as an example. I got married at age 14 and had my first baby at age 15. I did not experience any problem in pregnancy/childbirth” (FGD Respondent; Married Female; Rural Community).

“Problems are not man-made. Age does not matter; it all depends on luck” (FGD Respondent; Married Male; Rural Community).

“Any female that starts menstruating will not have problems during pregnancy and childbirth (FGD Respondent; Married Male; Rural Community).

IV. DISCUSSION OF FINDINGS

Enugu State indigenes were highly knowledgeable about the problems associated with early marriage/childbearing but they did not perceive early marriage c/childbearing as having a direct relationship with prolonged labour. The major findings of this study identified anaemia (shortage of blood) and caesarean sections (C.S) as the major problems associated with early marriage/childbearing. The least percentage (4%) of the survey respondents associated prolonged labour with early childbearing. A majority of the respondents (65.5%) did not perceive any relationship between early marriage/childbearing and prolonged labour; they associated prolonged labour with a woman’s destiny and not age. These were followed by respondents (18%) who believes that prolonged labour affects women who do not exercise regularly during pregnancy. 7.5% of the respondents perceive prolonged labour as a problem that affects overweight women; and 10% perceive prolonged labour as affecting women who do not have sex regularly during pregnancy. The in-depth interview (IDI) respondents and focus group discussion (FGD) participants shared similar views with the survey respondents because they did not associate age of a woman with the problem of prolonged labour. A woman’s destiny (fate) was rather perceived as the actual factor associated with prolonged labour among women (young or old).

The findings suggest that Enugu State indigenes are not fully aware that complications of pregnancy and childbirth are the second leading causes of death among adolescent girls ages 15-19 globally, with nearly 70,000 dying each year (UNFPA, 2013, WHO, 2014). The health effects of early marriage and childbirth extend beyond the girl herself in a number of ways. In fact, infant mortality extend beyond the girl herself in a number of ways. In fact, infant mortality among babies born to mothers under age 18 is 60 percent higher than among those born to mothers over age 18 (UNICEF, 2014). Early marriage affects a girl’s physical well-being in a number of ways because of the combination of girls being physically immature and the lack of proper medical care during pregnancy and childbirth. This puts a young mother at higher risk for complications during gestation and delivery, including prolonged labour; which may invariably lead to fistulas and death (Xu, Evans, Kawabata, Zeramdini, Klavus & Murray, 2003).

V. CONCLUSION

Adolescent mothers are at significantly higher risk of maternal morbidity and mortality than mothers just a few years older. These health outcomes result in increased immediate out-of-pocket expenses for the girl and her household, as well as lasting effects on household earnings and reduced productivity. Therefore, there is a great need to increase the level of awareness of Enugu State indigenes on

the problems associated with early marriage/childbearing; especially as it relates to prolonged labour. This will reduce the risk of maternal morbidity and mortality among young mothers in Enugu State.

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